



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1075

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

ChildNet is working to sustain a program that moves parents through the Stages of Change by focusing on intensive engagement and support for substance abuse issues. The requested funds will be used to: 1) Engage 110 parents into substance abuse services; 2) Ensure the children of 110 parents reach permanency; 3) Reduce the costs associated with children lingering in care and reentry into care; and 4) Exceed the substance abuse treatment industry standard of 51% successful discharge.

5. State Agency to receive requested funds

State Agency contacted?  Yes

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

Type of Funding	Amount
Operations	582,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>582,000</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)	582,000	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>582,000</b>	<b>100%</b>

8. Has this project previously received state funding?  No

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

9. Is future funding likely to be requested?  Yes

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?

No



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

## 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	Director of Youth and Family Services - 4.5% (Salary and Benefits)	18,000
Other Salary and Benefits	1 Admin Support position @ \$16/hr - \$33,280 Benefits @ 26.5% = \$8,819	42,099
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	1 Supervisor @ \$60,000, 5 Parent Engagement Coordinators (Masters or Bachelor level with experience) = \$250,000 - Total Salaries - \$310,000 Benefit Rate @ 26.5% = \$82,615	392,615
Expense/Equipment/Travel/Supplies/Other	Travel - \$58,740 (110 miles per day / 20 per month / per Parent Engagement Coordinator (5); Rent, Utilities, etc. \$53,000; Office Operations \$4,200, GL and PL Insurance \$8,200; Communications \$5,146	129,286
Consultants/Contracted Services/Study		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>582,000</b>

### 14. Program Performance

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



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The goals are as follows: 1) Engage 110 parents into substance abuse services; 2) Ensure the children of 110 parents reach permanency; 3) Reduce the costs associated with children lingering in care and reentry into care; and 4) Exceed the substance abuse treatment industry standard of 51% successful discharge.

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

PEP facilitators will intensively engage parents to ensure successful completion of substance abuse treatment and maintain long term recovery. The facilitator will help the parent navigate the child welfare system and assist in overcoming financial or transportation obstacles. Upon reunification the facilitator will address barriers to housing, employment, recovery support, and childcare.

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

1. Engagement - utilizing the evidenced based model of Motivational Interviewing to engage parents into the appropriate substance abuse treatment recommendation. 2. Crisis Management - designed to de-escalate situations where relapse is possible. 3. Care Coordination - addressing the family's social determinants of health to promote long term recovery and permanency.

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

Parents with a substance abuse disorder who have had their children removed. We expect to serve 110 families.

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

1. To improve the success of the substance abuse treatment of parents who have had their children removed. This will be measured by comparing the successful discharge rate of targeted parents to the historic and current industry standard discharge rate of 51%.  
 2. To improve the timeliness and stability of reunification of children who have been removed due to parental substance abuse. This will be measured by analyzing lengths of stay in out of home care and re-entries to out of home care.

**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?**

ChildNet will work with the Department of Children and Families to identify a course of action.

**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)
- Local Entity



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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