



# The Florida Senate

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

1. **Title of Project:** Help Me Grow Florida

2. **Senate Sponsor:** Anitere Flores

3. **Date of Submission:** 12/04/2017

4. **Project/Program Description:**

Help Me Grow Florida promotes early identification of young children's (birth to age eight) developmental, behavioral or educational concerns, then links children and families to community based services and supports at no cost to parents and caregivers. Help Me Grow provides development and behavioral screenings, information, and referrals with follow-up and care coordination. Help Me Grow uses the 2-1-1 networks to establish a telephone access point to link families of young children with sources of support and services.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Office of Early Learning

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
648,186		648,186

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):** 648,186

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 4

c. What is the most recent fiscal year the project was funded? 2017-18



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- d. Were the funds provided in the most recent fiscal year subsequently vetoed? No  
 e. 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	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:	1,808,957	42,810	1,851,767

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

Yes

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

\$648,186 in non-recurring per year.

**11. Program Performance:**

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

The goal of Help Me Grow Florida is to promote healthy development for every child in our state. Help Me Grow (HMG) is a unique, comprehensive, and integrated statewide system designed to address the need for early identification of developmental and/or behavioral concerns, and then to link children and their families to community-based developmental and behavioral services and supports.

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

Early detection and intervention are critical for optimal outcomes for children, but too often children miss this opportunity. Help Me Grow addresses this by building collaboration among community programs, providing a centralized access point for information and referral, promoting surveillance and screenings, as well as educating and informing the community. Help Me Grow supports families, child health care, early care and education, and human service providers. The community can use Help Me Grow to identify early signs of developmental or behavioral concerns and the available community resources to address their needs. Without Help Me Grow, this sensitive period of opportunity may be missed due to untimely assessments or difficulty in finding and navigating appropriate resources.

- c. How will the funds be expended?

Spending Category	Description	Amount
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Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input checked="" type="checkbox"/> Other Salary and Benefits	Administrative salaries and benefits are allocated in accordance with the agency's approved cost allocation plan.	19,772
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	General supplies, occupancy, liability insurance and other shared administrative costs.	5,237
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Administrative costs for subrecipient contracts of up to 5% of their funding, in accordance with OEL policies. Also, cost of A133 single audit.	97,848
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	State HMG Coordinating Office and other program staff	279,592
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	State HMG Coordinating Office and other program staff	58,707
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Continuation funding for 9 affiliates serving 27 counties, and for additional expansion contracts, as well as STAR data system support and support of HMG public awareness campaign, including purchase of materials for local use.	1,995,987
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
<b>TOTAL</b>		<b>2,457,143</b>



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

Establishing a telephone access point that links families of young children with sources of support and services to address concerns about their child's health, development, behavior and learning in a child's first eight years of life. Providing developmental screenings and comprehensive care coordination with follow-up services to parents/caregivers and child health care providers. Conducting child health care and education provider outreach trainings to educate our community about child development and the importance of early detection and intervention. Conducting community outreach to promote the use of Help Me Grow and to provide networking opportunities for the community. Data collection to understand all aspects of the Help Me Grow system, including the identification of gaps and barriers in order to provide more effective services.

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

All Florida children to age eight, their families and caregivers. This includes expectant parents. In 16-17, 3,356 unique children and 3,087 families were served by Help Me Grow. 2,845 developmental/behavior screenings were completed, and 2,728 families received care coordination services. 2,764 referrals were made to community services and programs

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

Identification of children who may not meet the milestones appropriate for their age and will benefit from further assessment and follow-up. By identifying and intervening early on, delays that affect a child's education can be prevented or prepared for early on. To be measured by the percent of successful connections to community services and the results of further evaluation. Also, providing access to developmental and behavioral screenings to detect mental health concerns which would result in a referral for mental health services reducing the need for costly intervention later on. To be measured by percent of successful connections to infant mental health services, percent of parents/caregivers reporting their child's behavior and/or mental health has improved, and percent of parents/caregivers reporting that they have access to people they can talk to for advice and emotional support.

**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 sufficient.

**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:** Rodney J. MacKinnon
- b. **Organization:** Florida Department of Education, Office of Early Learning
- c. **Email:** Rodney.J.Mackinnon@oel.myflorida.com
- d. **Phone Number:** (850)717-8554



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### 14. Recipient Contact Information:

a. **Organization:** Children's Forum, Inc.

b. **County:** Leon

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:** Phyllis K. Kalifeh

e. **E-mail Address:** pkalifeh@thechildrensforum.com

f. **Phone Number:** (850)681-7002

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

a. **Name:** None

b. **Firm:** None

c. **Email:**

d. **Phone Number:**