

**LFIR # 1189** 

Local Other Total Project Cost  8. Has this project pr If yes, provide the Fiscal Year (уууу-уу) 2024-25  9. Is future-year fund	Amo Recurring	state funding? nce:  Nonrecurring 969,551  uested?	0 0 0 882,660 Yes Specific Appropriation #	0% 0% 0% 100%	
Federal State (excluding the Local Other Total Project Cost  8. Has this project pr If yes, provide the  Fiscal Year (yyyy-yy) 2024-25	s for Fiscal Year 20 reviously received a most recent instar Amo Recurring	oz5-2026 state funding? nce: ount Nonrecurring 969,551	0 0 882,660 Yes Specific Appropriation #	0% 0% 0% 100%	
Federal State (excluding the Local Other  Total Project Cost  8. Has this project pr If yes, provide the  Fiscal Year (уууу-уу)	s for Fiscal Year 20 reviously received s most recent instar Amo Recurring	o25-2026 state funding? nce: ount Nonrecurring	0 0 0 882,660 Yes Specific Appropriation #	0% 0% 0% 100%	
Federal State (excluding the Local Other Total Project Cost  8. Has this project pr If yes, provide the	s for Fiscal Year 20 eviously received s most recent instar	025-2026 state funding? nce:	0 0 0 882,660 Yes	0% 0% 0% <b>100%</b>	
Federal State (excluding the Local Other Total Project Cost	s for Fiscal Year 20	025-2026 state funding?	0 0 0 882,660	0% 0% 0%	
Federal State (excluding the Local Other			0 0 0	0% 0% 0%	
Federal State (excluding the	amount of this requ	uest)	0	0% 0%	
Federal State (excluding the	e amount of this requ	uest)	0	0% 0%	
Federal	e amount of this requ	uest)			
			0	0%	
Matching Funds					
	requested (IIOIII que	JOHOTT #U)	002,000	100 /6	
Type of Funding Total State Funds R	Requested (from que	estion #6)	882,660	Percentage 100%	
7. Total Project Cost	•	5-2026 (including	matching funds avail	able for this proje	ect)
Total State Funds				882,660	
Operating Fixed Capital Outlay	M.			882,660 0	
Type of Funding			Amou		
State Agency conta		for Fiscal Year 20	25-2026		
5. State Agency to re	ceive requested fu	<b>nds</b> Departm	ent of Children and Fai	milies	
to engage families f danger of being ren Interviewing eviden- safety and intervent currently and has hi	for whom a DCF chill noved from their hon ce-based practices re tion services for up to istorically been higher	d protective investiones. Certified Child maintain caseloads o six months. Progrer than the state av	gator has determined the Welfare Case Manage of no more than five factors are goal is to reduce the start of the contract of t	ne child(ren) are un rs trained in Wrapa milies each and co ne shelter rate in C egan in St Lucie Co	vation service designed nsafe and in imminent around and Motivational cordinate intensive circuit 19, which is bunty in July 2024 and
4. Project/Program D	•				
3. Date of Request	2/5/2025				
	Gayle Harrell				
2. Senate Sponsor					
2. Senate Sponsor	Preservation Pro	ogram			



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### **Complete questions 10 and 11 for Fixed Capital Outlay Projects**

	Status of Const a. What is the cu	truction urrent phase of t	he project?			
	Planning	O Design	Construction	O N/A		
ı	b. Is the project	"shovel ready" (	i.e permitted)?			
(	c. What is the es	stimated start da	te of construction?			
(	d. What is the es	stimated comple	tion date of constru	ction?		
(	e. What funding	stream will be u	sed for ongoing ope	erations and mai	ntenance of the proje	ct?
11.	List the owners relationship be	s of the facility to	o receive, directly or rs of the facility and	indirectly, any f the entity.	ixed capital outlay fur	nding. Include the

