



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** C.A.R.E.S replication expansion

2. **Senate Sponsor:** Dorothy Hukill

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

4. **Project/Program Description:**

The appropriation enables training and implementation of the evidence-based CARES model for Volusia and Flagler Counties. The CARES program, which was developed by Brevard C.A.R.E.S. of Brevard Family Partnership as a front-end continuum of care, provides family support services to divert children from becoming part of the formal dependency system. Funding will enable Brevard C.A.R.E.S. to complete the training that began in 2017 so the CARES program can be implemented. Brevard C.A.R.E.S., accredited by the Council on Accreditation, identifies Brevard County’s child abuse prevention and family preservation organization as having high performance standards with a commitment to their constituents to deliver the highest quality services. Funding will enable final components to be put in place to serve children and families in counties served by the Community Partnership for Children, the DCF community-based care organization serving Volusia and Flagler Counties.

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
150,000		150,000

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):** 150,000

9. **Previous Year Funding Details:**



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- 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) 1
- 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 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:		50,000	50,000

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?

To expand the evidence-based CARES program to Volusia and Flagler Counties.

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

Training, community assessment, technical assistance, and implementation of the CARES model in the Community Partnership for Children, the DCF community-based care organization serving Volusia and Flagler Counties.

c. 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		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Contracted support services of	7,500



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	the project	
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Valerie Holmes and Tracy Little	44,250
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Trainings in Volusia, community scan, implementation of the evidence-based program system wide	54,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Technical assistance and training by consultant	44,250
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		150,000

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

The Community Partnership for Children staff will receive training and ongoing technical assistance to deliver wraparound care management to at-risk children and families in Volusia and Flagler Counties.

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

Children at risk of removal from the family home due to abuse or neglect, and placement into the child welfare dependency system. 200 children.

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

Children remain in the home with their parents and will not enter the child welfare dependency system.

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?

Withhold final payment for implementation.

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: James Carlson



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- b. **Organization:** National Center for Innovation and Excellence
- c. **Email:** James.Carlson@brevardfp.org
- d. **Phone Number:** (321)752-4650 Ext. 3062

14. Recipient Contact Information:

- a. **Organization:** National Center for Innovation and Excellence
- b. **County:** Flagler, Volusia
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)
- d. **Contact Name:** James Carlson
- e. **E-mail Address:** James.Carlson@brevardfp.org
- f. **Phone Number:** (321)752-4650 Ext. 3062

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

- a. **Name:** Dixie Sansom
- b. **Firm:** Dixie Sansom Consulting
- c. **Email:** dixiesansom@aol.com
- d. **Phone Number:** (321)543-7195