



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 3393

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Life Management Center Functional Family Therapy Team is an evidence based model which provides in-home therapy services for children and their families when the children are at risk for out-of-home placement due to involvement within the juvenile justice system or due to child welfare concerns. Goals and outcomes for this model include lowering arrest rates for children and adolescents, decreasing rates of incarceration and residential placement, and improving overall family functioning and mental health. Routine consultation with schools, law enforcement, and the juvenile justice system will be conducted.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	750,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>750,000</b>

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	750,000	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 2024-2025</b>	<b>750,000</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	750,000	378	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.

Based on funding.

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



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

\$2.8 million Payroll Protection Program (PPP) loan forgiveness received from the Small Business Association (SBA). No federal assistance has been obtained for this project.

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

### 11. Status of Construction

a. What is the current phase of the project?

- Planning    
  Design    
  Construction    
  N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List 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.

### 13. 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		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Salaries and benefits for 4 FTE Therapists and 0.5 Support Staff.	490,000
Expense/Equipment/Travel/Supplies/Other	Substantial travel to homes, schools and within the community required for service delivery and for consultation with courts and the juvenile justice system. Laptops, cell phones and related supplies included. Training, evaluations, and continuing supervision required to maintain fidelity to this evidence based treatment model.	185,000
Consultants/Contracted Services/Study	Continuous technical training, evaluations, and supervision of staff to maintain fidelity to this evidence based Functional Family Therapy model.	75,000
<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>750,000</b>

### 14. Program Performance

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



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

In-home therapy services for children and their families will be provided. Consultation will be conducted with schools, law enforcement, courts, child welfare providers, the juvenile justice detention facility, and juvenile justice system personnel.

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

Intensive in-home and evidence based Functional Family Therapy services will be provided for children and families. Regular training and supervision by staff will be extensive and maintained on a routine basis in order to adhere to the evidence based Functional Family Therapy model. Routine consultation with schools, law enforcement, and the juvenile justice system will be conducted.

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

The target population to be served by the Life Management Center Functional Family Therapy Team is persons with poor mental health, economically disadvantaged persons, at-risk youth, elementary school and high school students, currently or formerly incarcerated youth, and youth with law enforcement involvement. The team is expected to serve between 51-100 individuals.

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

The expected benefit or outcome of this project is improved mental health. This will be measured in the overall levels of family functioning. Mental health and behavioral problems for children/adolescents will be improved. Standardized measures of family functioning and various validated behavioral checklists will be utilized to measure improvements.

**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?**

Reduce funding if required.

**15. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**16. 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)



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- Local Entity
- University or College
- Other (please specify)

**d. First Name**  **Last Name**

**e. E-mail Address**

**f. Phone Number**

#### 17. Lobbyist Contact Information

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**