



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 3148

1. Project Title Hillsborough County Intensive Family Service Team

2. Senate Sponsor Jay Collins

3. Date of Request 03/15/2023

4. Project/Program Description

Intensive Family Services Teams work intensively with families and local Sheriff's offices to keep at-risk kids placed in their own homes with their own families.

5. State Agency to receive requested funds Department of Children and Families

State Agency contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	800,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>800,000</b>

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	800,000	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 2023-2024</b>	<b>800,000</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? No

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

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



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## 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

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	Proceeds will fund 1 unit which will each consist of case management teams of 7 workers each. The case management team will include a Case Management Supervisor, 5 certified child welfare case managers, and a Family Safety Worker.	550,000
Expense/Equipment/Travel/Supplies/Other	Costs are incurred to assist families in achieving and maintaining safety and permanency within the home.	250,000
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>800,000</b>

### 14. Program Performance

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

Intensive Family Services Teams work in collaboration with the local Sheriff's Office Child Protective Investigations Division (CPID) in order to reduce the number of children being removed from their families. Keeping children out of foster care results in significant reductions in costs for the state, since the average cost of care approximates \$16,000 per child per year. With this program, up to a 40% reduction in kids entering care has been achieved during a month compared to prior year

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



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This funding would support non-judicial in-home programs offered to families who are willing to accept intensive supervision and services aimed at stabilizing the family. The purpose of the program is to ensure the protection of unsafe children that are at risk of abuse or neglect by working with families that are at risk of having the children removed from the home.

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

The team will provide intensive wrap-around services over a 6 to 12 month period based on the family's assessed needs as determined through multiple assessments and support for substance abuse issues.

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

Persons with poor mental health. Jobless persons. Economically disadvantaged persons. At-risk youth. Homeless. Developmentally disabled. Physically disabled. Drug users (in health services). Preschool students. Grade school students. High school students. University/college students. Currently or formerly incarcerated persons. Drug offenders (in criminal justice system). Victims of crime. 201- 400 people will be served.

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

Improve mental health. Improve quality of education. Increase or improve economic activity. Enhance specific individual's economic self-sufficiency. Reduce recidivism. Reduce substance abuse. Divert from criminal/juvenile justice system: The recidivism rate for families successful closing Intensive Family Services Team services and retuning in the future will be measured and is expected to remain under 3.5%. Cost saving for keeping children out of a foster care setting are estimated to be \$16,000 per child.

**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?**

Return of Funds.

**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)



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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