

LFIR # 1027

- 1. Project Title BabyCAT Community Action Team Pinellas
- 2. Senate Sponsor Ed Hooper
- 3. Date of Request 09/16/2019

4. **Project/Program Description**

In 2013, the GAA directed the Department of Children and Families to create Community Action Teams (CATs) across the State of Florida to provide comprehensive, community-based services to children ages 11-21 with a mental health or co-occurring substance abuse diagnosis. The goal of the CAT team was to wrap services around children who were at risk of out of home placement as demonstrated by repeated failures in less intensive levels of care; having two or more hospitalizations or repeated failures; involvement with the Department of Juvenile Justice or multiple episodes involving law enforcement; or poor academic performance or suspensions. While the CAT teams have proven success with this age group, they do not address the critical need to target children at the earliest age possible. The Adverse Childhood Experiences Study (ACE) has proven that when children under the age of 18 endure an adverse, or traumatic event, it changes the trajectory of their life moving forward.

5. State Agency to receive requested funds

Department of Children and Families

State Agency contacted? O Yes

No

6. Amount of the Nonrecurring Request for Fiscal Year 2020-2021

Type of Funding	Amount
Operations	738,596
Fixed Capital Outlay	000
Total State Funds Requested	738,596

7. Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	738,596	100.0 %
Matching Funds		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	00	0 %
Other	00	0 %
Total Project Costs for Fiscal Year 2020-2021	738,596	100 %

8. Has this project previously received state funding? • Yes No

If yes, provide the most recent instance:

Fiscal Year	Amo	ount	Specific	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	Vetoed
2019-20		200,000	373	No

9. Is future-year funding likely to be requested? O Yes • No

If yes, indicate nonrecurring amount per year.



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10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits	Outcomes and Expense Tracking at 12.5%	82,066
Expense/Equipment/ Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs: Oth	er	
Salary and Benefits	Direct Service FTEs (11)	511,992
Expense/Equipment/ Travel/Supplies/Other	Costs directly related to service delivery -Drug Testing Supplies, Cell phones, Computers, Travel, Client Support	144,538
Consultants/Contracted Services/Study		
Fixed Capital Construc		
Construction/Renovation/ Land/Planning Engineering		
Total State Funds Re	equested (must equal total from question #6)	738,596



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11. Program Performance

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

The Directions for Living, BabyCAT team will focus on preventing children 0-5 years of age who have been identified by child protective investigations to be at risk of abuse or neglect due to substance abusing parents, parents living with a mental illness, parents with co-occurring substance abuse and mental health needs, or family violence present in the home, from being removed from the mother and placed in out of home care. Substance abusing mothers are twice as likely as non-substance abusing women to lose custody of their children due to child neglect and most are at great risk of maladaptive parenting. This is a removal diversion program for children birth to 5 years of age.

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

12-week attachment-based individual parenting therapy for mothers. Mental Health Case Management, in-home substance abuse treatment, in-home mental health treatment, and skills development for healthy relationships, social skills, problem solving, and all other social determinants of health. This is an intensive in-home program with experienced, competent, degreed staff in the home up to 7 days per week, several hours per day.

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

The services provided will include: Case Management, Substance Abuse Treatment, Child-Parent Psychotherapy, Mental Health Counseling, Supervised Visitation between Parent and Child, as well as other community based services needed to safely expedite permanency.

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

The target population includes children birth to age 5 who have been removed from their parents due to substance misuse and/or cooccurring mental illness. This project will serve 25-50 children and their parents.

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

Outcomes: (1) Improve mental health. (2) Improve Quality of Education. (3) Protect the general public from harm. (4) Enhance the economic self-sufficiency of parents whose children have been enrolled into the Baby Cat. (5) The Baby CAT team will deliver trauma informed, evidence based services to ensure the children do not experience a subsequent removal post Baby CAT services.

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?

1% financial penalty



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12. 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.

	N/A				
ļ	Requestor Contac	t Information			
á	a. First Name	April	Last Name Lott		
k	o. Organization	Directions for Mental Health, Inc DBA Directions for Living			
C	c. E-mail Address	Alott@directionsforliving.org			
(d. Phone Number	(727)524-4464	Ext. 1702		
. 1	Recipient Contact Information				
á	a. Organization				
ł	o. Municipality and				
(c. Organization Typ				
	 For-profit E 				
	Non-Profit	501(c) (3)			
	O Non-Profit s	Non-Profit 501(c) (4) Local Entity			
	O Local Entity				
	 University of 	or College			
	 Other (plear) 	se specify)			
(d. First Name	April	Last Name Lott		
e	e. E-mail Address	Alott@directionsforliving.org			
f	f. Phone Number	(727)524-4464			
.	Lobbyist Contact	Information			
	a. Name	None			
	b. Firm Name	None			
	c. E-mail Address				
	d. Phone Number		Ext.		