



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. Title of Project: Broward County Human Services Community Partnerships Nancy J. Cotterman Center, Child Welfare Program

2. Senate Sponsor: Lauren Book

3. Date of Submission: 11/16/2017

4. Project/Program Description:

The Broward County child welfare system has been in a severe crisis since 2014 with a significant increase in the number of children removed from their families and placed into care due to child abuse and neglect allegations. The length of time of these children are in care has increased and use of group home placements is high due to lack of foster homes. Although DCF continues to convene high level efforts to address this crisis, the focus has been on Broward Sheriff's Office (BSO) and ChildNet (DCF's Community Based Care agency). Given the role and responsibilities of Broward County for a comprehensive approach to assessment for child abuse issues, solutions must also include increased resources for Broward County Child Protection Team (CPT) and legislative actions to facilitate and ensure required coordination between key stakeholders such as Broward County's CPT, BSO and ChildNet. The Broward County CPT is severely underfunded and understaffed.

5. State Agency Contacted? No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

Department of Children and Families

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
200,000		200,000

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	344,000	63.2%
Other	0	0.0%
TOTAL	344,000	63.2 %

8. Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds): 544,000



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9. Previous Year Funding Details:

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.

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:			

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

Yes

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

\$200,000

11. Program Performance:

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

Improve safety and wellbeing of Broward County Children and families.

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

Medical exams and clinical supervision.

- How will the funds be expended?

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



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<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Licensed Clinical Supervisor	87,304
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Office computers, modular furniture, trainings, medical supplies	12,696
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Contracted Physician	100,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		200,000

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

Medical Exams and Clinical Supervision of assessment services.

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

Children and families involved in the Child Welfare System. The program is expected to serve from 100 to 200 children and families.

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

The participants will be screened and assessed for physical injury due to victimization. Methodology will be physician evaluations and clinical supervision of assessment services provided.

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?

Return of unutilized 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: Mandy Wells

b. Organization: Broward County Human Services Department Community Partnerships Division Nancy J.

Cotterman Center



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- c. **Email:** mwells@broward.org
- d. **Phone Number:** (954)357-6398

14. Recipient Contact Information:

- a. **Organization:** Broward County
- 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) County Government
- d. **Contact Name:** Mariam Firpo-Jimenez
- e. **E-mail Address:** mfjimenez@broward.org
- f. **Phone Number:** (954)357-5754

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

- a. **Name:** Devon West
- b. **Firm:** Broward County
- c. **Email:** dewest@broward.org
- d. **Phone Number:** (954)357-7575