# **Appropriations Project Request - Fiscal Year 2018-19**

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Five Star Veterans Center Homeless Housing and Re-integration Project

2. Date of Submission: <u>10/26/2017</u>3. House Member Sponsor: Cord Byrd

Members Copied:

#### 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, Col. E

- 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?
- d. Complete the following Project Request Worksheet to develop your request:

FY:	(If app	Year Appropriat for FY 2017- propriated in 2013 priated amount, e	7-18 enter the	Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)			
Column:	Α	В	С	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:					796,250	796,250	

- 5. Are funds for this issue requested in a state agency?s Legislative Budget Request submitted for FY 2018-19? 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 Veterans Affairs
  - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted?  $\underline{\text{No}}$
  - 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.

Penalty - Metric shortfalls require action plans and reporting updates to meet deliverable/ target metrics.

Metics:

Number of veterans served (200 veterans supported per month)

Number of veterans and family members served (250 veterans and family supported/month)

Number of meals provided (150 meals per month)

Number of hours of support for veteran services (650 hours of VSO support)

Number of Mental (Health) Wellness events/veterans served (Number of therapy sessions and engagement events)

- 6. Requester:
  - a. Name: Francis Loving
  - b. Organization: Five Star Veterans
  - c. Email: Len.Loving@5starveteranscenter.org
  - d. Phone #: (904)723-5950
- 7. Contact for questions about specific technical or financial details about the project:
  - a. Name: Dayton Warfle
  - b. Organization: Five Star Veterans Center
  - c. Email: dayton.warfle@5starveteranscenter.org
  - d. Phone #: (904)723-5950
- 8. Is there a registered lobbyist working to secure funding for this project?
  - a. Name: Marty Fiorentino
  - b. Firm: The Fiorentino Group
  - c. Email: TMF@TheFiorentinoGroup.com
  - d. Phone #: (904)358-2757
- 9. Organization or Name of entity receiving funds:
  - a. Name: Five Star Veterans Center
  - b. County (County where funds are to be expended): <u>Duval</u>
  - c. Service Area (Counties being served by the service(s) provided with funding): <u>Statewide</u>
- 10. What type of organization is the entity that will receive the funds? (Select one)

(	O For Profit
(	● Non Profit 501(c) (3)
(	O Non Profit 501(c) (4)
(	O Local Government
(	O University or College
(	O Other (Please describe)

### 11. What is the specific purpose or goal that will be achieved by the funds being requested?

The main goals are to help homeless or displaced veterans who are dealing with Post Traumatic Stress or Traumatic Brain Injury and other behavior health issues. The goal is to achieve greater self-determination, improved residential stability, and increased income and/or job skills, through individual Passport to Independence long-term execution plans developed for each veteran.

### 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:		
☐a. Executive Director/Project Head Salary and Benefits		
□b. Other Salary and Benefits		
☑c. Expense/Equipment/Travel/Supplies/Other	Equipment and Program materials supplies and equipment to support the passport to Independence program. Assessment materials, tracking support projections and printing materials/equipment.	30,000
□d. Consultants/Contracted Services/Study		
Operational Costs:		
☑e. Salaries and Benefits	Partial Funding supporting one (1) Project Manager ? leads the centers efforts and guides the staff to meet all	136,250

☑f. Expenses/Equipment/Travel/Supplies/Other	homeless veterans? needs. One (1) FTE Residential Case Manager? facilitates the achievement of client wellness and autonomy through advocacy, assessment, planning, communication, education, resource management, and service facilitation. One (1) Full time Registered Mental Health Intern? provide evidenced- based treatment interventions, including: Trauma-Focused Cognitive Processing  Program Residential Living Expenses (35) residents - Includes the cost of	630,000	
	three meals per day, housing, and program activities. Behavioral Health Assessment Instruments to capture veteran?s baseline symptoms and monitor progress in addressing them		
☐g. Consultants/Contracted Services/Study			
Fixed Capital Construction/Major Renovation:			
□h. Construction/Renovation/Land/Planning Engineering			
TOTAL		796,250	

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)

N/A

14. Is the project request an information technology project?  $\underline{\text{No}}$ 

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?

<u>Yes</u>

15a. Please Describe:

Director, Veterans and Military Affairs, Others

- 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:

An outside audit team has reviewed the financial status annually. Recommendation is to maintain a sustaining funding stream to support additional funding from Foundations requiring it.

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?

  Five STAR Veterans Center is Northeast Florida's only Veterans Housing Community for homeless or displaced veterans, and the first facility in Florida that focuses solely on these men and women.
- 17b. Describe the direct services to be provided to the citizens by the funding requested.

Housing Services: Shelter, safety, three meals a day, hygiene supplies, clothing, and Life Skills classes. On-Site Job Center: Access to computers, Internet, email, etc. Employment services including, vocational guidance, job readiness skills, computer familiarity, computer-assisted job search, Internet and email guidance, resume development, and job referrals and coaching.

