



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 2136

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This project will provide resources to further develop therapeutic services available statewide for victims of human trafficking and strengthen prevention efforts by supporting individuals who are considerable risk for sexual exploitation. Services available through this project include direct therapeutic support, as well as training and consultation available to participants statewide. Project goals include strengthening victim-centered services currently available and supporting efforts to increase capacity of services in community-based settings and preventative efforts. The funds made available from this request will provide resources needed to support youth, train and support caregivers, and reduce the expenditure of more costly services.

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	587,706
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>587,706</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)	587,706	66%
<b>Matching Funds</b>		
Federal	150,000	17%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	149,856	17%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>887,562</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	587,706	310A	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.

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



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No

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

Devereux Advanced Behavioral Health Florida has received CARES Act Funding to offset staff dedication and retention incentives, support for sign-on incentives to on-board direct service providers to ensure appropriate staffing ratios throughout the pandemic, and COVID-19 expenses related to the provision of PPE.

**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		0
Other Salary and Benefits	10% administrative overhead to include administrative support, human resources, quality management, risk management, information technology, finance and payroll, communications, training and development	53,428
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Program Manager, Clinical Coordinator, Clinician, Case Managers, Community Outreach Specialist	344,264
Expense/Equipment/Travel/Supplies/Other	Occupancy, telephones, data lines, equipment rental maintenance, office supplies, travel, training materials and supplies	95,014
Consultants/Contracted Services/Study	Independent evaluation study of the project, direct access to client services, outreach and awareness efforts to promote access to care	95,000
<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>587,706</b>

**12. Program Performance**

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

This project will provide resources to support the continued evolution of therapeutic services available statewide for victims of human trafficking and strengthen prevention efforts for individuals who are considerable risk for sexual exploitation. Project goals include strengthening victim-centered services currently available and supporting efforts to increase capacity of services in community-based settings and preventative efforts. The funds made available from this request will provide resources needed to support youth, train and support caregivers, and reduce the expenditure of more costly services.

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

The services provided through this project include direct clinical services, training and education, therapeutic consultation and support, and outreach to promote access to services aimed to enhance the quality of life for hundreds of individuals who have been identified as victims of human trafficking, as well as those who are at significant risk. Through a combination of services offered, the objectives of the project are designed to provide critical support needed to help reduce symptoms associated with trauma for the purpose of helping youth to heal and lead fulfilling lives.

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



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Services to individuals and families will include: a) Direct clinical services and specialized case management to support victims, and those at considerable risk, and facilitate improvement of trauma symptomatology as a result of human trafficking/sexual exploitation b) Provision of clinical training and consultation to strengthen knowledge and build skills for those working with victims of human trafficking and to implement protocols to maintain and stabilize placement c) Expansion of a highly-specialized therapeutic service model in a community-based approach to support a broad continuum of options for placement and a concentrated focus d) Increase access to services through outreach efforts and strengthening of collaborative partnerships, in addition to facilitating immediate access to supportive services while other funding sources are pursued simultaneously.

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

The target population of individuals served through this project are victims of human trafficking/sexual exploitation and those who are at-risk, which includes vulnerable populations such as youth involved in the child welfare and juvenile justice system, individuals with mental health issues and those with intellectual/developmental disabilities. Through the services funded through this project outline, it is estimated that approximately 250 individuals will receive direct support and consultation and hundreds of professionals and caregivers will receive clinical training and support to serve the target population.

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

As a result of the therapeutic services provided through this project, clinical symptoms related to trauma will demonstrate improvement, indicating improved mental health. Clinical assessments will be utilized to track trauma-related symptoms pre and post treatment. Therapeutic support and consultation will be provided so that placement of youth will be stabilized and risk for greater levels of care, such as hospitalizations and arrests, will be minimized. Placement settings will be monitored and tracked to provide ongoing measure of placement stabilization and a diversion from more costly services, such as hospitalizations and juvenile detention placements. Training and education efforts will be recorded to quantify the impact of supporting service development statewide.

**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?**

Performance metrics and evaluation are currently in place, any penalty measures are welcomed if metrics and objectives are not met.

**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