

Budget Detail Request - Fiscal Year 2016-17

Your request will not be officially submitted unless all questions and applicable sub parts are answered.

1. Title of Project: Family Intensive Treatment (FIT) Team Expansion
2. Date of Submission: 01/22/2016
3. House Member Sponsor(s): Kathleen Peters

4. DETAILS OF AMOUNT REQUESTED:

- a. 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
- b. What is the most recent fiscal year the project was funded? 2015-16
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request (Note that Column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in Column G):

FY:	Input Prior Year Appropriation for this project for FY 2015-16 (If appropriated in FY 2015-16 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2016-17 (If no new Recurring or Nonrecurring funding is requested, enter zeros.)			
	Column: A	B	C	D	E	F	G
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)	INCREASED or NEW Recurring Requested	TOTAL Nonrecurring Requested (Nonrecurring is one time funding & must be re-requested every year)	Total Funds Requested Over Base Funding (Recurring plus Nonrecurring: Column E + Column F)
Input Amounts:	2,400,000	0	2,400,000	2,400,000	3,500,000	0	3,500,000

- e. New Nonrecurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs
- f. New Recurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs

5. Requester:

- a. Name: Mark Fontaine
- b. Organization: Florida Alcohol and Drug Abuse Association (FADAA)
- c. Email: mfontaine@fadaa.org
- d. Phone #: (850)878-2196

6. Organization or Name of Entity Receiving Funds:

- a. Name: Community Substance Abuse Providers Chosen by Competitive Bi
- b. County (County where funds are to be expended) Brevard, Duval, Hillsborough, Pinellas, Seminole
- c. Service Area (Counties being served by the service(s) provided with funding) Statewide

7. Write a project description that will serve as a stand-alone summary of the project for legislative review. The description should summarize the entire project's intended purpose, the purpose of the funds requested (if request is a sub-part of the entire project), and most importantly the detail on how the funds requested will be spent - for example how much will be spent on positions and associated salaries, specifics on capital costs, and detail of operational expenses. The summary must list what local, regional or statewide interests or areas are served. It should also document the need for the funds, the community support and expected results when applicable. Be sure to include the type and amount of services as well as the number of the specific target population that will be served (such as number of home health visits to X, # of elderly, # of school aged children to receive mentoring, # of violent crime victims to receive once a week counseling etc.)

FIT Teams provide intensive team-based, family-focused, services to families in child welfare with parental substance misuse. FIT teams target communities with high rates of verified abuse reports related to substance abuse.

The Review of Child Fatalities report to DCF (2013) indicated a connection between parental substance abuse and child deaths. National research indicates children are more likely to experience abuse and neglect when parents abuse alcohol or drugs. In 2012, parental substance abuse was the reason for removal of almost 31 percent of children in foster care.

In Florida several different providers may be working with different family members without collaboration on assessments, treatment planning and desired outcomes. To better serve families, FIT uses a different approach with designated services at the correct level of treatment and supports for parents/family members; concentrates on the family-focused treatment; and integrates SUD treatment, parenting interventions, and coordination of services received by all family members regardless of the funding source. FIT delivers services to parents who have at least one child between 0 - 10 who has been determined unsafe. FIT Teams are in 16 Florida counties. DCF and the Governor's Proposed Budget requests expansion of this model to the following six counties: Pinellas, Hillsborough, Duval, Brevard, Seminole, & Manatee. 350 additional families would be served.

8. Provide the total cost of the project for FY 2016-17 from all sources of funding:

Federal: 0

State: 0 (Excluding the requested Total Amount in #4d, Column G)

Local: 0

Other: 0

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

Yes