



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Pasco and Pinellas Counties Reunification Services for Children in the Child Welfare System

2. **Senate Sponsor:** Dana Young

3. **Date of Submission:** 12/18/2017

4. **Project/Program Description:**

This is an intensive, evidence based HOMEBUILDERS family support model that will assist in safely exiting children from the child welfare system to be returned to their families.

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
1,000,000		1,000,000

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):** 1,000,000

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?

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.



The Florida Senate

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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?

No

11. Program Performance:

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

The goal is to reduce the overall number of children in the child welfare system in Pasco and Pinellas Counties by safely exiting children and returning them home to their families through an intensive HOMEBUILDERS model.

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

Therapists will work with families to teach them new behaviors and help them make better choices for their children, while ensuring child safety. They will also work with youth and their families to address issues that lead to delinquency, while allowing youth to remain in the community and work with them to avoid trauma by providing crisis interventions and skill building, involving the families in the youth's treatment, and broadening the continuum of care. These activities will help stabilize families and reduce the chance of reentry into care.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input checked="" type="checkbox"/> Other Salary and Benefits	3 teams (3-clinical supervisors, 8-therapists & 3-support staff). Remaining funds to support the teams' operating expenses - travel, cell phones, occupancy,	895,026



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	training, etc.	
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Technology fees and equipment to support sub-contractors in carrying out the terms of their contract. Flex funds to provide families with emergency assistance to facilitate reunification.	104,974
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		1,000,000

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

Home Builder Services to exit children from the child welfare system so they can be returned home.

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

100-200 children in the child welfare system.

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

Reduce the child welfare system population of Pasco and Pinellas Counties by increasing reunifications. This will be measured by taking the total number of children in the system on 7/1/18 and comparing it to the total children in the system on 6/30/10.

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?

The agency will be required to invest the additional funding necessary to achieve the projected return on investment should outcomes not be met within a 12-month timeframe.



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

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:** Martin Peters
- b. **Organization:** Eckerd Connects
- c. **Email:** mpeters@eckerd.org
- d. **Phone Number:** (727)461-2990

14. Recipient Contact Information:

- a. **Organization:** Directions for Living
- b. **County:** Pasco, Pinellas
- 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:** April Lott
- e. **E-mail Address:** Directions for Living
- f. **Phone Number:** (727)524-4464

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

- a. **Name:** Slater Bayliss
- b. **Firm:** Cardenas Partners
- c. **Email:** swb@cardenaspartners.com
- d. **Phone Number:** (850)222-8900