

Budget Detail Request - Fiscal Year 2016-17

Your request will not be officially submitted unless all questions and applicable sub parts are answered.

1. Title of Project: South Florida Behavioral Health Network - 11th Judicial Circuit Crim Mental Health Project
2. Date of Submission: 12/22/2015
3. House Member Sponsor(s): Jeanette Nunez

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
If answer to 4a is ?NO? skip 4b and 4c and proceed to 4d
- b. What is the most recent fiscal year the project was funded? 2015-16
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request (Note that Column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in Column G):

FY:	Input Prior Year Appropriation for this project for FY 2015-16 (If appropriated in FY 2015-16 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2016-17 (If no new Recurring or Nonrecurring funding is requested, enter zeros.)			
	Column: A	B	C	D	E	F	G
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: Column A + Column B)	Recurring Base Budget (Will equal non-vetoed amounts provided in Column A)	INCREASED or NEW Recurring Requested	TOTAL Nonrecurring Requested (Nonrecurring is one time funding & must be re-requested every year)	Total Funds Requested Over Base Funding (Recurring plus Nonrecurring: Column E + Column F)
Input Amounts:	0	250,000	250,000	0	0	500,000	500,000

- e. New Nonrecurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs
- f. New Recurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs

5. Requester:

- a. Name: John Dow
- b. Organization: South Florida Behavioral Health Network, Inc.
- c. Email: jdow@sfbhn.org
- d. Phone #: (305)860-0653

6. Organization or Name of Entity Receiving Funds:

- a. Name: South Florida Behavioral Health Network
- 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

7. Write a project description that will serve as a stand-alone summary of the project for legislative review. The description should summarize the entire project's intended purpose, the purpose of the funds requested (if request is a sub-part of the entire project), and most importantly the detail on how the funds requested will be spent - for example how much will be spent on positions and associated salaries, specifics on capital costs, and detail of operational expenses. The summary must list what local, regional or statewide interests or areas are served. It should also document the need for the funds, the community support and expected results when applicable. Be sure to include the type and amount of services as well as the number of the specific target population that will be served (such as number of home health visits to X, # of elderly, # of school aged children to receive mentoring, # of violent crime victims to receive once a week counseling etc.)

Funding will be used by the South Florida Behavioral Health Network (SFBHN), in cooperation with Camillus House and Health, to provide behavioral health, primary care, and housing support services to individuals diverted from the justice system through the 11th Judicial Circuit Criminal Mental Health Project (CMHP). The target population includes individuals with histories of serious mental illnesses (SMI) (e.g., schizophrenia, bipolar disorder, major depression), homelessness, hospitalizations, and arrests. Services focus on reducing costs to the criminal justice and public health systems, and improving public safety. Services are based on assessment of risk factors and needs among individuals with SMI who are frequent and costly recidivists to the justice and acute care treatment systems.

SFBHN is a nonprofit, 501(c)3 managing entity that provides comprehensive planning and coordination for the behavioral health system of care at the community level. Camillus House and Health is a nonprofit, 501(c)3 organization that provides comprehensive health care, behavioral health and social services to the homeless and poor in Miami-Dade County. The CMHP diverts individuals with SMI or co-occurring SMI and substance use disorders, who do not pose significant public safety risks, away from the criminal justice system and into comprehensive community-based treatment and support services.

Benefits of the program to both the state and local community include reduced numbers of individuals with SMI in the justice system, and more efficient access to housing, treatment, and support services for the individuals re-entering the community. The project results in reduced demand for costly acute care services in jails, prisons, forensic mental health treatment facilities, emergency rooms, and other crisis settings; decreased crime and improved public safety; improved public health; decreased injuries to law enforcement officers and people with mental illnesses; and decreased rates of chronic homelessness.

The project will serve a minimum of one-hundred fifty (150) individuals. Funding will be budgeted as follows: \$400,000 subcontracted between SFBHN and Camillus House and Health to fund personnel positions administering a broad array of behavioral health, primary care, and housing support services. \$77,000 for

SFBHN to purchase individual reentry support services (e.g. housing, medical, psychiatric, transportation) from other community-based treatment providers. \$23,000 (4.6% of total funding) to support administrative costs for SFBHN.

Performance and outcome measures include: 1) rates of arrest and incarceration pre- and post-project enrollment; 2) access and utilization rates for healthcare services; 3) rates of access to federal entitlement benefits; 4) rates of stable housing; and 5) job creation.

8. Provide the total cost of the project for FY 2016-17 from all sources of funding:

Federal: 0

State: 0 (Excluding the requested Total Amount in #4d, Column G)

Local: 0

Other: 0

9. Is this a multi-year project requiring funding from the state for more than one year?

No