



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1441

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

Apalachee Center, Inc. seeks to obtain a Community Action Team (CAT), serving Franklin and Liberty Counties within the parameters allowed by the allocation for adherence to the CAT Team model.

5. **State Agency to receive requested funds**
- State Agency contacted?     Yes     No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 80%;" type="text" value="750,000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
<b>Total State Funds Requested</b>	<b>750,000</b>

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 80%;" type="text" value="750000"/>	<input style="width: 80%;" type="text" value="100.0"/> %
<b>Matching Funds</b>		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Other	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>750,000</b>	<b>100</b> %

8. **Has this project previously received state funding?**     Yes     No
- If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>

9. **Is future-year funding likely to be requested?**     Yes     No
- If yes, indicate nonrecurring amount per year.



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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits	Non-direct service staff (HR,IT,ACC)	52,500
Expense/Equipment/Travel/Supplies/Other	Operating expenses (utilities,supplies)	22,500
Consultants/Contracted Services/Study		
<b>Operational Costs: Other</b>		
Salary and Benefits	Direct service staff (MD/ARNPs, Case Managers, Therapist)	508,482
Expense/Equipment/Travel/Supplies/Other	Operating expenses (utilities, supplies)	166,518
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>750,000</b>



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#### 11. Program Performance

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

Reducing the number of high-risk youth within the child welfare and community populations who require inpatient hospitalization or out-of-home placement.

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

Apalachee Center seeks to operate an intensive, in-home child and family treatment team for Franklin and Liberty Counties. Clients and families in this program receive intensive services including psychosocial assessment, psychiatric evaluation, medication management where indicated, skill-building groups, case management, and where indicated, family and individual psychotherapy.

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

Reduced cost for treatment of youth and their families at high risk for intensive treatment.

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

Youth ages 11 to 21 with a mental health diagnosis or co-occurring substance abuse diagnosis with accompanying characteristics such as: being at-risk for out-of-home placement as demonstrated by repeated failures at less intensive levels of care; having two or more hospitalization or repeated failures; involvement with the Department of Juvenile Justice or multiple episodes involving law enforcement; or, poor academic performance and/or suspensions. Children younger than 11 may be candidates if they meet two or more of the aforementioned characteristics. Thirty-five (35) or more youth and their families will be served during the contract year.

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

Youth that have a higher propensity to receive services in the most expensive level of care (e.g., inpatient or out-of-home placements) will have the opportunity to be served in the home setting which will result in better outcomes. Allowing families to remain together during treatment allows family members to learn the techniques necessary to continue functioning successfully in the community after discharge. Community based services are historically a much lower cost than inpatient programs. The success of the CAT team will be measured by the number of days that the child attended school and the number of children that received services in the least restrictive environment (e.g., days in the community).

- 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 in the contract?

Requirement for corrective action plan.



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12. **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

13. **Requestor Contact Information**

- a. First Name  Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number  Ext.

14. **Recipient Contact Information**

- a. Organization
- b. Municipality and County
- c. Organization Type
- For-profit Entity
  - Non-Profit 501(c) (3)
  - Non-Profit 501(c) (4)
  - Local Entity
  - University or College
  - Other (please specify)
- d. First Name  Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number  Ext.