

# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Florida Center for Early Childhood - Early Childhood Court

2. Date of Submission: 11/13/2017

3. House Member Sponsor: Jim Boyd

Members Copied:

### 4. DETAILS OF AMOUNT REQUESTED:

- 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*
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					254,573	254,573

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? 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? No

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.

Notice of non-compliance with request for Corrective Action Plan (CAP). If not brought into compliance within 3 months, financial penalty applied.

6. Requester:

- a. Name: Kathryn Shea
- b. Organization: The Florida Center for Early Childhood
- c. Email: kathryn.shea@thefloridacenter.org
- d. Phone #: (941)650-6592

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

- a. Name: Charmian Miller
- b. Organization: The Florida Center for Early Childhood
- c. Email: charmian.miller@thefloridacenter.org
- d. Phone #: (941)809-7536

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: The Florida Center for Early Childhood
- b. County (County where funds are to be expended): Sarasota
- c. Service Area (Counties being served by the service(s) provided with funding): DeSoto

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?

To implement Early Childhood Court (ECC) in Sarasota and De Soto counties. The ECC is based on a national evidence-based model for infants and young children in foster care. The goals of ECC are to reach permanency (reunification, permanent guardianship, adoption) within 9 months of placement, reduce return to care, and improve child well being.

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	CEO, VP Clinical Services	6,500
<input checked="" type="checkbox"/> b. Other Salary and Benefits	CFO, HR, payroll, accts. Pay/Rec.	13,233
<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	25% of Team Leader, 100% of Case Manager, 50% of Case Manager Supervisor, 100% of Mental Health Therapist, 50% of Family Support Worker.	198,835
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Operating Supplies, IT support, telephones, postage, insurance, printing, travel (class C & A/B), vehicle expense, trainings, client assistance.	36,005
<input type="checkbox"/> g. Consultants/Contracted Services/Study		

Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		254,573

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)

N/A

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:

Sarasota County Government Health and Human Services Advisory Council has recommended \$135,000 to support one ECC team in Sarasota. (pending approval of co government. The Baranchik Family Foundation has provided funding for one Community Coordinator for the ECC court. The Office of Court Improvement and the Sarasota YMCA are in strong support and will be partners in this 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?

Child welfare case management services, Mental health services to child and family, monthly court reviews, family team meetings, supervised visitation 3-4 times a week, linking to other needed services and resources.

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

Case managers will be assigned to work with every child and family and assist them in meeting their case plan goals. Mental health therapists will meet with the child/parent 2-3 times a week to work on the issues that brought the child into care and to build a healthy

relationship between parent and child, thus improving child well-being and reducing the likelihood of the child returning to care once reunified. The family support worker will provide transportation and supervised visitation.

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): children ages birth to three in foster care who were removed from their parents as a result of abuse

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 checked="" type="checkbox"/> Improve physical health	children enrolled in ECC will receive all immunizations on time.	pediatric records
<input checked="" type="checkbox"/> Improve mental health	parent and child will improve social, emotional, functioning and improved child/parent relationship.	specific parent measure (PSI) done quarterly, child ASQ and DECA-C quarterly, parent-child relationship scale done quarterly.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Children in ECC will be placed in a child care setting with a quality rating score of 3 or higher.	Early Learning Coalition and case manager will track children's placements.
<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 checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Case managers will assist parents in becoming self sufficient, a requirement for reunification, in 87%% of the cases.	Case manager will track parents ability to meet the required standards of self sufficiency.

<input checked="" type="checkbox"/> Reduce recidivism	Reduce recidivism within the foster care system for young children.	State DCF data tracks return of children to care.
<input checked="" type="checkbox"/> Reduce substance abuse	Child-parent psychotherapy helps the parents examine the causes/reasons they engaged in substance use (usually trauma) and helps them realize they need to stay clean and sober if they want their children returned to their care.	Parents who are using/abusing substances will be court ordered into substance abuse treatment services. Treatment providers will report progress in court on a monthly basis and random drug screens will be given.
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<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 type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2018-19 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:	254,573	28.4%	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:	464,900	51.9%	Yes
5. Other:	175,673	19.6%	Yes
TOTAL	895,146	100%	

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

Yes

20a. How much state funding would be requested after 2018-19 over the next 5 years?

<1M

1-3M

>3-10M

>10M

20b. How many additional years of state support do you expect to need for this project?

1 year

2 years

3 years

4 years

≥ 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select ?ongoing activity?.

ongoing activity ? no total cost

<1M

1-3M

>3-10M

>10M