



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** JAFCO Children's Ability Center

2. **Senate Sponsor:** Lauren Book

3. **Date of Submission:** 11/16/2017

4. **Project/Program Description:**

The JAFCO Children's Ability Center provides quality family enrichment, resources and respite services to families raising children with developmental disabilities. The overall goal of this program is to provide extended respite care to parents to reduce the stress of parents who are raising a child with a developmental disability while increasing the socialization and skills of the children, thereby helping to preserve the family unit. The JAFCO Children's Ability Center, a state-of-the-art family enrichment, resource and respite center. The Ability Center is a "one-stop-shop" for developmental disability services and is the only center of its kind in the United States providing intensive support, enrichment and respite services under one roof not only for children with developmental disabilities but focused on the entire family.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Agency for Persons with Disabilities

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
500,000		500,000

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	2,500,000	83.3%
TOTAL	2,500,000	83.3 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 3,000,000

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)
- 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.

\$500,000 per year

11. Program Performance:

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

The overall goal of this program is to provide extended respite care to parents to reduce the stress of parents who are raising a child with a developmental disability while increasing the socialization and skills of the children, thereby helping to preserve the family unit.

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

Services include out-of-home day, evening, weekend, overnight, emergency or extended respite services (up to two weeks per year per child) that allows the children to enjoy exciting enrichment activities while the parents take a much needed extended break from the often overwhelming demands of parenting a child with a developmental disability. Additionally, a formal social skills and life skills training program will be offered to prepare children to work and live independently, again avoiding costly residential facilities where possible. Furthermore, therapeutic support groups are held throughout the week for the entire family including mothers, fathers, siblings and grandparents. Parent education, behavior training and parent/family socialization activities are offered to increase parenting skills, improve the parent-relationship and strengthen a feeling of connection within the community for the parent and the entire family.

- How will the funds be expended?



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Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	90% of the funds will be used for program staff to provide 24 hour care for the children in the respite program. These staff include psychologists, social workers, therapists, BCBA (Board Certified Behavior Analyst), nurses and direct care staff.	450,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	5% of the funds will be used for food and other supplies for the children and the programs including iPads for communication, computer software, art supplies and music therapy.	25,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	5% of the funds will be used to fund evaluative research on the program conducted by an NSU research team	25,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		500,000



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

Services include out-of-home day, evening, weekend, overnight, emergency or extended respite services (up to two weeks per year per child) that allows the children to enjoy exciting enrichment activities while the parents take a much needed extended break from the often overwhelming demands of parenting a child with a developmental disability. Additional services include a formal social skills and life skills training program that prepares children to work and live independently. Furthermore, therapeutic support groups are held throughout the week for the entire family (mothers, fathers, siblings, grandparents). Parent education, behavior training and parent/family socialization activities are provided to increase parenting skills, improve the parent-relationship and strengthen the connection between families to develop a sense of community.

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

The program will benefit youth ages 0-22 years with any developmental disability and their families. The entire family of the child with a disability will benefit by receiving support services. This program will provide support to families who are on the waiting list for Med-Waiver, many of whom are currently in crisis.

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

The goal is to maintain the child in the home for as long as possible thereby avoiding more costly out-of-home residential placements at a huge savings to the state. As a result of this program, 85% of parent / caregivers will report reduced stress, 90% of children served will be maintained in the home 6 months after starting respite services and 90% of children served will maintain or enhance developmentally appropriate skills through use of respite. Outcomes will be measured using pre-and post-test scores on the Parenting Stress Index for the parents and on a developmental skills assessment for the children.

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 only-to include return of funds.

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:** Ellyn Bogdanoff
- b. **Organization:** JAFCO
- c. **Email:** ebogdanoff@bplegal.com
- d. **Phone Number:** (954)232-5678

14. Recipient Contact Information:

- a. **Organization:** JAFCO Children's Ability Center
- b. **County:** Broward
- c. **Organization Type:**



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- ☐ For Profit
- ☒ Non Profit 501(c) (3)
- ☐ Non Profit 501(c) (4)
- ☐ Local Entity
- ☐ University or College
- ☐ Other (Please specify)

d. Contact Name: Sarah Franco

e. E-mail Address: sarah@jafco.org

f. Phone Number: (954)315-8680

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

a. Name: Ellyn Bogdanoff

b. Firm: Becker and Poliakoff

c. Email: ebogdanoff@bplegal.com

d. Phone Number: (954)232-5678