

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 Intervention Treatment Team Centerstone of Florida
2. Date of Submission: 12/29/2015
3. House Member Sponsor(s): W. Steube

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 <i>(If appropriated in FY 2015-16 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2016-17 <i>(If no new Recurring or Nonrecurring funding is requested, enter zeros.)</i>			
	Column: A	B	C	D	E	F	G
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: Column A + Column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	INCREASED or NEW Recurring Requested	TOTAL Nonrecurring Requested <i>(Nonrecurring is one time funding & must be re-requested every year)</i>	Total Funds Requested Over Base Funding <i>(Recurring plus Nonrecurring: Column E + Column F)</i>
Input Amounts:					840,000	0	840,000

- 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: Mary Ruiz
- b. Organization: Centerstone of Florida
- c. Email: Mary.Ruiz@centerstone.org
- d. Phone #: (941)782-4299

6. Organization or Name of Entity Receiving Funds:

- a. Name: Centerstone of Florida
- b. County (County where funds are to be expended) Manatee
- c. Service Area (Counties being served by the service(s) provided with funding) Manatee

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 Family Intervention Team Centerstone of Florida will provide care coordination and substance abuse treatment for parents putting children at risk due to their own substance use at a case rate of \$12,000 per family for 70 families. In 2014, the Medical Examiner reported that Manatee County had more per capita heroin, fentanyl and cocaine deaths than any other county in Florida. There is also a toll on child welfare. Children age 10 and under in Manatee are at high risk of maltreatment when substance use disorders are present in their parents. The Centerstone Family Intervention Team provides 24/7 support with linkage to substance abuse treatment within 48 business hours of assessment. The FIT specialized team integrates care and attends to all child and family behavioral, medical and social issues to promote child safety, support recovery from substance use and reunite families. The return on investment to the state for this program is more than 100% if only one child is diverted from foster care over the extent of their childhood. 90% of parents will receive treatment within 48 business hours of initial assessment; 80% of parents will improve level of functioning at discharge from treatment and 90% of parents served will be in stable housing at discharge

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