

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: The Transition House of Starke - Substance Abuse and Homeless Relief Program

2. Date of Submission: 11/14/2019

3. House Member Sponsor: Bobby Payne

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? 2018-19
- 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:					500,000	500,000

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.

Noncompliance involving the provision of service not having a direct effect on client health and safety would result in termination of funds.

6. Requester:

- a. Name: Thomas Griffin
- b. Organization: The Transition House, Inc
- c. Email: tom@thetransitionhouse.org
- d. Phone #: (407)843-8883

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

- a. Name: Thomas Griffin
- b. Organization: The Transition House, Inc
- c. Email: tom@thetransitionhouse.org
- d. Phone #: (407)843-8883

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

- a. Name: Chris Dawson
- b. Firm: Gray Robinson
- c. Email: chris.dawson@gray-robinson.com
- d. Phone #: (407)843-8883

9. Organization or Name of entity receiving funds:

- a. Name: The Transition House, Inc.
- b. County (County where funds are to be expended): Bradford
- c. Service Area (Counties being served by the service(s) provided with funding): Alachua, Bradford, Clay, Duval, Union

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 purpose of this program is to provide substance abuse and mental health services to those clients that are unable to afford these services otherwise. Specifically, individual that are homeless and chronically homeless, those that have been released from incarceration. Our program provides treatment including individual and group therapy, psycho-educational classes and groups, vocational skills training, case management, life skills building, access to opportunities for housing and Employment

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 checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	5% Administrative	25,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Chief Operating Officer, Chief Human Resources Officer, Executive Administrative Assistant. These salaries directly oversee the execution and operation of the program and supervision management at our program.	32,500
<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	Substance Abuse Counselors, Case Managers, Behavioral Technicians, Kitchen manager, Clinical Supervisor, Operations Supervisor and Director of Clinical Services. All fringe benefits are included.	250,000

<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Food, staff training and development, Electronic Health Records programming, transportation, laundry, general maintenance, utilities, travel expense for supervision and training, group materials.	107,500
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Contracted medical director and staff	85,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		500,000

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:

The most recent northeast Florida point-in-time count and the Bradford County Community Health Needs Assessment from 2017 shows the increase in mental health and substance use ED admissions instead of treatment.

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:

According to a study of housing & support, transitional housing programs are intended to target the hardest-to-serve homeless individuals who have a serious

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?

Individuals meeting eligibility requirements will be provided the following services: room and board, 3 meals a day, individual counseling for substance use once per week, substance abuse evaluation, group therapy, family counseling, random drug screening/breathalysers, and MAT using Vivitrol.

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

Our program will provide treatment to include individual counseling, group therapy, psycho-educational classes and groups, vocational skills training, case management, life skills building and access to opportunities for employment and permanent housing.

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

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	Upon arrival, each individual will be sent for a health and wellness exam if needed	100% of all client admissions under this funding will have a health and wellness exam
<input checked="" type="checkbox"/> Improve mental health	Each client admitted under this program will have substance use evaluation and will be referred for medication management internally if needed. Each individual will be met with once a week for individual counseling, and will participate in daily groups.	Documentation of the evaluation and all referrals will be documented in our EHR. Client and clinician will work to create a treatment plan that will on all aspects of overall wellness. Treatment plans will be reviewed bi weekly.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		

<input checked="" type="checkbox"/> Improve quality of education	<p>Upon admission, each client will be given an assessment to determine interest and motivation level of continuing education, either GED or vocational or college level classes. Those interested will be assisted in enrollment</p>	<p>Assessment at intake, documentation on their treatment plan and monthly review of enrollment and attendance for either GED, vocational or college-level classes.</p>
<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.)	<p>Clients coming in with a criminal history will be monitored for any illegal activity. The goal will be to reduce readmission into the legal system and to assist individuals with complying and completing probationary requirements.</p>	<p>Documentation of all drug screens, documentation of collaborative meetings with probation officers and documentations of progress with recovery and a reduction in rate of recidivism.</p>
<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	<p>Clients involved will increase levels of educational attainment to increase employability and future earnings potential</p>	<p>Desired outcomes for participants upon program completion is to have the ability to stay on a budget, build savings, improve credit scores and build assets. In addition, resume building and job skills will be provided</p>
<input checked="" type="checkbox"/> Reduce recidivism	<p>Clients involved in the justice system will learn vocational skills, new coping skills to re-enter society as a</p>	<p>Treatment planning, successful completion of vocational classes, obtaining stable income and</p>

	productive member of society, based on progress and educational values learned in the program.	employment
<input checked="" type="checkbox"/> Reduce substance abuse	The goal will be to have 90% of all individuals remain substance free while in treatment. This will be done by random drug screens and breathalyzers	Documented drug screen and breathalyzers at minimum, twice per month.
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<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 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:	500,000	100.0%	N/A
2. Federal:	0	0.0%	No
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	500,000	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