



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** ChildNet SafePlace Intake and Placement Assessment Centers

2. **Senate Sponsor:** Lauren Book

3. **Date of Submission:** 11/16/2017

4. **Project/Program Description:**

ChildNet's SafePlace Intake and Placement Assessment Centers (one in Broward County and one in Palm Beach County) are open 24 hours a day, 7 days a week and are the first stop for any child removed from their home after an incident of abuse, abandonment or neglect. Once at SafePlace, children undergo a mental health assessment and, based on the results of the assessment, are provided with an array of trauma-informed services, supports and treatments tailored to their individual needs. In addition to providing insight into the services each child requires, the results of the mental health assessment are also used by SafePlace Center staff to identify a foster placement that best meets the unique needs of each child, maximizing foster placement stability outcomes.

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
500,000		500,000

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):** 500,000

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)



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- 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.

FY:	Input Prior FY Appropriation for this project for FY <b>2017-18</b> (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
	Column:	A	B
Funds Description:		Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *
Input Amounts:			100,000
			100,000

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

No

### 11. Program Performance:

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

With the funds requested, the main goal of the SafePlace Intake and Placement Assessment Centers (the SafePlace Centers) is to provide a mental health assessment and individualized trauma-informed services to every abused, abandoned and neglected child upon entry. The secondary goal to be achieved with the requested funds is, through the mental health assessments and trauma-informed services provided at the SafePlace Centers, to exceed the state standard for foster placement stability.

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

1. The SafePlace Centers will provide a mental health assessment to each child, allowing staff to garner greater insight into the mental health needs of each child. 2. The SafePlace Centers will provide trauma-informed services and supports to each child. An array of trauma-informed therapeutic, behavioral and mental health services will be provided based on each child's needs. 3. The SafePlace Centers will provide foster placement matching services for each child. By utilizing the information children provide as a result of the mental health assessment/trauma-informed services they receive, staff are able to identify the foster placement that best meets of each child's needs.

#### c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and		



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Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Costs related to the operation of the SafePlace Centers including service linkage/coordination, foster placement identification/matching, food, transportation, clothing, hygiene items, recreation items, facility insurance and general maintenance.	475,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Costs related to the provision of mental health assessments and the associated trauma-informed therapeutic, behavioral and mental health counseling services.	25,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		500,000

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

1. Shelter services for children entering the SafePlace Centers after an incident of abuse, abandonment and/or neglect that include the provision of food for meals and snacks, hygiene items, recreational/comfort items, transportation and around-the-clock supervision. 2. Mental health assessment services designed to ascertain the needs of each abused, abandoned and neglected child entering the SafePlace Centers. 3. Trauma-informed therapeutic, behavioral and mental health services for each child entering the SafePlace Centers (based on the



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results of their mental health assessment). 4. Foster matching services designed to maximize the foster placement stability of each child.

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

The target population for this project is children and youth between the ages of 0 and 18, residing in Broward or Palm Beach counties, who have been removed from their homes after a substantiated incident of abuse, abandonment and/or neglect. This project will serve more than 2,000 children and youth.

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

The expected benefits and outcomes are as follows: 1. The SafePlace Centers will remain open and able to provide mental health assessments and an array of trauma-informed services to children entering the SafePlace Centers after an incident of abuse, abandonment or neglect-measured by the total number of children receiving a mental health assessment and/or related trauma-informed services within the SafePlace Centers, tracked by the FSFN database. 2. Through the mental health assessments and trauma-informed services provided at the SafePlace Centers, ChildNet will exceed the state standard related to foster placement stability which is 4.12 placement moves per 1,000 days in foster care as tracked by the FSFN database.

**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?**

ChildNet is willing to work with the Legislature to identify a course of action that would satisfy the Legislature's mandate to be good stewards of the state's funds.

**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:** Kenny Brighton
- b. **Organization:** ChildNet
- c. **Email:** kbrighton@childnet.us
- d. **Phone Number:** (954)414-6000 Ext. 8036

**14. Recipient Contact Information:**

- a. **Organization:** ChildNet
- b. **County:** Broward
- c. **Organization Type:**
  - ☐ For Profit
  - ☒ Non Profit 501(c) (3)
  - ☐ Non Profit 501(c) (4)
  - ☐ Local Entity
  - ☐ University or College
  - ☐ Other (Please specify)



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- d. Contact Name:** Kenny Brighton
- e. E-mail Address:** kbrighton@childnet.us
- f. Phone Number:** (954)414-6000 Ext. 8036

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

- a. Name:** Ellyn Bogdanoff
- b. Firm:** Becker and Poliakoff
- c. Email:** ebogdanoff@bplegal.com
- d. Phone Number:** (954)364-6005