

# Appropriations Project Request - Fiscal Year 2017-18

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: New Hope Residential Substance Abuse and Mental Health (SAMH) Treatment Project

2. Date of Submission: 02/07/2017

3. House Member Sponsor: Jeanette Nunez

Members Copied:

### 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?
- 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<br>for FY 2016-17<br><i>(If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)</i> |                               |   | Develop New Funds Request<br>for FY 2017-18<br><i>(Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring .)</i> |  |  |
|--------------------|---|-------------------------------|---|--|--|--|
|                    | Column:   | A                             | B   | C  | D                                      | E  |
| Funds Description: | Prior Year Recurring Funds  | Prior Year Nonrecurring Funds | Total Funds Appropriated<br><br><i>(Recurring plus Nonrecurring: column A + column B)</i> | Recurring Base Budget<br><i>(Will equal non-vetoed amounts provided in Column A)</i>   | <b>Additional Nonrecurring Request</b> | <b>TOTAL Nonrecurring Request</b><br><i>(Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)</i> |
| Input Amounts:     |   |                               |   |  | 500,000                                | 500,000  |

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2017-18? No

5a. If yes, which state agency?

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? For example, if the requested issue pertains to services provided to inmates at correctional facilities, the Department of Corrections would be the most appropriate state agency. Department of Children and Families

6. Requester:

- a. Name: Stephen Alvarez, MBA-HSA, CAP
- b. Organization: New Hope C.O.R.P.S. Inc.
- c. Email: salvarez@newhopecorp.org
- d. Phone #: (786)243-0501

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: Stephen Alvarez, MBA-HSA, CAP
- b. Organization: New Hope C.O.R.P.S. Inc.
- c. Email: salvarez@newhopecorp.org
- d. Phone #: (786)243-0501

8. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

- a. Name: New Hope C.O.R.P.S. Inc.
- 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, Monroe

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government

- University or College
- Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

To preserve the ONLY SAMH beds for adult males in South Miami-Dade which will be lost in Sept. 2017 due to HUD budget cuts. Goals: 1) Improve transitions from acute and restrictive to less restrictive community-based levels of care 2) Increase diversion from state mental health treatment facility admissions 3) Decrease avoidable hospitalizations, inpatient care, incarcerations, and homelessness 4) Focus on individual whole health wellness and community integration (jobs and stable housing).

12. Provide specific details on how funds will be spent. (Select all that apply)

| Spending Category  | Description   | Nonrecurring<br>(Should equal 4d, Col. F)<br>Enter ?0? if request is zero for the<br>category |
|--|---|---|
| Administrative Costs:  |   |   |
| <input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits | .18 FTE Executive Director -Salary and fringe benefits (all staff fringe benefits are set at 24% which include taxes and health care benefits)                          | 13,351  |
| <input checked="" type="checkbox"/> b. Other Salary and Benefits                           | .5 FTE Quality Assurance Coordinator and .5 FTE Finance Director  | 65,022  |
| <input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other                        |   |   |
| <input type="checkbox"/> d. Consultants/Contracted Services/Study                          |   |   |
| Operational Costs:   |   |   |
| <input checked="" type="checkbox"/> e. Salaries and Benefits                               | All position include salary and fringe benefits -- 1.5 FTE: Case Managers and an Intake Coordinator; 2.5 FTE: positions include Behavioral techs/Building Security/Peer | 375,642   |

|   |   |                |
|---|---|----------------|
|   | Specialist Personnel; .5 FTE: Kitchen Staff; .5 FTE: LPN to monitor and dispense medication; .5 FTE: Psychiatrist MD; 3.0 FTE: Clinical Director, Substance Abuse Treatment Counselors; 1.5 FTE Maintenance Staff, Drive  |                |
| <input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other | Food, Program Supplies (hygiene products), Drug Screenings. Transportation Vehicles (fuel, oil, maintenance, tolls), Client Bus Passes, Maintenance Supplies, Insurances (general liability, auto, property/wind, flood, Directors & Officers), Utilities (gas, electric, water and sewer, waste disposal, cable and Internet, phone) Furniture/Fixtures, Washer/Dryer, Fire Safety, Copier, Computers, Air Conditioning , Office Supplies. | 45,985         |
| <input type="checkbox"/> g. Consultants/Contracted Services/Study               |   |                |
| Fixed Capital Construction/Major Renovation:                                    |   |                |
| <input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering   |   |                |
| <b>TOTAL</b>  |   | <b>500,000</b> |

13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Fixed Capital Outlay? was not selected, question 13 is not applicable)

N/A

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

Letters of support are available upon request: We have or will obtain documented support from: The Miami-Dade County Homeless Trust, South Florida Behavioral Health Network, City of Homestead Proclamation, Senator Rene Garcia, Senator Anitere Flores (Senate Sponsor). We presented at the 2017 hearing of the Miami-Dade Delegation . The following offices have expressed verbal support: Chairman/Rep. Felix Diaz, Rep. Holly Raschein, Senator Frank Artiles, Senator Lauren Book, Rep. Jeannette Nunez.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

All reports and complete narrative response available upon request: South Florida Behavioral Health Network (SFBHN) published a report in 2015 entitled ?Penetration Rate of Behavioral Health Consumers in Miami-Dade County by Zip Code.? Behavioral Science Research Corporation conducted a study in January of 2016. On December 2, 2016 SFBHN reported a need of \$1,814,215 to increase treatment beds to address opioid epidemic and IV-drug use. The first two studies confirm need for South Dade beds.

