



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 2379

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Domestic Violence Service Enhancement: Through building collaborative community partnerships and eliminating the silos that exist between behavioral healthcare, child welfare, and the justice system, Partners 4 Safe Families aims to promote system communication and to deliver high-quality, high-impact services to families by: • Delivering intensive DV training to clinical and case management staff; • Training and collaboration with Child Protective Investigators; • Assessing client danger using evidenced-based tools: HITS Tool, Danger Assessment (DA), and Domestic Violence Inventory (DVI); • Connecting clients to clinical counseling services; • Providing specialized safety planning; The team of DV Specialized Clinicians and Domestic Violence Liaison will receive referrals from community providers and initiate service within 4 hours – this includes DVI Assessments and DV focused counseling. Optional services may include group therapy for survivors, and group psycho education programs.

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	362,310
Fixed Capital Outlay	0
Total State Funds Requested	362,310

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)	362,310	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2022-2023	362,310	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

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.

We have not identified another source of funding to be used. We will bill Medicaid which will assist in the sustainability of the program.



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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.

CHS statewide received \$417,331 from Phase 3 of the HRSA Provider Relief Fund. The funds were utilized to offset lost revenue of "no-shows" of clients associated with COVID-19.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Indirect cost allocation	32,619
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	4.5 FTEs Professional staff including Licensed Clinical Counselors	295,891
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Evidenced Based Training and Monthly Fidelity consultation	33,800
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		362,310

12. Program Performance

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

Identify domestic violence and extreme danger in the home and be able to provide specialized safety planning to ensure child and family safety, stability and success.

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

Delivering intense DV training to clinical and case management staff
Training and collaboration with Child Protective Investigators
Expert case consultation
Assessing client danger using evidenced-based tools
Connecting clients to clinical counseling services
Specialized safety planning
Evidenced-based assessments

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

CHS Clinician Initiates services within 4 hours
DVI Assessments
DV Focused Counseling
Optional Services:
Group Therapy for Survivors
Group psycho-educational program for children (6 weeks)
Batterer's Intervention Program (26 weeks) court ordered and voluntary
Community collaboration across Clinical, DCM, and Community Support (local DV Shelters, law enforcement, GAL)

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



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At Risk Youth
Victims of Crime
Children and Families in the child welfare system
between 100-200 individuals in the 3 county area

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

Reducing the reoccurrence rate of Domestic Violence in families and communities
Increase the physical safety of DV victims
Improve mental health well-being scores of victims
Decrease incidents of DV caused by batterers
Reduce the rate of re-entry into foster care as a result of abuse and neglect

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?

If deliverables are not achieved, full monies allocated to the deliverable should be withheld.

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