

LFIR # 1975

. Project Title After School / Weekend Rehabilitative Program							
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2. Senate Sponsor	Jason Pizzo						
3. Date of Request	02/23/2021						
4. Project/Program De	escription						
occurring) disorders.	. The youth are in the port development to nents of the progran	ne Department of achieve and man include, but no	[:] Juvenile Jus iintain a lifest	stice (DJJ) s yle free of c	system and are pro crime and to move	into contributing roles in	
5. State Agency to red	eive requested fu	nds Departi	ment of Juver	nile Justice			
State Agency conta	cted? Yes						
6. Amount of the Nonr	ecurring Request	for Fiscal Year	2021-2022				
Type of Funding				Amo	unt		
Operations					300,000		
Fixed Capital Outlay					0		
Total State Funds F	Requested				300,000		
7. Total Project Cost f	or Fiscal Year 202	1-2022 (includir	g matching	funds avai	lable for this proj	ect)	
Type of Funding			Amou	nt	Percentage		
	Total State Funds Requested (from question #6)			300,000	85%		
Matching Funds					201		
Federal		()		0	0%	†	
State (excluding the Local	amount of this requ	iest)		0	0% 0%	1	
Other				55,000	15%	1	
Total Project Costs	for Fiscal Year 20	21-2022		355,000	100%	1	
8. Has this project pre			Yes	333,000	10070	1	
Fiscal Year (yyyy-yy)	Amo		A	cific riation #	Vetoed		
2019-20	Recurring 0	Nonrecurring 250,0		1222	No		
2010 20	<u>_</u>	200,0		1222	140	J	
9. Is future funding likely to be requested? Yes						-	
a. If yes, indicate nonrecurring amount per year.			300,000	300,000			
b. Describe the source of funding that can be used in lieu of state funding.							
None at this time.							
10. Has the entity requ	uesting this projec	ct received any	federal assis	stance rela	ted to the COVID-	19 nandemic?	
No No	acoming time projec	t rootivou arry	iodoidi dəəli			io panaonno:	



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If yes, indicate the amount of funds received and what the funds were used for.

11. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Oversight of the program administrative, clinical and delinquency intervention, education and mental health and substance abuse service implementation.	
Other Salary and Benefits	Clerical support, data collection / input, supplies, etc., travel, computers, printing, schedule appointments.	14,000
Expense/Equipment/Travel/Supplies/Other	Office supplies, travel (lease vehicle), computers, printers.	34,000
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Direct service staff implementing the services with clients and their families.	150,000
Expense/Equipment/Travel/Supplies/ Other	Furniture, activities and education supplies, travel to and from program and weekend activities, food, facility maintenane, etc.	41,000
Consultants/Contracted Services/Study	Behavioral Management, nutrition, employability skills/job linkage	30,000
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (must equal total from question #6) 300,		

12. Program Performance

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

To provide the high and moderate risk youth with mental health and/or substance abuse issues and are involved in the DJJ system with both the opportunity and support to develop, achieve and maintain a life style free of crime and to move into contributing roles in society.

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

Social Skills Group - Mental health individual and group counseling - Substance Abuse - individual and group counseling - Mentoring - Recreation / Cultural Activities - Preemployment Skills / Job Linkage - Academic Tutoring.

c. What direct services will be provided to citizens by the appropriation project?

Social Skills Group - Mental Health individual and group counseling - Substance Abuse - individual and group counseling - Mentoring - Recreation / Cultural Activities - Preemployment Skills / Job Linkage - Academic Tutoring.

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

The target population are the youth who have mental health and/or substance abuse disorders that are on probation and who are assessed as moderate - high risk to re-offend. The number of individuals expected to be served are 51-100.

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



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Reduce recidivism: Post assessment of life skills; employment and educational goals; pre and post achievement goals on service plan; reduce substance abuse; Achievement Goals of EBP Treatment; no use of substances; divert from Criminal / Juvenile Justice System; assessment of performance in the Evidence Based Services Plan (EBP) delinquency interventions.

f. 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 the contract?

No suggestion at this time.	The Contracting	Agency's standard	penalities will suffice.

13.	The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the
	relationship between the owners of the facility and the entity.

N/A		
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14. Requestor Contact Information						
	a. First Name	Michele		Last Name	Wyatt-Sweeting	
	b. Organization	New Horizons Community Mental Health Center, Inc.				
	c. E-mail Address	msweeting@nhcmhc.org				
	d. Phone Number	(786)433	-8476	Ext.		
15.	15. Recipient Contact Information					
	a. Organization	New Horizons Community Mental Health Center, Inc.				
	b. Municipality and County Miami-Dade					
	c. Organization Ty	ре				
	□For Profit Entity					
	☑Non Profit 501(c	c)(3)				
	□Non Profit 501(c	c)(4)				
	□Local Entity					
	□University or Co	ollege				
	□Other (please sp	specify)				
	d. First Name	Michele		Last Name	Wyatt-Sweeting	
	e. E-mail Address	msweeting@nhcmhc.org				
	f. Phone Number	Phone Number (786)433-8476				
16.	16. Lobbyist Contact Information					
	a. Name	Kelly Ma	llette			
	b. Firm Name	Ronald L. Book, P.A.				
	c. E-mail Address	kelly@RL.bookPA.com				
	d. Phone Number	(305)935-7866				