

1. Project Title

2. Senate Sponsor

The Florida Senate Local Funding Initiative Request Fiscal Year 2022-2023

Supportive Housing Opportunities for Recovery (SHOR) Facility

Audrey Gibson

LFIR # 1406

| 3. Date of Request | 11/16/2021 | | | | | | |
|---|--|---|--|--|---|--|--|
| 4. Project/Program De | escription | | | | | | |
| accommodations for project involves the modular units to prolife skills education a issues that led to ho | homeless men and demolition and rem vide a supervised, s and training. The sa melessness or con- jion's supportive ho | d women that will oval of the existin structured environ fe, supportive enviributed to long-te using program on | covery (SHOR) project bridge the gap from hor g Rogerson House modernment with support for a vironment will enable really serves men. The prove women. | melessness to perm dular unit and install ddiction and mental sidents to overcome begin to rebuild the | nanent housing. The lation of two new I health disorders, and e trauma, address the ir support network. | | |
| 5. State Agency to red | ceive requested fu | nds Depart | ment of Children and Fa | amilies | | | |
| State Agency conta | | | | | | | |
| Type of Funding | 3 14 | | | Amount | | | |
| Operations | | | Allio | Amount | | | |
| Fixed Capital Outlay | , | | | 1,002,738 | | | |
| Total State Funds F | | | | 1,002,738 | | | |
| 7. Total Project Cost for Type of Funding | or Fiscal Year 202 | 2-2023 (includin | g matching funds ava | ilable for this proje | ect) | | |
| Total State Funds R | eauested (from aue | estion #6) | 1,002,738 | 78% | | | |
| Matching Funds | <u> </u> | , | :,00=,:00 | . 570 | | | |
| Federal | | | 0 | 0% | | | |
| State (excluding the amount of this request) | | | 0 | 0% | | | |
| Local | | | | 0% | | | |
| Other | | | 283,050 | 22% | | | |
| Total Project Costs for Fiscal Year 2022-2023 | | | 1,285,788 | 100% | | | |
| 8. Has this project pre | eviously received | state funding? | No | | | | |
| Fiscal Year (уууу-уу) | Amo Recurring | ount Nonrecurring | Specific Appropriation # | Vetoed | | | |
| | | | | | | | |
| 9. Is future funding likely to be requested? | | | | | | | |
| a. If yes, indicate n | onrecurring amou | nt per year. | | | | | |
| b. Describe the sou | urce of funding tha | at can be used in | lieu of state funding. | | | | |
| 10. Has the entity requ | uestina this proje | ct received any f | ederal assistance rela | ted to the COVID- | 19 pandemic? | | |



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Yes

If yes, indicate the amount of funds received and what the funds were used for.

Federal assistance related to the Covid-19 pandemic totaled \$1,155,981.87 and was used for salaries. PPE, rent and utilities.

11. Details on how the requested state funds will be expended

| Spending Category | Description | Amount | | |
|--|---|-----------|--|--|
| Administrative Costs: | | | | |
| Executive Director/Project Head Salary and Benefits | | 0 | | |
| Other Salary and Benefits | | 0 | | |
| Expense/Equipment/Travel/Supplies/ Other | | 0 | | |
| Consultants/Contracted Services/Study | | 0 | | |
| Operational Costs: Other | | | | |
| Salary and Benefits | 50% of the Housing and Residential Operations Manager's salary of \$45,000 (\$22,500) 100% of the Housing Assistant's salary of \$32,000. These 2 positions will provide the direct services listed in question 12c. These are matching funds equal to \$54,500 | 0 | | |
| Expense/Equipment/Travel/Supplies/ Other | | | | |
| Consultants/Contracted Services/Study | | 0 | | |
| Fixed Capital Construction/Major Renovation: | | | | |
| Construction/Renovation/Land/ Planning Engineering | Demolition and removal of existing Rogerson House modular unit and installation of two new modular units. | 1,002,738 | | |
| Total State Funds Requested (must equal total from question #6) 1,00 | | | | |

12. Program Performance

a. What specific purpose or goal will be achieved by the funds requested?

