

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: Florida Assertive Community Treatment Team (FACT)
2. Date of Submission: 01/19/2016
3. House Member Sponsor(s): Ray Pilon

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No
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?
- 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:					1,309,465	0	1,309,465

- 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: Jack Minge
- b. Organization: Coastal Behavioral Healthcare, Inc
- c. Email: jminge@coastalbh.org
- d. Phone #: (941)685-8176

6. Organization or Name of Entity Receiving Funds:

- a. Name: Coastal Behavioral Healthcare, Inc.
- b. County (County where funds are to be expended) Sarasota
- c. Service Area (Counties being served by the service(s) provided with funding) Sarasota

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.)

The Florida Legislature and the Department of Children and Families, Substance Abuse and Mental Health Program Office have funded FACT Programs across the state in the past fifteen years. They were funded in response to closure and downsizing of state hospitals and because they provide significantly better outcomes in the community for persons with severe and persistent mental illnesses. Improved outcomes are demonstrated by reduce usage of emergency rooms, crisis stabilization units, hospitals and by more stable and safe supported housing arrangements. FACT programs are cost effective in the context of the reduction of usage of the expensive modalities.

Coastal Behavioral Healthcare is requesting funding for a new FACT Program in Sarasota County, which would serve up to 80 individuals at any one time. The program would be developed in response to Sarasota County's Homelessness Strategic Plan and the City of Sarasota's Homelessness Plan, both of which include components on supported housing and the need to improve services to persons with mental illnesses and substance abuse disorders. The target population would be adults with severe mental illnesses that are homeless or at risk of being homeless. Most adults will have a co-occurring substance abuse disorder as well. The program would also accept referrals for people being discharged from state hospitals and as an alternative to admission to state hospitals.

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