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# The Florida Senate

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

1. Title of Project: Camillus House ISPA Program

Senate Sponsor: Rene Garcia
 Date of Submission: 01/04/2018

### 4. Project/Program Description:

The Institute of Social and Personal Adjustment (ISPA) incorporates self-help philosophies with clinical expertise, providing treatment through a mix of individual and group therapy, work training, and social activities. Recognizing that treatment must be tailored to the individual needs and preferences of the client, ISPA employs multiple approaches and modalities, emphasizing development of client-centered plans that are culturally and ethnically appropriate. The goal of the program is to restore human dignity and self-reliance to the poor and homeless of South Florida. The program targets chronically homeless individuals with Substance Abuse and Mental Health problems. It is important to note that 100% of the clients entering the ISPA program are coming straight off the streets or from emergency shelter.

#### 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? <u>Department of Children and Families</u>

#### 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
559,000		559,000

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

Туре	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	108,000	16.2%
TOTAL	108,000	16.2 %

- 8. Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds): 667,000
- 9. Previous Year Funding Details:



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- a. Has funding been provided in a previous state budget for this activity? No
- b. In the previous 5 fiscal years, how many years was funding provided? (Optional)
- c. What is the most recent fiscal year the project was funded?
- d. Were the funds provided in the most recent fiscal year subsequently vetoed?
- 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.)		
Column:	Α	В	С
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

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

Yes

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

559,000

#### 11. Program Performance:

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

This project will support ongoing operational expenses and staffing related to maintaining the 60 bed capacity of the Camillus' ISPA Substance Abuse and Mental Health program. Specifically, the funding will cover salaries of clinical and support staff, operational expenses, food, direct support to clients and other costs associated with the provision of these specialized services. The program is staffed by licensed mental health professionals including a licensed psychiatrist; licensed psychologist; licensed clinicians; and trained residential assistants. The increase of homelessness among women has developed a need for services designed to meet the specific treatment and mental health needs of women living on the streets. DCF monitors and oversees treatment programs that receive funding from the State of Florida. Thus, the outcomes and goals for ISPA are consistent with standards set throughout the rest of the state.

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

The funding requested for this project will support ongoing operational expenses and staffing related to maintaining the 60 bed capacity of the Camillus' ISPA Substance Abuse and Mental Health program. 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 these specialized services. The program is



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staffed by licensed mental health professionals including a licensed psychiatrist; licensed psychologist; licensed clinicians; and trained residential assistants.

### c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
☑Executive Director/Project Head Salary and Benefits	Director of Psychological Services	40,000
☐Other Salary and Benefits		
□Expense/Equipment/Travel/Supplies/Other		
□Consultants/Contracted Services/Study		
Operational Costs		
☑Salary and Benefits	6 FTE equivalent clinical, case management and residential support.	410,000
□Expense/Equipment/Travel/Supplies/Other		
☑Consultants/Contracted Services/Study	Food, facility costs, life skills, educational/vocational, transportation services.	109,000
Fixed Capital Construction/Major Renovation		
☐Construction/Renovation/Land/Planning Engineering		
TOTAL		559,000

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

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 pychological 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.

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

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This program will benefit homeless individuals with substance abuse and mental health. These individuals must be homeless or at risk of homelessness in Miami-Dade County; have behavioral/mental health issues, including but not limited to symptoms of trauma and/or substance abuse; require intensive therapy, life skills and professional development training; and needing a supportive environment in which to receive treatment.

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

The ISPA program has a set of standard measures as reflected in Camillus' contract with the State through managing entity SFBHN. These include: - Numbers of adults served with Severe and Persistent Mental Illness (SPMI) must be over 31; Percent of adults provided a stable housing environment must be over 90%- Average number of days worked for pay by program participants will be at least 20- 99% of state contracted service events will be recorded in state Mental Health Information system; # and % of clients successfully completing treatment who retain 9 months employment with the DDA Adults; Percent of adults who successfully complete substance abuse treatment services will be at least 51%- Percent of adults who live in a stable housing environment at the time of discharge will be at least 94%; Percent change in number of adults arrested 30 days prior to admission versus prior to discharge will be at least 15%.

- 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?

  As per contract, noncompliance involving the provision of service not having a direct effect on client health and safety shall result in the imposition of a five percent (5%) penalty. Noncompliance as a result of unacceptable performance of administrative tasks shall result in the imposition of a two percent (2%) penalty. Noncompliance that is determined to have a direct effect on client health and safety shall result in the imposition of a ten percent (10%) penalty of the total contract payments during the period in which the corrective action plan has not been implemented or in which acceptable progress toward implementation has not been made Penalties may be imposed for failure to implement or to make acceptable progress on such corrective action plans.
- 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.

  None
- 13. Requestor Contact Information:

a. Name: Hilda Fernandez

b. Organization: <u>Camillus House, Inc.</u>c. <u>Email: hfernandez@camillus.org</u>

**d.** Phone Number: (305)374-1065 Ext. 308

14. Recipient Contact Information:

a. Organization: Camillus House, Inc.

b. County: Miami-Dadec. Organization Type:

O For Profit



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- Non Profit 501(c) (3)
- O Non Profit 501(c) (4)
- O Local Entity
- O University or College
- O Other (Please specify)
- d. Contact Name: Eduardo Gloria
- e. E-mail Address: <a href="mailto:eduardog@camillus.org">eduardog@camillus.org</a>
  f. Phone Number: <a href="mailto:(305)374-1065">(305)374-1065</a> Ext. 220
- 15. If there is a registered lobbyist, fill out the lobbyist information below.

a. Name: Noneb. Firm: Nonec. Email:

d. Phone Number: