

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

### The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026

Functional Family Therapy Team

Jay Trumbull

2/25/2025

**LFIR # 2666** 

service the juve out-of-h	s for children enile justice s nome placem	n and their families v system or due to chi nent, incarceration o	vhen the childre Id welfare conc r residential pla	en ar erns icem	e at risk for out-of-ho . Goals and outcome	me placement due s for this model incl verall family function	vides in-home therapy to involvement within ude decreasing rates of ning and mental health. onducted.
State A	gency conta	ceive requested fu acted? No recurring Request	·		ent of Children and F	amilies	
	f Funding	recurring Request	TOI FISCAI TEA	1 202	25-2020 Amo	unt	
Operati					7	750,000	
-	Capital Outlay	/				0	
	State Funds					750,000	
		for Fiscal Year 202	5-2026 (includ	ing ı	matching funds ava	· ·	ect)
	f Funding				Amount	Percentage	
		Requested (from que	estion #6)		750,000	100%	
	ng Funds					00/	
Federa					0	0%	
,	excluding the	amount of this requ	iest)		0	0%	
Local Other					0	0% 0%	
Total P	Project Costs	s for Fiscal Year 20	)25-2026		750,000	100%	
If yes,	provide the	eviously received a most recent instar	ice:	•	Yes		ı
	cal Year yyy-yy)	Amo			Specific Appropriation #	Vetoed	
		Recurring	Nonrecurrin			<u> </u>	
2023-2	4	0	750	,000	378	No	
	•	ing likely to be req			Yes		1
a. If ye	s, indicate n	onrecurring amou	nt per year.		750,000		
b. Des	cribe the so	urce of funding tha	at can be used	in li	eu of state funding.		1
Not av	/ailable at thi	s time.					



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10	. Status of Cons	truction					
	a. What is the c	urrent phase of t	he project?				
	Planning	O Design	Construction	O N/A			
	b. Is the project	"shovel ready" (	(i.e permitted)?				
	c. What is the e	stimated start da	te of construction?				
	d. What is the e	stimated comple	tion date of constru	ction?			
	e. What funding	ı stream will be u	sed for ongoing ope	erations a	nd maintenance of	the project?	
11			o receive, directly or rs of the facility and			outlay funding	g. Include the

### 12. 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	Operational Costs					
Salary and Benefits	Salaries and benefits for 4 FTE Therapists and 0.5 FTE Support Staff.	490,000				
Expense/Equipment/Travel/Supplies/ Other	Substantial travel to homes and schools for services, for consultation with child welfare personnel, 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				
Fixed Capital Construction/Major Renovation:						
Construction/Renovation/Land/ Planning Engineering		0				
Total State Funds Requested (m	ust equal total from question #6)	750,000				

### 13. Program Performance

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

Life Management Center Functional Family Therapy Team is an evidence-based model providing in-home therapy 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 decreasing rates of incarceration or residential placement and improving overall family functioning and mental health. Routine consultation with schools, law enforcement, and the juvenile justice system.



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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, child welfare personnel, 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 families with poor mental health, economically disadvantaged persons, at-risk youth, elementary school and high school students, the child welfare system, 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 in the contract?
 Reduce funding, if required.

 14. Is this project related to mitigation, response, or recovery from a natural disaster? No

	outes randon g, in required.					
14. Is t	14. Is this project related to mitigation, response, or recovery from a natural disaster? No					
a. If	a. If Yes, what phase best describes the project?					
	Mitigation (reducing or eliminating potential loss of life or property)					
	Response (addressing the immediate and short-term effects of a natural disaster)					
	Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)					
	ame of the natural disaster (or Executive Order # for events not under a federal declaration): s the entity applied for or received federal assistance for this project?					
<b>"</b>	Yes, Applied					
☐ Yes, Received						
	No					
	No, but intends to apply					
a If	ves provide the FEMA project worksheet ID#:					

b. Provide the total project cost listed on the FEMA project worksheet:



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16. Has the entity app	olied for or received state assistance for this project (other than this request)?
☐ Yes, Applied	
☐ Yes, Received	
□ No	
☐ No, but intends t	to apply
a. If yes, specify th Commerce):	ne program and state agency (ex. Local Government Emergency Bridge Loan, Department o
17. Requester Contact	et Information
a. First Name	Edwin R. "Ned" Last Name Ailes
b. Organization	Life Management Center of Northwest Florida
c. E-mail Address	nailes@Imccares.org
d. Phone Number	(850)522-4485 <b>Ext.</b> 1300
18. Recipient Contact	Information
a. Organization	Life Management Center of Northwest Florida
b. Municipality and	
c. Organization Ty	ре
□For Profit Entity	,
☑Non Profit 501(d	c)(3)
□Non Profit 501(d	c)(4)
□Local Entity	
□University or Co	bllege
☐Other (please sp	
d. First Name	Edwin R. "Ned" Last Name Ailes
e. E-mail Address	nailes@Imccares.org
f. Phone Number	(850)522-4485 <b>Ext.</b> 1300
19. Lobbyist Contact I	Information
a. Name	Joel T. Overton
b. Firm Name	Larry J. Overton & Associates Inc



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c. E-mail Address	admin@loverton.net	
d. Phone Number	(850)224-2859	

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.