



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1339

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. Project/Program Description

Agape Network of Miami, Florida, will expand its existing Faith Works Re-Entry Program to provide a greater array of pre- and post- release services to individuals served through the Miami-Dade County Corrections and Rehabilitation Department. This program will take a holistic approach to providing evidence-based practices to address issues of substance abuse, and mental, physical, and spiritual health.

5. **State Agency to receive requested funds**
- State Agency contacted?**

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	950,000
Fixed Capital Outlay	0
Total State Funds Requested	950,000

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	950,000	49%
Matching Funds		
Federal	1,000,000	51%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2023-2024	1,950,000	100%

8. **Has this project previously received state funding?**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future funding likely to be requested?**
- a. **If yes, indicate nonrecurring amount per year.**

b. **Describe the source of funding that can be used in lieu of state funding.**

Funding limited to Federal SAMHSA Grant portion of total funding needed.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.



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Payroll Protection Plan Loan Forgiven \$826,100 used to maintain payroll for staff whose employment would otherwise have been terminated.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List 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.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Project Director LOE 50%-\$47,500 Benefits \$7,125	54,625
Other Salary and Benefits	Psychiatric LOE 50%-\$137,850 Benefits \$20,677 Psychiatric Assistant LOE 100%-\$41,600 Benefits \$6,240. Primary Care Physician LOE 58%-\$139,000 Benefits \$20,850. Care Coordination LOE 100%-\$55,000 Benefits \$8,250. Assessments/Licensed Clinician LOE 100%-\$60,000 Benefits \$9,000. Therapist (2) LOE 100%-\$112,000 Benefits \$16,800. Case Manager (2) LOE 100%-\$95,680 Benefits \$14,352. Peer Specialist LOE 100%-\$39,520 Benefits \$5,928.	782,747
Expense/Equipment/Travel/Supplies/Other	Computers \$9,900; Furniture \$3,000; Phone System \$1,650; General Office supplies \$2,078; Travel: \$1,000.	17,628
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Indirect Administration Cost	95,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		950,000

14. Program Performance

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



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Improve Mental Health - 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. Reduce Substance Abuse - Decreases in criminal justice costs associated with involvement in crime/infractions by those experiencing a substance use/abuse disorder. Enhance specific individual's economic self-sufficiency and reduce recidivism.

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

Psychiatric and Primary Care medical treatment to address Mental Health and Substance Abuse challenges. Case management and Peer Specialist support to enhance economic self-sufficiency.

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

Decreases in criminal justice costs associated with involvement in crime/infractions by those experiencing mental illness. Decreases in public funding required to support chronically unemployed persons or low and very-low income individuals.

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

Between 101 and 200 persons who are re-entering the community following incarceration from State or County correctional facilities.

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

Average annual days worked for pay for adults with severe and persistent mental illness (Target: 40 days) Percentage change employed from substance abuse treatment admission to discharge (Target: 10%); Percent change in number arrested 30 days prior to admission versus 30 days prior to discharge (T: 15%); Percent complete treatment (T: 51%); Percent with stable housing at discharge (T: 94%). Address behavioral health disorders (mental health/substance abuse) coupled with chronic disease management to foster better health outcomes leading to reductions in missed days at work and/or unemployment .

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 the contract?

Return of funds.

15. Requester Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

16. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

For Profit Entity

Non Profit 501(c)(3)

Non Profit 501(c)(4)



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- Local Entity
- University or College
- Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number