

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: Children's Community Action Team-Meridian Behavioral Healthcare Inc.
2. Date of Submission: 12/07/2015
3. House Member Sponsor(s): Elizabeth Porter

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:					750,000	0	750,000

- 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: Maggie Labarta
- b. Organization: Meridian Behavioral Healthcare, Inc.
- c. Email: maggie_labarta@mbhci.org
- d. Phone #: (352)374-5600 Ext. 8220

6. Organization or Name of Entity Receiving Funds:

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

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.)

Meridian is the single largest provider of behavioral healthcare in North Central Florida. Meridian is also the only provider of comprehensive care ? from prevention to acute in-patient care. The 2016-17 legislative budget request made by the Department of Children and Families includes the addition of a Children's Action Team for the region including Columbia, Suwannee, Hamilton, Lafayette, and Dixie counties. What is a Children's Community Action Team (CAT)? The CAT teams provide comprehensive, community-based services to children ages 11 to 21 with a mental health diagnosis or co-occurring substance abuse diagnosis with accompanying characteristics 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. The CAT team is structured to provide a broad array of intensive services to keep children in the community while addressing the mental health, substance abuse, and family issues that are placing them in frequent inpatient, criminal justice or other systems. The programs and their specific targets to be achieved have been clearly delineated by DCF and data is provided and has been evaluated by the department. Our team would have the same highly specific measures and outcome targets. The total budget for the team is \$750,000 with the expectation that the team serve average per day per child cost is \$40. In order to provide this broad array, the professional team including care coordinators, counselors, psychiatric staff, mentors, and others. Staffing comprises \$500,000 of this budget. Operating expenses ? supplies, mileage, insurance, training, supervision, information technology services account for the remaining \$250,000. There is no capital outlay. This is consistent with prior funded teams. A detailed budget can be provided.

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