1. Project Title: Miami Center for Mental Health and Recovery

2. Senate Sponsor: Manny Diaz

3. Date of Request: 10/30/2019

4. Project/Program Description

5. State Agency to receive requested funds: Department of Children and Families
   State Agency contacted?  Yes  No

6. Amount of the Nonrecurring Request for Fiscal Year 2020-2021

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>4,000,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td>000</td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td>4,000,000</td>
</tr>
</tbody>
</table>

7. Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>4000000</td>
<td>100.0 %</td>
</tr>
</tbody>
</table>

   Matching Funds

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal</td>
<td>00</td>
<td>0 %</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>00</td>
<td>0 %</td>
</tr>
<tr>
<td>Local</td>
<td>00</td>
<td>0 %</td>
</tr>
<tr>
<td>Other</td>
<td>00</td>
<td>0 %</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2020-2021</strong></td>
<td>4,000,000</td>
<td>100 %</td>
</tr>
</tbody>
</table>

8. Has this project previously received state funding?  Yes  No
   If yes, provide the most recent instance:

<table>
<thead>
<tr>
<th>Fiscal Year (yyyy-yy)</th>
<th>Amount Recurring</th>
<th>Amount Nonrecurring</th>
<th>Specific Appropriation #</th>
<th>Vetoed</th>
</tr>
</thead>
</table>

9. Is future-year funding likely to be requested?  Yes  No
   If yes, indicate nonrecurring amount per year. 4,000,000
10. Details on how the requested state funds will be expended

<table>
<thead>
<tr>
<th>Spending Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Costs:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Executive Director/Project Head Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational Costs: Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salary and Benefits</td>
<td>5.25 FTEs to manage operations of Miami Center for Mental Health and Recovery.</td>
<td>531,809</td>
</tr>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td>Expenses: Electricity, Insurance (Fire/Liability/etc.), Maintenance/Repairs/Grounds Keeping, Water/Sewer/Garbage, Communications, Equipment (non-program), Maintenance and Repairs - IT, Professional fees, Security Staffing, Other expenses.</td>
<td>880,272</td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td>Contracted services: Central Receiving Center, 16-bed Integrated Adult Crisis Stabilization Unit and Addiction Receiving Facility, other crisis, support, and emergency services.</td>
<td>2,587,919</td>
</tr>
<tr>
<td>Fixed Capital Construction/Major Renovation:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Construction/Renovation/Land/Planning Engineering</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total State Funds Requested (must equal total from question #6)</td>
<td></td>
<td>4,000,000</td>
</tr>
</tbody>
</table>
11. **Program Performance**

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

      By housing a comprehensive array of services and supports in one location, and providing re-entry assistance upon discharge to the community, it is anticipated that many of the barriers and obstacles to navigating traditional community mental health and social services will be eliminated. The services planned for the facility will address critical treatment needs that have gone unmet in the past and reduce the likelihood of recidivism to the justice system, crisis settings, and homelessness in the future.

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

      Central Receiving Center is designed to be a single point of entry into the behavioral health treatment system for assessments and appropriate placement of adults experiencing a crisis. This service will be designated specifically to serve individuals diverted from the justice system by law enforcement, fire-rescue, and the courts. Integrated Adult Crisis Stabilization Unit and Addiction Receiving Facility will provide acute care services, offered twenty-four (24) hours per day, seven (7) days per week, provide brief, intensive residential treatment services to meet the needs of individuals who present with a serious and acute mental illness or substance use impairment, or with co-occurring mental illness and substance use disorders requiring close medical observation. The purpose of these units is to examine, stabilize, and redirect people to the most appropriate and least restrictive treatment settings for their psychiatric needs.

   c. **What direct services will be provided to citizens by the appropriation project?**

      Direct services provided to citizens will include job creation and improved access to behavioral health and primary care treatment service for individuals at greatest risk for recidivism to the justice system and acute care treatment system.

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

      Adults with serious mental illnesses who have histories of repeated involvement in the justice, acute care treatment, and/or homeless systems; and who are: 1) Involved in, or at risk of becoming involved in, the justice system, 2) Diverted from the county jail either pre-booking (by law enforcement) or post-booking (by the courts), 3) Assessed to be at moderate to high risk of future recidivism to the justice system and institutional settings, and 4) Screened to ensure they do not have significant histories of violence and are not likely to pose public safety concerns. It is anticipated that the center will serve 7,000 to 9,000 individuals annually.

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

      Rather than deploying resources in the incomplete patchwork that has come to characterize the community mental health system, the Center will focus on creating a common foundation for community based care, which provides cost-effective services, delivered through evidence based clinical pathways, and resulting in meaningful health, safety, and recovery outcomes.

   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 in the form of reduced payment of invoices for failing to meet established performance measures.
12. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

N/A

13. Requestor Contact Information
   a. First Name  John          Last Name  Newcomer
   b. Organization South Florida Behavioral Health Network, Inc.
   c. E-mail Address jnewcomer@sfbhn.org
   d. Phone Number (786)235-7147

14. Recipient Contact Information
   a. Organization South Florida Behavioral Health Network, Inc.
   b. Municipality and County Miami-Dade
   c. Organization Type
      - For-profit Entity
      - Non-Profit 501(c) (3)
      - Non-Profit 501(c) (4)
      - Local Entity
      - University or College
      - Other (please specify) Non Profit 501(c) (3)
   d. First Name  John          Last Name  Newcomer
   e. E-mail Address jnewcomer@sfbhn.org
   f. Phone Number (786)2357147

15. Lobbyist Contact Information
   a. Name  Joseph Salzverg
   b. Firm Name  Gray Robinson
   c. E-mail Address joseph.salzverg@gray-robinson.com
   d. Phone Number (305)9249904

Page 4 of 4