

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Housing First for Homeless Persons with Mental Illness

2. Date of Submission: 11/11/2019

3. House Member Sponsor: Nicholas Duran

Members Copied:

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, Col. E
- b. What is the most recent fiscal year the project was funded? 2019-20
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
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 plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		100,000	100,000		434,319	434,319

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? 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? Yes

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.

Corrective action plans may be required for noncompliance, nonperformance, or unacceptable performance. Financial penalties may be imposed for failures 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, shall be based upon the severity of the noncompliance, nonperformance, or unacceptable performance that generated the need for corrective action plan.

6. Requester:

- a. Name: Victoria Mallette
- b. Organization: Miami-Dade County Homeless Trust
- c. Email: vmallette@miamidade.gov
- d. Phone #: (786)251-8324

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 #: (786)251-8324

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

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

9. Organization or Name of entity receiving funds:

- a. Name: Victoria Mallette
- 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 goal is to quickly divert homeless detainees with serious mental illnesses, who have a history of arrest or frequent police interactions, into community supportive housing. Referrals are made by the 11th Judicial Circuit Criminal Mental Health Project, area police departments, specialized homeless outreach teams and jail diversion behavioral health treatment.

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	Program supervision, contract management, billing and reporting	35,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Office security, insurance, R&M, utilities	18,170
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Salaries and benefits for one FT case manager and one FT housing navigator.	111,149
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Direct support - rental assistance, move-in expenses, food vouchers, bus passes, utility assistance, Program expenses - 2 computers, workstation, office supplies, mileage	270,000

	reimbursement/transportation	
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		434,319

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)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

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:

Rapid rehousing was implemented through the Homelessness Prevention and Rapid Re-housing Program as part of the American Reinvestment and Recovery Act of 2009. The U.S. Interagency Council on Homelessness, National Alliance to End Homelessness, Urban Institute and U.S. HUD has determined RRH to be a highly successful and cost-effective way to end homelessness for a wide range of households, including those with mental health disabilities and co-occurring disorders.

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

Yes

16a. Please Describe:

U.S. HUD, through the Corporation for Supportive Housing, and Housing Innovations, a consulting firm with expertise in designing systems that strategically target homeless resources and achieve improved outcomes, have both conducted an independent analysis of the Miami-Dade homeless Continuum of Care's housing and services portfolio and determined that the Homeless Trust needs to enhance its Rapid Rehousing portfolio (short- to medium-term rental assistance with supportive services).

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?

1. Housing Navigation, 2. Rent and move-in assistance, 3. Case Management and Services - 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. The provider will provide rental assistance and facilitate move-in expenses for clients for the period enrollment in the RRH program. These services are geared towards stabilizing the individuals in permanent housing & connect them to employment

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

1. Housing Identification, 2. Rent and move-in assistance, 3. Case Management and Services - 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, and that meet client's needs. Units will be secured within the limits of the client's income or potential income. The provider will guarantee the lease between the landlord and client for the period enrollment in the RRH program.

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 type="checkbox"/> Improve mental health		
<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 type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		

<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 as able to work are provided assistance in finding employment. Participants are also coached in managing money, including home budgeting and banking. Assistance is 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 50% served will gain economic self-sufficiency or maintain and improve economic self-sufficiency while enrolled in the program.
<input checked="" type="checkbox"/> Reduce recidivism	Clients participating in the program will become stable and not participate in criminal activities.	Number and rate of re-arrest of clients in the program.
<input type="checkbox"/> Reduce substance abuse		
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Clients participating in the program will be referred by the 11th Judicial Court, law enforcement or jail diversion mental health and substance abuse treatment.	Documentation of the source of the 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 checked="" type="checkbox"/> Other (Please describe): Secure Housing for Homeless individuals diverted from the criminal justice system and reduce homeles	At least 30 individuals will be supported in securing and maintaining permanent housing.	Number of persons enrolled in the program, Number of persons successfully completing the program.

19. Provide the total cost of the project for FY 2020-21 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:	434,319	51.4%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	354,640	41.9%	Yes
4. Local:	0	0.0%	No
5. Other:	56,687	6.7%	Yes
TOTAL	845,646	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 2020-21 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

>10M