

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: Marion County Community Action Team
2. Date of Submission: 01/20/2016
3. House Member Sponsor(s): Dennis Baxley

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:					675,000	0	675,000

- 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: Tim Cowart
- b. Organization: The Centers, Inc.
- c. Email: tcowart@thecenters.us
- d. Phone #: (352)291-5555

6. Organization or Name of Entity Receiving Funds:

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

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.)

Community Action Team (CAT TEAM) provides comprehensive, community based services to children aged 11-21 with a mental health diagnosis or co-occurring substance abuse diagnosis with accompanying characterizes such as: being at risk for out-of-home placement as demonstrated by repeated failures at less intensive levels of care; having two or more hospitalizations or repeated failures; involvement with the Department of Juvenile Justice or multiple episodes involving law enforcement; or poor academic performance and/or suspensions. Children younger than age 11 may be candidates if they meet two or more of the aforementioned characteristics.

- 1. The goal is to stabilize the mental illness so that these children can continue to live in the community with their family.
- 2. The CAT Team provides a lower cost alternative, with less emotional trauma for the child, to state funded out-of-home placement such as foster care, residential mental health treatment and juvenile justice incarceration by offering guardians and parents a safe option for maintaining these children in their home.

Children ages 5-18 who are at risk of residential placement due to mental illness, and their families will benefit from state funds. Diversion from out-of-home placement for children with mental illness; stabilize level of cognitive and behavioral functioning; increase school attendance; increase days remaining in the community and living in home; decrease level of parental stress.

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