

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Camelot Community Care's Hillsborough County High Risk Adoption Support Program
2. Date of Submission: 11/04/2019
3. House Member Sponsor: James Grant
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
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? 2019-20
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- 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:		250,000	250,000		250,000	250,000

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.
Failure to meet performance measures may lead to corrective action, contract termination and/or return of funds.

6. Requester:

- a. Name: Michael DiBrizzi
- b. Organization: Camelot Community Care
- c. Email: mdibrizzi@camelotcommunitycare.org
- d. Phone #: (727)593-0003

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

- a. Name: Michael DiBrizzi
- b. Organization: Camelot Community Care
- c. Email: mdibrizzi@camelotcommunitycare.org
- d. Phone #: (727)593-0003

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

- a. Name: Kirk Pepper
- b. Firm: Gray-Robinson
- c. Email: kirk.pepper@gray-robinson.com
- d. Phone #: (850)577-9090

9. Organization or Name of entity receiving funds:

- a. Name: Camelot Community Care
- b. County (County where funds are to be expended): Hillsborough
- c. Service Area (Counties being served by the service(s) provided with funding): Hillsborough

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 requested funding will provide adoption support services to adoptive families in Hillsborough County to help stabilize adoptive placement and prevent re-entry into the foster care system. There are currently more than 4,000 adoptive children in Hillsborough County under the age of 18. During the first 3 years of the program, more than 400 families accessed services and 154 adoptive placements have been maintained and have prevented re-entry into the foster care system.

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 type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<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	4 adoption program staff providing direct intervention services to families, conducting support groups, providing case management, and developing community services	226,860
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Cost for staff mileage, Occupancy, conducting adoptive parent support groups, and direct assistance to adoptive families.	23,140
<input type="checkbox"/> g. Consultants/Contracted Services/Study		

Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		250,000

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:

A survey of more than 450 adoptive families indicated that more than 60% felt there was a lack of services for adoptive families and there was a current need to help stabilize the placement. The current lead agency for child welfare has supported the project and partners with the program to assure access for adoptive families. There are 27 local businesses and private supporters who contribute funds and volunteer time to support the program.

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

Yes

16a. Please Describe:

A survey was sent to all adoptive families and a report summarizing the results was completed by the Florida State University Institute for Child Welfare

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 adoption Support Program will provide specialized adoption counseling, community support groups, case management, crisis intervention and respite directly to adoptive parents and children. The program serves approximately 150-175 new families each year. These services are not currently available in the community.

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

Direct assistance and support services to adoptive parents and children

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 checked="" type="checkbox"/> Improve physical health	Improved physical health through reduction of trauma related stress related to past abuse/neglect and	1) Placements maintained 2) Less hospital days
<input checked="" type="checkbox"/> Improve mental health	Adoptive children participating in direct intervention services will show reduced effects of abuse and neglect that threatens the adoptive placement which may result in foster care replacement	90% of adoptive parents will report improved scores on "The Parent Stress Index" which measures their ability to provide care to children with emotional problems
<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	Adoptive Families being served by the program are at risk of disruption and the adoptive children being placed back into the foster care system	95% of families participating in services will maintain their adoptive placement with no re-entry into foster care
<input type="checkbox"/> Reduce substance abuse		
<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 checked="" type="checkbox"/> Other (Please describe): Improved satisfaction with the adoption process	atisfaction of current adoptive parents results in a reduction of foster children and significant savings to the state. Satisfied adoptive parents are more likely to recommend friends and family to adopt.	80% of families will express satisfaction with support groups and would recommend others to the adoption process.

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
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			writing?
1. Amount Requested from the State in this Appropriations Project Request:	250,000	87.7%	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:	0	0.0%	No
5. Other:	35,000	12.3%	No
TOTAL	285,000	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 2020-21 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

O>3-10M

O>10M