

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Children's Healing Institute - The Exchange Club Parent Aide Child Abuse Prevention Services

2. Date of Submission: 11/14/2017

3. House Member Sponsor: Cord Byrd

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 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
	Column: A	Column: B	Column: C	Column: D	Column: E	Column: 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:					600,000	600,000

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? 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.

Revoke funding

6. Requester:

- a. Name: Sandy Munoz
- b. Organization: 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: 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: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of entity receiving funds:

- a. Name: Children's Healing Institute
- b. County (County where funds are to be expended): Duval, Palm Beach
- c. Service Area (Counties being served by the service(s) provided with funding): Duval, 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?

The requested funds would provide for child abuse prevention services to 200 families in Northeast Florida and Palm Beach County, reducing the likelihood of child maltreatment, DCF involvement, and child removal from the home, as well as reducing the financial burden to the state for the intervention costs of child abuse [It costs \$70,000/year for one child in out-of-home care. As of 5/21/17, 24,094 children were in foster care in Florida.] Parent Aide will keep children safely in their homes.

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	PBC .50 Chief Program Officer	25,000
<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	Duval County .60 Program Supervisor\$ 28,200; 3FT Master level Parent Aide Coordinators\$ 40,000 each =\$120,000; 3 PT Parent Aides \$15,000 each=\$45,000; Employment taxes \$14,780 and Insurance benefits \$12,600; PBC: 5 FTE Degreed Parent Aide Coordinators at \$35,000 each + benefits = \$175,000 + \$26,250 (benefits); 1 FTE Program Supervisor @\$47,500 + \$7125 in benefits	476,455

<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Duval County: Mileage = \$28420; Laptops and cell phones 5,000; Training 6,000; Program Supplies/workbooks \$10,000; Family Assistance Fund \$24,000 ; Occupancy \$6,000; PBC: Mileage for 6 staff members \$8,025; Cell phones for 5 Parent Aide Coordinators \$3,600; Computers for 5 Parent Aide Coordinators \$7200; Training for Parent Aide Coordinators \$300	98,545
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		600,000

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?

No

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:

Based on DCF statistics which show an absolute correlation between opioid use and the number of children being detained and entering foster care.

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?

Parent Aides (paid staff and volunteers) will be recruited, trained, and professionally supervised. A referral system will be established to accept families through the respective DCF districts. Referred families will be screened for program eligibility. Parent Aide services will be provided to eligible families: Completion of an Initial Needs Assessment; Development of a Family Plan (identifying service goals); Delivery of tailored education and support services through a minimum of 24 visits

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

Parent Aide prevention services will be provided in-home on a weekly basis to families with young children in the target populations. Services include: needs assessment, goal-setting, in-home parenting support, connection to community resources, and education. Professionally trained Parent Aide Family Facilitators will visit the home weekly for 90 minutes and provide parent education curriculum, make referrals to other community services as needed,

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	97% of parents successfully completing a minimum of 6 months of Parent Aide services will demonstrate a positive change in parenting behavior and not have any substantiated incidences of abuse within 12 months of program completion.	Pre and Post Evaluations using the Protective Factors Survey; Monthly Progress notes; Family Plan goals; Parent self report; Program outcome survey.
<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.	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 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 type="checkbox"/> Reduce recidivism		
<input checked="" type="checkbox"/> Reduce substance abuse	85% of parents completing at least six months of Parent Aide services will remain actively enrolled in a medicine assisted treatment program and successfully complete the requirements of the program by maintaining sobriety as demonstrated by the random drug screens pursuant to the regulations of the program	Continuation in the program (I. E. The addict is still successfully enrolled in the medicine assisted treatment program) and no confirmed DCF report.
<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): Reduction taxpayer dollars	ost of foster care ranges from \$50,000-\$70,000 per child annually. Keeping 10 children out of the system and in their parents care will save taxpayers \$600,000	Families served will not have no confirmed DCF reports.

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:	600,000	84.7%	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:	108,784	15.3%	No
TOTAL	708,784	100%	

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

No