



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 1793

1. Project Title Community Action Team for Babies (Baby CAT)

2. Senate Sponsor Ed Hooper

3. Date of Request 11/18/2021

4. Project/Program Description

To prevent children 0-5 years of age from entering the child welfare system or out of home care and to prevent children 0-5 years of age from being suspended or expelled from a school setting due to behaviors that are directly related to the dysfunction and chaos at the child's home and to increase the children 0-5 stability and safety at home and school. Baby CAT serves 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 caregivers are enrolled into the Baby Cat program as a removal diversion program. Intensive mental health/substance use treatment is provided in the child's home multiple times per week, several hours per day.

5. State Agency to receive requested funds Department of Children and Families

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	670,000
Fixed Capital Outlay	0
Total State Funds Requested	670,000

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	670,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2022-2023	670,000	100%

8. Has this project previously received state funding? Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2021-22	0	670,000	367	No

9. Is future funding likely to be requested? Yes

a. If yes, indicate nonrecurring amount per year. 670,000

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

None.

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.

Directions for Living received \$3 million CARES Act funding to pay staff while the agency was "shut down." Additionally, funds were used to pay staff who were COVID positive and unable to work and to keep the agency whole while operations were shut down.

11. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits	12 FTE's - 1 supervisor, three teams of three people (1 counselor, 1 intensive case manager, 1 certified peer specialist), and 2 integrated decision team staffing facilitators.	670,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		670,000

12. Program Performance

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

Decrease the number of children 0-5 years of age being removed from their primary care givers care and entering the child welfare system. Increase days of child in school, decrease behavioral disruptions in the classroom setting, improve academic success. Decrease the number of parents of children ages 0-5 who are arrested due to drug abuse, domestic violence or child abuse and neglect. Parents enrolled in Baby Cat will increase employment opportunities and/or increase access to entitlement benefits such as SSI, SSDI, and SNAP. Parents enrolled in Baby Cat will receive trauma informed substance abuse treatment throughout the program.

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

Intensive in-home case management. Intensive in-home therapy for mental health and/or co-occurring substance use issues. Care coordination with the public school system and the child welfare system. Intensive and frequent case staffings.

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

Intensive in-home case management. Intensive in-home therapy for mental health and/or co-occurring substance use issues. Care coordination with the public school system and the child welfare system. Intensive and frequent case staffings.

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



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Children 0-5 years of age and their primary caregiver. The target population is 150-200 children and 100 adults with mental health and/or co-occurring substance use disorders who are at risk of their children entering the child welfare system or being placed in out of home care.

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

DCF child abuse hot line data and Florida Safe Families Network (FSFN). The Public School system data base on attendance, behavioral disruptions and academic performance. Jail data will be used to determine if those parents enrolled in Baby Cat have been arrested while receiving Baby Cat services and up to 6 months after completing such services. 100% of adults will be linked to Career Source, SNAP benefits, application for Pinellas County Health Plan or Medicaid. Parents enrolled in Baby Cat will test negative on random drug screenings while participating in the program.

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?

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.

13. 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



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14. Requestor Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

15. 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

16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number