



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Halifax Health Community Action Treatment Team for Volusia/Flagler

2. **Senate Sponsor:** Dorothy Hukill

3. **Date of Submission:** 11/22/2017

4. **Project/Program Description:**

Integrated therapeutic treatment services and family centered interventions for youth with a serious mental health diagnosis or co-occurring substance abuse disorder with the goal of preventing costly out-of-home placement.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Children and Families

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
750,000		750,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 750,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 1

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		750,000	750,000

10. Is future-year funding likely to be requested?

Yes

a. If yes, indicate non-recurring amount per year.

\$750,000

11. Program Performance:

a. What is the specific purpose or goal that will be achieved by the funds requested?

Keep families intact for children and youth with serious behavioral health disorders at risk of placement in costly out-of-home care in the child welfare, juvenile justice and mental health systems.

b. What are the activities and services that will be provided to meet the intended purpose of these funds?

Integrated service delivery that utilizes a team approach (mental health therapist, psychiatrist or ARNP, registered or licensed nurse, case manager, therapeutic mentor, etc.) to comprehensively meet the needs of the youth and their family.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Team Leader/Program Administrator	56,000
<input checked="" type="checkbox"/> Other Salary and Benefits	Support Staff	34,000
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	10% administrative fee to Lutheran Services, the	75,000



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

	Managing Entity	
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	2 clinicians, .25 psychiatrist/ARNP, case manager, mentors, administrative support	368,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Travel, equipment, supplies, etc.	192,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Purchase of non-traditional support services	25,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		750,000

d. What are the direct services to be provided to citizens by the appropriations project?

Integrated therapeutic services for children, youth and their families.

e. Who is the target population served by this project? How many individuals are expected to be served?

Young people ages 11-21 with a serious behavioral health disorder. 60 youth/families served per year.

f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

65% of youth will be diverted from out of home care. Measured by location of youth.

g. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?

Place on performance plan; failure to meet could jeopardize funding.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

N/A

13. Requestor Contact Information:

a. Name: James Terry

b. Organization: Halifax Health



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

- c. Email: James.Terry@halifax.org
- d. Phone Number: (386)425-4648

14. Recipient Contact Information:

- a. Organization: Halifax Health
- b. County: Volusia
- c. Organization Type:
 - ☐ For Profit
 - ☐ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)
 - ☐ Local Entity
 - ☐ University or College
 - ☒ Other (Please specify) Halifax Care Taxing District/Public Hospital
- d. Contact Name: James Terry
- e. E-mail Address: James.Terry@halifax.org
- f. Phone Number: (386)425-4648

15. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: Darrick McGhee
- b. Firm: Johnson and Blanton
- c. Email: darrick@teamjb.com
- d. Phone Number: (850)321-6489