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)
	☐General (The majority of the funds will benefit no specific group)
	☑Other (Please describe): Veterans
1	.7d. How many in the target population are expected to be served?
	O< 25
	O25-50
	O51-100
	O101-200
	<b>⊙</b> 201-400
	O401-800
	O>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
☑Improve physical health	100% of residents will create a care plan for improving their physical health and wellbeing, i.e., smoking cessation, reduced alcohol/substance use, tackling obesity, improved levels of physical activity, improved sexual/reproductive health, improved dental/oral health. 80% of residents will show improvement in their physical health and wellbeing, as	Residential Case Manager will use a person centered approach to assess each resident?s current physical health; help residents identify key goals and aspirations, setting dates/times that are realistic and manageable for achieving goals; Work in a person centered, integrated, holistic way to implement the plan of care, continually

	detailed in the individual care plan.	encouraging residents to take care of their physical health, and; Monitor and review progress with the individual and refine and adjust care plans if necessary
☑Improve mental health	100% of residents will be assessed for behavioral/mental health issues 80% of residents will show improvement in their behavioral health, as detailed in their individual care plan.	Residential Case Manager will use a person centered approach to assess each resident?s current physical health; help residents identify key goals and aspirations, setting dates/times that are realistic and manageable for achieving goals; Work in a person centered, integrated, holistic way to implement the plan of care, continually encouraging residents to take care of their physical health, and; Monitor and review progress with the individual and refine and adjust care plans if necessary
□Enrich cultural experience		
□Improve agricultural production/promotion/education		
□Improve quality of education		
□Enhance/preserve/improve environmental or fish and wildlife quality		
□Protect the general public from harm (environmental, criminal, etc.)		
□Improve transportation conditions		
□Increase or improve economic activity		

□Increase tourism		
□Create specific immediate job opportunities		
☑Enhance specific individual?s economic self sufficiency	100% of residents will be assessed to ensure they are receiving the government benefits they are entitled 100% of those not receiving the benefits to which they are entitled will be connected to those resources. 60% of residents who are unemployed will enter into job training programs or employment. 40% of residents will use the education track then focus on employment. 100% will receive training in budgeting and money management	Residential Case Manager will assess each residents benefits, employability skills, financial literacy skills, etc.; help residents identify key goals and aspirations, setting dates/times that are realistic and manageable for achieving goals; Work in a person centered, integrated, holistic way to implement the plan of care, continually encouraging residents to access available benefits, participate in training and open/contribute to a savings account,
□Reduce recidivism		
☑Reduce substance abuse	80% of residents will live a sober and drug-free while residing at the Five STAR Veterans Center; 75% of graduates will maintain a sober/drug-free life one year post services.	Residents will attend sobriety support meetings at the Center and/or in the Community; random and observed drug and alcohol testing will be administered by Center staff. Follow-up services are provided to successful graduates, including sobriety support meetings and drug/alcohol testing.
☑Divert from Criminal/Juvenile justice system	90% of Veterans Treatment Court (VTC) program men/women referred to Five STAR Veterans Center will successfully complete the program, avoiding a prison sentence.	Working with the VTC program team, the Residential Case Manager/Mental Health Counselors will assist residents in complying with VTC requirements, ensuring completion of

		the treatment plan, attending court appearances, drug/alcohol testing, linkage to vocational training, education and/or job placement services, support of a veteran peer mentor, compliance with medical and other personal appointments/needs. Progress will be monitored weekly.
□Improve wastewater management		
□Improve stormwater management		
□Improve groundwater quality		
□Improve drinking water quality		
□Improve surface water quality		
☑Other (Please describe): Improve Self-Determination	100% of residents will actively participate in case management services, including the development of a treatment service plan which will address the goals of residential stability, increased skill and/ or income levels and greater self-determination. 100% of residents will receive social coping skills training, including anger management, assertiveness, stress management and conflict resolution 80% of residents will be linked with a strong social support system	Residential Case Manager/Mental Health Counselors will use a person centered approach to assess each resident?s skill levels, coping skills, etc.; help residents identify key goals and aspirations, setting dates/times that are realistic and manageable for achieving goals; Work in a person centered, integrated, holistic way to implement the plan of care, continually encouraging residents to participate in training activities and help link residents with a mentor/support system; Monitor and review

19. Provide the total cost of the project for FY 2018-19 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?
Amount Requested from the State in this Appropriations     Project Request:	796,250	57.7%	N/A
2. Federal:	60,000	4.3%	Yes
3. State: (Excluding the requested Total Amount in #4d, Column F)	50,000	3.6%	Yes
4. Local:	424,896	30.8%	Yes
5. Other:	50,000	3.6%	Yes
TOTAL	1,381,146	100%	

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

20a.	How much	state fu	inding w	ould be	requested	after	2018-19	over the	next 5	years?
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O<1M

**⊙**1-3M

O>3-10M

O>10M

20b. How many additional years of state support do you expect to need for this project?

O1 year

O2 years

⊙3 years

O4 years

O>= 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

O<1M O1-3M

O>3-10M

O>10M