



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1946

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. Project/Program Description

Camelot Community Care's High Risk Adoption Support Program provides intensive clinical and support services to adoptive families in Hillsborough County. The Adoption Support Program is integrated with the community based care adoption program to introduce adoptive family support from the initial contact the family has with the child welfare system. Services include parent support groups, adoptive child psycho-educational groups to address family integration, and intensive clinical services. There are currently more than 4,000 adoptive children in Hillsborough County under the age of 18. During the first 4 years of the program, more than 500 families accessed services and 165 adoptive placements have been maintained and have prevented re-entry into the foster care system.

5. **State Agency to receive requested funds**
- State Agency contacted?**

6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022

Type of Funding	Amount
Operations	250,000
Fixed Capital Outlay	0
Total State Funds Requested	250,000

7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	250,000	88%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	35,000	12%
Total Project Costs for Fiscal Year 2021-2022	285,000	100%

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2020-21	0	250,000	319A	No

9. **Is future funding likely to be requested?**
- a. **If yes, indicate nonrecurring amount per year.**
- b. **Describe the source of funding that can be used in lieu of state funding.**

This program is unique in the county and no specific state funding source is available for a program of this nature and intensity.

10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**



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Yes

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

Camelot Community Care received \$4,200,000 in PPP funding to support school based and community programs in Florida and Ohio that have been shut down or limited in scope due to the pandemic. No PPP funds have been used to support programs already funded.

11. 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	Four (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, occupancy, conducting adoptive parent support groups, and direct assistance to adoptive families.	23,140
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		250,000

12. Program Performance

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

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. As a result, children will not return to the Foster Care system and the family will be maintained. Maintained adoptive placements save more than \$25,000 in foster care costs. Adoptive children will also have improved mental health functioning, school placement, and physical health improvement as their trauma related stress continues to heal through these services. During the pandemic, there has been a 26% growth in referrals and need for the program. The Hillsborough County Foster Care system has been under stress for a number of year and this program is a vital resource in helping stabilize the county system.

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

1) Adoptive family support groups; 2) Intensive family clinical services and placement support; 3) Case Management; 4) Child psycho-educational services and support.

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

1) Adoptive family support groups; 2) Intensive family clinical services and placement support; 3) Case Management; 4) Child psycho-educational services and support.

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

Adoptive families in Hillsborough County. Each year 200-225 families access program services. Each year, approximately 150 new families adopt and are introduced to the program.

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



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be measured?

The program will maintain adoptive placements and avoid re-entry into the foster care system. Since program inception, 165 adoptive placements at risk of disruption have been maintained. Return on investment is calculated using the cost of 1 year in Foster Care costing \$25,000. Since program inception, the return on investment for this program has been \$5,638,281.

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?

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

13. 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



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14. Requestor Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

15. 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

16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number