



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** New Horizons After School and Weekend Rehabilitation Program

2. **Senate Sponsor:** Oscar Braynon

3. **Date of Submission:** 01/04/2018

4. **Project/Program Description:**

The After School/Weekend rehabilitation program is a program for youth with mental health and substance abuse (co-occurring) disorders. The youth are in the DJJ system and are provided with both the opportunity and support to achieve and maintain a lifestyle free of crime and to move into contributing roles in society. The components of the program include, but are not limited to, education intervention, mental health and substance abuse treatment, social skills training and mentoring.

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 Juvenile Justice

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
550,000		550,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	20,800	3.4%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	34,200	5.7%
TOTAL	55,000	9.1 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 605,000

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?



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

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.)		
	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.

Yes, \$550,000

11. Program Performance:

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

To provide high and moderate youth with mental health and substance abuse (co-occurring) disorders and are involved in the DJJ system with both the opportunity and support to develop, achieve and maintain a lifestyle free of crime and move into contributing roles in society.

b. What are the activities and services that 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; recreational/cultural activities; pre-employment skills/job linkage; academic tutoring.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> 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.	56,000



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<input checked="" type="checkbox"/> Other Salary and Benefits	Clerical support, data collection/input, order supplies, etc., travel, computers, printing, schedule appointments, transportation, etc.	240,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Office supplies, travel (lease vehicle), computers, printers	63,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Direct service staff implementing the services with clients and their families	290,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Furniture, activities and educational supplies, travel to and from program and weekend activities, food, facility maintenance, etc.	66,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Behavioral management, nutrition, employability skills/job linkage	50,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		765,000

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

Social Skills Group; Mental health individual and group counseling; substance abuse individual and group counseling; mentoring; recreational/cultural activities; pre-employment skills/job linkage; academic tutoring

e. 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 substance abuse (co-occurring) disorders that are on probation and who are assessed as moderate-high risk to re-offend. The number of individuals expected to be serviced are 51-100.



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

Reduce recidivism: post assessment of life skills, employment and education 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 EBP delinquency interventions.

- 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?**

No suggestion at this time. The contracting Agency's standard penalties will suffice.

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:** Evalina Bestman
- b. **Organization:** New Horizons Community Mental Health Center, Inc.
- c. **Email:** drbestman@nhcmhc.org
- d. **Phone Number:** (786)433-8469

14. **Recipient Contact Information:**

- a. **Organization:** New Horizons Community Mental Health Center, Inc.
- 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:** Evalina Bestman
- e. **E-mail Address:** drbestman@nhcmhc.org
- f. **Phone Number:** (786)433-8469

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

- a. **Name:** Kelly Mallette
- b. **Firm:** Ronald L. Book, P.A.
- c. **Email:** kelly@rlbookpa.com
- d. **Phone Number:** (850)224-3427