



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Diversion First Mental Health Program

2. **Senate Sponsor:** Oscar Braynon

3. **Date of Submission:** 01/18/2018

4. **Project/Program Description:**

Diversion First Mental Health Program: Transitional housing and wrap-around behavioral health treatment services for homeless individuals with Serious Mental Illnesses (SMI) or co-occurring SMI and substance use disorders who have been involved in the criminal justice system or experienced psychiatric hospitalizations.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
Department of Children and Families

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
250,000		250,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	354,640	51.2%
Local	0	0.0%
Other	87,800	12.7%
TOTAL	442,440	63.9 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 692,440

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 1

c. What is the most recent fiscal year the project was funded? 2016-17

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.



The Florida Senate

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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

10. Is future-year funding likely to be requested?

Yes

a. If yes, indicate non-recurring amount per year.

250,000

11. Program Performance:

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

Funding in the amount of \$250,000 is being requested to fund the Diversion First Mental Health Program to divert and assist criminal justice involved, homeless individuals with severe mental illness from jail and into appropriate housing and behavioral health treatment services. Clients will be identified by the 11th Judicial Circuit's Criminal Mental Health Project - Jail Diversion Program and designated police departments, and will be screened to ensure they do not pose significant public safety risks. The funding will provide the type of housing, support and treatment services that are most likely to result in successful adaptation to community living, reduced recidivism to correctional and acute care treatment settings, improved public safety, and less cost burden on the criminal justice and behavioral health treatment systems. Funding is leveraged with recurring Crisis Outplacement Bed funds of \$354,640 provided by the Managing Entity.

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

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

c. **How will the funds be expended?**

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and		



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Benefits		
<input checked="" type="checkbox"/> Other Salary and Benefits	SFBHN and Miami-Dade County Administrative Expenses	23,000
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> 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, 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.	227,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		250,000

d. What are the direct services to be provided to citizens by the appropriations project?



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

Services include 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.

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

Homeless individuals with Serious Mental Illnesses (SMI) or co-occurring SMI and substance use disorders who have been involved in the criminal justice system or experienced psychiatric hospitalizations. Funding is estimated to support 10 beds, servicing approximately 30 individuals over the course of one year.

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

At least 35% of participants served will gain economic self-sufficiency or maintain/improve existing economic self-sufficiency while enrolled in the program. At least 70% of all participants served will move from transitional housing to permanent housing. Participants also demonstrate significant decreases in jail bookings and days spent in jail pre- versus post-program enrollment, resulting in improved public health and public safety for all citizens in the community.

g. 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 in the contract?

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.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

N/A

13. Requestor Contact Information:

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

14. Recipient Contact Information:

- a. **Organization:** Miami-Dade County Homeless Trust
- b. **County:** Miami-Dade
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)
- d. **Contact Name:** Victoria Mallette



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

e. E-mail Address: vmallette@miamidade.gov

f. Phone Number: [\(305\)375-1491](tel:(305)375-1491)

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

a. Name: [Ronald Book](#)

b. Firm: [Ronald L. Book, PA](#)

c. Email: ron@rlbookpa.com

d. Phone Number: [\(850\)224-3427](tel:(850)224-3427)