



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Early Childhood Court Program--FSU Center for Prevention & Early Intervention Policy

2. **Senate Sponsor:** Lauren Book

3. **Date of Submission:** 01/15/2018

4. **Project/Program Description:**

The predominant feature of Early Childhood Court is the therapeutic intervention which addresses both parent and child trauma. FSU will hire clinical director, provide training and technical assistance related to clinical services and train in child parent psychotherapy to expand clinical capacity and support of clinicians at each Early Childhood Court site.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? State Court System

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
386,120		386,120

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 386,120

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded?



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d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

10. Is future-year funding likely to be requested?

Yes

a. If yes, indicate non-recurring amount per year.

same recurring amount

11. Program Performance:

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

To ensure quality, accountability, and fidelity to the Early Childhood Court model---specifically the clinical oversight which is essential to the therapeutic model k here to enter text.

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

To ensure quality, accountability, and fidelity to the Early Childhood Court model---specifically the clinical oversight which is essential to the therapeutic model k here to enter text.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		



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Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	ECC Statewide Senior Clinical Director- provides clinical oversight to ensure quality clinical services, guidance for difficult cases, on-going training for court teams, reviews data for continuous quality improvement, and site visits with oversight team to ensure fidelity to the evidence based model (1.0 FTE salary: \$100,000 + fringe 36,120 = \$136,120	136,120
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	TA & Travel. The Clinical Director will participate as part of the clinical oversight team to provide training, TA and site visits to ensure standards are implemented and fidelity to the model. 2-day site visits x 20 sites x \$1000 per trip=\$40,000 + 10 training/TA trips @ \$1000= \$50,000	50,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Statewide Clinical Training in Child Parent Psychotherapy. CPP is evidence based trauma intervention for parents and their children ages 0-5. The 18- month training consists of 3 face-to-face trainings totaling 7 days with bi-weekly consultation calls with trainees and supervisors over the 18 months. 40 trainees in North Florida and 40 trainees in South Florida for total of 80 licensed CPP providers. (\$2500 per trainee x 80 trainees per	200,000



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	year = \$200,000)	
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		386,120

d. What are the direct services to be provided to citizens by the appropriations project?

Including, but not limited to, training and technical assistance related to clinical services, clinical consultation and guidance for difficult cases, ongoing clinical training for court teams, and training in child-parent psychotherapy to expand clinical capacity and support of the professional development of clinicians at each Early Childhood Court program site.

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

Young children ages 0-36 months placed in the state's dependency system and their families----approximately 350 children per year k here

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

Expected outcomes are timely permanency, increased child's well-being, and significant reduction of recurrence of child abuse

g. 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?

none

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

none

13. Requestor Contact Information:

- a. **Name:** Mimi Graham
- b. **Organization:** Florida State University Center for Prevention & Early Intervention Policy
- c. **Email:** mgraham@fsu.edu
- d. **Phone Number:** (850)510-7770

14. Recipient Contact Information:

- a. **Organization:** Florida State University
- b. **County:** Leon
- c. **Organization Type:**



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- ☐ For Profit
- ☐ Non Profit 501(c) (3)
- ☐ Non Profit 501(c) (4)
- ☐ Local Entity
- ☒ University or College
- ☐ Other (Please specify)

d. Contact Name: Mimi Graham

e. E-mail Address: mgraham@fsu.edu

f. Phone Number: (850)922-1300

15. If there is a registered lobbyist, fill out the lobbyist information below.

a. Name: Jeff Sharkey

b. Firm: Capitol Alliance Group

c. Email: jeff@capitolalliancegroup.com

d. Phone Number: (850)443-3355