



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 1158

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

For 50 years Here's Help has served South Florida providing treatment to predominately economically disadvantaged and ethnically diverse youth. Here's Help is the only publicly funded agency in Miami-Dade County providing residential substance abuse treatment to juvenile males. Substance abuse and mental health issues are addressed through a comprehensive treatment program that includes individual, group and family therapy and educational programs in a structured living situation that prevents entry into a higher level of care or incarceration. Evidence based clinical interventions focus on wellness, self-esteem, self-guidance and independence in addition to alternative therapies that support the agency's excellent track record of transitioning the lives of criminal justice involved youth to productive citizens (87% successfully complete the program). Current funding is significantly short of what is needed to meet the demand of juveniles who are in serious need for these services.

5. State Agency to receive requested funds

State Agency contacted?  Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	250,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>250,000</b>

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	250,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>250,000</b>	<b>100%</b>

8. Has this project previously received state funding?  Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2021-22	200,000	250,000	367	No

9. Is future funding likely to be requested?  Yes

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.



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10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

Yes

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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Therapists and milieu.	250,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>250,000</b>

12. Program Performance

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

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

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

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

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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To have 74% of the participants successfully complete the residential program. State of Florida Department of Children and Families success criteria will be used which includes the client being drug free and completing 75% of the treatment goals.

**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?**

Proportional funding suspension.

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

#### 15. 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

#### 16. Lobbyist Contact Information

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