

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 Family Intensive Treatment Team (FIT TEAM)
2. Date of Submission: 01/11/2016
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:					400,000	0	400,000

- 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.)

Funds will be provided to implement the Family Intensive Treatment (FIT) team model that is designed to provide intensive team-based, family-focused, comprehensive services to families in the child welfare system with parental substance abuse. Treatment shall be available and provided in accordance with the indicated level of care required and providers shall meet program specifications. An array of behavioral health services will be provided to eligible families according to an individualized treatment plan and shall include the following strategies: peer support for therapeutic mentoring in recovery; 24 hours a day access to crisis intervention services; coordination and navigation services to ensure engagement and support retention into services; intensive in-home and at site treatment options to families; wraparound services for parents; mental health services; primary care access; and parenting, family education, relapse prevention, and specialty programming for trauma recovery and domestic violence histories.

Expected Program Results:

Increased treatment retention and completion rates; decrease absenteeism from treatment sessions; increased collaboration with child welfare and dependency court representatives; increased child and parent safety with stabilized family units; decreased risk factors for re-offense, relapse, and further out of home placements.

Who Benefits:

Families will be referred to the FIT Team through child protective investigator, dependency court, or community-based care agency. Eligibility for family enrollment includes the following: have a substance use disorder, have at least one child less than 10 years of age, are under the judicial supervision in dependency court (both in-home or out of home placement). Out of home placement cases include only those parents with a goal of reunification. All members of the family unit are eligible for FIT Team services that promote safety, stabilization, and reunification.

Measures:

1. Upon discharge from FIT Team services, 90% of families will be living in a stable housing environment.
2. 80% of parents will improve their level of functioning as measured by the Functional Assessment Rating Scale (FARS).
3. The provider will serve at least one family with FIT services for every \$10,000 allocated to the provider.

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