



# The Florida Senate

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

1. **Title of Project:** Children of Inmates: Family Strengthening and Reunification

2. **Senate Sponsor:** Anitere Flores

3. **Date of Submission:** 12/04/2017

4. **Project/Program Description:**

Incarceration of parents/caregivers impacts 300,000 FL children. Research demonstrates that these children often engaging in anti-social behaviors and suffer mental illness at higher levels, putting them on the path toward incarceration themselves. COI, Inc. interrupts this pattern by collaborating with FDC to rebuild families with wellness, literacy, civic and STEM learning experiences that support both children and their incarcerated parent's improvements as a family unit.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Corrections

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
1,500,000		1,500,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	464,250	17.4%
State (excluding the amount of this request)	0	0.0%
Local	700,000	26.3%
Other	0	0.0%
TOTAL	1,164,250	43.7 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 2,664,250

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded?



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- d. Were the funds provided in the most recent fiscal year subsequently vetoed?
- e. Complete the following Worksheet.

FY:	<b>Input Prior FY Appropriation for this project for FY 2017-18</b>		
	A	B	C
	(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?**

No

**11. Program Performance:**

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

Children of Inmates: Family Strengthening and Reunification Programs provides opportunities to foster the bond between children and their incarcerated parents. Children with an incarcerated parent are twice the risk of developing mental illness and three times the risk for exhibited anti-social behavior. Funding will be used to provide ongoing care coordination for children and families, quarterly child-centered bonding visits and parenting development with the incarcerated parents.

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

TBD

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

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Executive director will be dedicated at 20 percent time to project management and leadership including building collaborative partnerships with local agencies, integrating services with FDC and overseeing operations	30,000



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<input checked="" type="checkbox"/> Other Salary and Benefits	Fiscal staff (1 FTE) will be supported at 50% time for the management of budgeting, invoicing, internal controls and audit support.	30,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	\$12,500 will be expended for travel to administrative meetings with FDC and partnering agencies across the State. \$20,000 will be allocated to office rent to support housing of COI staff, social work interns and AmeriCorps Staff. \$2,500 will be reserved for office supplies.	35,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	\$5,000 will be reserved for Operational Audit Costs. \$10,000 will be reserved for liability and associated insurance. \$10,000 will be reserved to contract an independent study of program impacts (Applications for research funds will be submitted to federal and private sources.)	25,000
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	\$312,500 will be reserved to hire up to five FTE social work and/or criminal justice staff to support family outreach across Florida and work with incarcerated parents within FDC system. \$67,500 will be reserved to support COI Corps college intern stipends and reemployment support.	380,000



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<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	<p>\$250,000 will be reserved to support transportation costs for children (and appropriate caregivers) to participate in the child focused bonding visitation programs and special child focus developmental events from metropolitan and rural areas \$250,000 will be reserved to support program supplies for wellness, literacy, civics and STEM learning experiences.</p>	<p>500,000</p>
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	<p>COI is a collaboration of 14 community and faith based organizations with an intention to expand to up to 20 organizations across the state. As such, \$500,000 will be reserved to support subcontracts to partner agencies with specialized skills including mental health, physical health, literacy, child brain development, STEM, civics, information technology and advocacy to support the operationalization of the enhanced learning experiences and to support expansion to rural and metropolitan areas.</p>	<p>500,000</p>
<p>Fixed Capital Construction/Major Renovation</p>		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
<p>TOTAL</p>		<p>1,500,000</p>

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



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Direct services to be provided will be transportation and social services to support families during the bonding visits. Wrap-around care coordination, including facilitated referrals to appropriate service providers to meet basic needs including addressing health, homelessness, disabilities, substance abuse and educational needs, child development assessments, child therapy and child development activities and child safety protection gear will be provided through the home visits. Tutoring and evidenced based engagement activities and supplies will be provided through the STEM and literacy activities. Advocacy services will be provided to enhance public understanding of the plight of children of incarcerated parents.

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

900 children and their caregivers with an incarcerated parent in the Florida Department of Corrections

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

COI will conduct a minimum 40 bonding visits to support family strengthening in FL correctional facilities with this funding. In 2016, by leveraging State and local funding, COI conducted 77 visits involving over 905 incarcerated parent/caregivers, 1670 children with 973 caregivers. In addition, COI will conduct 300 home visits to locate, engage and ensure the safety of children. We will conduct 4 cohorts of Babies 'N Brains STEM parenting trainings for incarcerated parents. Finally we will use civic and STEM education activities to foster enhance the literacy rates and community connectedness.

**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?**

\$1500 for each bonding visit under 40 visit; \$1500 for each percentage point below 85% on the bonding attachment index score; \$1500 for each babies and brain incarcerated parent session under 24 sessions.

**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:** Shellie Solomon
- b. **Organization:** Children of Inmates, Inc.
- c. **Email:** sesolomon@jssinc.org
- d. **Phone Number:** (786)781-5141

**14. Recipient Contact Information:**

- a. **Organization:** Children of Inmates, Inc.
- b. **County:** Baker, Broward, Charlotte, DeSoto, Duval, Gadsden, Hardee, Hernando, Hillsborough, Leon, Marion, Martin, Miami-Dade, Nassau, Okeechobee, Orange, Palm Beach, Pasco, Pinellas

**c. Organization Type:**

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)



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- Local Entity
- University or College
- Other (Please specify)

**d. Contact Name:** Shellie Solomon

**e. E-mail Address:** sesolomon@jssinc.org

**f. Phone Number:** (786)781-5141

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

**a. Name:** Yolanda Cash

**b. Firm:** Becker & Poliakoff

**c. Email:** yjackson@bplegal.com

**d. Phone Number:** (954)985-8841