

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Miami-Dade County Homeless Trust - Diversion First Mental Health Program

2. Date of Submission: 11/08/2017

3. House Member Sponsor: Nicholas Duran

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- 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, Col. E
- What is the most recent fiscal year the project was funded? 2016-17
- Were the funds provided in the most recent fiscal year subsequently vetoed? No
- Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
Column:	A	B	C	D	E	F
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)	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:					250,000	250,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? 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? Department of Children and Families

5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No

5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

Failure to meet the 35% self-sufficiency standard will result in a reduction of \$5,000 from the final invoice. Failure to meet the 70% standard will result in a \$5,000 reduction from the final invoice.

6. Requester:

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

7. Contact for questions about specific technical or financial details about the project:

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

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Ronald L.
- b. Firm: Ronald L. Book, PA
- c. Email: ron@rlbookpa.com
- d. Phone #: (305)935-1866

9. 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

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?

Divert and assist criminal justice involved homeless individuals with severe mental illness from jail and into appropriate housing and behavioral health services. Clients will be identified by the 11th Judicial Circuit's Criminal Mental Health Project and designated police departments. Project will result in successful adaptation to community living, reduced recidivism to jail and crisis units, improved public safety and less cost burden on the criminal justice and behavioral health systems.

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) 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	Administrative costs for DCF Managing Entity, South Florida Behavioral Health Network and Miami-Dade County Homeless Trust	23,000
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Transitional housing and wraparound reentry support services provided at a fixed rate of \$60 per bed, per day. Services to include housing, food, clothing medication, transportation,	227,000

	identification retrieval services, cognitive behavioral therapy, trauma specific interventions, integrated dual diagnosis treatment for co-occurring substance abuse and mental health disorders, primary health care and dental services.	
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		250,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

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:

On July 6, 2017, the Miami-Dade County Board of County Commissioner passed a resolution urging the Florida legislature to support the Diversion First Mental Health Project. The program is also the #1 state funding priority for the Miami-Dade County Homeless Trust, the lead agency for Miami-Dade County Continuum of Care. Support also comes from the 11th Judicial Circuit Criminal Mental Health Project, and the criminal justice community.

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. What are the activities and services that will be provided to meet the purpose of the funds?

Services include but are not limited to: housing, food, clothing, medication, transportation, identification retrieval services, cognitive-behavioral therapy, trauma-specific interventions, cognitive remediation, integrated dual-diagnosis treatment for co-occurring mental health and substance use disorders, primary health care and dental services.

17b. Describe the direct services to be provided to the citizens by the funding requested.

Services include but are not limited to: housing, food, clothing medication, transportation, identification retrieval services, cognitive-behavioral therapy, trauma-specific interventions, cognitive remediation, integrated dual-diagnosis treatment for co-occurring mental health and substance use disorders, primary health care and dental services.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

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
- ☐ General (The majority of the funds will benefit no specific group)
- ☐ Other (Please describe)

17d. 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 each Benefit/Outcome 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	Individualized treatment plan for each program participant within 15 days of entry into the program, which includes behavioral health assessment, with follow-up services including primary psychiatric care, therapy medication administration to improve functioning and prevent further deterioration. Also, recovery support. Services provided on a regular schedule with arrangements made for non-scheduled visits during time of increased stress or crisis. Updates every 30 calendar days.	Require monthly invoices to include documentation of mental health services provided for each program participant and monthly review of case plan.
<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.)	Following program participation, individual are less likely to be rearrested. Candidates for diversion include those with misdemeanors, 2nd and 3rd degree felonies, with more serious past or present legal involvement considered by the State Attorney's Office.	Documentation of number of jail bookings and days spent in jail pre-versus post-program enrollment and completion will be provided.
<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	Participants who are assessed able to work are provided assistance in finding employment. Participants are also coached in managing money, including home budgeting and banking. Assistance also provided to identify available education programs, vocational training and financial assistance, if necessary. Participants are assisted identifying and obtaining permanent housing. Assistance in accessing entitlement benefits will be provided for individuals who qualify.	At least 35% served will gain economic self-sufficiency or maintain/improve economic self-sufficiency while enrolled in the program.
<input checked="" type="checkbox"/> Reduce recidivism	Reduced jail bookings and days spent in jail.	Documentation of number of jail bookings and days spent in jail pre-versus post-program enrollment and completion will be provided.

<input checked="" type="checkbox"/> Reduce substance abuse	Therapy, medication, recovery support and aftercare are provided to prevent deterioration of persons with mental health and/or substance abuse problems. Relapse prevention which includes client participation in daily activity functions. Clients are counseled on how to recognize triggers and warning signs of regression.	Require monthly invoices to include documentation of substance abuse services provided for each program participant and monthly review of case plan.
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	All individuals served by the program will involved in or at risk of becoming involved in the criminal justice system, and will identified by the 11th Judicial Circuit's Criminal Mental Health Project - Jail Diversion Program or law enforcement agencies.	Documentation of source of criminal justice referral.
<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 2018-19 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?

1. Amount Requested from the State in this Appropriations Project Request:	250,000	36.1%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	354,640	51.2%	Yes
4. Local:	0	0.0%	No
5. Other:	87,800	12.7%	Yes
TOTAL	692,440	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 2018-19 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

☐ 1-3M

☒ >3-10M

O>10M