

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Camillus House Veteran's Treatment Program

2. Date of Submission: 11/10/2017

3. House Member Sponsor: Bryan Avila

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- 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
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <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:					441,000	441,000

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 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.

Camillus House expects that as with all its State funded contracts, corrective action plans may be required for noncompliance, nonperformance, or unacceptable performance under this Contract. Penalties may be imposed for failures to implement or to make acceptable progress on such corrective action plans. The increments of penalty imposition that shall apply, will be determined by the contracting agency and are typically be based upon the severity of the noncompliance, nonperformance, or unaccep

6. Requester:

- a. Name: Hilda M. Fernandez
- b. Organization: Camillus House, Inc.
- c. Email: hfernandez@camillus.org
- d. Phone #: (305)374-1065

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

- a. Name: Eduardo Gloria
- b. Organization: Camillus House, Inc.
- c. Email: eduardog@camillus.org
- d. Phone #: (305)374-1065

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

- a. Name: Monica Rodriguez
- b. Firm: Ballard Partners
- c. Email: monica@ballardfl.com
- d. Phone #: (850)766-6287

9. Organization or Name of entity receiving funds:

- a. Name: Camillus House, 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): Broward, Miami-Dade, Monroe

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 goal of the Program is to support veterans in order to prevent chronic homelessness and recidivism by: 1. Stabilizing participants by providing a safe place to receive care, treatment and services to enable veterans to address their trauma and begin recovery. 2. Enhancing self-esteem and vocational skills. 3. Assisting participants to obtain employment and/or benefits to facilitate independent living. 4. Providing post discharge housing assistance to return veterans to the community.

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	Director of Psychological Services	25,000
<input type="checkbox"/> b. Other Salary and Benefits		
<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	4 FTE equivalent clinical, case management and residential support	300,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Food, facility costs, life skills, educational/vocational transportation services	116,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		

<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		441,000

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)

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:

Letter of Support from State Attorney Katherine Fernandez Rundle to be provided

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

No

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?

All veterans placed into the program will receive supportive and clinical services including crisis intervention and assessment; comprehensive treatment and case management; and social reintegration. Housing, food, and treatment will be provided.

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

Camillus will provide wraparound treatment and case management services with aim of stabilizing these individuals, thereby increasing their chances of recovery from experienced trauma, eliminate recidivism and facilitate successful re-integration.

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 w/ mental illness, substance abuse with criminal justice interactions.

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	70% of veterans with mental health issues participating in the Camillus Veteran's Treatment Program will	The percentage of individuals successfully completing treatment is determined by dividing the number of

	successfully complete treatment.	individuals who complete treatment by the total number of individuals in the program.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Average number of days worked for pay by program participants will be at least 20 and number and percentage of clients successfully completing treatment who retain 9 months employment with DDA	The program tracks the number of days spent in work therapy as well as the number of days worked for pay in program. Clients enter the work program upon successful completion of treatment.
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input checked="" type="checkbox"/> Reduce substance abuse	Adults provided with Substance Abuse treatment will be at least 20 and percentage of adults who successfully complete substance abuse treatment services will be at	The percentage of individuals successfully completing treatment is determined by dividing the number of individuals who complete treatment by the total number of individuals in

	least 70%	the program,
<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 checked="" type="checkbox"/> Other (Please describe): Improve veterans quality of life	100% of participants will have a service plan that is updated every 30 days and 70% of participants will move on to permanent housing upon discharge from the program.	All clients have service plans updates every 30 days, these plans are signed by both client and case manager and stored in the Homeless Management Information System/ICAnotes. Discharge destination on successful completion is recorded and this measure tracks positive placement into housing (Family reunification, permanent supportive housing, and independent living.)

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?
1. Amount Requested from the State in this Appropriations Project Request:	441,000	85.5%	N/A
2. Federal:	50,000	9.7%	Yes

3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	25,000	4.8%	Yes
TOTAL	516,000	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 2018-19 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