

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Community Based Care Lead Agency of Central Florida - Core Service Funds for Increase of Caseloads
2. Date of Submission: 02/07/2017
3. House Member Sponsor: Mike Miller
Members Copied: Joseph Abruzzo

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
- 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 (Note that column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in column G):

FY:	Input Prior Year Appropriation for this project for FY 2016-17 <i>(If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2017-18 <i>(Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring .)</i>		
	Column:	A	B	C	D	E
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 Request <i>(Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)</i>
Input Amounts:					2,300,000	2,300,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2017-18? 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? For example, if the requested issue pertains to services provided to inmates at correctional facilities, the Department of Corrections would be the most appropriate state agency. Department of Children and Families

6. Requester:

- a. Name: Glen Case
- b. Organization: Community Based Care of Central Florida
- c. Email: sandy.porche@cbccfl.org
- d. Phone #: (321)441-2060

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: Joseph Durso
- b. Organization: Community Based Care of Central Florida
- c. Email: joseph.durso@cbccfl.org
- d. Phone #: (321)441-1572

8. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: Oscar Anderson
- b. Firm: Southern Strategy Group
- c. Email: anderson@sostrategy.com
- d. Phone #: (407)650-5052

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

- a. Name: Community Based Care of Central Florida, Inc.
- b. County (County where funds are to be expended): Orange, Osceola, Seminole
- c. Service Area (Counties being served by the service(s) provided with funding): Orange, Osceola, Seminole

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?

Funds will be utilized to address shortfalls in the FY 2016/2017 budget, including a current year projected deficit (\$2,973,689). The deficit is primarily attributable to the 64% increase in removals over the last three years based on: 1) Dependency Case Management, 2) Out-of-Home, including costs for high needs children that may be eligible for payment by an alternative source, and 3) Flex Funds, including costs for adult services that may be eligible for payment by alternative sources.

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) 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 type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Funds will be used to ensure proper case management staffing levels are maintained by contracted providers, safeguarding the safety, well-being and permanency of the children we serve. Funding will also be used to	2,300,000

	continue investing in prevention services, achieving adoption targets and implementing Florida's SDMM methodology. Finally, funds will cover costs associated with services for high needs children that may be eligible for payment by an alternative source but are unfunded.	
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		2,300,000

13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Fixed Capital Outlay? was not selected, question 13 is not applicable)

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:

Representatives from CBC of Central Florida and Children's Advocacy Centers, Case Management organizations, Early Learning Coalitions and group home providers in Orange, Osceola and Seminole counties have all testified at their respective delegations. We also have backing from several key stakeholders and service organizations including Children's Home Society, Friends of Children and Families, Boys Town of Central Florida and Devereux.

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:

The burden of a comprehensive system of care is outlined in the 2014 Casey Family Programs' Florida Child Welfare Services Gap Analysis Report, which identifies critical unmet needs in the three counties CBCCF serves. The impact of meeting these needs is detailed in DCF's 2016 Multi-Year Review of CBC Lead Agencies which details the cost drivers around out of home and prevention service expenses incurred by CBCCFL while undertaking efforts to meet the Casey-identified services gaps.

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

Yes

17a. Describe the target population to be served. 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
- Other (Please describe)

17b. 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 all 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	% of children in Out-of-Home care who receive medical services within the last 12 months; % of children over the age of 3 in Out-of-Home care receiving dental services within the last 7 months.	CBCCFL use the Florida Safe Families Network (FSFN), to collect and analyze information pertaining to the Safety, Permanency and Well-Being of the children we serve. These data are used throughout the state to monitor Child Welfare outcomes and are tied to the Scorecard and contract performance measures that are reported to DCF. These outcomes are validated through annual audits and quarterly quality assurance monitoring.
<input checked="" type="checkbox"/> Improve mental health	% of children who received mental health services in a specified period of time.	CBCCFL use the Florida Safe Families Network (FSFN), to collect and analyze information pertaining to the Safety, Permanency and Well-Being of the children we serve. These data are used throughout the state to monitor Child Welfare outcomes and are tied to the Scorecard and contract performance measures that are reported to DCF. These outcomes are validated through annual audits and quarterly quality assurance monitoring.
<input type="checkbox"/> Enrich cultural experience		

<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	% of children greater than one year who get promoted to the next grade level within 12 months; Annual % dropping out of school; % of children who changed schools at least once in the last school calendar year.	CBCCFL use the Florida Safe Families Network (FSFN), to collect and analyze information pertaining to the Safety, Permanency and Well-Being of the children we serve. These data are used throughout the state to monitor Child Welfare outcomes and are tied to the Scorecard and contract performance measures that are reported to DCF. These outcomes are validated through annual audits and quarterly quality assurance monitoring.
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	% of cases where concerted efforts were made to assess and address the safety concerns relating to children in their own homes or while in foster care; % of cases where concerted efforts were made to provide services to the family to prevent children's entry in foster care or re-entry after reunification; Rate of abuse or neglect per 100k people in Out-of-Home care.	CBCCFL use the Florida Safe Families Network (FSFN), to collect and analyze information pertaining to the Safety, Permanency and Well-Being of the children we serve. These data are used throughout the state to monitor Child Welfare outcomes and are tied to the Scorecard and contract performance measures that are reported to DCF. These outcomes are validated through annual audits and quarterly quality assurance monitoring.
<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	% of children who do not re-enter foster care within 12 months of moving to a permanent home; annual rate of adoptions that fall; annual rate of adoptions achieved; % of children with no recurrence of verified maltreatment, abuse, or neglect with 6 and 12 months.	CBCCFL use the Florida Safe Families Network (FSFN), to collect and analyze information pertaining to the Safety, Permanency and Well-Being of the children we serve. These data are used throughout the state to monitor Child Welfare outcomes and are tied to the Scorecard and contract performance measures that are reported to DCF. These outcomes are validated through annual audits and quarterly quality assurance monitoring.
<input checked="" type="checkbox"/> Reduce substance abuse	% of parents with an identified substance abuse need that have been referred to service.	CBCCFL use the Florida Safe Families Network (FSFN), to collect and analyze information pertaining to the Safety, Permanency and Well-Being of the children we serve. These data are used throughout the state to monitor Child Welfare outcomes and are tied to the Scorecard and contract performance measures that are reported to DCF. These outcomes are validated through annual audits and quarterly quality assurance monitoring.
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	% of children who are not homeless upon exiting the child welfare system;	CBCCFL use the Florida Safe Families Network (FSFN), to collect

	% of teenagers in Out-of-Home care with no DJJ involvement; % of youth with permanent adult connections.	and analyze information pertaining to the Safety, Permanency and Well-Being of the children we serve. These data are used throughout the state to monitor Child Welfare outcomes and are tied to the Scorecard and contract performance measures that are reported to DCF. These outcomes are validated through annual audits and quarterly quality assurance monitoring.
<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 2017-18 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total (Automatically Calculates)	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	2,300,000	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	2,300,000	100%	

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

No