



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1523

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Functional Family Therapy 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. The model also reduces the time of out-of-home placements in foster care and increases the percentage of successful reunifications working with both the foster parents and the biological/permanent parents/placement. We are working with children and families in Polk, Highlands and Hardee Counties in partnership with Heartland for Children.

5. **State Agency to receive requested funds**

**State Agency contacted?**  No  Yes

6. **Amount of the Nonrecurring Request for Fiscal Year 2025-2026**

Type of Funding	Amount
Operating	850,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>850,000</b>

7. **Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	850,000	82%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	181,000	18%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>1,031,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**  Yes

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	750,000	318A	No

9. **Is future-year 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.**

N/A



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### Complete questions 10 and 11 for Fixed Capital Outlay Projects

**10. 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?

e. What funding stream will be used for ongoing operations and maintenance of the project?

**11. 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.**

**12. 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	Functional Family Therapy fee includes training and certification to provider staff in order to deliver the treatment model. E-learning through an Adaptware platform, access to FTT data and learning management system (Care4), clinical consultation and coaching by the FFT clinical consultant, Quality Assurance Oversight, data collection for performance measure analysis.	38,000
<b>Operational Costs</b>		
Salary and Benefits	.25 Assistant Regional Director, 1 masters level clinical supervisor, 4 masters level clinicians (added one additional clinician, based on the community's needs), 3 bachelors level case managers, including salary and benefits	600,854
Expense/Equipment/Travel/Supplies/Other	Staff background screening, Staff certification and on-going FFT training, Professional development training, Rent, Utilities, Staff travel, Staff mileage, Office supplies, Client incidentals, Computers, Computer Repair and Maintenance, Advertising, Postage, Insurance, Telecommunications and Deaf and Hard of Hearing services.	211,146
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>850,000</b>



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**13. Program Performance**

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

The goal 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 successful when the child(ren) are reunited from the foster placement. FFT Foster Care is unique in that it works both with the biological family AND the foster family. The foster families are trained specifically to work with the most challenging population in the Child Welfare 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 that is family-based treatment. The provider's clinicians and case managers are trained to deliver the model with fidelity. All services, including family therapy and case management, are delivered in the home for both the foster and biological/care giver families.

**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 Child Welfare system to keep from going deeper into the system and to successfully reunify the family.

**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 Masters level supervisor, 3 Masters level clinicians and 3 bachelor level family specialist that will carry a caseload of approximately 10 to 12 cases at one time. 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 FFT treatment model will experience a successful transition from foster care to their biological/care giver homes, reducing the number of additional out of home placements. A Clinical Outcome Measure (COM) is given to the families both at the beginning and the end of the services. All the data is entered into the FFT learning management system that provides the outcome measures such as family participation, engagement rate, and completion rate. Data collected from each family served is analyzed at the end of the fiscal year.

**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 in the contract?**

The majority of the revenue is spent on full-time employment of staff and materials needed to perform the duties of the Functional Family Therapy in Foster Care model. Should the project not reach the goals specified in this request, any unspent dollars or dollars allocated but not received, will be returned.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**

**a. If Yes, what phase best describes the project?**

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

**b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):**

**15. Has the entity applied for or received federal assistance for this project?**



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- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

**a. If yes, provide the FEMA project worksheet ID#:**

**b. Provide the total project cost listed on the FEMA project worksheet:**

**16. Has the entity applied for or received state assistance for this project (other than this request)?**

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

**a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):**

**17. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**18. 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



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University or College

Other (please specify)

d. First Name  Last Name

e. E-mail Address

f. Phone Number  Ext.

#### 19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number

*The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.*