

The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

LFIR # 3355

1. Project Title	Early Childhood Court	
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2. Senate Sponsor Jim Boyd

3. Date of Request	12/12/2023
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4. Project/Program Description

Early Childhood Court is a specialized court model specifically targeted for infants and young children, ages 0 - 5, who have experienced removal from their family of origin due to abuse and/or neglect. When families with at least one child under the age of 5 enter into the dependency system, parents are given the choice between the Early Childhood Court program or the traditional dependency process. The program recognizes the critical important of early intervention and support for children during their formative years. Key features of the program include multidisciplinary team approach, specialized court proceedings, parental support and services, early interventions and development services and trauma-informed care.

5. State Agency to receive requested funds

State Court System

State Agency contacted? Yes

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

Type of Funding	Amount
Operations	395,000
Fixed Capital Outlay	0
Total State Funds Requested	395,000

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)	395,000	60%	
Matching Funds			
Federal	0	0%	
State (excluding the amount of this request)	0	0%	
Local	167,302	25%	
Other	95,462	15%	
Total Project Costs for Fiscal Year 2024-2025	657,764	100%	

8. Has this project previously received state funding? Yes

Fiscal Year	Amount		Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
022-23	0	320,000	3310	No	

9. Is future funding likely to be requested?

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Yes 395,000

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

There are no other sources of funding that can be used in lieu of state funding.

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.

\$495,000 - Funding was used to salaries/payroll costs for preschool teachers and therapists so that school and services could stay open to support families with no other funding options available.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

Construction

11. Status of Construction

O Planning

a. What is the current phase of the project?

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	CEO and CPO positions will plan, coordinate, and provide oversight of all functions of the program, to include strategic planning and implementaion of programming to the community, quality assurance, data compilation and reporting	15,500
Other Salary and Benefits	CFO/COO, human resources and accounting positions will perform account, financial management and human resource support for the program.	24,000
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	A portion of the following positions will be supported by these funds- program director, clinical supervisor, case management supervisor, case manager, family support works, licensed mental health therapist	344,940
Expense/Equipment/Travel/Supplies/ Other	Supplies, IT support, telephones, insurance, travel (class c and a/b), client assistance	10,560
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	395,000



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14. Program Performance

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

Program goals- 1) A minimum of 30 families will be served in Sarasota, Manatee and/or DeSoto counties; 2) The average time for children enrolled in the program to achieve permanency will be 20% less that for non-program children; 3) The average recidivism rate for returning to care for children enrolled in the program will be at least 9% less than for non-program children; and 4) 98% of the enrolled children/families will not have a re-abuse/neglect finding while services are being provided.

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

Intensive case management services, child-parent psychotherapy, therapeutic consultation with foster parents, teachers, other caregivers, children/foster parent transportation, supervised visitation, crisis intervention services for the child, foster/adoptive parents and birth parents. Monthly court meetings are held with the judge to review the case plan and provide the services/supports needed.

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

Case management services, child-parent psychotherapy, therapeutic consultation with foster parents, teachers, other caregivers, child/foster parent, transportation, supervised visitation, crisis intervention services for children, foster/adoptive parents and birth parents.

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

30 children are expected to be served. Target populations include: persons with poor mental health, persons with poor physical health, economically disadvantaged persons, at-risk youth, developmentally disabled, preschool students. Number of children to be served 25-50.

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

be measured?

Outcome: All children enrolled in the program will receive medical care, as needed, and all immunizations will be received on time. Tool: Case manager will document all medical issues, doctor visits and dates of immunizations.
Outcome: Child will resolve trauma related to abuse and/or neglect and removal from home with improved coping skills. Tool: Child trauma checklist completed at enrollment and every three months while in program.
Outcome: Parent (s) will resolve underlying trauma and improve parent-child relationship. Tool: Parent trauma checklist and Parent-Child Quality Relationship Scale completed at enrollment and every three months while enrolled in program.
Parents/children enrolled in program will have fewer return to care once reunification achieved. Tool: State DCF data tracking system.

5- Parents will achieve sobriety while enrolled in ECC and maintain sobriety for a minimum of 6 months post reunification. Tool: State DCF data tracking system.

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?

Corrective Action Plan would be completed with mandatory deadlines. If deadlines/actions were not achieved, agency would be placed on probation for a 3 month period to rectify all areas of under-achievement. If all failing areas are not rectified, contract could be terminated.

15. Requester Contact Information

a. First Name	Kristie	Last Name	Skoglund
b. Organization	The Florida Center for Early Childhood, Inc.		
c. E-mail Address	kristie.skoglund@thefloridacenter.org		
d. Phone Number	(941)371-8820	Ext.	1021

16. Recipient Contact Information



17.

d. Phone Number (850)509-5900

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a. Organization	The Florida Center for Early Childhood, Inc.			
b. Municipality and County Sarasota				
c. Organization Type				
□For Profit Entity				
☑Non Profit 501(c	☑Non Profit 501(c)(3)			
□Non Profit 501(c	□Non Profit 501(c)(4)			
□Local Entity				
□University or Co	llege			
□Other (please specify)				
d. First Name	Charmian	Last Name	Miller	
e. E-mail Address	charmian.miller@theflorid	acenter.org		
f. Phone Number	(941)371-8820			
Lobbyist Contact Information				
a. Name	Robert E. Hawken			
b. Firm Name	Leath Consulting			
c. E-mail Address	hawk@leathfl.com			