

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: The Family Initiative's Family Impact Program
2. Date of Submission: 10/02/2019
3. House Member Sponsor: James Buchanan
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No
If answer to 4a is "No" skip 4b and 4c and proceed to 4d, Col. E
- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					348,300	348,300

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? No
 - 5a. If yes, which state agency?
 - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Children and Families
 - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes
 - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.
Elimination of per deliverable unit funding for failed outcomes.

6. Requester:

- a. Name: David Brown
- b. Organization: Family Initiative
- c. Email: dbrown@fl-florida.org
- d. Phone #: (239)691-4517

7. Contact for questions about specific technical or financial details about the project:

- a. Name: David Brown
- b. Organization: Family Initiative
- c. Email: dbrown@fl-florida.org
- d. Phone #: (239)691-4517

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of entity receiving funds:

- a. Name: Family Initiative
- b. County (County where funds are to be expended): DeSoto, Manatee, Sarasota
- c. Service Area (Counties being served by the service(s) provided with funding): DeSoto, Manatee, Sarasota

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

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

The project will expand access to children living in out of home care and the families who care for these children. The project provides intensive training at multiple levels and comprehensive, individual in home services to foster families, relative caregivers, and non-relative caregivers utilizing an evidence based model. As part of the appropriation Family Initiative will provide data showing that its program is making measurable improvements in placement stability and permanency.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter "0" if request is zero for the category
Administrative Costs:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Salary will be to fund a Program Director position to oversee the project and to provide clinical supervision and oversight.	80,000
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Salary will be to fund a Board Certified Behavior Analyst, two Registered Behavior Technician, and two Child Welfare Case Manager positions to provide training and clinical services throughout the region with minimal wait. The local community based care lead agency has agreed to fund one Masters Level Behavior Analyst and one	230,300

	Family Specialist.	
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	This funding will support our operational expenses related to equipment, clinical space, and supplies to offer training and clinical services for out of home caregivers and dependent children throughout the region.	38,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		348,300

13. For the Fixed Capital Costs requested with this issue (In Question 12, category “h. Fixed Capital Outlay” was selected), what type of ownership will the facility be under when complete? (Select one correct option)

For Profit

Non Profit 501(c) (3)

Non Profit 501(c) (4)

Local Government (e.g., police, fire or local government buildings, local roads, etc.)

State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)

Other (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

We have letters of support from the Safe Children's Coalition, the local community based care lead agency as well as an agreement for them to fund two positions. We also have a letter of support from the Executive Director of the Florida State Foster and Adoptive Parent Association, endorsing the project.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

No

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

The project will expand access to children and adolescents in the foster care system in Sarasota, Manatee, and DeSoto Counties and support the families who care for them. The Family Impact program provides three levels of support:

17b. Describe the direct services to be provided to the citizens by the funding requested.

The project will fund in-home clinical services provided to families throughout our region who have children and young adults demonstrating maladaptive behavior, have experienced trauma, and are at risk of disrupting their placement. Additionally, the direct services include an evidence based trauma training for all out of home caregivers.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students

- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe)

17d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input type="checkbox"/> Improve physical health		
<input checked="" type="checkbox"/> Improve mental health	1. Access to mental health providers/therapists measured by timely referrals by agency 2. Provision of collaborative services provided to family/individual	1. Number of referrals made to mental health counselors/therapists/agencies and number of individuals engaged in services after referral is made. MOU's will be developed with providers to promote timely access to services for referrals made by Family Initiative. 2. For any individual or family receiving more than one service, Family Initiative will create a multidisciplinary treatment plan document signed by all providers and family/individual.
<input type="checkbox"/> Enrich cultural experience		

<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input checked="" type="checkbox"/> Reduce recidivism	Number of referrals, baker acts, arrest records before and after services	Release forms will be gathered on each individual served to be able to obtain this information through public records search or through contact with specific schools/agencies. Staff will request information from caregiver as well as records from each individual served.
<input type="checkbox"/> Reduce substance abuse		
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Number of referrals, baker acts, arrest records before and after services	Release forms will be gathered on each individual served to be able to obtain this information through public records search or through contact with specific schools/agencies. Staff will request information from caregiver as well as records from

		each individual served.
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input checked="" type="checkbox"/> Other (Please describe): Improve permanency and well-being of youth in out of home care	Placement stability 6 months post services	Community based care lead agency records of youth placement

19. Provide the total cost of the project for FY 2020-21 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	348,300	74.3%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	120,650	25.7%	Yes
5. Other:	0	0.0%	No
TOTAL	468,950	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

No