



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Children of Inmates: Babies N Brains Family Supports Program

2. **Senate Sponsor:** Annette Taddeo

3. **Date of Submission:** 01/17/2018

4. **Project/Program Description:**

Over 300,000 children in the state of Florida have a parent incarcerated. Research states that these children are acutely at-risk for anti-social behaviors, mental illness and cognitive delays stemming from exposure to Adverse Childhood Experiences (ACE). Program will provide supplemental support services for children ages 0-5 with an incarcerated parent, including home safety visits, Ages and Stages Questionnaire Assessment and ongoing caregiver community supports program.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

Department of Children and Families

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
500,000		500,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	464,250	27.9%
State (excluding the amount of this request)	0	0.0%
Local	700,000	42.1%
Other	0	0.0%
TOTAL	1,164,250	70.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,664,250

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?



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- d. Were the funds provided in the most recent fiscal year subsequently vetoed?
- e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18 <i>(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)</i>		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

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?

Inmate education on infant brain development and child wellness. 300 home visits, child safety assessments and Ages and Stages Questionnaire (ASQ) for children 0-3 to measure appropriate maturation. 85% of children will be enrolled healthcare insurance and 85% of children will have an identified medical home.

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

Inmate education on infant brain development and child wellness. 300 home visits, child safety assessments and Ages and Stages Questionnaire (ASQ) for children 0-3 to measure appropriate maturation. 85% of children will be enrolled healthcare insurance and 85% of children will have an identified medical home.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Executive Director will allocate .15 FTE to project management and ensuring project deliverables are met. Position will also be responsible for building and maintaining collaborative partnerships with local and	22,500



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	state agencies.	
<input checked="" type="checkbox"/> Other Salary and Benefits	Business Manager will allocate .50 FTE to oversee administrative and fiscal management of program, including invoicing, internal controls and preparation of fiscal reports.	30,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	\$12,500 will be expended for travel to administrative meetings and trainings with HHS, FDC and partnering agencies across the State. \$10,000 will be allocated to office rent to support daily program management activities. \$2,500 will be reserved for office supplies.	25,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	\$5,000 will be reserved for Operational Audit costs. \$20,000 will expended to conduct an independent study of program impacts to inform best practices. (Applications for research funds will be submitted to federal and private agencies to match the research study.)	25,000
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	\$200,000 will be reserved to hire up to three FTE social work, health advocates and/ or criminal justice staff to provide family support services statewide, as well as providing science informed Babies N Brains curriculum.	200,000



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<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Up to \$100,000 will be reserved to support transportation costs and program supplies for children (and appropriate caregivers) to participate in child-centered bonding visits to FDC correctional institutions, designed to foster bond between child and incarcerated parent.	100,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	COI is a service network of agencies. As such, \$97,500 will be reserved to support subcontracts to partner agencies with specializations in infant and child health, infant mental health, and child brain development across rural and metropolitan area.	97,500
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		500,000

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

Comprehensive support services for children ages 0-5 with an incarcerated parent. Services include: Home safety/wellness checks; Ages and Stages Questionnaire Assessments; Individualized Case Plans; Child enrollment in healthcare insurances; Child placement in a medical home

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

300 children between the ages of 0-5 with an incarcerated parent

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

Children ages 0-5 with an incarcerated parent are acutely at-risk for cognitive delays resulting from exposure to Adverse Childhood Experiences (ACE). Program will provide early intervention, client care coordination and



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regular monitoring, to ensure that children developmentally on-track. Measures include home safety/wellness checklists, Ages and Stages Questionnaires (ASQ), attendance and enrollment information into healthcare insurance plans and a medical home.

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?

\$1,000 financial consequence per child under proposed 300 children to receive home visit and ASQ assessment. \$1,000 for every percentage point under 85% of participating children enrolled in healthcare insurance and 85% of children with an identified medical home.

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:** Shellie Solomon
- b. **Organization:** Children of Inmates, Inc.
- c. **Email:** sesolomon@jssinc.org
- d. **Phone Number:** (786)781-5141

14. Recipient Contact Information:

- a. **Organization:** Children of Inmates, Inc.
- b. **County:** Broward
- 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:** Shellie Solomon
- e. **E-mail Address:** sesolomon@jssinc.org
- f. **Phone Number:** (786)781-5141

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

- a. **Name:** Yolanda Cash Jackson
- b. **Firm:** Becker & Poliakoff
- c. **Email:** yjackson@bplegal.com
- d. **Phone Number:** (954)986-8841