

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: Crisis Outplacement Bed Program (COB)
2. Date of Submission: 01/07/2016
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? Yes
- 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:	354,640	189,794	544,434	354,640	0	189,794	189,794

- 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: Victoria Mallette
- b. Organization: Miami-Dade County Homeless Trust
- c. Email: vmallette@miamidade.gov
- d. Phone #: (305)375-1491

6. Organization or Name of Entity Receiving Funds:

- a. Name: Miami-Dade County Homeless Trust
- 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.)

The COB project provides critically needed housing and wrap-around behavioral health treatment and support services for homeless individuals with serious mental illnesses referred by the 11th Judicial Circuit Criminal Mental Health Project and participating in jail diversion programs. Funds are subcontracted to a not-for-profit community-based behavioral health treatment provider through an RFA process, to purchase housing, treatment and support services for program participants. The Homeless Trust has requested a total of \$544,434 (increase of \$189,794) which would allow the program to provide a minimum of 60 beds (revise?) to individuals who require intensive treatment and support services.

The program is designed to decriminalize non-violent, homeless individuals charged with misdemeanor offenses who are arrested and spend time in jail because they need psychiatric evaluation, treatment and specialized housing to address severe mental illnesses. The program provides voluntary housing and support services as an alternative to incarceration; uses SOAR disability entitlement procedures to expedite entitlement applications; and seamlessly transitions clients out of COB, using their entitlements to pay for mainstream services while providing continuous housing and support services.

The current COB project's primary impact to the state is cost savings. The program saves the state approximately \$91,369,0500 by providing jail diversion to 640 misdemeanants (new Camillus contract is for 28 beds) diagnosed with severe mental illnesses at over 300% cost savings as compared to incarceration. The COB project's secondary impact is reducing criminal recidivism. The COB provider developed the Relationship Based Care Model adopted by SAMHSA as an Evidenced Based Practice that has proven to significantly reduce criminal recidivism. Is there updated data on Camillus outcomes?

On any given day, Miami-Dade County jails house approximately 1,400 inmates diagnosed with mental illnesses who receive psychiatric medications. The county jail system has been referred to as the "largest warehouse for people with mental illnesses in Florida." Housing inmates with mental illnesses in county jails costs taxpayers nearly \$90 million per year, about \$245,000 a day which equates to \$175 per inmate, per day. The daily cost to provide housing with support services

through the COB program is less than \$50 per client, per day. The COB project has developed a proven methodology for reducing criminal recidivism, further saving the state on emergency room visits, arrests and cost of jailing someone with severe mental illness.

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: 150,000

Other: 169,819

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

Yes