



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

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

2. **Senate Sponsor:** Anitere Flores

3. **Date of Submission:** 11/08/2017

4. **Project/Program Description:**

New Hope CORPS., Inc. is a 501(c) 3 Florida nonprofit organization established in 1993. Operating under the authority and direction of its Board of Directors, the agency is a multi-service provider licensed by the State of Florida Department of Children and Families (DCF) as a Residential Level 2, Intensive Outpatient, Outpatient and General Interventions Substance Abuse Treatment and is located in South Dade/Homestead. The agency is also a provider of Community Mental Health Services. New Hope is the only residential SAMH provider serving adult males in the South Miami-Dade and Monroe County and is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). This funding will be utilized for the provision of residential level II behavioral health care service (Substance Abuse and Mental Health – SAMH) for adult males in Miami-Dade and Monroe Counties, with catchment area being the underserved region of South Miami-Dade and Monroe Counties.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?  
Department of Children and Families

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
500,000		500,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	140,000	10.9%
Local	610,400	47.7%
Other	30,000	2.3%
TOTAL	780,400	60.9 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,280,400



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### 9. Previous Year Funding Details:

- Has funding been provided in a previous state budget for this activity? Yes
- In the previous 5 fiscal years, how many years was funding provided? (Optional) 1
- What is the most recent fiscal year the project was funded? 2017-18
- Were the funds provided in the most recent fiscal year subsequently vetoed? No
- Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		500,000	500,000

### 10. Is future-year funding likely to be requested?

Yes

- If yes, indicate non-recurring amount per year.

Yes - \$500,000 per year to preserve SAMH residential treatment beds

### 11. Program Performance:

- What is the specific purpose or goal that will be achieved by the funds requested?

To preserve the ONLY SAMH beds for adult males in South Miami-Dade which were 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). 5) Maintain availability of treatment beds for priority SAMH populations such as Opioid IV drug users

- What are the activities and services that will be provided to meet the intended purpose of these funds?

Residential Level II Substance Abuse Treatment inclusive of transitional housing, individualized assessment and treatment plan, group and individual therapy, case management, and peer support services. Additionally, Medication Assisted Treatment (MAT) for Opioid IV-drug users are provided through a formal Memorandum of Agreement with Banyan Health Systems, a MAT-funded provider

- How will the funds be expended?

Spending Category	Description	Amount
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Administrative Costs		
<input checked="" type="checkbox"/> 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"/> Other Salary and Benefits	.5 FTE Quality Assurance Coordinator and .5 FTE Finance Director	65,022
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	All position include salary and fringe benefits -- 1.5 FTE: Case Managers and Intake Coordinator; 2.5 FTE: positions include Behavioral techs/Building Security/Peer 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, Driver	375,642
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Food, Program Supplies (hygiene products), Drug Screenings. Transport Vehicles (fuel, oil, maintenance, tolls), Client Bus Passes, Maintenance Supplies, Insurance (general liability, auto, property/wind, flood, Directors & Officers), Utilities (gas, electric, water and sewer,	45,985



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	waste disposal, cable and Internet, phone) Furniture/Fixtures, Washer/Dryer, Fire Safety, Copier, Computers, Air Conditioning , Office Supplies.	
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		500,000

**d. What are the direct services to be provided to citizens by the appropriations project?**

Residential Level II SAMH Treatment

**e. Who is the target population served by this project? How many individuals are expected to be served?**

50 Adult Males

**f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**

1) Improve physical health [80% will receive Primary Care services]; 2) Improve mental health [70% will not require acute care (CSU) for mental health services from admit to discharge with a reduction in baseline readmission to CSU by 5%]; 3) Protect general public from harm [94% will be discharged to stable housing]; 4) Enhance economic self-sufficiency [10% will change in employment status from admit to discharge]; 5) Reduce recidivism [% change in adults arrested 30 days prior to admit vs prior to discharge will be 15%]; 6) Reduce substance abuse [51% will complete substance abuse treatment clean & sober]; 7) Divert from Criminal Justice System [50% will have history of involvement with criminal justice system]; 8) DCF Reporting System compliance [99% of service events recorded in SAMHIS Data system or other system as specified by Managing Entity] \*Methods of Measurement: Participant case reviews, Monthly data reports \*\*Outcome measures are in conformance with DCF/SFBHN/State Target

**g. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?**

Financial consequences 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.

**12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**



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N/A

### 13. Requestor Contact Information:

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

### 14. Recipient Contact Information:

- a. **Organization:** New Hope C.O.R.P.S., Inc
- b. **County:** Miami-Dade
- c. **Organization Type:**
  - ☐ For Profit
  - ☒ Non Profit 501(c) (3)
  - ☐ Non Profit 501(c) (4)
  - ☐ Local Entity
  - ☐ University or College
  - ☐ Other (Please specify)
- d. **Contact Name:** Stephen Alvarez
- e. **E-mail Address:** salvarez@newhopecorp.org
- f. **Phone Number:** (786)243-0501

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

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