



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2373

1. **Project Title** Hillsborough County High Risk Adoption Support Program2. **Senate Sponsor** Janet Cruz3. **Date of Request** 01/15/20204. **Project/Program Description**

The requested funding will provide adoption support services to adoptive families in Hillsborough County to help stabilize adoptive placement and prevent re-entry into the foster care system. There are currently more than 4,000 adoptive children in Hillsborough County under the age of 18. During the first 3 years of the program, more than 400 families accessed services and 154 adoptive placements have been maintained and have prevented re-entry into the foster care system.

5. **State Agency to receive requested funds** Department of Children and FamiliesState Agency contacted? ☐ Yes ☒ No6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

| Type of Funding | Amount |
|------------------------------------|---------|
| Operations | 250,000 |
| Fixed Capital Outlay | 000 |
| Total State Funds Requested | 250,000 |

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) | 250000 | 100.0 % |
| Matching Funds | | |
| Federal | 00 | 0 % |
| State (excluding the amount of this request) | 00 | 0 % |
| Local | 00 | 0 % |
| Other | 00 | 0 % |
| Total Project Costs for Fiscal Year 2020-2021 | 250,000 | 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 | | |
| 2019-20 | 00 | 250,000 | 314A | No |

9. **Is future-year funding likely to be requested?** ☒ Yes ☐ No

If yes, indicate nonrecurring amount per year. 250,000



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

| Spending Category | Description | Amount |
|--|---|---------|
| Administrative Costs: | | |
| Executive Director/Project Head Salary and Benefits | | |
| Other Salary and Benefits | | |
| Expense/Equipment/Travel/Supplies/Other | | |
| Consultants/Contracted Services/Study | | |
| Operational Costs: Other | | |
| Salary and Benefits | 4 adoption program staff providing direct intervention services to families, conducting support groups, providing case management, and developing community services. | 226,860 |
| Expense/Equipment/Travel/Supplies/Other | Staff mileage costs, occupancy costs, conducting adoptive parent support groups, and direct assistance to adoptive families. | 23,140 |
| Consultants/Contracted Services/Study | | |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | | |
| Total State Funds Requested (must equal total from question #6) | | 250,000 |



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11. Program Performance

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

The requested funding will provide adoption support services to adoptive families in Hillsborough County to help stabilize adoptive placement and prevent re-entry into the foster care system. There are currently more than 4,000 adoptive children in Hillsborough County under the age of 18. During the first 3 years of the program, more than 400 families accessed services and 154 adoptive placements have been maintained and have prevented re-entry into the foster care system.

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

The adoption Support Program will provide specialized adoption counseling, community support groups, case management, crisis intervention and respite directly to adoptive parents and children. The program serves approximately 150-175 families. These services are not currently available in the community.

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

Direct assistance and support services to adoptive parents and children.

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

The target population includes persons with poor mental health, persons with poor physical health, economically disadvantaged persons, at-risk youth, developmentally disabled, physically disabled, preschool students, grade school students, and high school students. 401 to 800 individuals are expected to be served.

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

1. Improved physical health through reduction of trauma related stress related to past abuse/neglect measured by placements maintained and less hospital days. 2. Improve mental health through adoptive children participating in direct intervention services will show reduced effects of abuse and neglect that threatens the adoptive placement which may result in foster care re-placement measured by improved scores on "The Parent Stress Index" which measures their ability to provide care to children with emotional problems. 3. Reduce recidivism through maintaining adoptive placement with no re-entry into foster care. 4. Improved of current adoptive parents with the adoptive proves results in a reduction of foster children and significant savings to the state. Satisfied adoptive parents are more likely to recommend friends and family to adopt. 80% of families will express satisfaction with support groups and would recommend others to the adoption process.

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?

Failure to meet performance measures may lead to corrective action, contract termination, and/or return of funds.



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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.