1. **Title of Project:** Hillsborough County Reunification Services for Children in the Child Welfare System

2. **Senate Sponsor:** Dana Young

3. **Date of Submission:** 12/18/2017

4. **Project/Program Description:**
   This is an intensive, evidence based HOMEBUILDERS family support model that will assist in safely exiting children from the child welfare system to be returned to their families.

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>1,800,000</td>
<td></td>
<td>1,800,000</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>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,800,000

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.
The Florida Senate
Local Funding Initiative Request - Fiscal Year 2018-2019

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

10. Is future-year funding likely to be requested?
   No

11. Program Performance:

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

      The goal is to reduce the overall number of children in the child welfare system in Hillsborough County by safely exiting children and returning them home to their families through an intensive HOMEBUILDERS model.

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

      Therapists will work with families to teach them new behaviors and help them make better choices for their children, while ensuring child safety. They will also work with youth and their families to address issues that lead to delinquency, while allowing youth to remain in the community and work with them to avoid trauma by providing crisis interventions and skill building, involving the families in the youth's treatment, and broadening the continuum of care. These activities will help stabilize families and reduce the chance of reentry into care.

   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></td>
<td></td>
</tr>
<tr>
<td>☐ Executive Director/Project Head Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ Other Salary and Benefits</td>
<td>5 teams (5-clinical supervisors, 35-therapists &amp; 5-support staff). Remaining funds to support the teams’ operating expenses - travel, cell phones, occupancy, training, etc.</td>
<td>1,590,052</td>
</tr>
</tbody>
</table>
d. What are the direct services to be provided to citizens by the appropriations project?
   Home Builder Services to exit children from the child welfare system so they can be returned home.

e. Who is the target population served by this project? How many individuals are expected to be served?
   200-400 children in the child welfare system.

f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
   Reduce the population of the Hillsborough County child welfare system by increasing reunifications. This will be measured by taking the total number of children in the system on 7/1/18 and comparing it to the total children in the system on 6/30/10.

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?
   The agency will be required to invest the additional funding necessary to achieve the projected return on investment should outcomes not be met within a 12-month timeframe.

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.
13. Requestor Contact Information:
   a. Name: Martin Peters
   b. Organization: Eckerd Connects
   c. Email: mpeters@eckerd.org
   d. Phone Number: (727)461-2990

14. Recipient Contact Information:
   a. Organization: Gulf Coast Jewish Family and Community Services
   b. County: Hillsborough
   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: Sandra Braham
   e. E-mail Address: sandra.braham@gcjfcs.org
   f. Phone Number: (727)479-1800

15. If there is a registered lobbyist, fill out the lobbyist information below.
   a. Name: Slater Bayliss
   b. Firm: Cardenas Partners
   c. Email: swb@cardenaspartners.com
   d. Phone Number: (850)222-8900