



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1095

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Foster children experience childhood trauma and come into care through no fault of their own. While many children thrive, some may have multiple placement failures, experience delinquency, exhibit multiple negative behaviors such as running away, truancy, defiance, sexually reactive behaviors and substance abuse. To mitigate the negative consequences of these behaviors on the children and society, ChildNet is working to create Oak II, a unique residential program that will serve the four most complex and challenging dually dependent and delinquent female teens who also have significant educational deficits and are designated as requiring exceptional student educational services by the Palm Beach County School District. The original Oak program, through specialized community partnerships, already has successfully served the four most challenging male teens in the county. This request will support its replication with the county's most challenging female teens.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operations	630,000
Fixed Capital Outlay	0
Total State Funds Requested	630,000

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)	630,000	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 2023-2024	630,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	630,000		Yes

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.



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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.

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
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		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Costs related to providing residential care in a very unique small group home setting with intensive staff-to-client ratios. A subcontracted service provider will employ more experienced and qualified direct-care and therapeutic treatment staff in the home. A designated staff member will form individual partnerships with local schools to ensure appropriate academic and behavioral school-based interventions and then reinforce, maintain and support those interventions in the home.	630,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		630,000



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14. Program Performance

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

1. To provide a stable, supportive home-like placement. 2. Reduce negative behaviors such as delinquency, substance use, running away, truancy, defiance. This will result in fewer arrests and fewer Baker Acts. 3. To increase academic performance and work experiences.

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

The most challenging female teens will be provided residential care in a unique small group home setting with intensive staff-to-client ratios. A subcontracted service provider will employ more experienced and qualified direct-care and therapeutic treatment staff in the home. A designated staff member will form individual partnerships with local schools to maximize the girls' educational outcomes.

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

1) Address medical needs: ensure children attend all appointments. 2) Address mental health needs: ensure children attend therapy appointments and monitor psychotropic medications. 3) Ensure children participate in Independent Living activities and training. 4) Promote participation in extracurricular enrichment. 5) Increase academic performance: participation in school meetings and activities.

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

Foster Youth and Families

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

Stabilization of the most at-risk foster youth. Outcomes will be measured by child stability, school attendance and performance, mental and physical health outcomes, etc.

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 funding

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)



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☐ 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