

LFIR # 1321

. Project Title	Growing OAKS Initiative - Family Navigation Project
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2. Senate Sponsor Jim Boyd

**3. Date of Request** 11/14/2023

### 4. Project/Program Description

Growing OAKS is an Initiative for Circuit 12. The Family Navigation Project will prevent children from entering the staterun, state-funded Foster Care system by providing four Family Navigators who will work collaboratively with Community Action Treatment (CAT) Teams and the Youth At Risk (YAR) Teams to connect more families in crisis with the needed resources to keep a higher percentage of these families together. Net estimated savings to the State of Florida based on past success rates of keeping children out of foster care will be at least \$2 million which can then be reallocated to other areas of need within the system.

5. State Agency to receive requested funds Departm

Department of Children and Families

State Agency contacted? No

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

Type of Funding	Amount
Operations	250,000
Fixed Capital Outlay	0
Total State Funds Requested	250,000

# 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)	250,000	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	250,000	100%	

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

Fiscal Year	Amount		Specific	Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	

### 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.

There is no source of funding in lieu of state funding.

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

No

No

Yes

250,000



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

# **Complete questions 11 and 12 for Fixed Capital Outlay Projects**

11. Status of Construction

a. What is the current phase of the project?

O Planning

Construction

b. Is the project "shovel ready" (i.e permitted)?

🔘 Design

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.

🔘 N/A

## 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	4 full-time Family Navigators (\$62,500 X 4). All benefits provided through each organization.	250,000
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	or Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	nust equal total from question #6)	250,000

### 14. Program Performance

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

Families currently in crisis with little to no connection to resources and support will have guidance to resources in Manatee County and Sarasota County through the Family Navigator Project. This provides support and prevention, provides follow up for those families who complete Community Action Treatment (CAT) Teams or who do not qualify for CAT Teams and provides follow up to Youth At Risk (YAR) referrals.

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



One-to-One connection, peer support, resource connector, empowering each family through advocacy and alleviating system barriers, provide skill building, advocacy mentorship, recovery support, problem solving, goal setting and tools to navigate through education.

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

Direct Connections to the various needs of the citizens, for example; Individual and Supportive Services, Food Assistance, Mental Health Services, Medical Services, Educational Services, Vocational Services, in addition to Government Services they qualify for.

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

Families and child/youth on the waitlist for CAT Teams, who complete services with Community Action Treatment (CAT) Teams of families and child/youth who do not qualify for CAT Team wrap around care. Families and Youth with the Youth At Risk (YAR) Teams. Each Navigator would manage 12-15 families per month.

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

#### be measured?

The measured outcome will be to reduce the gap for families in crisis with anticipated prevention for children/youth entering the child welfare system. The anticipated prevention will potentially benefit the state funding by saving, at a minimum \$2.2 million which can then be reallocated to other areas of need. The digital platform Unite Us will be utilized to track data and measure outcomes.

# 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 should apply.

### **15. Requester Contact Information**

a. First Name	Christina	Last Name	Gerken
b. Organization	Align Consulting - Growing	g Oaks Initiat	ive
c. E-mail Address	cgerken@alignconsultingt	eams.com	
d. Phone Number	(813)520-9368	Ext.	

### **16. Recipient Contact Information**

Align Consulting - Align To Meet A Need a. Organization Growing Oaks Initiative

**b. Municipality and County** Manatee

### c. Organization Type

□For Profit Entity

☑Non Profit 501(c)(3)

 $\Box$ Non Profit 501(c)(4)

□Local Entity

□University or College

□Other (please specify)



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d. First Name	Christina	Last Name	Gerken
e. E-mail Address	cgerken@alignconsultingt	eams.com	
f. Phone Number	(813)520-9368		

# 17. Lobbyist Contact Information

a. Name	None
b. Firm Name	
c. E-mail Address	
d. Phone Number	