

1. Project Title

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

Cayuga Centers Healthy Steps Program Expansion

LFIR # 1471

2. Senate Sponsor	Alexis Calatayud						
3. Date of Request	02/15/2023						
4. Project/Program D	escription						
Circuit 19 that included two Healthy Steps to services. As an age Centers is well-positive Evidence Based Proinfant's/toddler's periods.	eams in already estancy with over a decationed to expand theogram (EBP), that predictions office by a	I St. Lucie Cou ablished Cayu ade of experie Healthy Step rovides guidar a Developmer	unties. The expansion ga Centers office lo nce in providing He s program to the act nce, education and s atal Specialist assign	on will cations althy S ditional support ned to the contraction of the	include the hiring and that provide other of teps in Miami-Dade il locations in Floridation families of childrethat family. The goal	nd implementation of community based County, Cayuga A. Healthy Steps is an	
5. State Agency to re	ceive requested fu	nds Den	partment of Health				
State Agency conta		ilus Dop	artificiti of Ficaliti				
State Agency Conta	acteur NO						
6. Amount of the Non	recurring Request	for Fiscal Ye	ar 2023-2024				
Type of Funding				Amo	unt		
Operations				733,735			
Fixed Capital Outlay				0			
Total State Funds	Requested				733,735		
7 Total Project Cost	for Fiscal Voor 202	3-2024 (inclu	ding matching fun	de ava	ilable for this proje	act)	
7. Total Project Cost	for Fiscal Year 2023	3-2024 (inclu		ds ava		ect)	
Type of Funding		`	Amount		Percentage	ect)	
Type of Funding Total State Funds R	for Fiscal Year 2023	`	Amount	ds ava 3,735		ect)	
Type of Funding Total State Funds R Matching Funds		`	Amount	3,735	Percentage 100%	ect)	
Type of Funding Total State Funds R Matching Funds Federal	Requested (from que	stion #6)	Amount	3,735	Percentage 100% 0%	ect)	
Type of Funding Total State Funds R Matching Funds Federal State (excluding the		stion #6)	Amount	3,735	Percentage 100% 0%	ect)	
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local	Requested (from que	stion #6)	Amount	3,735	Percentage 100% 0% 0% 0%	ect)	
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other	Requested (from que e amount of this requ	estion #6)	Amount 73	3,735 0 0 0	Percentage 100% 0% 0% 0% 0%	ect)	
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local	Requested (from que e amount of this requ	estion #6)	Amount 73	3,735	Percentage 100% 0% 0% 0%	ect)	
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other	Requested (from que e amount of this requested for Fiscal Year 20	estion #6)	Amount 73	3,735 0 0 0	Percentage 100% 0% 0% 0% 0%	ect)	
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr	Requested (from que e amount of this requested for Fiscal Year 20	estion #6) 23-2024 state funding	Amount 73 73 73 Position Specific	3,735 0 0 0 0 0 3,735	Percentage 100% 0% 0% 0% 0%	ect)	
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr	Requested (from que e amount of this requested for Fiscal Year 20 eviously received s	estion #6) 23-2024 state funding	Amount 73 73 73 Position	3,735 0 0 0 0 0 3,735	Percentage 100% 0% 0% 0% 0% 100%	ect)	
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr	e amount of this requested (from que e amount of this requested for Fiscal Year 20 eviously received services Amo	estion #6) Destion #6) Destion #6) Destion #6) Destion #6)	Amount 73 73 73 Position	3,735 0 0 0 0 0 3,735	Percentage 100% 0% 0% 0% 0% 100%	ect)	
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr	e amount of this requested (from que e amount of this request for Fiscal Year 20 eviously received services amount of this request for Fiscal Year 20 eviously received services for Recurring	estion #6) 23-2024 state funding Nonrecurri	Amount 73 73 73 Position	3,735 0 0 0 0 0 3,735	Percentage 100% 0% 0% 0% 0% 100%	ect)	
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr Fiscal Year (yyyy-yy) 9. Is future funding li	e amount of this requested (from que e amount of this request for Fiscal Year 20 eviously received services amount of this request for Fiscal Year 20 eviously received services for Recurring	ed?	Amount 73 73 73 Position Appropriati	3,735 0 0 0 0 0 3,735	Percentage 100% 0% 0% 0% 0% 100%	ect)	
Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pr Fiscal Year (yyyy-yy) 9. Is future funding lift a. If yes, indicate residues and several residues are residued.	e amount of this requested for Fiscal Year 20 eviously received s Recurring kely to be requested	estion #6) 23-2024 State funding Nonrecurri	Amount 73 73 78 Position Appropriation Yes 733,735	3,735 0 0 0 0 3,735	Percentage 100% 0% 0% 0% 100% Vetoed	ect)	



Expense/Equipment/Travel/Supplies/

Other

Yes

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10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

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

Cayuga Centers received The Department of Health and Human Services (HHS) Provider Relief Funds. \$1,166,178 was received over the time period of September 2020- April 2022. The HHS

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94,286

vaccination incentives and retention	on bondses for direct care stain.	
Complete questions 11 a	nd 12 for Fixed Capital Outlay Projects	
1. Status of Construction		
a. What is the current phase of the	he project?	
OPlanning ODesign (Construction	
b. Is the project "shovel ready" (i.e permitted)?	
c. What is the estimated start da	te of construction?	
d. What is the estimated complete	tion date of construction?	
3. Details on how the requested st	ate funds will be expended	
	Description	Amazint
Spending Category	Description	Amount
Administrative Costs: Executive Director/Project Head Salary and Benefits	Description	Amount
Administrative Costs: Executive Director/Project Head	Description Indirect costs: 15% of all program salary and benefits	
Administrative Costs: Executive Director/Project Head Salary and Benefits		C
Administrative Costs: Executive Director/Project Head Salary and Benefits Other Salary and Benefits Expense/Equipment/Travel/Supplies/	Indirect costs: 15% of all program salary and benefits	77,062
Administrative Costs: Executive Director/Project Head Salary and Benefits Other Salary and Benefits Expense/Equipment/Travel/Supplies/ Other Consultants/Contracted	Indirect costs: 15% of all program salary and benefits Indirect costs: 15% of all program expenses	77,062 14,143

tops and cell phones, office supplies, postage, etc.

