



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1734

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

This is a request for additional recurring funding for the Child Protection Teams statewide. This will help to better address the increased complexity of serious child abuse cases including medical neglect, severe neglect, severe physical abuse, and sexual abuse. Child Protection Teams will be able to better provide evaluations and recommendations to meet the increased scope of effort mandated by the legislature in the last several years.

5. **State Agency to receive requested funds**
- State Agency contacted? Yes No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 80%;" type="text" value="2,500,000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
Total State Funds Requested	2,500,000

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 80%;" type="text" value="2500000"/>	<input style="width: 80%;" type="text" value="100.0"/> %
Matching Funds		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Other	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Total Project Costs for Fiscal Year 2020-2021	2,500,000	100 %

8. **Has this project previously received state funding?** Yes No
- If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 80%;" type="text" value="2019-20"/>	<input style="width: 80%;" type="text" value="1,500,000"/>	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="524"/>	<input type="text" value="No"/>

9. **Is future-year funding likely to be requested?** Yes No
- If yes, indicate nonrecurring amount per year.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1734

10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		<input type="text"/>
Other Salary and Benefits		<input type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input type="text"/>
Consultants/Contracted Services/Study		<input type="text"/>
Operational Costs: Other		
Salary and Benefits	Approximately 75% of expenditures are for salaries and benefits	1,875,000
Expense/Equipment/Travel/Supplies/Other	Approximately 25% of expenditures are for non-salary items	625,000
Consultants/Contracted Services/Study		<input type="text"/>
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		<input type="text"/>
Total State Funds Requested (must equal total from question #6)		2,500,000



The Florida Senate Local Funding Initiative Request Fiscal Year 2020-2021

LFIR # 1734

11. Program Performance

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

This will help to better address the increased complexity of serious child abuse cases including medical neglect, severe neglect, severe physical abuse, and sexual abuse. Child Protection Teams (CPT) will be able to better provide evaluations and recommendations to meet the increased scope of effort mandated by the legislature in the last several years.

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

This will enable the hiring of additional CPT personnel to better provide medical evaluations, forensic interviews, specialized interviews, psychosocial and psychological evaluations, and services that help children. This includes services that work along with community partners.

- c. What direct services will be provided to citizens by the appropriation project?

Children seen for allegations of child abuse receive forensic interviews when appropriate, medical evaluations as outpatients or inpatients, specialized interviews, and court testimony when needed.

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

All children seen by the 23 CPTs statewide. For calendar year 2018, around 30,000 children were evaluated by the Child Protection Teams. The CPTs also reviewed over 200,000 reports from the Child Abuse Hotline. With increased resources, likely an increased number of children will be seen.

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

The CPTs will be better able to devote time and resources to evaluation of children and provide recommendations to DCF and others. The number of children seen and number of services provided help to measure these processes.

- f. 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?

DOH currently has real time performance standards and formal reviews for the CPTs - with remedies and financial penalties for failure to perform.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1734

12. **The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.**

n/a

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **Recipient Contact Information**

- a. Organization
- b. Municipality and County
- c. Organization Type
- For-profit Entity
 - Non-Profit 501(c) (3)
 - Non-Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (please specify)
- d. First Name Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.