

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Miami-Dade County Veterans Treatment Court
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Robert Asencio
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? 2017-18
- 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 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <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:		150,500	150,500		271,250	271,250

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? State Court System
 - 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.

Termination upon written notice for breach by the Institution of services as stated in contract, if such breach is not cured within the time period specified, provided that cure is feasible.

6. Requester:

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

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

- a. Name: Laura Verdaguer, Esq
- b. Organization: Miami Dade County Commission - Legislative Analyst for Commissioner Jose "Pepe" Diaz, District 112
- c. Email: laura.verdaguer@miamidade.gov
- d. Phone #: (305)599-1200

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

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

9. Organization or Name of entity receiving funds:

- 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 MDVTC. 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 use disorders. Veterans will be diverted from the traditional justice system and receive help with reintegration into the community.

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	1 FTE Administrative Assistant to provide assistance in managing the daily operations and support functions of the program.	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	1 FTE Case Manager and 1 FTE Intake Specialist to develop case plans and conduct needs assessment to determine treatment.	105,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Cell phone service to maintain contact with the MDVTC participants (\$650); local mileage for case manager to monitor veterans (\$1,200); office equipment and	15,650

	supplies (\$2,000); travel expenses for 2 staff to attend the National Association for Drug Court Professionals conference and the Florida Behavioral Health Conference (\$6,800); drug and alcohol test kits and the Secure Continuous Remote Alcohol Monitoring (SCRAM) bracelets (\$5,000).	
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	The Risk and Needs Triage Assessment tool which screens and appropriately places veterans in tracks and ensures that the "high need" population is being served (\$1,100); urinalysis drug testing contractual services to ensure best practices (\$50,000); Camillus House program which provides residential treatment and emergency shelter beds for veterans in need of immediate treatment or shelter placement to commence addressing their housing needs through the VA (\$54,500)	105,600
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		271,250

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:

MDC Bd. of County Commr's (Resolution Nos. R-1176-16 & 1098-17), 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. What are the activities and services that will be provided to meet the purpose of the funds?

Court system diversion program for veteran related circumstances

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

Unclogging of the court system and the provision of better adjudication for veterans

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): Veterans of the U.S. Armed Forces

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 checked="" type="checkbox"/> Improve physical health	Our goal is for 80% of participants to reach a GAF score of at least 61 upon graduation (represents: participant is generally functioning well).	GAF (Global Assessment Functioning) Scale
<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 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 through the Florida Drug Court Case Management database (FDCCMS).	Risk-need-responsivity model based on the Ohio Risk Assessment System - Community Supervision Tool (ORAS-CST) scores.
<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	Random and frequent alcohol and other drugs (AOD) testing. Medically Assisted Treatment (MAT)

	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.	
<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 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:	271,250	62.8%	N/A
2. Federal:	160,552	37.2%	Yes
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No

5. Other:	0	0.0%	No
TOTAL	431,802	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
- >10M