

# Budget Detail Request - Fiscal Year 2016-17

Your request will not be officially submitted unless all questions and applicable sub parts are answered.

1. Title of Project: Homeless Pre-Trial Assistance Program (HPAP)
2. Date of Submission: 12/18/2015
3. House Member Sponsor(s): Cynthia Stafford

## 4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No  
*If answer to 4a is ?NO? skip 4b and 4c and proceed to 4d*
- b. What is the most recent fiscal year the project was funded?
- 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 (Note that Column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in Column G):

FY:	Input Prior Year Appropriation for this project for FY 2015-16 (If appropriated in FY 2015-16 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2016-17 (If no new Recurring or Nonrecurring funding is requested, enter zeros.)			
	Column: A	B	C	D	E	F	G
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated  (Recurring plus Nonrecurring: Column A + Column B)	Recurring Base Budget  (Will equal non-vetoed amounts provided in Column A )	<b>INCREASED or NEW Recurring Requested</b>	<b>TOTAL Nonrecurring Requested</b>  (Nonrecurring is one time funding & must be re-requested every year)	<b>Total Funds Requested Over Base Funding</b>  (Recurring plus Nonrecurring: Column E + Column F)
Input Amounts:					311,783	88,217	400,000

- e. New Nonrecurring Funding Requested for FY 16-17 will be used for:  
 Operating Expenses     Fixed Capital Construction     Other one-time costs
- f. New Recurring Funding Requested for FY 16-17 will be used for:  
 Operating Expenses     Fixed Capital Construction     Other one-time costs

5. Requester:

- a. Name: Kenneth M. Kilpatrick
- b. Organization: The Alternative Programs, Inc.
- c. Email: tap-ed@att.net
- d. Phone #: (305)758-4187

6. Organization or Name of Entity Receiving Funds:

- a. Name: The Alternative Programs, Inc.
- 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

7. Write a project description that will serve as a stand-alone summary of the project for legislative review. The description should summarize the entire project's intended purpose, the purpose of the funds requested (if request is a sub-part of the entire project), and most importantly the detail on how the funds requested will be spent - for example how much will be spent on positions and associated salaries, specifics on capital costs, and detail of operational expenses. The summary must list what local, regional or statewide interests or areas are served. It should also document the need for the funds, the community support and expected results when applicable. Be sure to include the type and amount of services as well as the number of the specific target population that will be served (such as number of home health visits to X, # of elderly, # of school aged children to receive mentoring, # of violent crime victims to receive once a week counseling etc.)

Background.

The Alternative Programs, Inc. (TAP) is a private, not-for-profit agency that has provided viable and efficient Pre-Trial Release services on behalf of the 11th Judicial Circuit of Florida for over twenty-nine (29) years. Our services provide a proven and efficient alternative to incarceration for non-violent felony offenders. The program also facilitates access to crucial, court-ordered or client-requested, social services that aid in the recovery of the degenerate TAP defendant. These services are currently being provided in partnership with several key private and governmental agencies to include the Florida Department of Juvenile Justice, who recently entered into a long-term lease agreement with TAP to relocate its principal offices on the former site of its South Florida offices.

The Project.

This project is the Homeless Pre-Trial Assistance Program (HPAP). The Alternative Programs, Inc. receives court-ordered, non-violent, felony offenders from the Judiciary on a year-round basis. However, the courts have increasingly expressed concerns about a lack of coordinated services for homeless, non-violent, misdemeanor defendants who are in need of quality and efficient social services. It is estimated that over 60% of misdemeanor defendants are classified as homeless in Miami-Dade County, FL. Further, communities located nearby Correctional facilities have expressed concern due to homeless defendants' tendency to wander into their neighborhoods after they've been released, instead of being transported immediately to a facility where they can get the help that they need, sooner. To that end, our agency is proposing to expand our current scope of services, by accepting and processing misdemeanor, non-violent,

offenders. In doing so, The Alternative Programs will coordinate a dedicated, quality, and detailed network of homeless service provider agencies that homeless TAP defendants will have accelerated and priority access to after they are released from jail. These coordinated services will be administered by dedicated staff members who will provide transportation to homeless clients and ensure that they receive comprehensive rehabilitation and care through key partner agencies such as The South Florida Behavior Health Network (SFBHN) and Transitions, Inc. This project will reduce instances of recidivism by restoring degenerative citizens to contributing members of society. The project's preventative qualities certify its Statewide significance, as it will decrease the number of homeless re-offenders that are introduced to the Criminal Justice System by 50%, thus, easing the economic burdens of Florida's Correctional System and, thereby, lessening the burdens of our State government.

Funding Request & Detail.

Listed below are details on how the funds requested will be spent and the type of services, as well as the number of specific target population that will be served:

Staff Positions

1 Executive Director partial salary and fringes	22,130
1 HPAP Coordinator full salary and fringes	62,400
1 ATI Services Manager partial salary and fringes	11,065
2 Adult Court Counselors full salary and fringes	62,400
2 Adult Intake Counselors full salary and fringes	62,400
2 Client Services Monitoring Specialist full salary and fringes	54,080
1 HPAP Social Worker/Counselor full salary and fringes	11,700
Subtotal	286,175

Operational Expenses

Electricity Service	8,000
Telephone/IT Service and Maintenance	10,000
Postage	1,000
Office Supplies	4,000
Janitorial Supplies	2,608
Subtotal	25,608

One-Time Non-Recurring Funds

Two (2) Commercial-Grade 10-Passenger Vans	88,217
--	--------

Note: Each vehicle will be assigned to service opposite ends of Miami-Dade County

Total Request 400,000

The project is estimated to serve 624 adult homeless clients during the grant year. This is 60% of the estimated total number of anticipated defendant intakes that the program will absorb during the busiest days of the week, throughout the year. The project's clients will receive 7,000 units of service. In particular, the agency will provide the following units of service to its homeless clients:

1. Release from jail into the agency's custody;
2. Transportation from the Correctional Facility to our agency's site for initial intake;
3. Interview the clients and initiate a psychological evaluation with agency partners;
4. Make strategic referrals to homeless provider network agencies;
5. Arrange for transport of clients to homeless service agency site(s)
6. Monitor client cases until the cases are adjudicated.

This is a "countywide" project and its proposed services will be accessed, free of charge, by qualified members of the at-large citizenry of Miami-Dade County, FL.

8. Provide the total cost of the project for FY 2016-17 from all sources of funding:

Federal: 0

State: 0 (Excluding the requested Total Amount in #4d, Column G)

Local: 200,000

Other: 0

9. Is this a multi-year project requiring funding from the state for more than one year?

Yes