



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1765

1. **Title of Project:** The Transition House - Starke Homeless Program

2. **Senate Sponsor:** Keith Perry

3. **Date of Submission:** 02/05/2019

4. **Project/Program Description:**

The Transition House, Inc. Starke Homeless Program - the purpose of this program is to provide substance abuse and mental health services to those clients that are unable to afford these services. Specifically, those that are homeless and chronically homeless as well as those that have been recently released from incarceration. Our program will provide treatment to include individual counseling, group therapy, psycho-educational classes and groups, vocational skills training, case management, life skills building and access to opportunities for employment and permanent housing.

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

State Agency Contacted? No

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

Type of Funding	Amount
Operations	500,000
Fixed Capital Outlay	
Total State Funds Requested	500,000

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)	500,000	100.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
Total Project Costs for Fiscal Year 2019-2020	500,000	100.0%

8. **Has this project previously received state funding?** Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		
2018-19		300,000	347	No

9. **Is future-year funding likely to be requested?** No



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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	9% administrative fees	45,000
Other Salary and Benefits	Full time substance abuse and mental health clinicians providing services to these individuals, as well as FT LMHC to provide supervision.	145,000
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits	Licensed clinicians to provide treatment, case management, clinical supervision and vocational programming	310,000
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		500,000

11. Program Performance:

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

The purpose of this program is to provide substance abuse and mental health services to those clients that are unable to afford these services. Both men and women who are homeless or chronically homeless as well as those that have been recently released from incarceration. Our program will provide treatment to include individual counseling, group therapy, psycho-educational classes and groups, vocational skills training, case management, life skills building and access to opportunities for employment and permanent housing

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

Our program will provide treatment to include individual counseling, group therapy, psycho-educational classes and groups, vocational skills training, case management, life skills building and access to opportunities for employment and permanent housing.

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

Individuals meeting eligibility requirements will be provided with the following services: room and board, 3 meals per day, individual counseling for substance abuse and/or mental health at a minimum of once per week, substance abuse/mental health evaluation, drug screening/breathalyzers randomly, medication assisted treatment - Vivitrol if available, once per week case management, minimum of 5 psycho-educational/ therapy groups daily, Monday thru Friday, addressing substance abuse and mental health issues. Vocational training; if applicable, other vocational skill straining through Career Source.



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

Homeless males and females with substance abuse or mental health disorders, males and females that are homeless or chronically homeless that have been involved with the justice system (i.e. mental health court, probation, community control, recently released from Bradford County Jail or incarceration). Our goal is to serve 50 individuals in a 12-month time period, allotting 60 days to each individual for treatment, which equates to 3,000 bed days for the year at \$100 per day.

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

We will utilize client data, utilization reviews and reports generated from our electronic health records system to track all performance. We will continue to track outcome data measured by outcome surveys completed on all individuals that complete the program at 30, 60 days and 6 months. The overall outcome of the project will be to provide both men and women with stability, safety and an environment from which they can continue to heal, grow and recover.

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?

Noncompliance involving the provision of service not having a direct effect on client health and safety shall result in the imposition of a five percent (5%) penalty. Noncompliance as a result of unacceptable performance of administrative tasks shall result in the imposition of a two percent (2%) penalty.

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

13. Requestor Contact Information:

- a. **Name:** Thomas Griffin
- b. **Organization:** The Transition House, Inc.
- c. **E-mail Address:** tom@thetransitionhouse.org
- d. **Phone Number:** (407)892-5700 Ext. 101

14. Recipient Contact Information:

- a. **Organization:** The Transition House, Inc.
- b. **County:** Bradford
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)



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- d. **Contact Name:** Thomas Griffin
- e. **E-mail Address:** tom@thetransitionhouse.org
- f. **Phone Number:** (407)892-5700 Ext. 101

15. Lobbyist Contact Information

- a. **Name:** Christopher Dawson
- b. **Firm Name:** Gray Robinson
- c. **E-mail Address:** chris.dawson@gray-robinson.com
- d. **Phone Number:** (407)843-8880