

LFIR # 1434

1. Project Title	NetMIS - Network Managemen Evaluation	t Information System and (	Child in Crisis			
2. Senate Sponsor	Jennifer Bradley					
3. Date of Request	02/09/2023					
4. Project/Program D	escription					
evaluation for Child allow for better serv	ed to complete the development of ren and Families in Need of Service rice planning and outcome evaluation of their time with youth instead of p	es (CINS/FINS) as outlined on of youth in our care. It w	d in Chapter 984, F. vill also allow for bet	S. The system will		
State Agency cont		artment of Juvenile Justice	)			
Type of Funding		Amo	unt			
Operations			700,000			
Fixed Capital Outla	y		0			
<b>Total State Funds</b>	Requested		700,000			
7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)  Type of Funding  Amount  Percentage						
Total State Funds F	Requested (from question #6)	700,000	100%			
Matching Funds						
Federal		0	0%			
State (excluding the	e amount of this request)	0	0%			
Local		0	0%			
Other		0	0%			
<b>Total Project Cost</b>	s for Fiscal Year 2023-2024	700,000	100%			
8. Has this project pr	reviously received state funding?	? No				
Fiscal Year	Amount	Specific	Vetoed			
(уууу-уу)	Recurring Nonrecurri	ng Appropriation #				
J	kely to be requested?	No				
a. If yes, indicate r	nonrecurring amount per year.					
b. Describe the so	urce of funding that can be used	I in lieu of state funding.				
This will fund the o	completion of the project developme	ent.				
10. Has the entity rec	questing this project received an		ted to the COVID-1	9 pandemic?		
No						



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If yes, indicate the amount of funds received and what the funds were used for.						

### Complete questions 11 and 12 for Fixed Capital Outlay Projects

1.	Status of Cons	struction			
ŧ	a. What is the o	current phase	of the project?		
	OPlanning	ODesign	Construction		
I	o. Is the projec	t "shovel read	y" (i.e permitted)?		
(	c. What is the	estimated start	date of construction?		
(	d. What is the	estimated com	pletion date of construction?		
12.			y to receive, directly or indirec mers of the facility and the ent	tal outlay funding. I	nclude the

#### 13. Details on how the requested state funds will be expended

Spending Category	Description	Amount		
Administrative Costs:				
Executive Director/Project Head Salary and Benefits		0		
Other Salary and Benefits		0		
Expense/Equipment/Travel/Supplies/ Other		0		
Consultants/Contracted Services/Study		0		
Operational Costs: Other				
Salary and Benefits		0		
Expense/Equipment/Travel/Supplies/Other		0		
Consultants/Contracted Services/Study	Contracted Services to develop database	700,000		
Fixed Capital Construction/Major Renovation:				
Construction/Renovation/Land/ Planning Engineering		0		
Total State Funds Requested (must equal total from question #6)				

#### 14. Program Performance

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

Funds will be utilized to complete the development of a comprehensive database and collection of child and family evaluation for Children and Families in Need of Services (CINS/FINS) as outlined in Chapter 984, F.S. The system will provide better service planning and outcome evaluation of youth in our care. It will also allow for better workflow, allowing staff to focus more of their time with youth instead of performing administrative functions.

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



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Statutorily required assessment of youth risk and needs; collection of demographic and service data; program performance reporting; reporting of service impact.

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

Services directed under Chapter 984, Children and Families in Need of Services. This includes 24/7 emergency shelter services, individual and group community counseling, domestic violence respite care, intensive case management, and Stop Now and Plan (SNAP) programs.

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

Children and Families in Need of Services (CINS/FINS as defined in Chapter 984, f.s.), children at risk of juvenile delinquency and/or dependency, ages 6-17 experiencing behavioral, academic and family difficulties. Approximately 15,000 children and families served each year.

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

CINS/FINS is Florida's largest juvenile justice program. The system will serve as a repository of comprehensive data collected on approximately 15,000 children and families each year. These services work to prevent children from committing crime and are effective in achieving an 85% success rate in avoiding recidivism. Recidivism will be limited to 15% for youth who complete services. Recidivism rates are published annually by DJJ, reported to the legislature and posted for the general public. Other metrics are reported to DJJ monthly and annually, measuring program success. Youth will benefit from targeted service planning that is driven by risk and needs assessment housed in the data system.

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 the contract?

Financial consequences could be included for failure to deliver the completed data system within the specified time period.

15. Requester Contact	t Informat	ion				
a. First Name	Stacy		Last Name	Gromatski		
b. Organization	Florida N	Florida Network of Youth and Family Services				
c. E-mail Address	stacy@floridanetwork.org					
d. Phone Number	(850)544	-6324	Ext.			
16. Recipient Contact	16. Recipient Contact Information					
a. Organization	a. Organization Florida Network of Youth and Family Services					
b. Municipality and County Statewide						
c. Organization Type						
□For Profit Entity						
☑Non Profit 501(c)(3)						
□Non Profit 501(c)(4)						
□Local Entity	□Local Entity					
□University or Co	□University or College					
□Other (please sp	□Other (please specify)					



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d. First Name	Stacy	Last Name	Gromatski		
e. E-mail Address	stacy@floridanetwork.org				
f. Phone Number	(850)544-6324				
17. Lobbyist Contact Information					
a. Name	Frank P. Mayernick Jr.				
b. Firm Name	The Mayernick Group LLC				
c. E-mail Address	frank@themayernickgroup	o.com			
d. Phone Number	(850)251-8898				