



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** AMIkids Family Centric Programming

2. **Senate Sponsor:** Dennis Baxley

3. **Date of Submission:** 01/09/2018

4. **Project/Program Description:**

AMIkids Family Centric Model incorporates family engagement and alliance so that the prevention and intervention services with youth have a long term impact. In 2017-2018, AMIkids provided additional services through the model to youth enrolled in the gender specific and day treatments programs and continued to provide an evaluation to assess and improve the quality of evidence-based services delivery and promising delinquency interventions for this population.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Juvenile Justice

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
3,000,000		3,000,000

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):** 3,000,000

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



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

e. Complete the following Worksheet.

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:		3,000,000	3,000,000

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

Yes

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

\$3,000,000 annually

11. Program Performance:

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

Youth will receive screening and assessment to determine eligibility for Family Centric Model services. Youth who are between the ages of 11 and 17 who voluntarily enroll and qualify will receive Family Centric Model direct services.

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

Youth who are between the ages of 11 and 17 and voluntarily enroll and who have at least three of the following risk factors receive Family Centric Model direct services. 1. Family instability and conflict. 2. School instability or failure. 3. Physical health and mental health problems. 4. Attitude/behavior problems. 5. Victimization history. Primary prevention services include gender-specific life management skills training that addresses trauma and fosters positive gender identity development; individual transition plans and transition services; career exploration, career planning, and development of school work employability skills; community and service learning opportunities; and youth development activities.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and	Two regional directors who	75,000



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Benefits	oversee the program.	
<input checked="" type="checkbox"/> Other Salary and Benefits	Executive Director and Business Manager. Additional back office functions to include direct support for payroll, regional management, IT, accounting support, and other corporate level functions.	500,000
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	All remaining staff which includes 24 staff members and benefits. 3 family support directors, 16 family support specialists, 2 case managers, 1 behavior interventionist, 1 business manager, 1 director of operations.	1,575,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Student transportation (transporting student to/from home, to job interviews, and to community services), repairs and maintenance, rentals (facility lease for after school vocational program), communications (telephone and postage), instructional supplies for program sites, public utility services, energy services, and custodial supplies	750,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Contract for fidelity of the program.	100,000
Fixed Capital Construction/Major Renovation		



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<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		3,000,000

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

Youth who are between the ages of 11 and 17 and voluntarily enroll and who have at least three of the following risk factors receive Family Centric Model direct services. 1. Family instability and conflict. 2. School instability or failure. 3. Physical health and mental health problems. 4. Attitude/behavior problems. 5. Victimization history. Primary prevention services include gender-specific life management skills training that addresses trauma and fosters positive gender identity development; individual transition plans and transition services; career exploration, career planning, and development of school work employability skills; community and service learning opportunities; and youth development activities.

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

Persons with poor mental health, jobless persons, economically disadvantaged persons, at-risk youth, drug users in health services, grade school students, currently or formerly incarcerated persons, and drug offenders in criminal justice.

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-number served who reduce anti-social behaviors, improve psychosocial functioning, and improve family functioning-to assess individual youth functioning, all AMIkids gender-specific prevention program students will receive the Prevention Assessment Tool (PAT) assessment and the Community Positive Achievement Change Tool (C-PAT) assessment. Additionally all youth will receive the Child Behavior Checklist-Youth Self Report. Both the PAT and YSR will be administered at intake and program release. Reduce recidivism - number of AMIkids students who successfully complete our programs who do not re-offend for 12 months. Divert from criminal/juvenile justice system-number of AMIkids students who successfully complete our programs who do not re-offend for 12 months-Youth assigned to the treatment group and the control group will be tracked throughout the evaluation to determine whether they committed a law offense during services referred to as an Offense During Services.

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?

Failure to meet national deliverables.

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.

None

13. Requestor Contact Information:

a. Name: Mike Thornton, CEO



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- b. **Organization:** AMIkids
- c. **Email:** mat@amikids.org
- d. **Phone Number:** (813)477-4853

14. Recipient Contact Information:

- a. **Organization:** AMIkids
- b. **County:** Broward, Clay, Duval, Gadsden, Hillsborough, Manatee, Pinellas
- 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:** Dr. Phildra Swagger, Vice President
- e. **E-mail Address:** pjs@amikids.org
- f. **Phone Number:** (813)477-6083

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

- a. **Name:** Tara Reid
- b. **Firm:** Strategos Group
- c. **Email:** treid@strategosgroup.com
- d. **Phone Number:** (386)530-0426