

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: New Hope Residential Substance Abuse and Mental Health (SAMH)
2. Date of Submission: 11/14/2017
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? Yes
If answer to 4a is ?No? skip 4b and 4c and proceed to 4d, Col. E
- b. What is the most recent fiscal year the project was funded? 2017-18
- 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:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
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>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		500,000	500,000		500,000	500,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? 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? Department of Children and Families
 - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes
 - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

Penalties for failure to Perform may include but are not limited to refusing payment, withholding payments until deficiency is cured, tendering only partial payments, imposition of penalties and termination of contract. Performance determined to be erroneous could result in return of funds.

6. Requester:

- a. Name: Stephen Alvarez
- 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:

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

8. Is there a registered lobbyist working to secure funding for this project?

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

9. Organization or Name of entity receiving funds:

- 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?

A faith based behavioral healthcare provider. Mission: To assist individuals reenter society who are struggling with addiction and mental health disorders, utilizing a faith and evidenced based approach to treatment. Goals: 1) Improve transitions from acute and restrictive to less restrictive community-based levels of care 2) Decrease avoidable hospitalizations, inpatient care, incarcerations & homelessness 3) Focus on individual whole health wellness and community integration (jobs & stable housing)

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?0? if request is zero for the 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 Specialist Personnel; .5 FTE: Kitchen	375,642

	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		
TOTAL		500,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

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: The Miami-Dade County Homeless Trust, South Florida Behavioral Health Network, City of Homestead Proclamation, Senator Rene Garcia, Senator Anitere Flores. We intend to present at the next 2018 Miami-Dade Delegation hearing. The following offices have expressed verbal support: Rep. Holly Raschein, Senator Lauren Book

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 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 residential treatment beds

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

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

Residential Substance Abuse Treatment inclusive of room and board, individualized assessment and treatment plan, group and individual therapy, peer support services and case management services. Medication Assisted Treatment for Opioid IV-drug users & Primary Care medical services are provided through a formal Memorandum of Agreement

17b. Describe the direct services to be provided to the citizens by the funding requested.

will be utilized for the provision of Residential Substance Abuse and Mental Health Treatment as provided in Florida Administrative Code 65D-30. Services will maintain availability of treatment beds for priority SAMH populations such as Opioid IV drug users and preserve the only State funded Residential Treatment beds for males in South Miami Dade. Target are citizens with substance use & mental health disorder who may be elderly, jobless, homeless, formally incarcerated, drug offenders

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

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
- General (The majority of the funds will benefit no specific group)
- Other (Please describe): Adults needing residential substance abuse and mental health (SAMH) treatment.

17d. 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 each Benefit/Outcome 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	case review showing change in

	program vs prior to discharge will be 15%	arrest; data field entered in SAMHIS
<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 2018-19 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of
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			funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	500,000	39.1%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	140,000	10.9%	Yes
4. Local:	610,400	47.7%	Yes
5. Other:	30,000	2.3%	Yes
TOTAL	1,280,400	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 2018-19 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

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