



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1488

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

With a 5-year goal of licensing 1,000 homes and impacting 7,000 children, A Door of Hope (ADH) will recruit and license over 250 foster families (additional 50) to provide safe and loving homes for nearly 1,000 children in one of the highest need regions of the state. ADH plans to strengthen its model and licensing services by providing mental health services to families in crisis to increase the retention rate of foster parents. All current and new parents will be trained in Trust-Based Relational Intervention.

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                         | 600,000        |
| Fixed Capital Outlay               | 0              |
| <b>Total State Funds Requested</b> | <b>600,000</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)       | 600,000        | 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>600,000</b> | <b>100%</b> |

8. Has this project previously received state funding?  No

| Fiscal Year<br>(YYYY-YY) | Amount    |              | Specific<br>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.

Private donations.

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

Yes



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

A Door of Hope received ERC, Employee Retention Credit, from the IRS, but no direct Covid-19 pandemic loans.

## 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                                 | An additional staff person will be brought on to A Door of Hope's team to implement the Trust-Based Relational Intervention (TBRI) services program and provided additional crisis intervention services.   | 50,000  |
| Expense/Equipment/Travel/Supplies/Other             | Maintain 200 current and recruit 50 new foster homes/families to service nearly 1K foster youth annually in 11 counties. Recruitment expenses include training and licensing foster homes through orientation sessions, foster parent training classes, home visits, home studies, and support leading to placement. These services will increase the foster home/family retention rate to over 4 years.  | 250,000 |
| Consultants/Contracted Services/Study               | Services include individual counseling, family and marriage counseling, play and art therapy, equine and occupational therapy, speech and physical therapy, trauma-responsive parent coaching, etc. for foster parents and dependent children. Specifically, Trust-Based Relational Intervention (TBRI), an evidenced-based, trauma-informed model of care for vulnerable children and youth, will be used to recruit and maintain 300 foster families. | 300,000 |
| <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>600,000</b> |
|--|----------------|

#### 14. Program Performance

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

With a 5-year goal of licensing 1,000 homes and impacting 7,000 children, A Door of Hope (ADH) will recruit and license 250+ foster families (additional 50) to provide safe and loving homes for nearly 1,000 children in one of the highest need regions. ADH plans to strengthen its model and licensing services by providing mental health services to families in crisis to increase retention rate of foster parents. All current and new parents will be trained in Trust-Based Relational Intervention.

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

A Door of Hope will maintain their support of 200 homes in 6 counties (Pasco, Pinellas, Hillsborough, Manatee, Sarasota, and DeSoto) and expand its recruitment efforts to license 50 new homes in FY24-25 in an additional 5 counties (Citrus, Hernando, Lake, Marian, and Sumter). This will service nearly 1,000 foster children in one year.

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

As ADH licenses more foster families and trains them on TBRI, dependent children will have access to safe and trauma-informed placements while they remain in the system of care. Additionally, families licensed through A Door of Hope are retained 4x longer than the state's average, which benefits Florida's children and communities, saves the state funding, and demonstrates a high ROI.

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

More than 800 individuals (foster children and families and the communities they interact with).

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

Improved mental health, Reduced recidivism and substance abuse, and Diversion from the juvenile justice system -- Improvements in behavioral incidents can be expected when Trust-Based Relational Intervention (TBRI) is implemented. These improvements include an increase in connection and a decrease in physical and verbal aggression, and disruptive behavior. Track and report training metrics and outcomes.

**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?**

Dispersed funds for deliverables not met will be returned to the state.

#### 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



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- 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**