Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

- 1. Title of Project: Directions for Living Intensive Family Preservation and Reunification Services for Children in the Child Welfare System
- 2. Date of Submission: <u>11/13/2017</u>
- 3. House Member Sponsor: Jake Raburn Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? <u>No</u> *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 2017-18 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			for FY 2017-18for FY 2018-19appropriated in 2017-18 enter the(Requests for additional RECURRING funds are prohibited.)		
Column:	А	В	С	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non- vetoed amounts provided in Column A)	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:					1,000,000	1,000,000

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? 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.

The agency will be required to invest the additional funding necessary to achieve the projected return on investment should outcomes not be met within a 12-month timeframe.

6. Requester:

a. Name: <u>April Lott</u>

b. Organization: Directions for Living

c. Email: alott@directionsforliving.org

d. Phone #: (727)524-4464

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

a. Name: April Lott

b. Organization: Directions for Living

c. Email: alott@directionsforliving.org

d. Phone #: (727)524-4464

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

a. Name: <u>None</u>

b. Firm: <u>None</u>

c. Email:

d. Phone #:

9. Organization or Name of entity receiving funds:

a. Name: Directions for Living

b. County (County where funds are to be expended): Pasco, Pinellas

c. Service Area (Counties being served by the service(s) provided with funding): Pasco, Pinellas

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

O For Profit

• Non Profit 501(c) (3)

O Non Profit 501(c) (4)

O Local Government

O University or College

O Other (Please describe)

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

Over a course of 12 months, utilizing an evidence-based practice, remove the risk of harm for 400 children in out-of-home placement, so they are successful reunified with their family. This will help restore system stability and reduce the financial burden on the State of Florida due to the over-crowding in 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:		
□a. Executive Director/Project Head Salary and Benefits		
☑b. Other Salary and Benefits	3 teams (3-clinical supervisors, 8- therapist & 3-support staff). Remaining funds to support the teams' operating expenses - travel, cell phones, occupancy, training, etc.	895,026
□c. Expense/Equipment/Travel/Supplies/Other		
□d. Consultants/Contracted Services/Study		
Operational Costs:		
□e. Salaries and Benefits		
Idf. Expenses/Equipment/Travel/Supplies/Other	Technology fees and equipment to support sub-contractors in carrying out the terms of their contract. Flex funds to provide families with emergency assistance to facilitate reunification.	104,974

□g. Consultants/Contracted Services/Study	
Fixed Capital Construction/Major Renovation:	
□h. Construction/Renovation/Land/Planning Engineering	
TOTAL	1,000,000

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)

<u>N/A</u>

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?

<u>Yes</u>

15a. Please Describe:

DCF verified net increase of removals: 15% Pinellas/Pasco Counties. Sec. Carroll & DCF Suncoast Region agree to sustain the local CW system, a HOMEBUILDERS program is needed to exit youth who could be safely served in home communities. This intervention, proven effective in other states, is endorsed by Case Family Programs. CFP will donate technical asst/training to ensure pgm fidelity. Letter of support: CFP, Judiciary, OAG, State Attorney, GAL, Sheriff's Dept-2 counties

- 16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served? <u>Yes</u>
 - 16a. Please Describe:

Washington State Institute for Public Policy (WSIPP) Benefit-Cost Model; Author: Olympia WA; Date: May 2017. Research consistently showed that 70%-90% of referred families remain safely together 6-months to a year following services. Programs with high fidelity to the HOMBUILDERS model significantly reduced out of home placement by 31% & produced \$2.54 of benefits for each dollar spent.

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

<u>Yes</u>

- 17a. What are the activities and services that will be provided to meet the purpose of the funds? Research-based interventions (involving up to 10 face to face contacts with families per week) to improve parental skills, parental capabilities, family interactions, children's behavior, and family safety. This intervention will ensure safe and timely exits of kids from foster care.
- 17b. Describe the direct services to be provided to the citizens by the funding requested.

herapist will work with families to teach them new behaviors and help then make better choices for their children, while ensuring child safety. Also they will work with youth and their families to address issues that lead to delinquency, while allowing youth to remain in the community and work with them to avoid trauma by providing crisis interventions and skill building, involving the families in the youth's treatment, and broadening the continuum of care.

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?

O< 25 O25-50 O51-100 O101-200 ⊙201-400 O401-800 O>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
□Improve physical health		
□Improve mental health		
□Enrich cultural experience		
□Improve agricultural production/promotion/education		
□Improve quality of education		
□Enhance/preserve/improve environmental or fish and wildlife quality		
□Protect the general public from harm (environmental, criminal, etc.)		
□Improve transportation conditions		
□Increase or improve economic activity		
□Increase tourism		
□Create specific immediate job opportunities		
□Enhance specific individual?s economic self sufficiency		

☑Reduce recidivism	Improvement in the child, parent, & family functioning to allow for children's safe return to parent from foster care. This will mitigate the child's return to foster care.	Currently 14% recidivism rate which should be reduced in half with this intervention. Approximately 7% of the projected 133 children (10 youth) will not return care through this intervention.
□Reduce substance abuse		
☑Divert from Criminal/Juvenile justice system	Safely reduce the level (restrictiveness) of placement and reduce placement cost.	23% of the total population of children in licensed placement are in RCG setting. 5% of the projected 133 children are dually served in dependency and delinquency and will exit at
□Improve wastewater management		
Improve stormwater management		
□Improve groundwater quality		
□Improve drinking water quality		
□Improve surface water quality		
ØOther (Please describe): Reduce foster care population	Safely reduce licensed care population by approximately 21% (reduce number of days in placement and reduce placement cost) (1,800 kids in licensed care)	Approximately 21% of the projected 133 children to exit care through this intervention

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?
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1. Amount Requested from the State in this Appropriations Project Request:	1,000,000	100.0%	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:	0	0.0%	No
TOTAL	1,000,000	100%	

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

<u>No</u>