



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2558

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. Project/Program Description

One Hope United has provided child welfare services in Florida for over 20 years. During this time, we have witnessed both need and demand for behavioral health services grow dramatically. With this, the traumatic experiences that our children, youth, and families face have also skyrocketed beyond abuse and neglect at home to a broader population experiencing a rise in violence at our schools. With appropriations funding for FY2024, One Hope United proposes to expand access to behavioral health services for our own clients and those of other agencies that address the needs of those involved in the child welfare system. This critical funding allows us to meet urgent needs in our communities by hiring additional therapists and increasing available training opportunities.

5. **State Agency to receive requested funds**
- State Agency contacted?**

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	1,555,088
Fixed Capital Outlay	0
Total State Funds Requested	1,555,088

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)	1,555,088	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	1,555,088	100%

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

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

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?**



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Yes

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

One Hope United received a \$7.4M PPP loan which was used to support operations and fund employee incentives, including a retirement plan contribution and retention incentive.

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		0
Operational Costs: Other		
Salary and Benefits	Salaries and benefits for three sites - (3) Clinical Supervisors - \$243,750 (1) Clinical Director - \$93,750 (12) Therapists - \$684,375 (3) Family Support Workers - \$131,274	1,153,149
Expense/Equipment/Travel/Supplies/Other	Psychiatrists \$41,400; Training \$72,000; Copiers \$3,000; Cell phones \$10,701; License - \$72,000; Overhead (LOS, M&G) @ 15% - \$202,838	401,939
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)		1,555,088

14. Program Performance

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



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The funds will be used to increase capacity within One Hope United's Behavioral Health Services, which is designed to work collaboratively with the agency's foster care case management teams. According to the United States Bureau for American Children and Families (ACF), the majority of hotline calls are related to neglect (approximately 70%. Neglect occurs in a variety of forms including medical, educational, environmental, and others. Caregivers failing to provide or ensure children's access to resource that contribute to their safety and wellbeing, typically is a result of poverty, domestic violence, and/or mental health issues in the home.

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

The primary activity will be recruiting and hiring qualified mental health professionals. We continue to see marked disparities in mental health treatment for vulnerable children and families, which leads to several possible expensive outcomes for communities. Common examples are increased hospitalizations, use of emergency rooms for mental health crises, children removed from their homes and placed in foster care, criminal activity, and added barriers to financial self-sufficiency. Constructing a behavioral health program with skilled, well-trained professionals is a key building block of successful programs like One Hope United's. Training and retaining qualified staff in today's market is an important secondary part of this process. As demand for behavioral health services increase, recruiting is all the more important to overall success.

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

Critical Behavioral Health services will be provided directly to the public as a result of this appropriations project and the hiring of therapists for each of 3 target sites. All therapists will be managed by a Licensed Clinical Supervisor and Clinical Director, each with expertise in evidence-based substance abuse, mental health assessment, and treatment. The therapists will participate in our rigorous training plan that includes Motivational Interviewing--an approved modality by the Family First Prevention Services Act. Additionally, all therapists will be required to take the necessary training and steps to be certified in addiction counseling through the Florida Certification Board. Through these trainings, citizens in need will receive the best possible treatment we can provide.

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

The largest population are children and caregivers who enter the Child Welfare System. These families will be connected to One Hope United's current case management program. By connecting these families without any delays to our trained therapists, they will receive immediate support to address their needs as identified by the system. Just as importantly, they will then more efficiently navigate the dual systems that are essential for successful outcomes.

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

1. Improved physical health, measured by: Record review, Client self-report, Reports from caregivers.
2. Improved mental health, measured by: PQH-9 to assess depression, Rosenberg Self-Esteem Scale, Trauma Symptom Checklist for Children/Small Children, Beck Anxiety Inventory.
3. Enhanced specific individual's economic self-sufficiency, measured by: Self-report from client, Employment baseline, and exit counseling.
4. Reduced recidivism, measured by FSFN reports on re-entry.

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?

Standard contract penalties are sufficient.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. Recipient Contact Information



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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)

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