1. **Title of Project:** Family Team Conference Expansion

2. **Senate Sponsor:** Denise Grimsley

3. **Date of Submission:** 11/13/2017

4. **Project/Program Description:**
   A Family Team Conference (FTC) is a gathering of supportive people identified by an individual who is struggling with an issue. FTC blends the best of natural and professional supports into a problem-solving collaborative process that can be recreated by the family/individual as needed well after professional services or programs have ended. We would like to expand our ability to help citizens of Hardee, Highlands and Polk counties and include children involved with juvenile justice, struggling in school, and families with medically complex children/parents or those with children/parents in need of support through agencies like Agency for Persons with Disabilities (APD) as well as adults entering or exiting the jails.

5. **State Agency Contacted?** Yes
   a. If yes, which state agency? Department of Children and Families
   b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

<table>
<thead>
<tr>
<th>Amount Requested for Operations</th>
<th>Amount Requested for Fixed Capital Outlay</th>
<th>Total Amount of Requested State Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>255,491</td>
<td></td>
<td>255,491</td>
</tr>
</tbody>
</table>

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Local</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other</td>
<td>6,250</td>
<td>2.4%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>6,250</td>
<td>2.4%</td>
</tr>
</tbody>
</table>

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 261,741

9. **Previous Year Funding Details:**
   a. Has funding been provided in a previous state budget for this activity? No
   b. In the previous 5 fiscal years, how many years was funding provided? (Optional)
c. What is the most recent fiscal year the project was funded?
d. Were the funds provided in the most recent fiscal year subsequently vetoed?
e. Complete the following Worksheet.

<table>
<thead>
<tr>
<th>FY:</th>
<th>Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Column:</td>
<td>A</td>
</tr>
<tr>
<td>Funds Description:</td>
<td>Prior Year Recurring Funds *</td>
</tr>
</tbody>
</table>

Input Amounts:

10. Is future-year funding likely to be requested?
   Yes
   a. If yes, indicate non-recurring amount per year.
      Yes, for 2 fiscal years in total for $250,000.00 per year. This will give communities time and experience with Family Team Conferencing to determine if they want to fund the service through local resources.

11. Program Performance:
   a. What is the specific purpose or goal that will be achieved by the funds requested?
      The purpose of these funds is to help One Hope United expand our ability to facilitate a successful problem solving process for families and individuals involved in systems they feel inferior to and teach them how to use the Family Team Conferencing approach throughout their life when they are faced with hurdles. The purpose is also to expose the schools and other state and local agencies to a planning approach that is empowering and engaging individuals/families in a way that is productive and successful.
   b. What are the activities and services that will be provided to meet the intended purpose of these funds?
      Outreach to the local schools, family court, law enforcement and locally based state agencies such as DJJ and APD in service area to educate them on referral process. Facilitate 210 Family Team Conferences in year 1 and 250 in year 2.
   c. How will the funds be expended?

<table>
<thead>
<tr>
<th>Spending Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Costs</td>
<td>Small portion of Executive</td>
<td>7,200</td>
</tr>
</tbody>
</table>
d. **What are the direct services to be provided to citizens by the appropriations project?**

   Facilitation of Family Team Conferences


e. **Who is the target population served by this project? How many individuals are expected to be served?**

   Children who become involved in the school’s behavior management process (i.e. suspensions, truancy program, etc.), are arrested and/or experience a Baker Act; families experiencing a divorce as an alternative to mediation or who have a family member they are having difficulty supporting due to medical or behavioral issues, such as autism, addiction, dementia or are experiencing homelessness. Individuals struggling with

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<table>
<thead>
<tr>
<th>Benefits</th>
<th>Director salary &amp; Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Other Salary and Benefits</td>
<td>Small portion of salaries &amp; Benefits for Support services such as Human resources, Finance, Payroll, IT, Marketing &amp; Communications, CEO, COO, etc.</td>
</tr>
<tr>
<td>☐ Expense/Equipment/Travel/Supplies/Other</td>
<td>Small portion from Shared services</td>
</tr>
<tr>
<td>☐ Consultants/Contracted Services/Study</td>
<td>Small portion from Shared Services</td>
</tr>
</tbody>
</table>

**Operational Costs**

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Need description</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Salary and Benefits</td>
<td>169,055</td>
</tr>
<tr>
<td>☐ Expense/Equipment/Travel/Supplies/Other</td>
<td>Includes travel, cell phone, office supplies, depreciation expense, fire insurance, liability Insurance, rent expense</td>
</tr>
<tr>
<td>☐ Consultants/Contracted Services/Study</td>
<td>IT consultants and training</td>
</tr>
</tbody>
</table>

**Fixed Capital Construction/Major Renovation**

- ☐ Construction/Renovation/Land/Planning Engineering

**TOTAL** | 255,491 |
criminal behavior, housing instability or behavioral health issues. One Hope United will serve 210 children, individuals or families in year 1 and 250 in year 2 in Hardee, Highlands and Polk counties.

f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

The benefit will be that citizens have an alternative way of resolving issues related to school, criminal behavior, family problems, and physical and behavioral health issues that puts them in charge of the process and outcome. Systems currently serving these children/families/individuals will experience the benefit of the resolution to the problem. Outcomes will be measured through system recidivism and stakeholder satisfaction surveys. Our CQI team will study the effectiveness of our Family Team Conference program by population.

g. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?

Standard penalties are adequate as they include financial penalties up to and including termination of contract.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

No capital outlay funding requested.

13. Requestor Contact Information:
   a. Name: Eva Horner
   b. Organization: One Hope United
   c. Email: ehorner@onehopeunited.org
   d. Phone Number: (813)600-7586

14. Recipient Contact Information:
   a. Organization: One Hope United
   b. County: Hardee, Highlands, Polk
   c. Organization Type:
      - For Profit
      - Non Profit 501(c) (3)
      - Non Profit 501(c) (4)
      - Local Entity
      - University or College
      - Other (Please specify)
   d. Contact Name: Eva Horner
   e. E-mail Address: ehorner@onehopeunited.org
   f. Phone Number: (813)600-7586

15. If there is a registered lobbyist, fill out the lobbyist information below.
   a. Name: None
b. Firm: None

c. Email:

d. Phone Number: