



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1945

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This is a request for additional recurring funding for therapy services for victims of child abuse and neglect. This includes funding for Sexual Abuse Treatment Programs (SATP) to supplement VOCA therapy. Such services provide vital help to children and families who have been the victims of sexual and/or physical abuse; and mental injury.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022

Type of Funding	Amount
Operations	2,000,000
Fixed Capital Outlay	0
Total State Funds Requested	2,000,000

7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2,000,000	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 2021-2022	2,000,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2020-21	750,000	0		No

9. Is future funding likely to be requested?

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?

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



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11. 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		0
Operational Costs: Other		
Salary and Benefits	Approximately 75% of expenditures are for salaries and benefits.	1,500,000
Expense/Equipment/Travel/Supplies/Other	Approximately 25% of expenditures are for non-salary items.	500,000
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)		2,000,000

12. Program Performance

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

This will help provide therapy services for victims of sexual and physical abuse, and mental injury. The current funding only covers 2/3 of Florida's counties, and does not meet the demand for services in the existing counties. This funding will help expand therapy to all counties and to bolster therapy in the counties currently receiving some funding. The goal is to improve the mental health (and long term physical health) of victims and families.

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

Expansion of the SATPs to cover more counties and funding for therapy services.

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

Therapy services to children and families.

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

All children seen by the Child Protection Teams and who are referred for subsequent therapy as being victims of child abuse and non-offending caregivers. At least 4,000 children and families.

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

Children and families will have improved mental health by participating. The number of children seen and number of services provided help to measure these processes.

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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DOH currently has real time performance standards and formal reviews for such services - with remedies and financial penalties for failure to perform.

13. 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.

n/a



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14. Requestor Contact Information

a. First Name Last Name
b. Organization
c. E-mail Address
d. Phone Number Ext.

15. 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) Department of Health

d. First Name Last Name
e. E-mail Address
f. Phone Number

16. Lobbyist Contact Information

a. Name
b. Firm Name
c. E-mail Address
d. Phone Number