

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

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

2. Date of Submission: 11/14/2017

3. House Member Sponsor: Chris Latvala

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- Has funding been provided in a previous state budget for this activity? Yes
If answer to 4a is ?No? skip 4b and 4c and proceed to 4d, Col. E
- What is the most recent fiscal year the project was funded? 2017-18
- Were the funds provided in the most recent fiscal year subsequently vetoed? No
- Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non- vetoed amounts provided in Column A)	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:		400,000	400,000		1,753,551	1,753,551

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? No

5a. If yes, which state agency?

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Children and Families

5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes

5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

A financial penalty will be assessed to the agency of 2% of the overall funding award if program outcomes are not met.

6. Requester:

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

7. Contact for questions about specific technical or financial details about the project:

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

8. Is there a registered lobbyist working to secure funding for this project?

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

9. Organization or Name of entity receiving funds:

- a. Name: Directions for Mental Health Inc d/b/a Directions for Living
- b. County (County where funds are to be expended): Pasco, Pinellas
- c. Service Area (Counties being served by the service(s) provided with funding): Pasco, Pinellas

10. What type of organization is the entity that will receive the funds? (Select one)

- ☐ For Profit
- ☒ Non Profit 501(c) (3)
- ☐ Non Profit 501(c) (4)
- ☐ Local Government
- ☐ University or College
- ☐ Other (Please describe)

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

Expedited safe reunification of children who have been separated from their parents/caregivers due to substance misuse and/or co-occurring mental health concerns.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?0? if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input checked="" type="checkbox"/> b. 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 program.	159,414
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries 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"/> f. Expenses/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"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		1,753,551

13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

N/A

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

This special project has the support of the Community Based Care lead agency, the judiciary, the managing entity, and the other child welfare case management organizations.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

No

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

Baby CAT delivers integrated substance abuse, mental health and child welfare services to children 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, longer stays in fo

17b. Describe the direct services to be provided to the citizens by the funding requested.

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.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

- ☐ Elderly persons
- ☒ Persons with poor mental health
- ☒ Persons with poor physical health
- ☒ Jobless persons
- ☒ Economically disadvantaged persons
- ☒ At-risk youth
- ☒ Homeless
- ☒ Developmentally disabled
- ☐ Physically disabled
- ☒ Drug users (in health services)
- ☒ Preschool students
- ☒ Grade school students
- ☒ High school students
- ☐ University/college students
- ☒ Currently or formerly incarcerated persons
- ☒ Drug offenders (in criminal Justice)
- ☒ Victims of crime
- ☐ General (The majority of the funds will benefit no specific group)
- ☐ Other (Please describe)

17d. How many in the target population are expected to be served?

- ☐ < 25
- ☐ 25-50

- 51-100
- 101-200
- 201-400
- ⊙401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input type="checkbox"/> Improve physical health		
<input checked="" type="checkbox"/> Improve mental health	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
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	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 enrolled in Baby CAT will be enrolled in a trauma informed, quality early learning daycare provider, and for children who are school aged improved attendance will be achieved upon safe and timely reunification
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		

<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input checked="" type="checkbox"/> Reduce recidivism	Children will not experience a subsequent removal post Baby CAT services	95% 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 re-engaging with services if needed
<input checked="" type="checkbox"/> Reduce substance abuse	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.
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Decrease in arrests parents of children	Review and track arrest history of caregivers whose children have been removed due to substance misuse 6 months prior to enrollment, during service provision and 6 months post services
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		

<input checked="" type="checkbox"/> Other (Please describe): Reduced length of stay in out of home care	The length of time children spend in out of home/foster care will be reduced.	90% of children served by Baby CAT will be reunified within 120 days of intake.
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19. Provide the total cost of the project for FY 2018-19 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	1,753,551	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	1,753,551	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

Yes

20a. How much state funding would be requested after 2018-19 over the next 5 years?

- ☐ <1M
- ☐ 1-3M
- ☒ >3-10M
- ☐ >10M

20b. How many additional years of state support do you expect to need for this project?

- ☐ 1 year
- ☐ 2 years
- ☐ 3 years

- ☐ 4 years
- ☒ ≥ 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select ?ongoing activity?.

- ☒ ongoing activity ? no total cost
- ☐ <1M
- ☐ 1-3M
- ☐ >3-10M
- ☐ >10M