

LFIR # 1926

1.	Project Title	New Horizons After School/Weekend Rehabilitative Program						
2.	Senate Sponsor	Jason Pizzo						
3.	Date of Request	12/28/2021						
4.	Project/Program Description							
	occurring) disorders to achieve and main program include, bu	The After School/Weekend Rehabilitative Program is a program for youth with mental health and/or substance use (coccurring) disorders. The youth are in the DJJ system and are provided with both the opportunity and support development a achieve and maintain a lifestyle free of crime and to move into contributing roles in society. The components of the rogram include, but are not limited to, education intervention, mental health and substance use treatment, social skills aining and mentoring.						
5.	State Agency to re	ceive requested fu	nds Depa	artme	ent of Ju	venile Justice	<b>)</b>	
	State Agency conta	•			-			
6.	Amount of the Non	recurring Request	for Fiscal Yea	r 202	22-2023			
	Type of Funding					Amo	unt	
	Operations						300,000	
	Fixed Capital Outlay	/					0	
	Total State Funds	Requested					300,000	
7.	Total Project Cost f	for Fiscal Year 202	2-2023 (includ	ing r	natchin	g funds avai	lable for this proje	ect)
	Type of Funding				Amo	unt	Percentage	
	Total State Funds Requested (from question #6)					300,000		
	Matching Funds							
	Federal					0	0%	
	State (excluding the	amount of this requ	uest)			0	0%	
	Local					0	0%	
	Other					55,000	16%	
	<b>Total Project Costs</b>	s for Fiscal Year 20	)22-2023			355,000	100%	
8.	Has this project pro	eviously received	state funding?	•	Yes			
	Fiscal Year	Amo	ount			ecific	Vetoed	
	(уууу-уу)	Recurring	Nonrecurrir	าg	Appro	priation #		
	2021-22	0	300	,000		1180	No	
9.	s future funding likely to be requested?				Yes			
a. If yes, indicate nonrecurring amount per year.				300,000				
b. Describe the source of funding that can be used in lieu of state funding.								
	None at this time.							
10	No	uesting this projec	ct received an	y fed	eral ass	istance rela	ted to the COVID-	19 pandemic?



LFIR # 1926

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 use service implementation.	31,000			
Other Salary and Benefits	Clerical support, data collection/input, order 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 maintenance, 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 (m	Total State Funds Requested (must equal total from question #6) 300,000				

### 12. Program Performance

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

To provide high and moderate risk youth with mental health and/or substance use issues who are involved in the DJJ System with both the opportunity and support to develop, achieve and maintain a lifestyle 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 Use: Individual and group counseling; Mentoring; Recreation/Cultural Activities; Pre-employment 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 Use: Individual and group counseling; Mentoring; Recreation/Cultural Activities; Pre-employment 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 is the youth who have mental health and/or substance use disorders that are on probation/diversionary status, and who are assessed as moderate - high risk to re-offend. The number of individuals expected to be served is 51-100.

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



LFIR # 1926

Reduce recidivism: Post-assessment of life skills; employment and educational goals; pre- and post-achievement goals on service plan; reduce substance use; Achievement Goals of Evidence Based Program Treatment; no use of substances; diversion from the Criminal/Juvenile Justice System; assessment of performance in the Evidence Based Program 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 suggestions	at this time: the	contracting age	ency's standard	penalties 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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LFIR # 1926

14. Requestor Contact Information							
	a. First Name	Michele		Last Name	Wyatt -Sweeting		
	b. Organization	New Hori	zons Community	Mental Hea	Mental Health Center, Inc.		
	c. E-mail Address	msweetin	ng@nhcmhc.org				
	d. Phone Number	(786)433	-8476	Ext.			
15.	Recipient Contact	Informatio	on				
	a. Organization	New Horizons Community Mental Health Center, Inc.					
	b. Municipality and	d 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	llege					
	□Other (please sp	ecify)					
	d. First Name	Michele		Last Name	Wyatt-Sweeting		
	e. E-mail Address	msweeting@nhcmhc.org					
	f. Phone Number	ber (786)433-8476					
16.	16. Lobbyist Contact Information						
	a. Name	Kelly C. I	Mallette				
	b. Firm Name	Ronald L. Book PA					
	c. E-mail Address	kelly@rlbookpa.com					
	d. Phone Number	(305)935-1866					