



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Apalachee Center Community Action Team

2. **Senate Sponsor:** Bill Montford

3. **Date of Submission:** 12/08/2017

4. **Project/Program Description:**

Apalachee Center, Inc. seeks to continue their current Community Action Team (CAT), serving Leon, Gadsden, and Wakulla Counties within the parameters allowed by the allocation for adherence to the CAT Team model.

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?

Reducing the number of high-risk youth within the child welfare and community populations who require inpatient hospitalization or out-of-home placement.

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

Apalachee Center will continue to operate an intensive, in-home child and family treatment team. Clients and families in this program receive intensive services including psychosocial assessment, psychiatric evaluation, medication management where indicated, skill-building groups, case management, and where indicated, family and individual psychotherapy.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input checked="" type="checkbox"/> Other Salary and Benefits	Non-direct service staff (HR, IT, ACC)	52,500
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Operating expenses (utilities, supplies)	22,500



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Direct service staff (MD/ARNPs, Case Managers, Therapist)	508,482
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Operating expenses (utilities, supplies)	166,518
<input type="checkbox"/> Consultants/Contracted Services/Study		
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?

Reduced cost for treatment of youth and their families at high risk for intensive treatment.

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

Youth ages 11 to 21 with a mental health diagnosis or co-occurring substance abuse diagnosis with accompanying characteristics such as: being at-risk for out-of-home placement as demonstrated by repeated failures at less intensive levels of care; having two or more hospitalization or repeated failures; involvement with the Department of Juvenile Justice or multiple episodes involving law enforcement; or, poor academic performance and/or suspensions. Children younger than 11 may be candidates if they meet two or more of the aforementioned characteristics. Thirty-five (35) youth and their families will be served during the contract year.

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

Youth that have a higher propensity to receive services in the most expensive level of care (e.g., inpatient or out-of-home placements) will have the opportunity to be served in the home setting which will result in better outcomes. Allowing families to remain together during treatment allows family members to learn the techniques necessary to continue functioning successfully in the community after discharge. Community based services are historically a much lower cost than inpatient programs. The success of the CAT team will be measured by the number of days that the child attended school and the number of children that received services in the least restrictive environment (e.g., days in the community).

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?



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Requirement for corrective action plan.

- 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:** Jay Reeve
- b. **Organization:** Apalachee Center, Inc.
- c. **Email:** jayr@apalacheecenter.org
- d. **Phone Number:** (850)523-3213

- 14. Recipient Contact Information:**

- a. **Organization:** Apalachee Center, Inc.
- b. **County:** Leon
- c. **Organization Type:**
 - ☐ For Profit
 - ☒ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)
 - ☐ Local Entity
 - ☐ University or College
 - ☐ Other (Please specify)
- d. **Contact Name:** Jay Reeve
- e. **E-mail Address:** jayr@apalacheecenter.org
- f. **Phone Number:** (850)523-3213

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

- a. **Name:** Adam Roberts
- b. **Firm:** GMA, Inc.
- c. **Email:** adam@gmalobby.com
- d. **Phone Number:** (850)222-0500