



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Shared Family Care Residential Program

2. **Senate Sponsor:** Denise Grimsley

3. **Date of Submission:** 11/14/2017

4. **Project/Program Description:**

The Shared Family Care Residential Program is an approach to allow homeless or potentially homeless families with substance exposed newborn(s) to reside with the mother (parents) while sharing a home with approved community members in a nurturing traditional setting and receive intensive wrap around services. This will include non-judicially involved families who are deemed unsafe by the Department of Children and Families due to having a current verified report of abuse or neglect. The program is committed to providing exhaustive therapeutic and substance abuse treatment in-home to participants and assisting in obtaining sustainable/permanent housing, with the ultimate goal of reducing trauma by avoiding the separation of the child and parent(s) through the judicial system.

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:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
280,000		280,000

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

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 280,000

9. **Previous Year Funding Details:**



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- Has funding been provided in a previous state budget for this activity? Yes
- In the previous 5 fiscal years, how many years was funding provided? (Optional) 1
- What is the most recent fiscal year the project was funded? 2017-18
- Were the funds provided in the most recent fiscal year subsequently vetoed? No
- Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
	Column:	A	B
Funds Description:		Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *
Input Amounts:			

### 10. Is future-year funding likely to be requested?

Yes

- If yes, indicate non-recurring amount per year.

\$280,000

### 11. Program Performance:

- What is the specific purpose or goal that will be achieved by the funds requested?

To provide exhaustive therapeutic and substance abuse treatment in-home to homeless or potentially homeless families with a substance exposed newborn(s). Goals: Reduce trauma to avoid removal and placement of the child(ren) in out-of-home care; increase substance use intervention/coping skills; enhance parents' ability to create stable and nurturing home environments; enhance the development of positive parent-child interactions; promote child health and development; enhance parents' ability to become more financially stable; improve housing stability.

- What are the activities and services that will be provided to meet the intended purpose of these funds?

Provide services through an in-home treatment model comprised of a Substance Abuse Counselor, Co-occurring Therapist, and additional case management services through the Family Assessment Support Team (FAST) which is an intensive in-home therapeutic wrap around service which includes a Certified Child Welfare Counselor and a paired therapist; a Peer Specialist for recovery support that offers lived-experience to the involved families; a peer specialist network will be available to host families and involved families for 24/7 emergency/crisis needs; support group and respite care for the host families through the host family network as needed; a Family Care Program Specialist who will provide regular in-home support to both host and



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involved families to ensure a continued cohesive relationship; sustainable permanent housing; financial support and training for the host families and involved families.

**c. How will the funds be expended?**

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input checked="" type="checkbox"/> Other Salary and Benefits	Finance Grant Accountant and Finance Grant Manager	11,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Voice and Data/Administrative Cost	17,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Family Care Program Specialist; Family Preservation Director (10% of time) and Family Preservation Supervisor (10% of time)	69,615
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Travel, Recruitment, Supplies, Equipment, Mobile Devices	138,985
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Peer Specialist and on-call crisis stabilization services	43,400
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		280,000

**d. What are the direct services to be provided to citizens by the appropriations project?**

Specialized marketing, recruitment, and training of host homes; on-call emergency/crisis stabilization with peer specialists and program specialist; transition services; enhanced in-home wraparound case management services; support groups; financial support and respite care.



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

Non-judicially involved families who are homeless or potentially homeless and have a substance exposed newborn(s), and the family must be deemed unsafe by the Department of Children and Families due to having a current verified report of abuse or neglect. 10 families are expected to be served.

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

Reduce substance use-Active participation in substance abuse treatment; Number of negative drug screens. Reduce recidivism-No new verified abuse reports; Positive assessments. Enhance parents' ability to create stable and nurturing home environments-Observations by case management, specialists and therapists; Enhance the development of positive parent-child interactions-Active participation in parenting training; Observations by case management staff, specialists and therapist. Promote child health and development-Active participation in medical appointments and specialty care as necessary. Enhance parents' ability to become more financially stable-Evidence of legal and sufficient income; Employment assistance by case management. Improve housing stability-Obtain and sustain adequate and stable housing; Follow-up surveys with families at 6 and 12 months after service closure.

**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?**

Non Payment of invoices

**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.**

N/A

**13. Requestor Contact Information:**

- a. **Name:** Lee Kaywork
- b. **Organization:** Family Support Services of North Florida, Inc
- c. **Email:** Lee.kaywork@fssnf.org
- d. **Phone Number:** (904)421-5800

**14. Recipient Contact Information:**

- a. **Organization:** Family Support Services of North Florida, Inc
- b. **County:** Duval, Nassau
- 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:** Lee Kaywork



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e. E-mail Address: Lee.kaywork@fssnf.org

f. Phone Number: (904)421-5800

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

a. Name: Georgia McKeown

b. Firm: GA McKeown & Associates

c. Email: georgia@gamckeown.com

d. Phone Number: (904)303-1611