

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Miami-Dade County Veterans Treatment Court

2. Date of Submission: 02/06/2017

3. House Member Sponsor: Jose Diaz

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No
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?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- 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 2016-17 <i>(If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2017-18 <i>(Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring .)</i>		
	Column:	A	B	C	D	E
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring Request <i>(Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)</i>
Input Amounts:					150,500	150,500

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2017-18? No

5a. If yes, which state agency?

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? For example, if the requested issue pertains to services provided to inmates at correctional facilities, the Department of Corrections would be the most appropriate state agency. Department of Veterans Affairs

6. Requester:

- a. Name: Jose Diaz
- b. Organization: Miami Dade County Commissioner
- c. Email: district12@miamidade.gov
- d. Phone #: (305)599-1200

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: Laura Verdaguer
- b. Organization: Miami-Dade County
- c. Email: laura.verdaguer@miamidade.gov
- d. Phone #: (305)599-1200

8. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

- a. Name: Miami-Dade County
- 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

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government

- University or College
- Other (Please describe)

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

The funds will be used to support the Veterans Treatment Court of the 11th Judicial in and for Miami-Dade County, Florida. This specialized court is intended to provide rehabilitative services for veterans who have been charged with non-violent crimes and have been identified as suffering from serious mental health conditions or substance abuse disorders. Veterans will be diverted from the traditional justice system and receive help with reintegration into civilian life with the court's help.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) Enter ?0? if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input checked="" type="checkbox"/> b. Other Salary and Benefits	One Administrative Assistant to support day-to-day clerical and other office support duties for the Veterans Treatment Court.	45,000
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	One full-time Case Manager and one Intake Specialist for the Veterans Treatment Court.	86,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Office furniture, computers for case management staff, key staff travel to national drug court training	19,500

	conference, supplies, cell phones for case managers for field visits.	
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		150,500

13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Fixed Capital Outlay? was not selected, question 13 is not applicable)

N/A

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

Miami-Dade County Bd. of County Commr's (Resolution No. R-1176-16), Miami-Dade County Military Affairs Bd. (Mtg. of 04/26/16), U.S. DOJ (Award Letter of 09/20/16), Comm'r Jose "Pepe" Diaz, 11th Jud'l Circuit (AO16-14 & Ltr. of 04/18/16), FL DCF (Ltr. of 04/15/16), FL Courts Admin. (Ltr. of 04/07/16), Miami-Dade State Attorney's Office (MOU of 04/19/16), Miami-Dade Public Defender's Office (same MOU), Miami VA Health Care System (same MOU), and South Fla. Behavioral Health Network (same MOU).

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

No

17. Will the requested funds be used directly for services to citizens?

Yes

17a. Describe the target population to be served. Select all that apply to the target population:

Elderly persons

- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- Other (Please describe): Veterans of the U.S. Armed Forces.

17b. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select all that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input type="checkbox"/> Improve physical health		
<input checked="" type="checkbox"/> Improve mental health	Our goal is for 80% of participants to reach a GAF score of at least 61 upon graduation (represents:	GAF (Global Assessment Functioning) Scale

	participant is generally functioning well).	
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	At least 80% of participants will comply with 18 month treatment interventions designed to divert from the criminal justice system and protect the general public from harm.	Treatment Compliance (adherence to treatment plan - e.g. individual and group therapy, psychiatric appointments; also vocational rehabilitation, career counseling; maintaining housing requirements).
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	All eligible participants will comply with participation in the VA Vocational Rehabilitation and Work Programs designed to promote economic self sufficiency.	Monitor compliance with VA Vocational Rehabilitation and Work Programs.
<input checked="" type="checkbox"/> Reduce recidivism	80% of high risk/high need participants will adhere to principles. Compliance will be monitored through frequent court appearances, case management and documented	Risk-need-responsivity model based on the Ohio Risk Assessment System - Community Supervision Tool (ORAS-CST) scores.

	through the Florida Drug Court Case Management database (FDCCMS).	
<input checked="" type="checkbox"/> Reduce substance abuse	80% of participants will test clean for at least 6 months prior to and 6 months during community supervision phase (totaling 12 months of sobriety before graduation). All opioid addicts and alcoholics will be counseled and given the option of utilizing MAT to reduce relapse and cravings.	Random and frequent alcohol and other drugs (AOD) testing. Medically Assisted Treatment (MAT)
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	At least 80% of participants will comply with 18-month treatment interventions designed to divert from the criminal justice system.	Program and Treatment Compliance
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2017-18 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total (Automatically Calculates)	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	150,500	48.9%	N/A

2. Federal:	131,448	42.7%	Yes
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	25,900	8.4%	Yes
5. Other:	0	0.0%	No
TOTAL	307,848	100%	

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

Yes

20a. How much state funding would be requested after 2017-18 over the next 5 years?

- <1M
- 1-3M
- >3-10M
- >10M

20b. How many additional years of state support do you expect to need for this project?

- 1 year
- 2 years
- 3 years
- 4 years
- >= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select ?ongoing activity?.

- Ongoing activity ? no total cost
- <1M
- 1-2M
- >2-3M
- >3-10M
- >10M