



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1424

1. Title of Project: New Hope C.O.R.P.S. - Behavioral Health Residential Treatment

2. Senate Sponsor: Anitere Flores

3. Date of Submission: 01/24/2019

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 to receive requested funds : Department of Children and Families

State Agency Contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2019-2020

Type of Funding	Amount
Operations	750,000
Fixed Capital Outlay	
Total State Funds Requested	750,000

7. Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	750,000	38.38%
Federal	328,500	16.81%
State (excluding the amount of this request)	396,542	20.29%
Local	449,040	22.98%
Other	30,000	1.54%
Total Project Costs for Fiscal Year 2019-2020	1,954,082	100.0%

8. Has this project previously received state funding? Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		
2018-19		250,000	372	No

9. Is future-year funding likely to be requested? Yes



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1424

a. If yes, indicate non-recurring amount per year. \$750,000

10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
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)	13,905
Other Salary and Benefits	.5 FTE Quality Assurance Coordinator, .5 FTE Finance Director, and .5 FTE Operations Director	78,991
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits	All position include salary & fringe benefits - 2.0 FTE: Case Managers and 1.0 FTE Intake Coordinator; 4.0 FTE: positions include Behavioral techs/Building Security, 2.0 FTE Peer Specialists, .5 FTE: Kitchen Staff; .5 FTE: LPN to monitor and dispense medication; .5 FTE: Psychiatrist MD; 0.5 FTE: Clinical Director 2.5 FTE Substance Abuse Treatment Counselors; 1.5 FTE Maintenance Staff/Drivers	582,483
Expense/Equipment/Travel/Supplies/Other	Food, Program Supplies (hygiene products), Drug Screenings. Transportation (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.	74,621
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		750,000

11. Program Performance:

a. 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. 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



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1424

housing). 5) Maintain availability of treatment beds for priority SAMH populations such as Opioid and other drug users.

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

Residential Substance Abuse and Mental Health Treatment, Psychiatric service, Assessment and Treatment Planning, Individual and Group Counseling, Case Management, Life Skills Training, Peer Recovery Support, Employment Services, Housing Navigation and Linkage, Medication Assisted Treatment, Medication Monitoring, and 3 meals per day.

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

Residential Substance Abuse and Mental Health Treatment, Psychiatric service, Assessment and Treatment Planning, Individual and Group Counseling, Case Management, Life Skills Training, Peer Recovery Support, Employment Services, Housing Navigation and Linkage, Medication Assisted Treatment, Medication Monitoring, and 3 meals per day.

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

50 Adult Males

e. 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

f. 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.

N/A

13. Requestor Contact Information:

a. Name: Stephen Alvarez

b. Organization: New Hope C.O.R.P.S., Inc.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1424

c. **E-mail Address:** salvarez@newhopecorp.org

d. **Phone Number:** (786)243-1003 Ext. 208

14. Recipient Contact Information:

a. **Organization:** New Hope C.O.R.P.S., Inc.

b. **County:** Miami-Dade, Monroe

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)243-1003 Ext. 208

15. Lobbyist Contact Information

a. **Name:** None

b. **Firm Name:** None

c. **E-mail Address:**

d. **Phone Number:**