## **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: Specialized Therapeutic Group Camps

2. Date of Submission: 01/07/2016

3. House Member Sponsor(s): Jeanette Nunez

## 4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes

  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? 2014-15
- 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:	Α	В	С	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:					0	245,500	245,500

e.	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: <u>Claudio Perez</u>

b. Organization: <u>Agape Network/SFJM</u>
c. Email: <u>cperez@hcnetwork.org</u>
d. Phone #: (305)694-4040

6. Organization or Name of Entity Receiving Funds:

a. Name: Agape Network

- b. County (County where funds are to be expended) Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding) Miami-Dade

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.)

Agape Network is requesting funding in the amount of \$245,500 for the renovation of a vandalized building to provide Specialized Therapeutic Group Camps. The Department of Children and Families has identified a critical need to provide Therapeutic Camps in the Miami-Dade County Region. Agape Network currently provides therapeutic group care and psycho-social rehabilitation services to enable a young person to self-manage, and work towards resolution of, emotional, substance use, behavioral or psychiatric problems towards the long-term goal of returning to a normalized living situation. Department of Juvenile Justice and The Miami-Dade County Public School Board has approved use of an eight-acre property it owns for Agape Network to provide behavioral health related services. The public schools are serving a population that includes a number of middle school and high school age students with behavioral challenges that result in frequent short-term academic suspensions and placement into alternative education schools. Agape Network helps these high-risk students learn to overcome their behavioral issues while maintaining their academic progress. Agape Network will provide a school-like Therapeutic Camps for children ages 12?18, on a protected eight acre facility with an Interdisciplinary Team including a Psychiatrist, Primary Care Physician / Nurse Practitioner, Therapist, Psycho-Social Rehabilitation Counselor, Care Coordinator / Case Manager, Nutritionist and Chaplain.

## About Agape Network

Agape has partnered with DCF as a community based treatment provider for over 30 years. Agape Network provides a medical home model that integrates primary care and behavioral health care services that move youth toward quicker restoration and self- sufficiency in a continuum of care. Agape provides a holistic, comprehensive, continuous and integrated systems of care with long term wrap-around services and faith community support. Agape Network partners with Federally Qualified Health Centers (FQHC) and Health Choice Network (www.hcnetwork.org). Agape integrates technology and electronic health records to

deliver consistent and continuous quality care based on best practices and evidence based programs. This technology allows us to meaningfully use and share data with schools and partners, and to report, research, and manage our programs and services efficiently.

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: <u>0</u> Other: <u>0</u>

9. Is this a multi-year project requiring funding from the state for more than one year?

<u>No</u>