

# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Agape Network - Integrated Care Team, Behavioral Health Services
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		567,250	567,250		567,250	567,250

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? No
  - 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.  
Return of funds.

6. Requester:

- a. Name: Claudio M. Perez
- b. Organization: Agape Network dba of South Florida Jail Ministries, Inc.
- c. Email: cperez@hcnetwork.org
- d. Phone #: (305)694-4040

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Claudio M. Perez
- b. Organization: Agape Network dba of South Florida Jail Ministries, Inc.
- c. Email: cperez@hcnetwork.org
- d. Phone #: (305)694-4040

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: Agape Network dba of South Florida Jail Ministries, 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

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?

Using an in-home and on-site Care Team model, Agape will provide integrated behavioral and primary care needed to connect the uninsured and under-insured to its patient centered medical home. Agape serves behavioral health patients discharged from hospitals, crisis stabilization units and the criminal justice system, as well as those referred by community-based providers and schools. The model is designed to reduce preventable hospital emergency visits, readmissions, and criminal involvement.

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	Program Supervisor: Administrative and clinical oversight of the Care Team.	79,000
<input type="checkbox"/> b. Other Salary and Benefits		
<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	CARE TEAM: Care Coordinator: Conduct Evidenced Based Practice (EPB) Screenings and link clients to recommended services. Therapist: Provides EBPs, therapeutic assessment and interventions. MD/ARNP: Provides primary care services, makes referrals. Clinician Assistant: Complies with treatment recommendations. Peer Specialist: Promotes self-determination and	454,250

	decision-making. Psychiatrist: Provides psychiatric services. Chaplain: Provides counseling and motivation based on client's stated needs.	
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Supplies and Incidental Expenses: Covers follow up treatment not paid by other means such as co-payments, labs, prescriptions, etc.	22,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Medical Director (.5 FTE)	12,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
<b>TOTAL</b>		<b>567,250</b>

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:

Agape Network has agreements and letters of support from major organizations including Baptist Hospital Health Systems, Health Choice Network, and South Florida Behavioral Health Network, Agape Network's Managing Entity funded through DCF.

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:

South Florida Behavioral Health Network (Managing Entity for DCF) and Baptist Health Systems conducted Community Needs Assessments and identified the gaps and service needs: Access to Care (uninsured), Chronic Disease Management, Availability of Primary and Preventive Care, Barriers Accessing Continuum of Care, Mental Health and Substance Abuse, Peer Support, High Standards of Care, Housing, Prevention, Family Involvement, and Communication with the Community and Criminal Justice System.

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?

Integrated Behavioral Health and Primary Care Services

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

Psychiatry, Medication Assisted Treatment, Assessment, Therapy and Case Management

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)

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	Access to timely integrated primary/behavioral health care for uninsured and under-insured low-income residents, with a focus on chronic disease management; delivery of holistic on-site and in-home primary/behavioral health care utilizing the best-practice ?patient-centered medical home? model delivered at the lowest possible cost (this care model further addresses lack of nighttime and weekend office hours among primary care providers and transportation issues associated with access to care.)	Enrollment in healthcare plans; the number of primary care visits/services provided to the target population; reductions in emergency department use and in preventable hospital admissions; and reduction in the percent of adults with a self-assessed health status of fair to poor health (CDC Community Health Status Indicators).
<input checked="" type="checkbox"/> Improve mental health	Access to timely integrated behavioral health and primary care for uninsured and underinsured low-income residents; increases in	Adult: Average annual days worked for pay for adults with severe and persistent mental illness (Target: 40 days); Percent competitively

	medication management; decreases in hospitalizations/institutional settings; and decreases in criminal justice costs associated with involvement in crime/infractions by those experiencing mental illness.	employed (T: 24%); Percent in forensic involvement with stable housing environment (T: 67%); Percent in mental health crisis with stable housing environment (T: 86%). Children: Percent school days seriously emotionally disturbed (SED) children attended (T: 86%); Percent with emotional disturbances (ED) who improve level of functioning (T: 65%).
<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 type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<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	low-income residents, with a focus on chronic disease management; delivery of holistic on-site and in-home primary and behavioral health care utilizing the best-practice patient-centered medical home?	Address behavioral health disorders (mental health/substance abuse) coupled with chronic disease management fosters better health outcomes leading to reductions in missed days at work and/or

	model; and access to an integrated care plan that addresses the social determinants of health (e.g., housing, poverty, unemployment) within the integrated care model.	unemployment (e.g., Average annual days worked for pay for adults with severe and persistent mental illness [Target: 40 days]; Percent of adults with severe mental illness who are competitively employed [Target: 24%]).
<input checked="" type="checkbox"/> Reduce recidivism	Decreases in criminal justice costs associated with involvement in crime/infractions by those experiencing mental illness.	Adult: Average annual days worked for pay for adults with severe and persistent mental illness (Target: 40 days); Percent with severe mental illness employed (T: 24%); Percent in forensic involvement in a stable housing environment (T: 67%); Percent in mental health crisis in a stable housing (T: 86%); Percent change in the number arrested 30 days prior to substance abuse treatment admission versus 30 days prior to discharge (T: 15%); Percent in stable housing at discharge (T: 94%)
<input checked="" type="checkbox"/> Reduce substance abuse	Decreases in criminal justice costs associated with involvement in crime/infractions by those experiencing a substance use/abuse disorder.	Adult: Percentage change employed from substance abuse treatment admission to discharge (Target: 10%); Percent change in number arrested 30 days prior to admission versus 30 days prior to discharge (T: 15%); Percent complete treatment (T: 51%); Percent with stable housing at discharge (T: 94%). Children: Percent complete treatment (T: 48%); Percent change in number arrested 30 days prior to admission versus 30

		days prior to discharge (T: 20%); Percent in stable housing at discharge (T: 93%)
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Provision of an accountable and outcome-based behavioral health and integrated primary care services program delivered as a component of a diversionary criminal/juvenile justice system program that promotes decreases in criminal justice costs for individuals (adults and juveniles) experiencing mental health and/or substance use/abuse disorder(s); decreases in the number of first-time misdemeanors placed in secure detention; and increases in public safety.	Adult: Percent change in number arrested 30 days prior to substance abuse treatment admission versus 30 days prior to discharge (Target: 15%); Percent who complete treatment (T: 51%); Percent in forensic involvement with stable housing (T: 67%); Percent in mental health crisis with stable housing (T: 86%). Children: Percent change in number arrested 30 days prior to treatment admission versus 30 days prior to discharge (T: 20%); Percent with stable housing at time of discharge (T: 93%)
<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 type="checkbox"/> Other (Please describe):		

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 funds guaranteed in writing?

1. Amount Requested from the State in this Appropriations Project Request:	567,250	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>567,250</b>	<b>100%</b>	

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