

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: The Camillus House ISPA Program for Mental Health and Substance Abuse Services

2. Date of Submission: 11/07/2019

3. House Member Sponsor: Nicholas Duran

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

a. Has funding been provided in a previous state budget for this activity? No

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?

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

d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
	Column: A	Column: B	Column: C	Column: D	Column: E	Column: 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:					545,000	545,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? 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.

As per contract, noncompliance involving the provision of service not having a direct effect on client health and safety shall result in a 5% penalty. Noncompliance as a result of unacceptable performance of administrative tasks shall result in a 2% penalty. Noncompliance that results in a direct effect on client health and safety shall result in a 10% penalty of total contract payments during the period in which the corrective action plan has not been implemented.

6. Requester:

- a. Name: Hilda Fernandez
- b. Organization: Camillus House, Inc.
- c. Email: hfernandez@camillus.org
- d. Phone #: (305)374-1065

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

- a. Name: Shelley-Anne Glasgow-Wilson
- b. Organization: Camillus House, Inc.
- c. Email: shelleyg@camillus.org
- d. Phone #: (305)374-1065

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: Camillus House, 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?

The funding requested for this project will support ongoing operational expenses and staffing related to maintaining 26 of the 69 bed capacity of Camillus' ISPA Substance Abuse and Mental Health programs. Specifically, the funding will be used to cover behavioral health and support staff, operational expenses, food, direct support to clients and other costs associated with the provision of these specialized services.

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	Director, Behavioral Health Services & Psychologist	95,000
<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	6 FTE equivalent clinical, case management and residential support	350,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Food, facility costs, life skills, educational/vocational, transportation services	100,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		

<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		545,000

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)

For Profit

Non Profit 501(c) (3)

Non Profit 501(c) (4)

Local Government (e.g., police, fire or local government buildings, local roads, etc.)

State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)

Other (Please describe)

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 can be provided from Thriving Minds (formerly South Florida Behavioral Health Network) and the Homeless Trust

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

No

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?

The funding requested for this project will support ongoing operational expenses and staffing related to maintaining the 69 bed capacity of the Camillus’ mental health and substance abuse programs. Specifically, the funding will be used to cover salaries of clinical and support staff, operational expenses, food, direct support to clients and other costs associated with the provision of 26 beds of these specialized services. The program is staffed by licensed mental health professionals including

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

The direct services to be provided include behavioral health treatment for substance abuse and mental health issues. Clients receive individual and group therapy to address their psychological issues as well as are provided with therapeutic/wellness activities as part of their recovery. Clients receiving case management to support job/vocational advancement, securing permanent housing, obtaining benefits and family reunification where possible. The ISPA (Institute for Personal Success and Adju

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	• Adults served with Severe and Persistent Mental Illness (SPMI) must be over 31 • % of adults provided a stable housing environment must be over 90%	In agreement with DCF, the structure of the program best services individuals with SPMI over the age of 31 Housing stability is determined by the length of stay of individuals in the program
<input type="checkbox"/> Improve mental health		
<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	Average number of days worked for pay by program participants will be at least 20 • # and % of clients	The program tracks the number of days spent in work therapy as well as the number of days worked for pay in

	successfully completing treatment who retain 9 months employment with the DDA/other employment • Percent change of adults employed from admission to discharge will be at least 10%	program. Clients enter the work program (Phase 3/aftercare) upon successful completion of treatment. These measures form part of the contract with DCF are measured by change in client employment status from entrance to exit
<input checked="" type="checkbox"/> Reduce recidivism	% change in adults arrested 30 days prior to program versus prior to discharge will be 15%	These measures form part of the contract with DCF are measured by client, exit destinations for individuals successfully completing treatment and the rate of criminal recidivism of clients in the program.
<input checked="" type="checkbox"/> Reduce substance abuse	• Adults provided with Substance Abuse (SA) treatment will be at least 25 • % of adults who successfully complete substance abuse treatment services will be at least 51%	In agreement with DCF, the structure of the program best services individuals with SA over the age of 25 In agreement with DCF, the percentage of individuals successfully completing treatment is determined by dividing the number of individuals who complete Phase 2 by the total number of individuals in the program
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<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): Improve housing stability	• % of adults in a stable housing environment at the time of discharge will be at least 94%	These measures form part of the contract with DCF are measured by client, exit destinations for individuals successfully completing treatment.
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19. Provide the total cost of the project for FY 2020-21 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:	545,000	85.7%	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:	91,000	14.3%	Yes
TOTAL	636,000	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 2020-21 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