

# The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 1585

1.	Project Title	Functional Famil	y Therapy in F	oster C	are - Po	olk County		
2.	Senate Sponsor	Colleen Burton						
3.	Date of Request	02/09/2023						
4.	Project/Program Do	escription						
	reduce families from	n going deepér into t r care and increase	he Child Welfa	re syst	em or p	rolonged sta	ivs, reduce the tim	family engagement, e of out-of-home h the foster parents and
5.	State Agency to re	ceive requested fu	<b>nds</b> Depa	artmen	t of Chil	dren and Fa	milies	
	State Agency conta	acted? Yes						
	Amount of the Non		for Fiscal Yea	r 2023	-2024			
	Type of Funding					Amou	int	
	Operations				750,000			
	Fixed Capital Outlay				0			
	Total State Funds	Requested					750,000	
7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)								
	Type of Funding				Amou	int	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		
	Other					0	0%	
	<b>Total Project Costs</b>	s for Fiscal Year 20	23-2024			750,000	100%	
8.	Has this project pro	eviously received	state funding?	Y	'es			
	Fiscal Year (уууу-уу)	Amo Recurring	Amount  Recurring Nonrecurring		Specific Appropriation #		Vetoed	
	2022-23	0		,000	• • • •	315A	Yes	
	2022-23	U <sub>1</sub>	730	,000		JIJA	163	
9. Is future funding likely to be requested?								
a. If yes, indicate nonrecurring amount per year. 750,000								
	b. Describe the so	urce of funding tha	nt can be used	in lieu	ı of sta	te funding.		
	No other sources a	vailable.						
10	). Has the entity req	uesting this projec	t received an	, feder	ral aeei	stance relat	ed to the COVID-	19 nandemic?
. 0	No	acoming this projec	i received all	, icuei	ui uəəl	olanos i Gial		ro panacimo:
	If you indicate the	amount of funda	براموم اممينامهم	vb 04 4b			l for	



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Complete qu	uestions 11	and 12 for Fixed Cap	ital Outlay	Projects	
11. Status of Cor a. What is the	nstruction current phase o	of the project?			
Planning	ODesign	Construction			
b. Is the proje	ect "shovel read	/" (i.e permitted)?			
c. What is the	estimated start	date of construction?			
d. What is the	estimated com	pletion date of construction?			
		y to receive, directly or indirec mers of the facility and the ent		apital outlay fund	ling. Include the

#### 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 collection and analysis.	52,000				
Operational Costs: Other						
Salary and Benefits	Salaries and benefits for 1 Masters level clinical supervisor, 3 Masters level clinicians, 3 bachelors level Family Specialists	502,000				
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) 750,00						

#### 14. Program Performance

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



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The specific purpose of the program is to serve the most at risk youth and families involved in the Foster Care system. Functional Family Therapy (FFT) in 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 3 Masters level clinicians and 3 bachelor level family specialists that will each carry a caseload of approximately 10 to 13 cases. Annually, approximately 45 to 55 families 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?

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 80%. Completion rate with families will also be 80% 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 (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.

5. Requester Contact Information							
a. First Name	John	Last Name	Burek				
b. Organization	FFT Partners						
c. E-mail Address	John@functionalfamilytherapy.com						
d. Phone Number	(863)255-4654	Ext.					
6. Recipient Contact Information							
a. Organization	North American Family Institute (NAFI)						
b. Municipality and County Polk							
c. Organization Type							



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□For Profit Entity	□For Profit Entity					
☑Non Profit 501(c	☑Non Profit 501(c)(3)					
□Non Profit 501(c	□Non Profit 501(c)(4)					
□Local Entity	□Local Entity					
□University or Co	□University or College					
□Other (please sp	□Other (please specify)					
d. First Name	Debrah	Last Name	Yates			
e. E-mail Address	debyates@NAFI.com					
f. Phone Number	(240)405-9904					
17. Lobbyist Contact Information						
a. Name	Frank P. Mayernick Jr.					
b. Firm Name	The Mayernick Group LLC					
c. E-mail Address	frank@themayernickgroup.com					
d. Phone Number	(850)251-8898					