



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1496

1. **Project Title** CARES Replication2. **Senate Sponsor** Tom Wright3. **Date of Request** 10/30/20194. **Project/Program Description**

The CARES program is an evidence-based foster care prevention and diversion model program that has been successfully piloted, implemented and operational in Brevard County for over 14 years. CARES has been successfully replicated in Volusia County and is currently being replicated in Hillsborough County. Using high fidelity wraparound intensive care coordination, the CARES program enables families to remain safe and together at home and in the community. The addition of CARES in the local child welfare system of care reduces the number of children entering the dependency system at a much lower cost with better outcomes. When cross-walked with the specifications outlined in the FFPSA, CARES meets all requirements. This appropriation is to fund replication sites in circuits 20 and 12.

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	300,000
Fixed Capital Outlay	000
<b>Total State Funds Requested</b>	<b>300,000</b>

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)	300000	100.0 %
<b>Matching Funds</b>		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	00	0 %
Other	00	0 %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>300,000</b>	<b>100 %</b>

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		
2017-18	00	50,000	310A	No

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

If yes, indicate nonrecurring amount per year.



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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs: Other</b>		
Salary and Benefits	For salary and expense of staff from original evidence based site to conduct the trainings, oversee fidelity, and technical assistance.	57,000
Expense/Equipment/Travel/Supplies/Other	Travel for consultants from Brevard to attend community meetings, conduct trainings, provide hands on technical assistance, and oversee fidelity to the evidence based model.	18,000
Consultants/Contracted Services/Study	Contracted payments to 365 consulting for project management of the implementation of the CARES program and a rigorous study of the results of the program.	225,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		300,000



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#### 11. Program Performance

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

Brevard was an early adopter and implementer of a front-end family support prevention and diversion program model designed to enhance the local SOC by creating a comprehensive non-judicial continuum of care. Using the CARES model program Brevard has been able to safely divert over 17,000 children and their families from entry into the child welfare system. Systems of Care across the state of Florida have experienced an increase in the number of children entering the formal child welfare system while a safe and viable alternative exists in the CARES model program. In 2010, C.A.R.E.S. procured an independent research evaluation proving its effectiveness and was highlighted in the Peer Review Research Publication, The Journal of Families and Society, April 2015: Reducing Risk: Families in Wraparound Intervention. CARES subsequently attained EBP status with the California Evidence Based Clearinghouse

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

Local staff will receive training and ongoing technical assistance to deliver the CARES model wraparound care management to at risk children and families in circuits 12 and 20.

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

Identified families will receive high fidelity wraparound services using the CARES model.

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

Children at risk of removal from the family home due to abuse or neglect, and placement into the child welfare dependency system.

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

The CARES program enables systems of care to substantially reduce out of home care costs by keeping families safely together at home and in the community using an evidence-based program model that is fully aligned with the criteria specified in the FFPSA. C.A.R.E.S. shifts the high costs associated with placement in, in-home protective services and out of home care by safely diverting children and their families from entry into the child welfare system. Cost savings from the reduction in the number of children entering care are reinvested in the front end of the system to sustain the program and build capacity; enabling communities to serve more children and families for less with better outcomes.

##### 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?

Withhold final payment for implementation.



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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.