17. Will the requested funds be used directly for services to citizens?

Yes

17a. Describe the target population to be served. Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students

- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- Other (Please describe): Target population: Adults needing residential substance abuse and mental health (SAMH) treatment.

17b. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select all that applies)

| Benefit or Outcome   | Provide a specific measure of the benefit or outcome   | Describe the method for measuring level of benefit  |
|--|--|---|
| <input checked="" type="checkbox"/> Improve physical health                  | 80% of participants will receive Primary Care services   | primary care visits show improved health, case file review of primary care showing care received                                |
| <input checked="" type="checkbox"/> Improve mental health                    | 70% of participants served will not require acute care (CSU) for mental health services from admission to discharge with a reduction in baseline of readmission to Crisis Stabilization Unit by 5% | case review showing diagnosis and medication/ treatment received; outcome measure is in conformance with DCF and SFBHN standard |
| <input type="checkbox"/> Enrich cultural experience                          |  |   |
| <input type="checkbox"/> Improve agricultural production/promotion/education |  |   |
| <input type="checkbox"/> Improve quality of education                        |  |   |

|  |  |   |
|--|--|---|
| <input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality             |  |   |
| <input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.) | SFBHN/State Target: 94% of participants will be discharged to stable housing environment                   | case review showing completion and discharged to stable housing; data field entered in SAMHIS ; outcome measure is in conformance with DCF and SFBHN standard |
| <input type="checkbox"/> Improve transportation conditions   |  |   |
| <input type="checkbox"/> Increase or improve economic activity   |  |   |
| <input type="checkbox"/> Increase tourism  |  |   |
| <input type="checkbox"/> Create specific immediate job opportunities                                     |  |   |
| <input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency              | SFBHN/State Target: 10% will change in employment status from Admission to Discharge                       | case review showing job placement or training received; data field entered in SAMHIS; outcome measure is in conformance with DCF and SFBHN standard           |
| <input checked="" type="checkbox"/> Reduce recidivism  | SFBHN/State Target: % change in adults arrested 30 days prior to program vs prior to discharge will be 15% | case review showing change in arrest; data field entered in SAMHIS ; outcome measure is in conformance with DCF and SFBHN                                     |
| <input checked="" type="checkbox"/> Reduce substance abuse   | SFBHN/State Target: 51% will complete substance abuse treatment (clean & sober)                            | case review showing completion with no failed drug tests; data field entered in SAMHIS; outcome measure is in conformance with DCF and SFBHN                  |
| <input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system                         | 50 % of participants served will have history of involvement with criminal justice system                  | case review tracking referral source from Mental Health court; case review of criminal background   |

|  |  |  |
|--|--|--|
| <input type="checkbox"/> Improve wastewater management   |  |  |
| <input type="checkbox"/> Improve stormwater management   |  |  |
| <input type="checkbox"/> Improve groundwater quality   |  |  |
| <input type="checkbox"/> Improve drinking water quality  |  |  |
| <input type="checkbox"/> Improve surface water quality   |  |  |
| <input checked="" type="checkbox"/> Other (Please describe): DCF/SFBHN Reporting System compliance | SFBHN/State Target: 99% of service events will be recorded in SAMHIS Data system or other system as specified by Managing Entity | Case review, review of monthly data reports; Data is entered and outcomes are tracked through states Substance Abuse and Mental Health Information System (SAMHIS). (SFBHN)/DCF requires all subcontracted providers to submit data containing the demographic, service and outcomes data for all clients paid via their respective contracts in accordance with state prescribed requirements |

19. Provide the total cost of the project for FY 2017-18 from all sources of funding (Enter ?0? if amount is zero):

| Type of Funding  | Amount  | Percent of Total (Automatically Calculates) | Are the other sources of funds guaranteed in writing? |
|--|---------|---|---|
| 1. Amount Requested from the State in this Appropriations Project Request: | 500,000 | 50.0%                                       | N/A   |
| 2. Federal:  | 0       | 0.0%  | No  |
| 3. State: (Excluding the requested Total Amount in #4d, Column F)          | 180,000 | 18.0%                                       | Yes   |
| 4. Local:  | 260,000 | 26.0%                                       | Yes   |

|           |           |      |     |
|-----------|-----------|------|-----|
| 5. Other: | 60,000    | 6.0% | Yes |
| TOTAL     | 1,000,000 | 100% |     |

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

Yes

20a. How much state funding would be requested after 2017-18 over the next 5 years?

- <1M
- 1-3M
- >3-10M
- >10M

20b. How many additional years of state support do you expect to need for this project?

- 1 year
- 2 years
- 3 years
- 4 years
- >= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select ?ongoing activity?.

- ongoing activity ? no total cost
- <1M
- 1-2M
- >2-3M
- >3-10M
- >10M