



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Early Childhood Court

2. **Senate Sponsor:** Greg Steube

3. **Date of Submission:** 11/15/2017

4. **Project/Program Description:**

Florida’s Early Childhood Court, sometimes referred to as “Baby Court” is adapted from the national Zero To Three’s “Safe Babies Court Team Project.” This approach to working with young children and their families in the dependency system is based on ten Core Components that lead to increased permanency, fewer return of children into care, and improved child well-being. Two national independent research studies have found the outcomes for children involved in Early Childhood Court is significantly improved over more traditional case management models. Florida’s Early Childhood Court Initiative, now operating in 17 Circuits in Florida, was recognized as one of TaxWatch’s Productivity Awards for cost savings potential of our services. Circuit 12 has been experiencing a high volume of infants and toddlers entering foster care due to the opioid crisis. Infants and young children removed from their biological families experience high risk for later life difficulties.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
Department of Children and Families

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
254,573		254,573

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	464,900	51.9%
Other	175,673	19.6%
TOTAL	640,573	71.5 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 895,146



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9. Previous Year Funding Details:

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18		
	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

10. Is future-year funding likely to be requested?

Yes

- If yes, indicate non-recurring amount per year.

Yes. \$254,573

11. Program Performance:

- What is the specific purpose or goal that will be achieved by the funds requested?

Reduced time to permanency for infants and toddlers in foster care, reduced rate of return to care, and improved child well-being.

- What are the activities and services that will be provided to meet the intended purpose of these funds?

Child Parent Psychotherapy weekly; supervised visitation 3-4 times per week, monthly family team meetings, court appearance monthly; intensified case management services.

- How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	CEO, VP Clinical Services	6,500



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<input checked="" type="checkbox"/> Other Salary and Benefits	CFO, HR, payroll, accts Pay/Rec.	13,233
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	50% of Team Leader, 100% of Case Manager, 100% of Mental Health Therapist, 50% of Family Support Worker	198,835
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Operating supplies, IT support, telephones, postage, insurance, printing, travel (class C & A/B), vehicle expense, trainings, client assistance	36,005
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		254,573

d. What are the direct services to be provided to citizens by the appropriations project?

Intensive case management, supervised visitation, transportation to visits, referrals and connections to needed services, Child Parent Psychotherapy.

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

Infants and toddlers, birth to three, in the foster care system in Sarasota and De Soto counties.

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

Reduced time to permanency: state data tracking system; reduced rate of return to care, state data tracking system; improved child well-being, ASQ and ASQ-SE measurements, child well-being scale.

g. 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?



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Notice of non-compliance with request for Corrective Action Plan (CAP). If not brought into compliance within designated time frame, financial penalty applied.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

N/A

13. Requestor Contact Information:

- a. **Name:** Kathryn Shea
- b. **Organization:** The Florida Center for Early Childhood, Inc.
- c. **Email:** kathryn.shea@thefloridacenter.org
- d. **Phone Number:** (941)650-6592

14. Recipient Contact Information:

- a. **Organization:** The Florida Center for Early Childhood, Inc.
- b. **County:** Sarasota
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)
- d. **Contact Name:** Kathryn Shea
- e. **E-mail Address:** kathryn.shea@thefloridacenter.org
- f. **Phone Number:** (941)650-6592

15. If there is a registered lobbyist, fill out the lobbyist information below.

- a. **Name:** None
- b. **Firm:** None
- c. **Email:**
- d. **Phone Number:**