



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1418

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

This program is designed to provide low barrier, single-site bridge Permanent Supportive Housing (PSH), for individuals coming directly from the streets who would likely not do well in a congregate living facility such as Emergency Shelter. The goal of the bridge housing model is to serve severely mentally ill, unsheltered clients within the Miami-Dade Homeless Continuum of Care, including those engaged in CoC Lazarus Specialized Outreach and SAMSHA's Projects for Assistance in Transition from Homelessness (PATH) Program (funded through State ME Thriving Minds), for immediate permanent placement and ultimately, into other supportive units. As clients stabilize, acquire benefits and required documentation, they would be moved from the bridge units into other permanent destinations, including but not limited to Assisted Living Facilities, skilled nursing facilities, reunification with family or friends, CoC PSH, VASH or other permanent housing within the Trust's portfolio.

5. **State Agency to receive requested funds**
- State Agency contacted?     Yes     No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

| Type of Funding                    | Amount   |
|------------------------------------|--|
| Operations                         | <input style="width: 80%;" type="text" value="562,000"/> |
| Fixed Capital Outlay               | <input style="width: 80%;" type="text" value="000"/>     |
| <b>Total State Funds Requested</b> | <b>562,000</b>   |

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

| Type of Funding                                      | Amount   | Percentage  |
|--|--|---|
| Total State Funds Requested (from question #6)       | <input style="width: 80%;" type="text" value="562000"/>  | <input style="width: 80%;" type="text" value="47.0"/> % |
| <b>Matching Funds</b>                                |  |   |
| Federal  | <input style="width: 80%;" type="text" value="00"/>      | <input style="width: 80%;" type="text" value="0"/> %    |
| State (excluding the amount of this request)         | <input style="width: 80%;" type="text" value="00"/>      | <input style="width: 80%;" type="text" value="0"/> %    |
| Local  | <input style="width: 80%;" type="text" value="635,000"/> | <input style="width: 80%;" type="text" value="53"/> %   |
| Other  | <input style="width: 80%;" type="text" value="00"/>      | <input style="width: 80%;" type="text" value="0"/> %    |
| <b>Total Project Costs for Fiscal Year 2020-2021</b> | <b>1,197,000</b>   | <b>100</b> %  |

8. **Has this project previously received state funding?**     Yes     No

If yes, provide the most recent instance:

| Fiscal Year<br>(yyyy-yy)                 | Amount                                   |  | Specific<br>Appropriation #              | Vetoed                                   |
|--|--|--|--|--|
|  | Recurring                                | Nonrecurring                             |  |  |
| <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> |

9. **Is future-year funding likely to be requested?**     Yes     No

If yes, indicate nonrecurring amount per year.



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**10. Details on how the requested state funds will be expended**

| Spending Category  | Description  | Amount         |
|--|--|----------------|
| <b>Administrative Costs:</b>   |  |                |
| Executive Director/Project Head Salary and Benefits                    |  |                |
| Other Salary and Benefits  | Program supervision, contract management, billing and reporting.   | 15,000         |
| Expense/Equipment/Travel/Supplies/Other                                | Office security, insurance, R&M, utilities.  | 12,000         |
| Consultants/Contracted Services/Study                                  |  |                |
| <b>Operational Costs: Other</b>  |  |                |
| Salary and Benefits  | Salary and Benefits for 1.5 FTE Case Management including Benefits Assistance (SOAR), and Employment Assistance; 1 FTE Licensed clinician for Behavioral Health treatment; and 1 FTE Housing Navigator.                                    | 210,000        |
| Expense/Equipment/Travel/Supplies/Other                                | Direct support - unit rental costs, move-in expenses, furniture, food/food vouchers, bus passes, utility expenses and life skills.<br>Program expenses - 3 computers, workstations, office supplies, mileage reimbursement/transportation. | 325,000        |
| Consultants/Contracted Services/Study                                  |  |                |
| <b>Fixed Capital Construction/Major Renovation:</b>                    |  |                |
| Construction/Renovation/Land/Planning Engineering                      |  |                |
| <b>Total State Funds Requested (must equal total from question #6)</b> |  | <b>562,000</b> |



