

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: The Transition House - Residential Recovery Services for Homeless Veterans

2. Date of Submission: 02/07/2017

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

b. What is the most recent fiscal year the project was funded? 2016-17

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 2016-17 <i>(If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2017-18 <i>(Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring .)</i>		
	Column:	A	B	C	D	E
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 Request <i>(Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)</i>
Input Amounts:		150,000	150,000		300,000	300,000

5. Are funds for this issue requested in a state agency?s Legislative Budget Request submitted for FY 2017-18? 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? For example, if the requested issue pertains to services provided to inmates at correctional facilities, the Department of Corrections would be the most appropriate state agency. Department of Children and Families

6. Requester:

- a. Name: Tom Griffin
- b. Organization: The Transition House
- c. Email: tom@thetransitionhouse.org
- d. Phone #: (407)892-5700

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: Tom Griffin
- b. Organization: The Transition House
- c. Email: tom@thetransitionhouse.org
- d. Phone #: (407)892-5700

8. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: Christopher 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(Please retype if same as Requestor or Contact):

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

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 the funding is to provide residential recovery services for homeless veterans including substance abuse, mental health, educational, vocational, life skills and other services aimed at assisting our veterans in securing full-time employment and permanent housing. The ultimate goal of the program is to transition homeless veterans in Central Florida into stable and self-sufficient lives and careers. The program is uniquely equipped to handle veteran specific issues such as PTSD.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) 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	27,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	FT Substance Use and Mental Health clinicians providing services to these individuals, as well as a FT LMHC to provide supervision.	136,500
<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	Licensed Clinicians to provide treatment, Case Management, Clinical Supervision, Vocational programming.	136,500
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		

<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		300,000

13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Fixed Capital Outlay? was not selected, question 13 is not applicable)

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:

Documented support includes local government entities, employers, and program alumni.

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:

Numerous studies by reputable third parties illustrate the plight of homeless veterans in Florida and the need for additional recovery and stabilization services.

17. Will the requested funds be used directly for services to citizens?

Yes

17a. Describe the target population to be served. 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
- Other (Please describe)

17b. 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 all 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	Documentation of psychiatric evaluation in client file. Observation of compliance with medications will be documented in client file. Individual sessions and group

	week for individual counseling and treatment planning progress. Each individual will participate in group therapy and psychoeducational classes in regards to improving mental health.	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	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"/> Reduce substance abuse		
<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 2017-18 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total (Automatically Calculates)	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	300,000	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	300,000	100%	

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

No