The goal to be achieved is to replace the existing supportive housing modular unit that has passed its life expectancy (structural repairs needed are not viable for continued occupancy) with a new unit so that housing services can continue to be provided and expanded for adult males in a safe environment. The new men's modular will expand the number of bedrooms from 6 to 8. The goal also includes the purchase and installation of a second modular unit that would provide transitional housing services for 8 adult females (8 bedrooms).

b. What activities and services will be provided to meet the intended purpose of these funds?

Activities include the purchase of 2 modular units to provide supportive housing services for adult men and women with substance use and/or mental health disorders, criminal histories and chronic homelessness. The program will provide stable, temporary housing with case management services, and referrals to SUD and/or mental health treatment (as needed), to assist residents in transitioning to self-sustainability.

c. What direct services will be provided to citizens by the appropriation project?



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Direct services to be provided include housing with case management services to obtain social entitlements such as Medicaid coverage, food assistance, disability benefits; ensure job readiness by assistance with resume writing, interview preparation; continued education such as acquiring GEDs; credit repair; record expungement for criminal backgrounds; and life skills training to enhance interaction within the community. Residents identified with substance use and mental health disorders will be referred to River Region's Behavioral Health clinic for treatment. Services also include 3 nutritional meals daily per resident.

d. Who is the target population served by this project? How many individuals are expected to be served?

The target population to be served by this project are adult males and females, veterans, persons with poor mental health and/or substance use disorders, economically disadvantaged persons, homeless individuals and persons with criminal histories including drug offenses.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

Outcome: Residents identified with a mental health disorder will demonstrate a 20% or better improvement in psychosocial functioning after 6 months of treatment. Measurement: Psychological functioning outcomes will be measured by the NOMs (National Outcome Measures) assessment tool.

Outcome: Gainful employment and securing permanent housing. Measurement: The number of individuals that

successfully gain employment and obtain permanent housing.

Outcome: Reduce substance abuse: 90% of residents will indicate no drug use while participating in the transitional housing program. Measurement: The results of random drug screens.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for the contract?

The suggested penalties for failing to meet deliverables or performance measures are:

- (1) The State can suspend or revoke the contract.
- (2) The State can request funds to be returned.
- 13. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

River Region Human Services, Inc. is the owner of the facility and the recipient of any direct or indirect fixed capital outlay funding.



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| 14. | Requestor Contact | intormati | ion | | | | |
|-----|-----------------------------------|-----------------------------------|-------|-----------|-------|--|--|
| | a. First Name | Jacqueline | | Last Name | Dowdy | | |
| | b. Organization | River Region Human Services, Inc. | | | | | |
| | c. E-mail Address | jdowdy@rrhs.org | | | | | |
| | d. Phone Number | (904)899 | -6300 | Ext. | 4714 | | |
| 15. | 15. Recipient Contact Information | | | | | | |
| | a. Organization | River Region Human Services, Inc. | | | | | |
| | b. Municipality and | y and County Duval | | | | | |
| | c. Organization Type | | | | | | |
| | □For Profit Entity | ty | | | | | |
| | ☑Non Profit 501(c | 1(c)(3) | | | | | |
| | □Non Profit 501(c | (c)(4) | | | | | |
| | □Local Entity | | | | | | |
| | □University or Co | r College | | | | | |
| | □Other (please sp | ease specify) | | | | | |
| | d. First Name | Jacquelin | e | Last Name | Dowdy | | |
| | e. E-mail Address | E-mail Address jdowdy@rrhs.org | | | | | |
| | f. Phone Number | | | | | | |
| 16. | 16. Lobbyist Contact Information | | | | | | |
| | a. Name | Christopher L. Carmody | | | | | |
| | b. Firm Name | GrayRobinson PA | | | | | |
| | c. E-mail Address | chris.carmody@gray-robinson.com | | | | | |
| | d. Phone Number | r (407)843-8880 | | | | | |