

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: ChildNet SafePlace Intake and Placement Assessment Centers

2. Date of Submission: 11/09/2017

3. House Member Sponsor: Evan Jenne

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? 2017-18
- 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 2017-18 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
Column:	A	B	C	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:		100,000	100,000		500,000	500,000

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.

ChildNet is committed to meeting project deliverables and performance measures. As such, should deliverables or measures not be reached, ChildNet is willing to work with the Legislature to identify a course of action that would satisfy the Legislature's mandate to be good stewards of the state's funds.

6. Requester:

- a. Name: Kenny Brighton
- b. Organization: ChildNet
- c. Email: kbrighton@childnet.us
- d. Phone #: (954)414-6000

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

- a. Name: Kenny Brighton
- b. Organization: ChildNet
- c. Email: kbrighton@childnet.us
- d. Phone #: (954)414-6000

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

- a. Name: Ellyn Bogdanoff
- b. Firm: Becker and Poliakoff
- c. Email: ebogdanoff@bplegal.com
- d. Phone #: (954)364-6005

9. Organization or Name of entity receiving funds:

- a. Name: ChildNet
- b. County (County where funds are to be expended): Broward
- c. Service Area (Counties being served by the service(s) provided with funding): Broward, Palm Beach

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?

With the funds requested, the main goal of the SafePlace Centers is to provide a mental health assessment and individualized trauma-informed services to every abused, abandoned and neglected child upon entry. The secondary goal to be achieved with the funds requested is, through the mental health assessment and trauma-informed services provided at the SafePlace Centers, to exceed the state standard for foster placement stability.

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 type="checkbox"/> e. Salaries and Benefits		
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Costs related to the operation of the SafePlace Centers including service linkage/coordination, foster placement identification/matching, food, transportation, clothing, hygiene items, recreation items, facility insurance and general maintenance.	475,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Costs related to the provision of mental health assessments and the	25,000

	associated trauma-informed therapeutic, behavioral and mental health counseling services.	
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		500,000

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)

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:

There are 4 child welfare agencies in Broward and Palm Beach counties writing letters of support.

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?

The following activities and services will be provided to meet the goals/purposes of the funds: 1. The SafePlace Centers will provide a mental health assessment to each child upon entry. By providing this assessment, staff members are able to garner greater insight into the mental health needs of each child, allowing for a more accurate and immediate referral to necessary services.

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

The following direct services will be provided as part of this project: 1. Shelter services for children entering the SafePlace Centers after an incident of abuse, abandonment and/or neglect that include the provision of food for meals and snacks, hygiene items, recreational/comfort items, transportation and around-the-clock supervision.

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	Measured by the total number of children receiving a mental health assessment and/or related trauma-informed services within the SafePlace Centers.	The method for measuring the level of benefit will be the state's FSFN Database.
<input checked="" type="checkbox"/> Improve mental health	Measured by the total number of children receiving a mental health assessment and/or related trauma-informed services within the SafePlace Centers.	The method for measuring the level of benefit will be the state's FSFN Database.
<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	Measured by foster placement stability -- the number of foster placement moves, for each child, per 1000 days in foster care.	The method for measuring the level of benefit will be the state's FSFN Database.
<input type="checkbox"/> Reduce substance abuse		
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Measured by foster placement stability--the number of foster placement moves, for each child, per 1000 days in foster care.	The method for measuring the level of benefit will be the state's FSFN Database.
<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:	500,000	13.8%	N/A
2. Federal:	3,126,376	86.2%	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	3,626,376	100%	

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

No