

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: The Transition House - Homeless Veterans Program

2. Date of Submission: 11/12/2019

3. House Member Sponsor: Mike La Rosa

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 (If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2020-21 (Requests for additional RECURRING funds are prohibited.)		
Column:	A	B	C	D	E	F
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)	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:		200,000	200,000		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? 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.

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)892-5700

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)892-5700

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)843-8880

9. Organization or Name of entity receiving funds:

- a. Name: The Transition House of St. Cloud
- b. County (County where funds are to be expended): Osceola
- c. Service Area (Counties being served by the service(s) provided with funding): Lake, Orange, Osceola

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?

To provide substance abuse and mental health services to those clients that are unable to afford these services otherwise. Specifically, Veterans that are homeless and chronically homeless, as well as 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	9% Administrative Fees	25,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Chief Operating Officer, Chief Human Resources Officer, Executive Administrator. 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, Behavioral Techs, Kitchen Manager, Clinical Supervisor and Director of Clinical Services. All fringe benefits are also included.	250,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Food, staff training and development, electronic health record system,	107,500

	transportation, laundry, general maintenance, utilities, travel expense for training and supervision, group materials.	
<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 point in time count

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 Veterans who have a serious mental illness, often with co-occurring substance abuse related disorder. Once housing stability is achieved, clients are better prepared to address their mental illness and substance abuse disorder.

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?

Individual meeting eligibility requirements will be provided the following services: room and board, 3 meals per day, individual counseling for substance abuse once per week, SA evaluation, group therapy, family counseling, random drug screening/breathalyzers 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 training, case management, life skills building and access to 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)

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 checked="" type="checkbox"/> Improve mental health	Each client admitted under this program will have a psychiatric evaluation if needed and continued medication management. Each individual will be met with once a week for individual counseling and treatment planning progress. Each individual will participate in group therapy and psychoeducational classes in regards to improving mental health.	Documentation of psychiatric evaluation in client file. Observation of compliance with medications will be documented in client file. Individual sessions and group therapy and classes will be documented in the client file and Treatment planning will be documented monthly with client input to ensure progress in treatment.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		

<input checked="" type="checkbox"/> Improve quality of education	Each client upon admission will be given an assessment to determine interest and motivation level of continuing education, either GED or vocational or college level classes, those interested it will be placed on their treatment plan to enroll.	Assessment at intake, documentation on their treatment plan and monthly review of enrollment and attendance for either GED classes, Vocational or college level classes.
<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.)	Clients coming in with a criminal history will be monitored for any illegal activity. The goal will be do reduce readmission into the legal system and to assist individuals with complying and completing probation requirements. This will be done by random drug screens, individual counseling and collaborative meetings with their probation officer if applicable.	Documentation of all drug screens, documentation of collaborative meetings with probation officers and documentation of progress with recovery and reduction of criminal behaviors.
<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 type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input checked="" type="checkbox"/> Reduce recidivism	Clients involved in the Justice system will learn vocational skills, new coping skills to re-enter society as a productive member of society, based	Treatment planning, successful completion of vocational classes, obtaining stable income and employment.

	on progress and educational values learned in the program.	
<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 screens and breathalyzers at minimum twice a 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?

No