Compensations, and Unemployment Insurance

.625 per mile

books for new clients.

Travel: 50 miles per staff x 46 working weeks/yr x 8 FTEs annually at

Program supplies such as library media for infant/toddlers, program brochures in Spanish and Creole, toys, books, crayons, Play Doh, safety and medical kits for participants, and academy of pediatric

Other expenses include program space, staff equipment such as lap



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Consultants/Contracted Services/Study	Healthy Steps Fees for 2 new program sites: \$30,000, includes: Practice assessment; Contracting; Implementation planning; Data consultation and Welly; Virtual HealthSteps Institute; Technical Assistance Calls during 1st year	30,000
Fixed Capital Construction/Ma	or Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		733,735

14. Program Performance

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

The requested funds will be used to add an additional Healthy Steps team in Circuit 11, and expand Healthy Steps services into Circuit 19 in Florida, that includes Miami-Dade and St. Lucie Counties. The expansion will add a Healthy Steps team to each of our established offices in those two Circuits. Each site will have one (1) Program Manager, two (2) Developmental Specialists, and one (1) Data Specialist.

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

Healthy Steps is a pediatric, EBP, that places Developmental Specialists in pediatric health clinics to provide anticipatory guidance, education and support to families of young children 0-3. The model includes well child visits with the family in the health clinic, home visits and family support groups as well as phone consultation using the Healthy Steps-High Intensity model. The model requires the target child/youth to attend required activity sessions. The Pediatrician works alongside the Developmental Specialist, enhancing the well-child visit for the child and parent/family. The program allows the Pediatrician to focus on the medical needs of the baby/toddler and the Developmental Specialist on the developmental and emotional needs of the family. The Developmental Specialist is very much like a live "Baby/Toddler Manual" for families, located at the family's trusted Pediatrician's office.

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

The prevention program services include parent consultations at pediatric offices or health care centers, home visits, parent groups, developmental screens, depression screening, parent stress screening, parent-child interaction screening, home safety, written materials, parent education, and home literacy, guidance and support. The Healthy Steps Program's goal is to screen all babies/toddlers, intervene early and help parents be the best parents possible.

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

The eligibility criteria for the Healthy Steps Evidence Based Model focuses on the first three years of life. In order to stay true to the philosophy of the model, enrollment is limited to babies 2 months or younger and participants will be followed until the age of 3 years old. Also, the baby must be a patient of the designated Healthy Steps Pediatric Practice(s) or Health Care Center in order to receive Healthy Steps services. The Healthy Steps service is expected to be provided to 400 babies/toddlers throughout Miami-Dade and St. Lucie Counties.

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

Parents/primary caregivers will show a decrease in parenting stress; children will be screened for developmental delays; and, parents/caregivers will increase positive parent-child interactions and provide a home environment that fosters positive child development. The Parental Stress Scale (parents of children birth to 17 years old) will be used to measure decrease in parenting stress. The Ages and Stages Questionnaire (ASQ-3) Parent report tool will be used to screen for developmental delays or to celebrate milestones within areas of communication, fine and gross motor skills, problem solving, or personal-social interactions. The Home Observation for Measurement of the Environment (HOME) Inventory Infant/Toddler: For Parents of Children 0-3 will be used for measurement of the parents/caregivers increase in positive parent-child interactions and provision of a home environment that fosters positive child development.

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?



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Cayuga Centers' programs are backed by support departments of the agency including, Human Resources, Information Technology, Continuous Quality Improvement (CQI), Training, Communications, Finance, and Payroll. The work of these departments in partnership with program staff ensure that the program will be implemented to fidelity. Should the agency fail to meet deliverables, the CQI team will work closely with program staff to address issues and put plans in place to prevent future occurrences.

15.	15. Requester Contact Information						
	a. First Name	Edward	Last Name	Myers Hayes			
	b. Organization	Cayuga Home for Children dba Cayuga Centers					
	c. E-mail Address	edward.hayes@cayugacenters.org					
	d. Phone Number	(315)651-3200	Ext.				
16.	Recipient Contact	Information					
	a. Organization	Cayuga Home for Children dba Cayuga Centers					
	b. Municipality and County Miami-Dade						
	c. Organization Type						
	□For Profit Entity	ity					
	☑Non Profit 501(c	(c)(3)					
	□Non Profit 501(c	c)(4)					
	□Local Entity						
	□University or Co	or College					
	□Other (please specify)						
	d. First Name	Edward	Last Name	Myers Hayes			
	e. E-mail Address	edward.hayes@cayugacenters.org					
	f. Phone Number	(315)651-3200					
17.	Lobbyist Contact I	nformation					
	a. Name	Tracy Hogan Mayernick					
	b. Firm Name	The Mayernick Group LLC					
	c. E-mail Address	tracy@themayernickgroup.com					
	d. Phone Number	(850)445-3000					