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#### 11. Program Performance

##### a. What specific purpose or goal will be achieved by the funds requested?

The goal of the bridge housing model is to prioritize severely mentally ill, unsheltered clients, for immediate permanent placement and ultimately, into other supportive units. As clients stabilize, acquire benefits and required documentation, they would be moved from the bridge units into other permanent destinations, including but not limited to Assisted Living Facilities, skilled nursing facilities, reunification with family or friends, CoC PSH, VASH or other permanent housing. The goal of the bridge housing model is to prioritize severely mentally ill, unsheltered clients, for immediate permanent placement and ultimately, into other supportive units. As clients stabilize, acquire benefits and required documentation, they would be moved from the bridge units into other permanent destinations.

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

The following activities and services will be provided to severely mentally ill, unsheltered clients within the CoC, including those engaged in CoC Funded Specialized Outreach Lazarus Project and SAMSHA's Projects for Assistance in Transition from Homelessness (PATH): 1. Bridge-Permanent Housing: Stable shared-housing for individuals coming off the streets with behavioral health issues on a semi-permanent to permanent basis. 2. Case Management and Service Navigation: These services are geared towards stabilizing the individuals in permanent housing by connecting them to employment, mainstream services and supports. 3. Clinical services: Behavioral health treatment to support stabilization in permanent housing. 4. Housing Navigation: Housing Navigators will be used to recruit landlords and secure leases for safe, affordable units in close proximity to the amenities needed by the clients as a long term option.

##### c. What direct services will be provided to citizens by the appropriation project?

The following direct services will be provided: 1. Site-based housing: Bridge-Permanent shared housing for 31 clients coming off the streets in 13, two and three bedroom units with living areas, bathrooms and common areas. 2. Case Management and Services: These services are geared towards stabilizing the individuals in permanent housing by connecting them to mainstream services and supports. This includes benefits and employment assistance as well as support to navigate healthcare, continued and psychiatric care for mental health issues and other social services. 3. Clinical services: Individual and group therapy for clients while living at the program location to address behavioral health issues in support of stabilization in permanent housing. 4. Housing Identification: through the identification and recruitment of landlords, housing navigators will find safe and affordable units in close proximity to the amenities needed by the clients.

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

The target population to be served will be homeless individuals with severe mental illness who have also been involved in the criminal justice system. Funding will provide Rapid Rehousing and supportive services to an estimated 30 individuals per year.

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

Individuals who remain linked to program services and successfully transition into other forms of PSH will demonstrate significantly lower rates of return to homelessness, reducing the cost safety nets services by these high system users including emergency rooms, crisis units, criminal justice and homeless services. The following measures will be used to measure these outcomes:

1. Number and rate of persons served who gain economic self-sufficiency or maintain/improve economic self-sufficiency while enrolled in the program.
2. Number of persons enrolled in the program.
3. Number and rate of persons successfully completing program and transitioning to other permanent housing.

##### f. 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?

Corrective action plans may be required for noncompliance, nonperformance, or unacceptable performance. Financial penalties may be imposed for failure to implement or to make acceptable progress on such corrective action plans. Increments of penalty imposition shall apply, unless DCF determines that extenuating circumstances exist, and shall be based upon the severity of the noncompliance, nonperformance, or unacceptable performance that generated the need for corrective action plan.



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12. **The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.**

N/A

13. **Requestor Contact Information**

- a. First Name  Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number  Ext.

14. **Recipient Contact Information**

- a. Organization
- b. Municipality and County
- c. Organization Type
- For-profit Entity
  - Non-Profit 501(c) (3)
  - Non-Profit 501(c) (4)
  - Local Entity
  - University or College
  - Other (please specify)
- d. First Name  Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number  Ext.