



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Directions for Living - Behavioral Health Services for Children Placed in Out of Home Care

2. **Senate Sponsor:** Darryl Rouson

3. **Date of Submission:** 01/29/2018

4. **Project/Program Description:**

Children's Community Action Teams (CATs) for the delivery of integrated substance abuse, mental health and child welfare services to children ages 0 to 5 who have been separated from their parents due to substance abuse and/or co-occurring mental health concerns. Research on the impact to children who have been separated from their birth parents due to abuse or neglect has consistently demonstrated that the longer a child is in out of home care, the less likely reunification with their birth parents will be achieved. Additionally, this often results in longer stays in foster care.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Children and Families

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

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
1,753,551		1,753,551

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	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,753,551

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 2

c. What is the most recent fiscal year the project was funded? 2017-18



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- d. Were the funds provided in the most recent fiscal year subsequently vetoed? No
e. 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:		400,000	400,000

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

Yes

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

\$1,753,551

11. Program Performance:

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

Prevent children ages 0 to 5 from entering the child welfare system and assist young children who have been removed from their parents due to substance use disorders.

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

Intensive wrap-around evidence-based treatment services.

- c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input checked="" type="checkbox"/> Other Salary and Benefits	Administrative support personnel costs for human resources, accounting, MIS, billing, facilities and marketing to track program outcomes and costs associated with the	159,414



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	program.	
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Eight clinical treatment teams consisting of a counselor, targeted case manager and peer mentor to deliver integrated behavioral health services to families involved in the Child Welfare system due to substance abuse and or co-occurring mental health conditions.	1,299,919
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Mileage reimbursement, training, office supplies and equipment, drug testing supplies and additional client support to carry out the reunification plan.	294,218
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		1,753,551

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

Baby CAT services begin at the time of the child being removed, and placed in out of home care. Services are expedited to the parents to improve their protective capacities so that they can achieve safe and timely reunification with their children. Mental health and substance abuse services continue in the home upon reunification so children remain safe in-home with their parents thus reducing recidivism..

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

Children ages 0-5, parents of these children. Serves 550 to 600 individuals.



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

Decrease the occurrence of parents of children penetrating the wrong system. Review and track admissions of Parents into CSU, detox or emergency room 6 months prior to enrollment, during treatment and 6 months post services. Increased enrollment of children separated from their caregiver due to substance misuse in Trauma-Informed / Quality Early Learning Child Care, improved school attendance for school aged children by reuniting them with their parents. and returning to their home school. 90% of children served by Baby CAT will not experience a return to care within 12 months of achieving permanency. This will be measured by reviewing the statewide system at 6 and 12 month intervals, and reengaging with services if needed. Caregivers enrolled in Baby CAT will successfully complete Co-occurring treatment. 75% of clients enrolled in Baby CAT will achieve treatment goals related to substance use. Decrease in arrests parents of children. Review and track arrest history of caregivers w

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?

Suspension of contract.

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:** April Lott
- b. **Organization:** Directions for Mental Health Inc d/b/a Directions for Living
- c. **Email:** Alott@directionsforliving.org
- d. **Phone Number:** (727)524-4464

14. Recipient Contact Information:

- a. **Organization:** Directions for Mental Health Inc d/b/a Directions for Living
- b. **County:** Pinellas
- 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:** April Lott
- e. **E-mail Address:** Alott@directionsforliving.org
- f. **Phone Number:** (727)524-4464

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



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a. Name: None

b. Firm: None

c. Email:

d. Phone Number: