



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1971

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

A public health approach to build the capacities of adult caregivers of young children (birth to eight) to promote healthy social and emotional development through expanded use of evidenced based practices and services. These include Mental Health Consultation, Circle of Security, Conscious Discipline and Lactation Consulting. The ultimate goal is to prevent mental, emotional and behavioral disorders and to identify and address behavioral concerns before they develop into serious emotional disturbances (SED) and to provide appropriate screening and referral for parents/caregivers for access to mental health and substance abuse prevention services.

5. **State Agency to receive requested funds**

State Agency contacted? ☒ Yes ☐ No

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

Type of Funding	Amount
Operations	<input type="text" value="800,000"/>
Fixed Capital Outlay	<input type="text" value="000"/>
<b>Total State Funds Requested</b>	<input type="text" value="800,000"/>

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)	<input type="text" value="800000"/>	<input type="text" value="82.0"/> %
<b>Matching Funds</b>		
Federal	<input type="text" value="00"/>	<input type="text" value="0"/> %
State (excluding the amount of this request)	<input type="text" value="00"/>	<input type="text" value="0"/> %
Local	<input type="text" value="178,782"/>	<input type="text" value="18"/> %
Other	<input type="text" value="00"/>	<input type="text" value="0"/> %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<input type="text" value="978,782"/>	<input type="text" value="100"/> %

8. **Has this project previously received state funding?** ☐ Yes ☒ No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

9. **Is future-year funding likely to be requested?** ☒ 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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		<input style="width: 100%;" type="text"/>
Other Salary and Benefits		<input style="width: 100%;" type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input style="width: 100%;" type="text"/>
Consultants/Contracted Services/Study	Research/Consulting firm to manage data and outcomes.	60,000
<b>Operational Costs: Other</b>		
Salary and Benefits	Clinical Director to manage clinical trainings, and service delivery and outreach to partner agencies. Screening Coordinator to coordinate trainings, screenings and manage referral process.	117,400
Expense/Equipment/Travel/Supplies/Other	Copy/scanner lease and maintenance, general office supplies, graphic reproduction and promotional expenses, Ages and Stages Questionnaires (SE-2 and 3), insurance, telecommunications, books, videos subscriptions, software, postage and messenger services.	37,360
Consultants/Contracted Services/Study	Partner agencies to provide evidence-based training and consultation in Mental Health Consultation, Circle of Security and Reflective Supervision. A full-time lactation consultant.	585,240
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		<input style="width: 100%;" type="text"/>
<b>Total State Funds Requested (must equal total from question #6)</b>		800,000



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#### 11. Program Performance

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

Development of a Young Child Wellness Council to disseminate effective and innovative early childhood evidenced based mental health practices and services within early childhood service agencies and expand the use of screening and assessment in early childhood and pediatric centers to facilitate connection to mental health services and supports and increase access for adult caregivers.

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

Establish the evidence-based practices Mental Health Consultation, Circle of Security and Conscious Discipline for early childcare centers. Disseminate the Ages and Stages Questionnaire (an evidence-based screening tool) to early childhood and pediatric centers and add a Lactation Consultant to our Healthy Families (home visiting) program.

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

Ages and Stages Questionnaire, Circle of Security and Conscious Discipline training and consultation provided to parents/guardians, mental health and substance abuse screening and referrals to parents/guardians and lactation consulting within home visitor programs.

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

Economically disadvantaged persons, at-risk youth (birth to 8 years), parents, caregivers, early childhood workers. A total of 200-400 persons expected to be served.

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

Improved physical health through increase in breastfeeding within home visiting programs. Improved mental health through increased number and type of settings providing social and emotional health screenings and assessments. Increased access to mental health services and substance abuse services for primary caregivers. Increased early childcare staff capacity to support children's social-emotional development.

- 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?

A \$1000 reduction in funds per quarter when deliverables are not met.



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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

13. Requestor Contact Information

- a. First Name  Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number  Ext.

14. Recipient Contact Information

- a. Organization
- b. Municipality and County
- c. Organization Type
- ☐ For-profit Entity
  - ☐ Non-Profit 501(c) (3)
  - ☐ Non-Profit 501(c) (4)
  - ☒ Local Entity
  - ☐ University or College
  - ☐ Other (please specify)
- d. First Name  Last Name
- e. E-mail Address
- f. Phone Number

15. Lobbyist Contact Information

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number  Ext.