



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1825

1. **Project Title** Family Support Services of North Florida - Services to At-Risk Youth2. **Senate Sponsor** Audrey Gibson3. **Date of Request** 12/10/20194. **Project/Program Description**

Delivery of a model foster care program to promote youth well being, provide enhanced training and services for caregivers and high risk youth in foster care. High risk youth qualified as engaging in behaviors that hinder permanency: delinquency, violence/aggression, sexual abuse and aggression, commercially sexually exploited, substance abuse, runaways, pregnant and parenting youth. Goals: increase placement stability, compliance with juvenile probation, reduce number of youth in group homes, reduce high risk behaviors.

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 | 650,000 |
| Fixed Capital Outlay | 000 |
| Total State Funds Requested | 650,000 |

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) | 650000 | 100.0 % |
| Matching Funds | | |
| Federal | 00 | 0 % |
| State (excluding the amount of this request) | 00 | 0 % |
| Local | 00 | 0 % |
| Other | 00 | 0 % |
| Total Project Costs for Fiscal Year 2020-2021 | 650,000 | 100 % |

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 | | |
| 2019-20 | 00 | 550,000 | 314A | 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 |
|--|--|--|
| Administrative Costs: | | |
| Executive Director/Project Head Salary and Benefits | | <input style="width: 90%;" type="text"/> |
| Other Salary and Benefits | | <input style="width: 90%;" type="text"/> |
| Expense/Equipment/Travel/Supplies/Other | | <input style="width: 90%;" type="text"/> |
| Consultants/Contracted Services/Study | | <input style="width: 90%;" type="text"/> |
| Operational Costs: Other | | |
| Salary and Benefits | Youth Well Being Project Coordinator. | 60,000 |
| Expense/Equipment/Travel/Supplies/Other | Marketing/Recruitment of 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. | 25,000 |
| Consultants/Contracted Services/Study | National trauma trainers, licenses, program materials, events, stipends (\$57,400); On-Call Crisis Stabilization Services (\$66,000); Enhanced Foster Care (\$100,000); Dually Involved Children/Youth (DCF and DJJ) (\$219,000); Professional mentoring (\$57,600); Administrative (\$65,000). | 565,000 |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | | <input style="width: 90%;" type="text"/> |
| Total State Funds Requested (must equal total from question #6) | | 650,000 |



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11. Program Performance

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

Drive culture change for children in foster care to a healing environment and increase overall youth well being through enhanced training and services for caregivers and high risk youth. High risk youth qualified as engaging in behaviors that hinder permanency: delinquency, violence/aggression, sexual abuse and aggression, CSEC, substance abuse, runaways, pregnant and parenting youth. Goals: increase placement stability, compliance with juvenile probation, reduce number of youth in group homes, reduce high risk behaviors.

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

1) Coordinator position; 2) Specialized targeted marketing, recruitment, training, retention of quality foster parents; 3) On-call crisis stabilization with licensed mental health providers; 4) Transportation; 5) Behavioral services to include one-to-one, behavior analysis, targeted case management; 6) Enhanced wraparound, in-home clinical services.

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

Intensive wrap-around services, including behavioral analysis, targeted case management, psychiatric services, trauma therapy, family therapy, mentoring, advocacy, case planning, caregiver education/skill building, stress/crisis management, linkage to community resources/supports, respite, family building activities.

d. 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 Department of Juvenile Justice, 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 history of substance abuse, children and youth with multiple placement disruptions due to behaviors.

e. 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 number of youth placed in group homes; reduction of high risk youth behaviors, including, but not limited to: runaway, new arrest, teen pregnancy, psychiatric hospitalization, and; increased school stability. Increase the number of foster families trained and equipped to serve the community's most challenging youth and provide these resource parents with the knowledge, skills and assets they need to effectively manage the behavioral challenges older youth exhibit, resulting in an increased likelihood families will welcome these children into their homes, maintain placement stability and commit to permanence, thus enhancing the youth's well-being.

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?

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



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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.