

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

State Agency contacted?

and reducing high risk behaviors.

5. State Agency to receive requested funds

Audrey Gibson

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

02/04/2021

The Florida Senate Local Funding Initiative Request Fiscal Year 2021-2022

Family Support Services of North Florida - Services to At-Risk Youth

Delivery of a model foster care program to promote youth well being, and provide enhanced training and services for caregivers and high risk youth in foster care. Behaviors in high risk youth may that hinder permanency include delinquency, violence/aggression, sexual abuse, CSEC, substance abuse, runaways, and pregnant or parenting youth. The program will focus on increasing placement stability, compliance with juvenile probation, reducing the number of youth in group homes,

Department of Children and Families

LFIR # 1505

Type of Fullding		AII	Alliount			
Operations			350,000			
Fixed Capital Outlay	у		350,000			
Total State Funds	Requested					
Total Project Cost	for Fiscal Year 202	1-2022 (includin	g matching funds av	ailable for this pro		
Type of Funding			Amount	Percentage		
Total State Funds Requested (from guestion #6)			350,000	350,000 100		
Matching Funds						
Federal			(0%		
State (excluding the amount of this request)			(0%		
Local	Local			0%		
Other			(0%		
Total Project Costs for Fiscal Year 2021-2022			350,000	100%		
Has this project previously received state funding? Fiscal Year Amount			Yes Specific Appropriation #	Vetoed		
(уууу-уу)	Recurring	Nonrecurring				
2020-21	0	650,0	00 319	No No		
Is future funding li	kely to be requeste	ed?	No			
a. If yes, indicate r	nonrecurring amou	nt per year.				
b. Describe the so	urce of funding tha	at can be used in	n lieu of state funding	j .		
Local, state, federa Program sustained to this level of fund	through agency fun	ds. The total pro	gram cost is \$650,000	. FSS is committed		

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.

PPP loan of \$1,522,400 to maintain staff during pandemic; City of Jacksonville CARES funds of \$101,636 for economic support for children/caregivers; United Way of Northeast Florida funds of \$25,000 for Economic Support for children/caregivers.

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	Youth Well Being Project Coordinator	50,000	
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.	35,000	
Consultants/Contracted Services/Study	Caregiver Training - National trauma trainers, licenses, program materials, events, stipends (\$10,000); On-Call Crisis Stabilization Services (\$60,000); Enhanced Foster Care(\$60,000); Dually Involved Children/Youth (DCF and DJJ) (\$100,000); Administrative (\$35,000)	265,000	
Fixed Capital Construction/Majo	r Renovation:		
Construction/Renovation/Land/ Planning Engineering		0	
Total State Funds Requested (must equal total from question #6)			

12. 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?

Specialized targeted marketing, recruitment, training, retention of quality foster parents

- On-call crisis stabilization with licensed mental health providers
- Transportation
- Behavioral services to include one-to-one, behavior analysis, targeted case management
- Enhanced wraparound in-home clinical services.

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



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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, and 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?

ROI shows significant cost savings to the state, measured through the 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. Improved mental, physical, and emotional well-being of high risk teens in out of home care through the provision of trauma informed services. Increased number of foster families trained and equipped to serve the community's most challenging youth and resource parents acquiring the knowledge, skills and assets needed 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 the contract?

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

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	Informati	ion				
a. First Nan	ne	Robert Last Name Miller					
b. Organiza	tion	Family Support Services of North Florida					
c. E-mail A	ddress	Bob.Miller@fssnf.org					
d. Phone N	umber	(904)421-5800 Ext.					
15. Recipient Contact Information							
a. Organiza	tion	Family Support Services of North Florida					
b. Municipa	lity and	l County	Duval				
c. Organization Type							
□For Prof	□For Profit Entity						
☑Non Pro	☑Non Profit 501(c)(3)						
□Non Pro	□Non Profit 501(c)(4)						
□Local Er	□Local Entity						
□Universi	□University or College						
□Other (please specify)							
d. First Nan	ne	Jenn		Last Name	Petion		
e. E-mail Ad	ddress	Jenn.Peti	on@fssnf.org				
f. Phone Nu	ımber	(904)421-5800					
16. Lobbyist Contact Information							
a. Name		Georgia	McKeown				
b. Firm Nan	ne	GA McKeown & Associates					
c. E-mail A	ddress	georgia@gamckeown.com					
d. Phone N	umber	(904)303-1611					