

LEGISLATIVE FACT SHEET

DATE: 07/22/21

BT or RC No: BT21-107
(Administration & City Council Bills)

SPONSOR: Kids Hope Alliance
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentations: Michael Weinstein/Saralyn Grass

Provide Name: April Hart

Contact Number: (904)255-44401 or (904)255-4404

Email Address: mweinstein@coj.net or sgrass@coj.net

PURPOSE: White Paper (Explain Why this legislation is necessary? Provide; Who, What, When, Where, How and the Impact.) Council Research will complete this form for Council introduced legislation and the Administration is responsible for all other legislation.

(Minimum of 350 words - Maximum of 1 page.)

To appropriate \$991,201 for year 1 of a 5 year Substance Abuse and Mental Health Services Administration grant awarded to KHA for the Resiliency in Communities After Stress and Trauma (ReCAST) program grant. The grant period is September 30, 2021 through September 29, 2022. The purpose of this program is to assist high-risk youth and their families and promote resilience and equity in communities that have recently faced civil unrest through implementation of evidence-based violence prevention, and community youth engagement programs, as well as linkages to trauma-informed behavioral health services. The goal of the ReCAST Program is for local community entities to work together in ways that lead to improved behavioral health, empowered community residents, reductions in trauma, and sustained community change.

This grant submission will seek to:

- Assist high-risk youth and their families
- Promote resilience and equity in communities that have recently faced civil unrest
- For local community entities to work together in ways that lead to improved behavioral health, empowered community residents, reductions in trauma, and sustained community change.

Section 77.111(a) requires contracts for children's services to be competitively procured by KHA via an evaluated bid process. This waiver is needed to allow KHA to direct contract with the agency Managed Access to Child Health.

APPROPRIATION: Total Amount Appropriated: \$991,201.00 as follows:

List the source name and provide Object and Subobject Numbers for each category listed below:

(Name of Fund as it will appear in title of legislation)

Name of Federal Funding Source(s)	From: Department of Health and Human Services	Amount: \$991,201.00
	To: Kids Hope Alliance Grant Fund - SAMSHA Re-Cast Year 1 of 5	Amount: \$991,201.00
Name of State Funding Source(s):	From: _____	Amount: _____
	To: _____	Amount: _____
Name of City of Jacksonville Funding Source(s):	From: _____	Amount: _____
	To: _____	Amount: _____
Name of Contribution(s):	From: _____	Amount: _____
	To: _____	Amount: _____
Name & Number of Bond Account(s):	From: _____	Amount: _____
	To: _____	Amount: _____

PLAIN LANGUAGE OF APPROPRIATION / FINANCIAL IMPACT / OTHER:

Explain: Where are the funds coming from, going to, how will the funds be used? Does the funding require a match? Is the funding for a specific time frame? Will there be an ongoing maintenance? ... and staffing obligation? Per Chapters 122 & 106 regarding funding of anticipated post-construction operation costs.

(Minimum of 350 words - Maximum of 1 page.)

The Kids Hope Alliance has been awarded \$991,201 from the Department of Health and Human Services for the implement a Substance Abuse and Mental Health Services Administration grant. The grant period is September 30, 2021, to September 29, 2022. The grant will assist high-risk youth and their families and promote resilience and equity in communities that have recently faced civil unrest.

ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

ACTION ITEMS:		Yes	No	
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Justification of Emergency: If yes, explanation must include detailed nature of emergency. <input type="text"/>
Federal or State Mandate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision. <input type="text"/>
Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Note: If yes, note must include explanation of all-year subfund carryover language. <input type="text"/>
CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.
Contract / Agreement Approval?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Attachment & Explanation: If yes, attach the Contract / Agreement and name of Department (and contact name) that will provide oversight. Indicate if negotiations are on-going and with whom. Has OGC reviewed / drafted? <input type="text"/>
Related RC/BT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Attachment: If yes, attach appropriate RC/BT form(s).
Waiver of Code?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper. <input type="text"/>
Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper. <input type="text"/>
Related Enacted Ordinances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Code Reference: If yes, identify related code section(s) and ordinance reference number in the box below and provide detailed explanation and any changes necessary within white paper. <input type="text"/>

ACTION ITEMS CONTINUED: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

ACTION ITEMS:

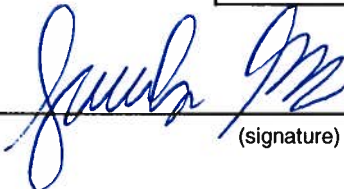
	Yes	No
Continuation of Grant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Explanation: How will the funds be used? Does the funding require a match? Is the funding for a specific time frame and/or multi-year? If multi-year, note year of grant? Are there long-term implications for the General Fund?

Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reporting Requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Attachment: If yes, attach appropriate form(s).

Explanation: List agencies (including City Council / Auditor) to receive reports and frequency of reports, including when reports are due. Provide Department (include contact name and telephone number) responsible for generating reports.

Division Chief: 
(signature)

Date: 7/22/21

Prepared By: Eunice Dumba, Accounting Manager
(signature)

Date: 7/22/2021

ADMINISTRATIVE TRANSMITTAL

To: MBRC, c/o Jasmine Jordan, Budget Office, St. James Suite 325

Thru: _____

(Name, Job Title, Department)

Phone: _____

E-mail: _____

From: Michael Weinstein, CEO, Kids Hope Alliance

Initiating Department Representative (Name, Job Title, Department)

Phone: (904) 255-4477

E-mail: mweinstein@coj.net

Primary Contact: Michael Weinstein, CEO, Kids Hope Alliance

(Name, Job Title, Department)

Phone: (904) 255-4477

E-mail: mweinstein@coj.net

CC: Leeann Krieg, Director of Intergovernmental Affairs, Office of the Mayor

Phone: (904) 255-5015

E-mail: leeannK@coj.net

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To: Peggy Sidman, Office of General Counsel, St. James Suite 480

Phone: 904-255-5055

E-mail: psidman@coj.net

From: _____

Initiating Council Member / Independent Agency / Constitutional Officer

Phone: _____

E-mail: _____

Primary Contact: _____

(Name, Job Title, Department)

Phone: _____

E-mail: _____

CC: Leeann Krieg, Director of Intergovernmental Affairs, Office of the Mayor

Phone: 904-255-5015

E-mail: LeeannK@coj.net

Legislation from Independent Agencies requires a resolution from the Independent Agency Board approving the legislation.

Independent Agency Action Item:

Yes

No

Boards Action / Resolution?

Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?

February 17,2021 Board Meeting action attached.

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

BOARD ACTION ITEM: APPLICATION FOR RESILIENCY IN COMMUNITIES AFTER STRESS AND TRAUMA GRANT

ESSENTIAL SERVICE CATEGORY: SPECIAL NEEDS
FINANCE MEETING: FEBRUARY 10, 2021
BOARD MEETING: FEBRUARY 17, 2021

TO: KIDS HOPE ALLIANCE BOARD OF DIRECTORS
FROM: MIKE WEINSTEIN, CHIEF EXECUTIVE OFFICER

REQUESTED ACTION:

The Board is asked to:

- 1) Authorize the CEO to apply for the Resiliency in Communities After Stress and Trauma (ReCAST) Grant funded by the Department of Health and Human Services, Substance and Mental Health Administration.
- 2) Authorize the CEO of Kids Hope Alliance to execute a grant contract with the funder, if awarded, and all other documents necessary to meet grant requirements.

NARRATIVE:

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Center for Mental Health Services (CMHS), is accepting applications for fiscal year (FY) 2021 Resiliency in Communities After Stress and Trauma (Short Title: ReCAST Program) grants. The purpose of this program is to assist high-risk youth and their families and promote resilience and equity in communities that have recently faced civil unrest through implementation of evidence-based violence prevention, and community youth engagement programs, as well as linkages to trauma-informed behavioral health services. The goal of the ReCAST Program is for local community entities to work together in ways that lead to improved behavioral health, empowered community residents, reductions in trauma, and sustained community change.

This grant submission will seek to:

- Assist high-risk youth and their families
- Promote resilience and equity in communities that have recently faced civil unrest
- For local community entities to work together in ways that lead to improved behavioral health, empowered community residents, reductions in trauma, and sustained community change.

Deliverables for the grant are:

- Creation of a Public Health System Impact Statement
- Convene and engage a diverse coalition of stakeholders

- Conduct a Community Needs and Resources Assessment
- Develop and implement a community strategic plan
- Implement behavioral health services
- Provide training in trauma-informed approaches
- Provide peer support services for high-risk youth and their families
- Facilitate the health insurance application and enrollment process for eligible uninsured clients
- Data Collection
- Develop Data Collection Instruments and Protocols
- Creation of a timeline for five years

KHA is partnering with the City of Jacksonville, Partnership for Child Health and Duval County Public Schools on the application which is due February 15, 2021.

FISCAL IMPACT:

\$5,000,000.00 funding for five years (\$1,000,000 per year). No cash match is required.

GOVERNANCE/PROGRAM IMPACT:

This action requires board approval.

OPTIONS:

1. Vote to approve staff recommendations.
2. Decline to approve staff recommendations.

STAFF RECOMMENDATION:

Staff recommends approval.