

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Exchange Club Parent Aide Child Abuse Prevention Services for Martin and St. Lucie Counties

2. Date of Submission: 11/12/2019

3. House Member Sponsor: Toby Overdorf

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:					200,000	200,000

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? 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.

Return of funds commensurate with under performance of deliverables.

6. Requester:

- a. Name: Sandy Munoz,
- b. Organization: Exchange Club Dick Webber Center DBA: The Children's Healing Institute
- c. Email: smunoz@childrenshealinginstitute.org
- d. Phone #: (561)687-8115

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

- a. Name: Sandy Munoz,
- b. Organization: Exchange Club Dick Webber Center DBA: The Children's Healing Institute
- c. Email: smunoz@childrenshealinginstitute.org
- d. Phone #: (561)687-8115

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

- a. Name: Nick Matthews
- b. Firm: Becker & Poliakoff
- c. Email: nmatthews@beckerlawyers.com
- d. Phone #: (954)985-4135

9. Organization or Name of entity receiving funds:

- a. Name: Exchange Club Dick Webber Center DBA: The Children's Healing
- b. County (County where funds are to be expended): Martin, St. Lucie
- c. Service Area (Counties being served by the service(s) provided with funding): Martin, St. Lucie

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 funds will be used to expand an evidenced based, nationally recognized parent education program for parents who are at risk of or have abused or neglected their children. Funds would provide for prevention services to an estimated 216 children/180 adults. The program would build parenting skills and reduce the likelihood of child abuse, DCF involvement, and child removal from the home. Cost of building parenting skills is \$1280 per child vs \$50,000 per child in foster care.

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	Admin costs are calculated at 11%-includes ED, Finance, HR & Admin	22,000
<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	2 Parent Aide F/T (75,000), 1 P/T Parent Aide Manager (\$27,800) FICA/Workers Comp (\$10,700). Benefits (\$550 per month for 2.5 FTE's (\$15,000)	128,500
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Mileage Reimbursement (\$25,000); Occupancy (\$3,600); Technology (\$3,600); Training/conferences (\$4,400); Materials for	47,100

	families/workbooks (\$3,000);	
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Client software	2,400
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		200,000

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:

The National Exchange Club, a national network of service clubs, has three chapters in the service areas described (Broward and Palm Beach County) and 24 throughout the state of Florida. The national project of all the clubs is child abuse prevention. The clubs in the service area of this project and throughout Florida are made up of community members from all walks of life. Our local clubs support the submission of this funding request.

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?

Parents will have access to an evidenced based program to strengthen their ability to raise their children. Parent Aides will be recruited, trained, and professionally supervised. Referred families will be screened for program eligibility. Eligible families will complete Initial Needs Assessment; Adverse Childhood Experience Questionnaire; Development of a Family Plan; and Administration of evaluation tools.

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

Parents will have access to Parent Aide Services that include: needs assessment, goal setting, in-home parenting support, connection to community resources, and education. Professionally trained Parent Aide Facilitators will visit the home weekly for 90 minutes and provide parent education curriculum, make referrals to other community services as needed, provide information about natural stress reduction methods, and if relevant, work with the family on safety planning.

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): Families who have a history of child abuse and neglect and continued concerns post reunification.

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	100% of children enrolled in the Exchange Parent Aide will receive a survey by the Parent Aide Facilitator that will check for medical home including health care converge, latest physical exam, and developmental milestones.	Parent self report, Family plan goals, monthly progress notes.
<input checked="" type="checkbox"/> Improve mental health	85% of Parents successfully completing a minimum of 6 months of PARENT AIDE services will demonstrate an increase in social and emotional wellbeing; and healthy and nurturing attachment to their children. Parents will also demonstrate reduced amount of depression, anxiety and stress they may be experiencing.	Pre and Post Evaluations using the Protective Factors Survey; Monthly Progress notes; Family Plan Goals; Parent self report; Program outcome survey.
<input type="checkbox"/> Enrich cultural experience		

<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	85 of parents successfully completing a minimum of 6months of Parent Aide services will demonstrate involvement in their children's education.	Pre and Post Evaluations using the Protective Factors Survey; Monthly Progress notes; Family Plan Goals; Parent self Report; Program Outcome Survey.
<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 type="checkbox"/> Reduce recidivism		
<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): Fewer children will be removed from their home as a result of abuse or neglect.	98% of families who successfully complete the Exchange Parent Aide Program will have 1.) No confirmed reports or re-reports of abuse for up to one year after completing services as measured by reports from the state child protection database. 2.) 98% of parents who successfully complete the program will reduce or eliminate risk factors identified at intake.	1. DCF Reports and state monitoring database ; Post Evaluation and assessments at end of the program .
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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:	200,000	52.4%	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:	0	0.0%	No
5. Other:	182,000	47.6%	Yes
TOTAL	382,000	100%	

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

No