



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 1330

1. Project Title Miami-Dade County Housing First Program

2. Senate Sponsor Manny Diaz

3. Date of Request 11/15/2021

4. Project/Program Description

Housing and support services for unsheltered homeless persons with special needs or homeless individuals in diversion and/or treatment programs with serious mental illness or substance use disorders. This program will provide up to 24 months of rental assistance and specialized wrap around support services providing "bridge housing" for persons who require rapid placement into housing in a non-congregate, site-based setting. Persons are likely to have had a history of frequent police interactions and/or arrests and/or multiple hospitalizations or crisis unit interactions. Housing this population reduces or eliminates frequent jail and hospital stays and provides a specialized housing solution for unsheltered single adults.

5. State Agency to receive requested funds Department of Children and Families

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	562,000
Fixed Capital Outlay	0
Total State Funds Requested	562,000

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	562,000	47%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	635,000	53%
Other	0	0%
Total Project Costs for Fiscal Year 2022-2023	1,197,000	100%

8. Has this project previously received state funding? Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2021-22	0	562,000	345	No

9. Is future funding likely to be requested? Yes

a. If yes, indicate nonrecurring amount per year. 562,000

b. Describe the source of funding that can be used in lieu of state funding.

None.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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Yes

If yes, indicate the amount of funds received and what the funds were used for.

\$8,666,317 in CARES Act Emergency Solutions Grant-Coronavirus funding through the Florida Department of Children and Families Office on Homelessness to provide Rapid Rehousing and Street Outreach. Also, \$5,000,000 in American Rescue Plan HOME Investments Partnership Program (HOME) funds from Miami-Dade Public Housing and Community Development dedicated to the acquisition of Mia Casa.

11. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits	Program supervision, contract management, billing and reporting	26,762
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Salary and Benefits for 1.0 FTE Case Management including Benefits Assistance (SOAR); 1 FTE Licensed clinician for Behavioral Health treatment and 1 FTE Nurse	204,000
Expense/Equipment/Travel/Supplies/Other	Direct support - unit rental costs, move-in expenses, furniture, food/food vouchers, bus passes, utility expenses and life skills. Program expenses - 3 computers, workstations, office supplies, mileage reimbursement/transportation, security.	331,238
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		562,000

12. Program Performance

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

The goal is to rapidly place unsheltered clients with serious mental illness and/or substance use disorders and homeless persons who have a history of arrests and/or frequent police interactions and/or hospitalizations into housing that is pre-identified, site based and offers specialized supports. As clients stabilize, acquire benefits and necessary documentation, they could remain in this housing up to 24 months or be moved into other permanent destinations, including but not limited to Assisted Living Facilities, skilled nursing facilities, reunified with family or friends, or moved to non-time limited supportive housing.

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

1. Bridge-Permanent Housing: Stable shared-housing for individuals coming off the streets with behavioral health and/or substance abuse 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?



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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, and that meet client's needs once they a

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

Unsheltered homeless persons with special needs or homeless individuals in diversion and/or treatment programs with serious mental illness or substance use disorders. This program will provide up to 24 months of rental assistance and specialized wrap around support services providing "bridge housing" for persons who require rapid placement into permanent housing in a non-congregate, site-based setting.

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 the contract?

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.

13. 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



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14. Requestor Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

15. 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

16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number