



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** North Miami Social Development

2. **Senate Sponsor:** Daphne Campbell

3. **Date of Submission:** 12/10/2017

4. **Project/Program Description:**

Community based program designed to treat families with children and youth at risk of out-of-home placement due to a mental health disorder.

5. **State Agency Contacted?** No

a. If yes, which state agency?

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

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
792,536		792,536

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	4,416	0.6%
TOTAL	4,416	0.6 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 796,952

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

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

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

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.



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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:			

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

Yes

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

\$175,000

11. Program Performance:

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

Integrated multi-disciplinary team providing comprehensive, intensive community based treatment to families with children and youth at risk of out-of-home placement due to a mental health disorder. It includes oversight of the primary care needs of the children served. These services are evidence-based and have been formally evaluated across the state, and have demonstrated record success.

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

Improve Mental Health: 65% of enrolled young people will improve their level of functioning, families will improve their level of functioning. Reduce Recidivism: 65% of enrolled individuals will be deviated from the juvenile or criminal justice systems, residential placement, or placement in child welfare. Diversion from Criminal/Juvenile Justice System: 65% of the individuals enrolled will be diverted from the juvenile or criminal justice systems, or from the child welfare system.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	1 licensed team leader and benefits	117,536
<input type="checkbox"/> Other Salary and Benefits		



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<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Administration and other support	65,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Salary and Benefits	375,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Direct Care (North Miami Behavior Health Center) operating \$165,000; POS \$40,000; Mileage \$30,000	235,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		792,536

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

Improve Mental Health: 65% of enrolled young people will improve their level of functioning, families will improve their level of functioning. Reduce Recidivism: 65% of individuals enrolled will be deviated from juvenile or criminal justice systems, residential placement, or placement in child welfare. Diversion from Criminal/Juvenile Justice System: 65% of individuals enrolled will be diverted from the juvenile or criminal justice systems or the child welfare system.

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

Persons with poor mental health, economically disadvantaged, and grade school and high school students.

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

Improve mental health. Reduce recidivism. Divert from criminal/juvenile justice system.

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?

Repayment of funds immediately.

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



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13. Requestor Contact Information:

- a. **Name:** Eric Harris
- b. **Organization:** Women and Families Empowered
- c. **Email:** ericharrissr83@gmail.com
- d. **Phone Number:** (954)851-5881

14. Recipient Contact Information:

- a. **Organization:** Women and Families Empowered
- b. **County:** Miami-Dade
- 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:** Eric Harris
- e. **E-mail Address:** ericharrissr83@gmail.com
- f. **Phone Number:** (954)851-5881

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

- a. **Name:** None
- b. **Firm:** None
- c. **Email:**
- d. **Phone Number:**