



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Community Action Team for Charlotte County

2. **Senate Sponsor:** Denise Grimsley

3. **Date of Submission:** 11/09/2017

4. **Project/Program Description:**

The intent of the CAT team is to work with youth and families with serious emotional problems in situations where traditional mental health services have not worked. The CAT program utilizes a multi-disciplinary, community-based approach with a team of therapists, case managers, and mentors to keep the youth stabilized, attending school, and in the community.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Children and Families

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
750,000		750,000

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):** 750,000

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

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

e. Complete the following Worksheet.



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

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:		750,000	750,000

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

Yes

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

750,000

11. Program Performance:

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

The CAT program utilizes a multi-disciplinary, community- based approach with a team of therapists, case managers, and mentors to keep the youth stabilized, attending school, and in the community. The intent of the CAT team is to work with youth and families in cases where traditional mental health services have not worked.

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

An array of mental health and co-occurring substance abuse services to youth. This would include, crisis intervention, in-home therapy and counseling, case management (linkage to community support services, housing, medical services, etc), psychiatric evaluation and medication management services, mentoring.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	AVP of Operations, COO, Director of HR, IT, and Crisis Services	52,000
<input checked="" type="checkbox"/> Other Salary and Benefits	Accounting, Finance, Outreach	23,000
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	CAT Team (Team Leader, Mental Health Clinicians, Case Manager, Mentors, Psychiatrist/Medical Director, ARNP, LPN, Operational Support)	558,070
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Occupancy, Professional Services, Travel, Medical, Insurance	116,930
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		750,000

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

An array of mental health and co-occurring substance abuse services to youth. This would include, crisis intervention, in-home therapy and counseling, case management (linkage to community support services, housing, medical services, etc), psychiatric evaluation and medication management services, mentoring.

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

60 children/youth in the following target populations: poor mental health, physical health, at-risk youth, high school students, and victims of crime.

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

DCF outcome measures and Children's functional rating scales will track for the following outcomes: Improvement in functioning, increased school attendance, and reduction in arrests/incarceration/hospitalization.

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?

DCF has penalties in place for failing to meet contract requirements regarding staffing and numbers of persons served.



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- 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

- 13. Requestor Contact Information:**

- a. **Name:** Victoria Scanlon
- b. **Organization:** Charlotte Behavioral Health Care
- c. **Email:** Vscanlon@cbhcfll.org
- d. **Phone Number:** (941)347-6401

- 14. Recipient Contact Information:**

- a. **Organization:** Charlotte Behavioral Health Care
- b. **County:** Charlotte
- 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:** Victoria Scanlon
- e. **E-mail Address:** Vscanlon@cbhcfll.org
- f. **Phone Number:** (941)347-6401

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

- a. **Name:** Meghan Hoza
- b. **Firm:** P5
- c. **Email:** meghan@thep5group.com
- d. **Phone Number:** (772)485-0693