



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1913

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Mission House is the primary homeless services and free clinic for the uninsured in the Jacksonville Beaches area. Seven days a week, Mission House provides access to shower facilities, clean clothing, case management services and a hot meal. This program will support our Crisis Care (homeless services) program as well as our Clinic which provides services to the uninsured who tend to be the "working poor" of Duval County. At any given time our Crisis Care program has 300 clients enrolled, and our Clinic has 300 patients enrolled, with very little overlap, as we cannot see any patients who have insurance.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	300,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>300,000</b>

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	300,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>300,000</b>	<b>100%</b>

8. Has this project previously received state funding?

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

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

The agency is primarily funded by donations, and donations could be used in lieu of state funding. Other grant opportunities are constantly being pursued by the agency, as well.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1913

Yes

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

ARP- \$100,000- client services and general operations.  
 PPP-\$123,963-client services and general operations.  
 ESG-CV (through Housing and Urban Development)-\$126,500- Rapid Rehousing program, client moving expenses and reimbursement of agency salaries.

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

### 11. Status of Construction

a. What is the current phase of the project?

- Planning    
  Design    
  Construction    
  N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List 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.

### 13. 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	Executive Director Salary (1 FTE prorated to 30%)	30,000
Other Salary and Benefits	Crisis Care (Homeless Services) Director Salary 1 FTE	53,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Mental Health Counselor 1 FTE \$65,000, Case Manager \$42,000, Kitchen Manager (1 FTE prorated to 50%) \$10,000; Crisis Care (Homeless Services) Advocates (8 P-T Employees = 4 FTE prorated to 50%) \$75,000	192,000
Expense/Equipment/Travel/Supplies/Other	General Supplies for homeless services and clinic- cutlery and table settings, soap, cleaning supplies, medicine, clinic supplies.	25,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>300,000</b>

### 14. Program Performance

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



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

**LFIR # 1913**

The goals are unique for each program of Mission House. On the Crisis Care side, the goal is to provide essential services, such as ID retrieval, meals, shower access and case management to start the plan for clients to move from the streets to housing. The goal of the Clinic is to provide healthcare to the uninsured who would otherwise be receiving healthcare from the Emergency Department at the hospital. We seek to reduce emergency room visits by 80 per month by seeing that many patients in our clinic. This reduces costs to the public, as well as wait times in the Emergency Room.

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

Mission House will operate a day facility 7 days a week for the homeless of the Jacksonville Beaches area. Two meals will be served Monday - Friday and 1 meal will be served on Saturday and on Sunday. Access to shower facilities will occur during that time, as well as access to a case manager. Mission House will operate a free clinic for uninsured patients within 200% of the federal poverty limit, 2-3 times per week. Patients will be given primary care, long-term chronic disease management and access to free lifesaving drugs such as insulin, medication for hypertension and high cholesterol.

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

Citizens will receive direct service of case management (ID and birth certificate retrieval for job applications), use of an address for mailing, access to shower facilities, access to hot meals twice daily, clean clothes and other supplies to help them succeed. Patients on the clinic side will be provided with free primary medical care to manage chronic illnesses such as diabetes, asthma, and receive vaccinations; in order to lead healthier lives and improve quality outcomes. Medication will also be provided to patients for free, in order to reduce the need to frequent emergency room care.

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

The target population for this project are two unique groups. The first is the homeless population of the Jacksonville beaches to be served by Crisis Care, and the other is the uninsured working poor to be cared for by the Clinic. The homeless will be given case management, meals, access to shower facilities and clean clothes. Uninsured patients will have access to a free and charitable clinic for primary care. Currently Crisis Care serves 300 people per year, while the clinic also serves another unique 300 people per year, for a total of 600 people per year to be served.

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

The benefits include providing case management services to lead to better life outcomes (referral to substance abuse treatment, help with job placement, clean clothes and meals) and will be measured by the number of clients served annually. For the clinic side, the goal is to serve 300 people each year providing 50 visits per month. Success will be measured by amount of patient visits each year. Mission House values the clinic visit at \$416 each visit. Emergency room visits in Florida average \$3100/visit often covered by the taxpayers. Each year, Mission House clinic saves taxpayers or hospitals an estimated \$2.7 million by providing visits for patients who otherwise would require uninsured hospital care.

**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?**

Mission House will follow all guidelines as required in the contract.

**15. Requester Contact Information**

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

**16. Recipient Contact Information**

a. Organization

b. Municipality and County



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1913

#### c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)

d. First Name  Last Name

e. E-mail Address

f. Phone Number

#### 17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number