



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 2434

**1. Title of Project:** Youth Crisis Center - Touchstone Village

**2. Senate Sponsor:** Travis Hutson

**3. Date of Submission:** 03/15/2019

**4. Project/Program Description:**

Touchstone Village is a nationally accredited transitional living program through Council on Accreditation. The program provides housing, life skills training, career development training, academic support and monitoring, and mental health counseling and psychiatric services to homeless young adults ages 18-21 who reside in Clay County. Evidenced-based assessments and interventions will be utilized with the residents of Touchstone Village. Each resident receives the Ansell Casey Life Skills assessment that provides insight into the residents level of training needed for self-sufficiency. Residents also receive the Functional Assessment Rating Scale that informs the therapist of the resident's level of progression in mental health services. Evidenced-based interventions will be utilized for life skills training and therapy in a trauma-informed milieu. It is expected the program will serve between 25-50 homeless young adults.

**5. State Agency to receive requested funds :** Department of Children and Families

State Agency Contacted? Yes

**6. Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	200,000
Fixed Capital Outlay	
<b>Total State Funds Requested</b>	<b>200,000</b>

**7. Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	200,000	95.24%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	10,000	4.76%
<b>Total Project Costs for Fiscal Year 2019-2020</b>	<b>210,000</b>	<b>100.0%</b>

**8. Has this project previously received state funding?** No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		

**9. Is future-year funding likely to be requested?** Yes



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a. If yes, indicate non-recurring amount per year. \$175,000

#### 10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits	General overhead for program leadership which includes the 10% Program Director, 10% Director of Residential Services, 10% Finance Director, and 10% Program Assistant	30,000
Expense/Equipment/Travel/Supplies/Other	Program overhead which includes general liability insurance, utilities which includes electric, water, telephone, rent for the house at \$750/month.	49,000
Consultants/Contracted Services/Study		
<b>Operational Costs:</b>		
Salary and Benefits	Hire a full time Transitional Living Specialist to conduct Ansell Casey Life skills assessments, provide life skills training, monitor academic performance, provide transportation for resident appointments as appropriate, provide career development training; part-time mental health therapist to conduct mental health assessments, develop treatment plans, and provide mental health counseling; a stipend for the houseparents for the provision of daily living activities and supervision of residents	85,000
Expense/Equipment/Travel/Supplies/Other	Resident activities, resident expenses, household supplies, food for meals in the home, preparation of home which includes new stove and washer/dryer, new paint, new carpet and laminate flooring, security camera system for the house, annual housing expense for maintenance of home	36,000
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>200,000</b>

#### 11. Program Performance:

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

The purpose of the program is to provide safe housing and develop self sufficiency skills to homeless young adults while providing life skills training, career development training, academic support, and mental health services. The program will provide housing, transitional living skills, and mental health counseling and



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psychiatric care to 18 year olds who are homeless and are in school. This program will also provide transitional living services and mental health services to young adults 18-21 who are at risk of becoming homeless and reside in Clay County. Touchstone Village program focus areas include trauma, mental health, substance abuse/use, bullying, education, violence, homelessness, and family discord.

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

Young adults will receive the following with funds from this request: \*evidenced-based life skills assessment, which assists in identifying what skill sets young adults possess and what training is needed for self-sufficiency. \*weekly career development training \*daily life skills training \*housing \*three meals/day \*transportation to appointments or grocery store as needed and appropriate \*weekly academic support and monitoring \*mental health therapy and psychiatric services, including medication management as medically necessary per the resident's treatment plan \*monthly resident activities, which may include movies, bowling, or any activity that assists in fostering healthy relationships \*resident expenses, which may included emergency funds for medication, clothing for employment uniform, school-related application fees, etc \*mentoring by Moosehaven in Clay County residents when appropriate

**c. What are the direct services to be provided to citizens by the appropriations project?**

Each resident will be assessed utilizing the Ansell Casey Life Skills assessment, complete a treatment plan, receive a minimum of two life skills classes per week, receive career development training, opportunity for part time employment with Moosehaven or other local businesses, meals, mental health therapy and psychiatric services, academic support, which includes attending various appointments with the school, assisting in completing school-related documents, recreational activities, and civic/mentoring activities with Moosehaven residents.

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

Young adults (residents) ages 18-21 who are homeless or at-risk of becoming homeless. The young adults may be experiencing mental health and physical health concerns, poor academic performance in high school or college/trade school, at-risk of dropping out of school, unemployed, economically disadvantaged, at-risk of entering the criminal system or have been in the delinquency system.

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

To improve the resident's mental health well-being by an improved FARS (Functional Assessment Rating Scale)score after six months of therapy is received; improve academic performance as evidenced by grades and attendance through academic assistance, services with school board personnel and stable housing, which can impair one's performance; aide in the prevention of criminal activity by ensuring the services are received leading to self-sufficiency thus eliminating criminality due to stability; create job opportunities upon completion of career development training through employment partnership with Moosehaven; enhance or develop self-sufficiency skills to eliminate homelessness as evidenced by life skills post-test scores.

**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 in the contract?**

Penalties are defined in the contract with the funder.

**12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the**



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**relationship between the owner(s) of the facility and the entity.**

N/A

#### 13. Requestor Contact Information:

- a. **Name:** Kim Sirdevan
- b. **Organization:** Youth Crisis Center
- c. **E-mail Address:** kim@ycc.org
- d. **Phone Number:** (904)446-4982

#### 14. Recipient Contact Information:

- a. **Organization:** Youth Crisis Center
- b. **County:** Clay
- c. **Organization Type:**
  - For Profit
  - Non Profit 501(c) (3)
  - Non Profit 501(c) (4)
  - Local Entity
  - University or College
  - Other (Please specify)
- d. **Contact Name:** Kim Sirdevan
- e. **E-mail Address:** kim@ycc.org
- f. **Phone Number:** (904)446-4982

#### 15. Lobbyist Contact Information

- a. **Name:** None
- b. **Firm Name:** None
- c. **E-mail Address:**
- d. **Phone Number:**