#### 12. Details on how the requested state funds will be expended

Spending Category	Description	Amount		
Administrative Costs:				
Executive Director/Project Head Salary and Benefits		0		
Other Salary and Benefits		0		
Expense/Equipment/Travel/Supplies/ Other	8% administrative rate for provision of staff recruitment and training, finance, payroll, quality assurance, contract administration, quality assurance and other non-direct service costs. * Reduced from 10% in prior year request to reflect completion of start-up.	65,383		
Consultants/Contracted Services/Study		0		
Operational Costs				
Salary and Benefits	One FTE program director; one FTE child-welfare certified program supervisor; six FTE case managers; one FTE peer support specialist; one FTE administrative assistant; benefits @30.7%.	668,981		
Expense/Equipment/Travel/Supplies/ Other	Travel, rent client assistance funds and liability insurance.	148,296		
Consultants/Contracted Services/Study		0		
Fixed Capital Construction/Major Renovation:				
Construction/Renovation/Land/ Planning Engineering		0		
Total State Funds Requested (m	ust equal total from question #6)	882,660		

#### 13. Program Performance

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



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Reduce the number of children who are removed from their homes into foster care in Circuit 19, initially targeting St. Lucie County. Nearly 70% of removals in circuit 19 are from St. Lucie County. As DCF statewide removal comparisons can substantiate, the Circuit 19 removal rate is greater than the state average. From October 2022-October 2023, the Circuit 19 removal rate per 100 alleged victims was 5.1 vs the state average of 4.1. October 2023-October 2024, the Circuit 19 removal rate continued to exceed the state average.

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

An intensive in-home family preservation service that reduces the risk of the child(ren) being removed from their home by a DCF child protective investigator. The Child Welfare Certified Case Managers are Wraparound and Motivational Interviewing trained and design a plan with the family that addresses both immediate safety needs and long-term mitigation of risk factors for abuse and neglect. The program allows for much lower caseloads of five families to one case manager and includes a peer support component.

c. What direct services will be provided to citizens by the appropriation project?

The family and case manager develop a family preservation plan tailored to the unique needs of the family. The plan is sequenced according to the most critical presenting challenge, and utilizes the full array of safety management, parenting, substance abuse treatment, family therapy and peer support services available in our community. Services are provided for up to six months.

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

Circuit 19 children and their families, initially in St. Lucie County, who are at imminent risk of being placed into foster care. Caseload is five families per case manager, with a projected total of 55 families served per year. As of 1/31/25, 60 children in 22 families have been served. Out of home care cost savings in the first four months of operations is estimated to be at least \$263,806; projected annual savings of \$816,080.

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

75% of the children served will not experience abuse or neglect for the same maltreatment type which results in the child's removal from the parents' home during services. This measure is a percent. The denominator is an unduplicated count of the children served. The numerator is an unduplicated count of the children served, who did not experience abuse or neglect for the same maltreatment type and remained in the home during services. In the first four months of operation, the ESEP program has diverted 58 children from out of home care.

f. 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?

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□ No	
☐ No, but intends t	o anniv
	e FEMA project worksheet ID#:
a. II yes, provide iii	e FEINA Project Worksheet ID#.
b. Provide the total	project cost listed on the FEMA project worksheet:
16. Has the entity app	lied for or received state assistance for this project (other than this request)?
☐ Yes, Applied	
☐ Yes, Received	
□ No	
☐ No, but intends t	o apply
a. If yes, specify th	e program and state agency (ex. Local Government Emergency Bridge Loan, Department of
Commerce):	
17. Requester Contac	t Information
a. First Name	Carol Last Name DeLoach
b. Organization	Communities Connected for Kids, Inc.
c. E-mail Address	Carol.DeLoach@cckids.net
d. Phone Number	(407)491-2028 Ext.
18. Recipient Contact	Information
a. Organization	Communities Connected for Kids, Inc.
b. Municipality and	d County Saint Lucie
c. Organization Ty	ре
□For Profit Entity	
☑Non Profit 501(d	c)(3)
□Non Profit 501(d	c)(4)
□Local Entity	
□University or Co	illege
□Other (please s	pecify)



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d. First Name	Carol	Last Name	DeLoach		
e. E-mail Address	Carol.DeLoach@cckids.net				
f. Phone Number	(407)491-2028	Ext.			
19. Lobbyist Contact Information					
a. Name	None				
b. Firm Name					
c. E-mail Address					
d. Phone Number					

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.