



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 2592

1. **Title of Project:** Camelot Community Care - Hillsborough County High Risk Adoption Support

2. **Senate Sponsor:** Jeff Brandes

3. **Date of Submission:** 03/20/2019

4. **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 two years of the program, more than 400 families accessed services and 47 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 Families

State Agency Contacted? No

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

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

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	250,000	100.00%
Federal		0.00%
State (excluding the amount of this request)		0.00%
Local		0.00%
Other		0.00%
Total Project Costs for Fiscal Year 2019-2020	250,000	100.0%

8. **Has this project previously received state funding?** Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		
2017-18		250,000	310A	No

9. **Is future-year funding likely to be requested?** Yes

a. If yes, indicate non-recurring amount per year. \$250,000

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



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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:		
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	Cost for staff mileage, occupancy, 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

11. Program Performance:

a. What is the specific purpose or goal that 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 two years of the program, more than 400 families accessed services and 47 adoptive placements have been maintained and have prevented re-entry into the foster care system.

b. What are the activities and services that 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. These services are not currently available in the community.

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

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; High School students.

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



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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. 90% of adoptive parents will report improved scores on "The Parent Stress Index" which measures their ability to provide care to children with emotional problems. Adoptive Families being served by the program are at risk of disruption and the adoptive children being placed back into the foster care system 95% of families participating in services will maintain their adoptive placement with no re-entry into foster care Improved satisfaction with the adoption experience Satisfaction of current adoptive parents 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 up to and including contract termination.

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:** Michael DiBrizzi
- b. **Organization:** Camelot Community Care
- c. **E-mail Address:** mdibrizzi@camelotcommunitycare.org
- d. **Phone Number:** (850)561-8060

14. Recipient Contact Information:

- a. **Organization:** Camelot Community Care
- 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:** Michael DiBrizzi
- e. **E-mail Address:** mdibrizzi@camelotcommunitycare.org
- f. **Phone Number:** (850)561-8060

15. Lobbyist Contact Information

- a. **Name:** Kirk Pepper
- b. **Firm Name:** GrayRobinson P.A.



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c. E-mail Address: kirk.pepper@gray-robinson.com

d. Phone Number: (850)528-7775