



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 1399

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

**4. Project/Program Description**

Through delivery of its Family Centric Model (FCM), AMIkids wants to engage, empower & strengthen families to break the cycle of juvenile justice involvement. AMIkids developed FCM, a research informed community-based model for at-risk youth/families in 2016. The model was created to improve family functioning while reducing anti-social behaviors and improve psychosocial functioning of youth. Sessions are provided in the home with all family members and progress through three stages: family bonding & assessment, family development, and family preservation. Using an approved human subject research protocol, the Justice Research Center conducted a randomized clinical trial to measure the model's effectiveness for 3 years. Results showed that youth who were assigned to receive FCM services achieved greater reductions in defiant, aggressive, and rule breaking behaviors. Parents of youth served in the FCM project reported significant improvements in family communication and functioning.

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

**6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023**

Type of Funding	Amount
Operations	1,060,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>1,060,000</b>

**7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,060,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>1,060,000</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2021-22	0	1,000,000	1180	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.**

AMIkids continues to fundraise through private dollars and apply for federal grants, however, this money is used to enhance the work of supporting at-risk youth and does not supplant other dollars.



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

Yes

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

Four AMIkids programs that currently receive state funding received a total of \$1.6M in PPP. The funds were used to retain staff while incurring a reduction in school board and treatment funding. In addition, in order to best protect youth from COVID-19 & prevent outbreaks at our facilities, COVID funding was used to fund PPE, facility cleanings, and additional expenses, including staff overtime, incurred when youth quarantine or alternative services were necessary.

**11. Details on how the requested state funds will be expended**

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Executive Director( Salary, payroll taxes and benefits)	79,146
Other Salary and Benefits	Treatment services oversight and administration; Administrative services such as budgeting, human resources, risk management, benefits administration, training, payroll services, financial reporting, youth data management, contract administration and technology services, etc.	96,364
Expense/Equipment/Travel/Supplies/Other	N/A	0
Consultants/Contracted Services/Study	N/A	0
<b>Operational Costs: Other</b>		
Salary and Benefits	Family Support Supervisor, Family Support Specialists, Business Manager (salaries, payroll taxes and benefits)	686,247
Expense/Equipment/Travel/Supplies/Other	Office supplies, assessment tools, family assistance, professional development for family services, travel costs, telecommunication, insurance, program outreach, staff hiring and other staff expenses	198,243
Consultants/Contracted Services/Study	N/A	0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,060,000</b>

**12. Program Performance**

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

Divert youth who demonstrate criminal risk factors from initial contact with DJJ or from further Department of Juvenile Justice involvement and incorporate family engagement and alliance so that the prevention and intervention services with youth have a long term impact.

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

The Family Centric model includes three stages of services (Family Bonding and Assessment, Family Development, Family Preservation). A Family Support Specialist provides 10 to 18 sessions with specific skills for families focused on one of three tracks, based on assessed risks and needs: aggression and conflict, healthy relationships and positive use of free time, and effective communication. Services are provided in the home or, when not feasible, in a location convenient for the family within the community.

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



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Family Centric Model direct services include in-home services provided by family support specialists, family psychoeducation sessions, and supportive services including counseling referrals.

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

Target population includes the following: persons with poor mental health, jobless persons, economically disadvantaged persons, at-risk youth, drug users in health services, grade school students, high school students, currently or formerly incarcerated persons, drug offenders in criminal justice.

AMIkids expects to serve 400 students plus their families through this program.

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

1. Outcome: # served who reduce anti-social behaviors, improve psychosocial functioning, improve family-functioning. Measure: all students will receive the Community Assessment Tool (CAT) or Prevention Assessment Tool (PAT) assessment, as well as the Family Assessment Device and Childhood Behavior Checklist.
2. Outcome: # of students who complete the program and do not reoffend for 12 months. Measure: AMIkids is required to submit data to FLDJJ to track offenses for 12 months after program completion as well as subsequent placement.
3. Outcome: # of students who successfully complete the program who are not adjudicated for any law offense within 12-months of program release. Measure: Youth will be tracked throughout the evaluation to determine whether they have committed a law offense during services. All youth will be tracked through the DJJ JJIS system to determine whether they are adjudicated for any law offense within 12-months of program release.

**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?**

AMIkids may be subject to corrective action plan or financial consequences for not meeting specified outcomes/performance measures.

**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