



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1681

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Functional Family Therapy in Foster Care (FFT) is an evidence-based family therapy model designed to increase family engagement, reduce families from going deeper into the Child Welfare system or prolonged stays, reduce the time of out-of-home placements in foster care and increase the percentage of successful reunifications working with both the foster parents and the biological/permanent parents/placement.

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 | 750,000 |
| Fixed Capital Outlay | 0 |
| Total State Funds Requested | 750,000 |

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) | 750,000 | 100% |
| Matching Funds | | |
| Federal | 0 | 0% |
| State (excluding the amount of this request) | 0 | 0% |
| Local | 0 | 0% |
| Other | 0 | 0% |
| Total Project Costs for Fiscal Year 2024-2025 | 750,000 | 100% |

8. Has this project previously received state funding? Yes

| Fiscal Year (yyyy-yy) | Amount | | Specific Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
| | Recurring | Nonrecurring | | |
| 2023-24 | 0 | 750,000 | 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.

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.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1681

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 |
|--|--|----------------|
| 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 | Functional Family Therapy fee includes assistance with both pre-implementation and ongoing implementation through all three phases, Provides Quality Assurance Oversight, Clinical Training, Site Supervisor Training, and Certification. Data is also collection and analysis. | 42,000 |
| Operational Costs: Other | | |
| Salary and Benefits | Salary and Benefits for (1) master's level Clinical Supervisor, (3) master's level Clinicians, and (3) bachelor's level Family Specialists. | 512,000 |
| Expense/Equipment/Travel/Supplies/Other | Information Technology, Certification Training, On-going training, Child Care, Rent, Utilities, Client Transportation, Travel, Staff Mileage, Supplies, Client Expenses, Computers, Computer Repair and Maintenance, Advertising, Postage, Professional Liability Insurance, Telecommunications. | 196,000 |
| Consultants/Contracted Services/Study | | 0 |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | | 0 |
| Total State Funds Requested (must equal total from question #6) | | 750,000 |

14. Program Performance

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



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1681

The specific purpose of the program is to serve the most at-risk youth and families involved in the Foster Care system. FFT Foster Care has demonstrated that families participating are significantly more likely to be successful when the child(ren) are reunited from the foster placement. FFT Foster Care is unique in that works both with the biological family AND the foster family. The foster families are trained better to work with the most challenging population in the system.

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

FFT in Foster Care is a highly intense intervention in which family-based treatment usually over the course of 7 to 10 months. It is one of only a handful of evidence based models in the country to be fully manualized to deliver to the single family and/or through telehealth or in person. The active ingredients of FFT are based upon theoretically derived constructs that mediate the relationship between initial youth and family risk factors and successful treatment outcomes (e.g., decrease in drug use, risky sexual behavior, and other conduct problems). Funds provided in this project will support the clinician to meet with the families weekly to provide FFT sessions.

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

Youth and their families along with the foster families involved with the Department of Children and Family Services will receive evidence based and trauma informed counseling services. The model is specifically designed to work with the most challenging families in the country to keep from going deeper into the system and to successfully reunify the family. Foster Families, biological parents (permanent care givers) and the child(ren) all receive direct services.

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

Families involved in the Child Welfare system where the youth have been removed from their families and placed into a foster care environment. The team will be comprised of 1 Master's level supervisor, 3 Master's level clinicians and 3 Bachelor's level family specialists that will carry a caseload of 10-12 cases. Approximately 45 to 55 families will be served annually.

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

Youth and families served by the Foster Care team will experience a better transition from foster care to their homes reducing the number of additional out of home placements. Family engagement will be increased to a minimum of 75%. Completion rate with families will also be 75% or higher. Family trauma will be reduced, and foster parents will be better equipped to work with future foster children. FFT Partners has a CARE4 system that collects the data and runs analysis for the outcomes such as family participation, engagement rate, and completion rate. North American Family Institute will work with the local Community Based Care lead agency (Heartland for Children) along with the local case management providers to identify the most appropriate families to participate in the model.

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?

Should the project not reach the goals specified in this request, any unspent dollars or dollars allocated but not received will be given back.

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



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1681

- 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