



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 3523

1. Project Title
2. Senate Sponsor
3. Date of Request

4. Project/Program Description

To prevent young and very young (0-5) children from entering the child welfare system of out of home care and to increase the safety and stability of young to very young children. Baby CAT serves young to very young children who have been identified as at risk of out of home placements due to the primary caregiver substance misuse, undiagnosed, untreated mental health conditions, or domestic violence in the home. Baby CAT is both a removal diversion program and a rapid reunification program. Intensive family services are provided in the home multiple times per week, several hours per day.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	670,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>670,000</b>

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	670,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>670,000</b>	<b>100%</b>

8. Has this project previously received state funding?

If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	670,000	377	No

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

a. If yes, indicate nonrecurring amount per year.

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

**Complete questions 10 and 11 for Fixed Capital Outlay Projects**



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**10. Status of Construction**

**a. What is the current phase of the project?**

- Planning    
  Design    
  Construction    
  N/A

**b. Is the project "shovel ready" (i.e permitted)?**

**c. What is the estimated start date of construction?**

**d. What is the estimated completion date of construction?**

**e. What funding stream will be used for ongoing operations and maintenance of the project?**

**11. List 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.**

**12. 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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	11 FTE's to include one full time Supervisor, three teams of three to include an intensive case manager, counselor and certified peer specialist.	670,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>670,000</b>

**13. Program Performance**

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

Decrease the number of young to very young children 0-5 years of age from being removed from their primary caregiver and entering out of home care in the child welfare system. Increase the number of young to very young children ages 0-5 who are rapidly reunified with their primary caregiver following a removal due to at risk of child abuse and neglect related to substance used disorder or undiagnosed or untreated mental health conditions - with the intensive support and treatments in the home.

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



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Intensive case management.  
 Wrap around supports.  
 Care coordination.  
 Intensive and frequent case staffings.  
 Parent training on protective capacity.  
 Substance use prevention and treatment.  
 Mental health treatment.

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

Same as above.

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

young to very young children 0-5 years of age, and their primary or secondary care givers with substance use disorder or undiagnoses untreated mental health disorder or co-occurring disorders. Baby CAT will divert 100 young to veryyoung children from entering the child welfare system of 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 hotline data and the Florida Safe Families Network (FSFN) data.  
 DCF Child Protection Investigations scorecards for reduction in removals of young to very young children 0-5 years of age due to care giver substance misuse.

**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?**

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 and the prior month.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**

**a. If Yes, what phase best describes the project?**

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

**b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):**

**15. Has the entity applied for or received federal assistance for this project?**

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

**a. If yes, provide the FEMA project worksheet ID#:**

**b. Provide the total project cost listed on the FEMA project worksheet:**



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**16. Has the entity applied for or received state assistance for this project (other than this request)?**

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

**a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):**

**17. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**18. 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**  **Ext.**

**19. Lobbyist Contact Information**

**a. Name**

**b. Firm Name**



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c. E-mail Address

d. Phone Number

*The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.*