



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Family Stabilization of Opioid Additional Treatment Patients

2. **Senate Sponsor:** Dennis Baxley

3. **Date of Submission:** 01/17/2018

4. **Project/Program Description:**

This provides in home functional family therapy in partnership with addition treatment provider to families identified at risk.

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
1,200,000		1,200,000

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):** 1,200,000

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?

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.



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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?

Yes

a. If yes, indicate non-recurring amount per year.

If this program proves successful, discussions would take place with DCF to determine future need.

11. Program Performance:

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

The purpose of this request is to stabilize families in crisis during parent's opioid drug treatment. The intention is to provide a tool to reduce the number of children being removed from the home by DCF due to drug abuse addiction. The funds will be utilized to pilot two, in-home Functional Family Therapy (FFT) programs as an intensive, community-based, family-centric stabilization intervention in partnership with addiction treatment provider to families identified at risk. Many families are being destabilized and children are entering the child welfare and juvenile justice systems. During the six months of 2017, more than 60% of all removals from the home were due to drug abuse. Older children are acting out and entering the juvenile justice system. In addition to negatively impacting children, these factors reduce the success of the addicted person undergoing treatment.

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

Functional Family Therapy (FFT) has received international recognition for its outcomes in helping troubled youth and their families to overcome delinquency, substance abuse, and violence. FFT works with the entire family system to address both individual and family level problems. FFT has proven to be a successful strategy in serving families in the Florida juvenile justice system. While FFT has been utilized in child welfare systems in other states, it has not been used in the child welfare system in Florida. This project will pilot this evidence based practice with the families of parents or caretakers in substance abuse treatment who have been identified as being in high risk of children entering the child welfare or juvenile justice system. Functional Family Therapy teams will serve 100 at risk families in two locations (total 200 families served, with an average of four members equating to approximately 800) using evidence based programming to target risk factors.



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c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Project Director salary and benefits	120,000
<input checked="" type="checkbox"/> Other Salary and Benefits	Administrative Assistant, QA Director/Data Manager	70,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Administrative Travel and Equipment	10,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	6 full-time licensed clinical staff and 2 full-time community liaisons/program managers - salary and benefits	760,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Program Travel, Office equipment, supplies and office lease payments	145,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	FFT Training, licensing, consultant travel, plus follow-up training and quality assurance	95,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		1,200,000

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

In order to a) provide in-home, family-centered, and evidence-based services to families in crisis in order to keep families intact; and b) address the needs of at-risk children and youth particularly if they are also engaged



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in substance use (especially opioids), and c) assist medically assisted treatment providers stabilize the parents of at risk children in order to improve substance abuse treatment.

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

The target population are patients of medically assisted treatment for opioid addiction who, through counseling, are identified as having families with children who are at risk of entering the child welfare or juvenile justice system. This will serve approximately 200 families with an average of four family members or approximately 800 people.

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

The benefit and outcome of this project will be to 1) improve the success of addicts in opioid addiction therapy by assisting in stabilizing their families, 2) keep children manifesting crisis from parent or caretaker addiction in the home and out of the child welfare or juvenile justice system, 3) save the money being spent in Florida for each child who enters either system. The measurement of the outcomes of this pilot will be worked through with the Florida Department of Children and Families and the medically assisted treatment provider to do comparative data analysis with other communities and similar clients.

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?

Termination of the program.

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 S. Robbins, PhD
- b. **Organization:** Phoenix Affiliates
- c. **Email:** mrobbins@ori.org
- d. **Phone Number:** (954)552-0779

14. Recipient Contact Information:

- a. **Organization:** Phoenix Affiliates
- b. **County:** Broward
- 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 S. Robbins, PhD



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e. E-mail Address: mrobbins@ori.org

f. Phone Number: (954)552-0779

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

a. Name: Wansley Walters

b. Firm: Ballard Partners

c. Email: wansley@ballardfl.com

d. Phone Number: (305)333-1469