

The Florida House of Representatives
Appropriations Project Request - Fiscal Year 2022-23
For projects meeting the definition of House Rule 5.14

1. Title of Project: Baby Community Action Treatment Teams
2. Date of Submission: 11/09/2021
3. House Member Sponsor: Chris Latvala

4. Details of Amount Requested:

- a. Has funding been provided in a previous state budget for this activity? Yes
- b. What is the most recent fiscal year the project was funded? 2021-22
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request.

FY:	Input Prior Year Appropriation for this project for FY 2021-22 <small>(If appropriated in 2021-22 enter the appropriated amount, even if vetoed.)</small>			Develop New Funds Request for FY 2022-23 <small>(Requests for additional RECURRING funds are prohibited.)</small>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated	Recurring Base Budget	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds
Input Amounts:		670,000	670,000		670,000	670,000

- e. Provide the total cost of the project for FY 2022-23 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request	670,000	100.0%	N/A
2. Federal	0	0.0%	No
3. State (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local	0	0.0%	No

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5. Other	0	0.0%	No
TOTAL	670,000	100%	

5. Is this a multi-year project requiring funding from the state for more than one year?

No

6. Which is the most appropriate state agency to place an appropriation for the issue requested? Department of Children and Families

a. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes

b. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

1% penalty of each month that performance measures are not met. Program will have the opportunity to earn back the monies in the following month if outcomes are achieved for the current month and prior month.

7. Requester:

a. Name: April Lott

b. Organization: Directions for Living

c. Email: alott@directionsforliving.org

d. Phone #: (407)592-5574

8. Contact for questions about specific technical or financial details about the project.

a. Name: April Lott

b. Organization: Directions for Living

c. Email: alott@directionsforliving.org

d. Phone #: (407)592-5574

9. Registered lobbyist working to secure funding for this project.

a. Name: None

b. Firm: None

c. Email:

d. Phone #:

10. Organization or Name of entity receiving funds:

a. Name: Directions for Living

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- b. County (County where funds are to be expended): Pinellas
 c. Service Area (Counties being served by the service(s) provided with funding): Pinellas

11. What type of organization is the entity that will receive the funds?

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

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

To prevent children 0-5 years of age from entering the child welfare system due to child abuse or neglect or substance misuse of the care givers and to increase the children 0-5 stability and safety at home and community. Baby CAT teams are multi-disciplinary clinical teams that provide community-based treatment to families with kids ages 0-5, who are at risk of out-of-home placement because of a mental health or co-occurring substance abuse issues.

13. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Amount Requested (Should equal 4d, Col. E) Enter "0" if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		

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<input checked="" type="checkbox"/> e. Salaries and Benefits	Direct Service 12 FTE's	670,000
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		670,000

14. For Fixed Capital Costs requested in Question 13, what type of ownership will the facility be under when complete?

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

15. Is the project request an information technology project?

No

16. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

a. Please Describe:

The Pinellas County School System is in strong support of this program, as is the Juvenile Welfare Board and the law enforcement community

17. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

No

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18. Will the requested funds be used directly for services to citizens?

Yes

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

Children 0-5 years of age who have been identified as at risk of out of home placement due to primary care giver having a substance use, mental health or domestic violence issue will be admitted into the Baby Cat program as a removal diversion program. Mental Health/substance use treatment will be provided to the entire family with a focus on the child's trauma and the caregivers MH/SA issues.

b. Describe the direct services to be provided to the citizens by the funding requested.

Intensive in-home therapy, target mental health case management, child safety case management, housing focused case management, care coordination services to address mental health, substance misuse and domestic violence issues that are risking the safety of children under the age of 5.

c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups"). Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)

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Other (Please describe)

d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

19. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit or outcome
<input type="checkbox"/> Improve physical health		
<input checked="" type="checkbox"/> Improve mental health	Decrease the number of children 0-5 years of age being removed from their primary care givers care and entering the child welfare system.	DCF child abuse hot-line data and Florida Safe Families Network (FSFN)
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Increase days of child in school, decrease behavioral disruptions in the classroom setting, improve academic success.	The Public School system data base on attendance, behavioral disruptions and academic performance.

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<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Decrease the number of parents of 0-5 year of age arrested due to drug abuse, domestic violence or child abuse and neglect.	Jail data will be used to determine if those parents enrolled in Baby Cat have been arrested during their time in Baby Cat services and 6 months after completing services.
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Parent enrolled in Baby Cat will increase employment and or access to entitlement benefits such as SSI, SSDI, SNAP.	100% of adults will be linked to career source, SNAP benefits and application for Pinellas County Health Plan or Medicaid.
<input type="checkbox"/> Reduce recidivism		
<input checked="" type="checkbox"/> Reduce substance abuse	Parents enrolled in Baby Cat will receive trauma informed substance abuse treatment throughout the program.	Parents enrolled in Baby Cat will test negative on random drug screens throughout their participation in the program.
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		

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<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		