



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1314

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

**4. Project/Program Description**

Parent Aide is an evidence-based child abuse prevention program serving Palm Beach and Broward County families at risk for child abuse or neglect with a child/children 17 years old or younger living in the home. Parent Aide's weekly in-home services are provided at no fee to the family, are tailored to their unique needs, and encompass parenting education, skills-building, child development education, mentoring, support, and access to resources. The program model requires a minimum commitment of 6 months' participation. Families are referred through DCF, CBC case management programs, schools, social service agencies and can self-refer. Parent Aide seeks to enhance family outcomes by improving parenting skills, fostering protective factors, and keeping children from being placed in out-of-home care. With foster care costs averaging \$105,000 per child per year, Parent Aide is a cost-effective approach to minimize this financial burden to the state, costing just \$1,500 per child per year.

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	292,927
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>292,927</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)	292,927	68%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	137,000	32%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>429,927</b>	<b>100%</b>

8. **Has this project previously received state funding?**  Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	259,257	315	No

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.**

Alternative funding sources for this program include local county funding, foundation grants, private donations, and local fundraising efforts to ensure ongoing service provision.



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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.

\$68,000. Funds were used for payroll and to compensate for the loss of funds due to cancelled events and change in grants.

## 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	.25 Chief Program Officer @ \$64,000+benefits = \$17,440 .15 CEO @ \$83,000+benefits = \$15,845	33,285
Other Salary and Benefits	.25 COO/Program Outreach Officer @ \$70,000 + benefits = \$22,225	22,225
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Accounting & Audit @ \$935/month x 12	11,200
<b>Operational Costs: Other</b>		
Salary and Benefits	2 FTE Degreed Parent Aide @ \$50,000 1 FTE Program Supervisor @ \$56,000 Benefits for 3 FTE x12 month (.22 x \$156,000) = \$34,320	190,320
Expense/Equipment/Travel/Supplies/Other	Travel and mileage for 3 FTE @ .445/mile x 350 miles x 12 months = \$5,607; 3 Cell phones @ \$28/month x 12 = \$1,008; Occupancy & Utilities = \$24,078; Office Supplies \$67/month x 12= \$804; Equipment Lease (copier/printer/fax) @ \$250/month x 12 = \$3,000 Emergency Funds for Families \$1,400	35,897
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0



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<b>Total State Funds Requested (must equal total from question #6)</b>	<b>292,927</b>
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#### 14. Program Performance

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

Funding would support the provision of intensive, in-home child abuse prevention services through the evidence-based Parent Aide program to at-risk families in Palm Beach and Broward Counties. Parent Aide program aims to increase family protective factors, reduce the risk of child maltreatment, involvement of DCF, prevent child removals- ultimately lowering the financial burden on the state (3,292 children were in foster care in Palm Beach and Broward Counties between Oct 2021 and Sept 2022). Parents reaching a minimum of 6 months of services will enhance their ability to engage in positive relationships, demonstrate healthy nurturing/attachment with their children, and achieve appropriate knowledge of parenting/child development. Research indicates that children with parents facing challenges like mental illness, poverty, inadequate housing, limited education, and social isolation are more vulnerable to abuse and neglect

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

Referred families will be screened for program eligibility. An Initial Needs Assessment will be conducted as part of the intake process and families enrolled in the program will be administered evidence-based pre/post evaluation tools (AAPI-2.5 and Protective Factors Survey). A Family Plan identifying service goals will be developed. In-home education and support services will be delivered weekly for for a minimum of 6 months. The evidence-based Nurturing Parenting curriculum will be integrated into the services as appropriate to enhance parenting knowledge and skills. The program will collaborate with community organizations as needed to provide concrete supports and resources to families.

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

We will offer direct services to parents and families facing challenges that put their children at risk of removal. These services will be provided to families at no cost. The program includes weekly in-home support, which involves conducting needs assessments, setting goals, providing parenting education and mentoring, and offering case management to connect families with important community resources. The duration of these services will range from 6 to 18 months, following the evidence-based Parent Aide model. These direct services are designed to tackle the underlying issues leading to child abuse and neglect, with the ultimate goal of enhancing family well-being, stability, and reducing the risk of child removal.

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

The target population consists of families with risk factors for abuse or neglect and insufficient protective factors. To be eligible, a family must live in Palm Beach or Broward County, have at least one child under the age of 18 residing in the home, make a minimum 6-month participation commitment, and exhibit needs that fall within the scope of program services. Referrals to the program come from various sources, including DCF investigators, CBC contract providers, schools, community agencies, or self-referrals. We expect to serve approximately 100 families within a 12-month period. For each family served, 1 to 6 children are impacted. Aimed at preventing children from entering or reentering foster care, Parent Aide not only conserves valuable resources for the State of Florida but also helps shield children from the trauma associated with being removed from their parents' homes, a situation that can have long-lasting detrimental effects on their physical and mental health.

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

The expected outcome is improved family stability, enhanced protective factors, and positive parent-child relationships. Parents who successfully complete a minimum of 6 months in the program are anticipated to improve their ability to engage in positive relationships, demonstrate healthy nurturing and attachment with their children, and have appropriate knowledge of parenting and child development. We measure success through pre/post evaluations\*, program participation of at least 6 months, parents' achievement of Family Plan goals and relevant outcomes related to adaptive skills/strategies, awareness and access of supports, effective discipline, child safety, and absence of child maltreatment or the need for DCF intervention while enrolled in the Parent Aide program. \*Pre/post evaluations include the Protective Factors Survey (measures protective factors) and the Adult-Adolescent Parenting Inventory AAPI 2.5 (assesses parenting and child rearing attitudes).

##### 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?



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A financial penalty is incurred when deliverables or performance measures are not met.

#### 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
- 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**