



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Family Support Services of North Florida - Svcs to At-Risk Youth of Those in Out of Home Care

2. **Senate Sponsor:** Audrey Gibson

3. **Date of Submission:** 12/18/2017

4. **Project/Program Description:**

Pilot model foster care program in Duval and Nassau Counties (circuit 4), to provide a structured, trauma informed environment for high risk teens in out of home care exhibiting chronic delinquency, conduct disorders, externalizing behaviors, violence, or victimization. The pilot program will reduce placement disruptions; increase compliance with juvenile probation; reduce the number of youth placed in group homes; reduce high risk behaviors (e.g., runaways, new arrests, teen pregnancies, psychiatric hospitalizations); and increase school stability.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Children and Families

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

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
256,000		256,000

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

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 256,000

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 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
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?

Provide trauma informed services to improve the mental, physical, and emotional well-being of the children and youth served. Reduce the number of placement disruptions for children and youth in out-of-home care. Reduce the number of placements in group homes. Provide services to stabilize behaviors that hinder permanency. Strengthen the family unit after reunification to alleviate further contact with the department and reduce recidivism.

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

Specialized targeted marketing, recruitment, training of foster homes; On-call crisis stabilization and interventions; Transportation; Behavioral health services; Enhanced trauma informed wraparound case management services; Incentives and supports for caregivers and children; Respite services; Appropriate placement matching based on youth input and child specific needs.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Marketing/Recruitment of	25,000



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	Specialized (Program-Intensive) Foster Homes - Develop and implement a targeted recruitment campaign, specialized training, and supervision for community families willing and able to provide adolescents intensive supervision at home, in school, and in the community; a cost effective alternative to institutional, residential, and group care placement for teenagers with histories of chronic and severe criminal behavior.	
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	On-Call Crisis Stabilization Services (\$63,000) – Trauma informed program to achieve crisis stabilization through the provision of intensive wraparound services, including behavioral analysis, targeted case management, psychiatric services, and trauma therapy. Enhanced Wraparound Case Management Services (\$168,000) – High-impact, short-term service designed to meet the unique needs of crossover/lockout youth.	231,000
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		



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<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		256,000

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

Specialized targeted marketing, recruitment, training. On-call crisis stabilization and interventions. Transportation. Behavioral health services. Enhanced trauma informed wraparound case management services. Incentives and supports for caregivers and children. Respite services. Appropriate placement matching based on youth input and child specific needs.

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

At-risk children and youth currently in out-of-home care under the jurisdiction of the Department of Children and Families who exhibit high risk behaviors and needs that include, but are not limited to, the following: Commercial Sexual Exploitation of Children (CSEC); crossover youth dually involved with the Department of Children and Families and the Department of Juvenile Justice; children with a mental health diagnosis, severe behavioral challenges, low-functioning or dually diagnosed, developmentally delayed, pregnant or parenting youth; children that identify as lesbian, gay, bi-sexual, transgender, or questioning (LGBTQ); children with a history of substance abuse; children and youth with multiple placement disruptions due to behaviors.

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

Provide trauma informed services to improve the mental, physical, and emotional well-being of high risk teens in out-of-home care - measured by a reduction of placement disruptions; increased compliance with juvenile probation, reduction of the number of youth placed in group homes, reduction of high risk youth behaviors, including, but not limited to runaway, new arrest, teen pregnancy, or psychiatric hospitalization; and increased school stability.

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?

Financial consequences for failure to meet performance measures/contract standards, and if not resolved within a reasonable period, termination of the contract.

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:** E. Lee Kaywork
- b. **Organization:** Family Support Services of North Florida, Inc
- c. **Email:** Lee.kaywork@fssnf.org
- d. **Phone Number:** (904)421-5800



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14. Recipient Contact Information:

a. Organization: Family Support Services of North Florida, Inc

b. County: Duval, Nassau

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: Sarah Markham-Sayer

e. E-mail Address: Sarah.markham@fssnf.org

f. Phone Number: (904)421-5825

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

a. Name: Georgia McKeown

b. Firm: GA McKeown & Associates

c. Email: georgia@gamckeown.com

d. Phone Number: (904)303-1611