



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Agape Network – Integrated Care Team, Behavioral Health Services

2. **Senate Sponsor:** Rene Garcia

3. **Date of Submission:** 01/20/2018

4. **Project/Program Description:**

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.

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
567,250		567,250

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)	567,250	50.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	567,250	50.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,134,500

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 1

c. What is the most recent fiscal year the project was funded? 2017-18



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d. Were the funds provided in the most recent fiscal year subsequently vetoed? Yes

e. 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.)		
	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		567,250	567,250

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

No

11. Program Performance:

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

Agape serves behavioral health patients discharged from hospitals, crisis stabilization units, 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.

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

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.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Program Supervisor: Administrative and clinical oversight of the Care Team.	79,000
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		



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Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	CARE TEAM: Care Coordinator: Conduct evidence- based practice (EBP) 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 decision-making. Psychiatrist: Provides psychiatric services. Chaplain: Provides counseling and motivation based on client's stated needs.	454,250
<input checked="" type="checkbox"/> Expense/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"/> Consultants/Contracted Services/Study	Medical Director (.5 FTE)	12,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		567,250

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

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.



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

Elderly persons, persons with poor mental health, persons with poor physical health, jobless persons, economically disadvantaged persons, homeless persons, and at-risk youth.

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

Access to timely integrated behavioral health and primary care for uninsured and underinsured low-income residents; increases in medication management; decreases in hospitalizations/institutional settings; and decreases in criminal justice costs associated with involvement in crime/infractions by those experiencing mental illness.

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?

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:** Claudio Perez
- b. **Organization:** Agape Network dba South Florida Jail Ministries, Inc.
- c. **Email:** CPerez@HCNetwork.org
- d. **Phone Number:** (305)694-4040

14. Recipient Contact Information:

- a. **Organization:** Agape Network dba South Florida Jail Ministries, 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:** Claudio Perez
- e. **E-mail Address:** CPerez@HCNetwork.org
- f. **Phone Number:** (305)694-4040

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

- a. **Name:** None
- b. **Firm:** None



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c. Email:

d. Phone Number: