

1. Project Title

# The Florida Senate Local Funding Initiative Request Fiscal Year 2021-2022

The Transition House Homeless Veterans Program - Osceola

LFIR # 1860

2.	Senate Sponsor	Danny Burgess					
3.	Date of Request	02/23/2021					
4.	Project/Program De	escription					
	This program is for unable to afford treatmental health treatm	men 18 years and o tment. This program ent if applicable. Wi services that including, medication ass ncial assistance for	n will provide ith these fun de individual isted treatm medication	e all surreds, we vectors all surreds, we vectors all surreds all	will serve 55 men to ling, group counselir the use of Vivitrol, n e. While we focus on	cess to substance under the puide them to ng, psychoeducation nedication manager the Veterans that a	use treatment and stable income and nal counseling, family ment and we will provide
5.	State Agency to rec	ceive requested fu	n <b>ds</b> De	partmer	nt of Veterans' Affairs	3	
	State Agency conta	•					
	•						
6.	Amount of the Nonr	ecurring Request	for Fiscal Y	ear 202	21-2022		
	Type of Funding				Amo	unt	
	Operations					350,000	
	Fixed Capital Outlay					0	
	Total State Funds F	Requested				350,000	
7.	Total Project Cost fo	or Fiscal Year 2021	I-2022 (incl	uding n	natching funds avai	ilable for this proje	ect)
							ı
	Type of Funding				Amount	Percentage	
	Total State Funds Re	equested (from que	stion #6)		Amount 350,000	Percentage 100%	
	Total State Funds Re Matching Funds	equested (from que	stion #6)		350,000	100%	
	Total State Funds Re Matching Funds Federal				350,000	100%	
	Total State Funds Re Matching Funds Federal State (excluding the				350,000	100% 0% 0%	
	Total State Funds Remarkable  Matching Funds  Federal  State (excluding the Local				350,000 0 0	100% 0% 0% 0%	
	Total State Funds Remarkable Matching Funds Federal State (excluding the Local Other	amount of this requ	est)		350,000 0 0 0	100% 0% 0% 0% 0%	
	Total State Funds Remarkable  Matching Funds  Federal  State (excluding the Local	amount of this requ	est)		350,000 0 0	100% 0% 0% 0%	
8.	Total State Funds Remarkable Matching Funds Federal State (excluding the Local Other	amount of this requ	est) 21-2022	g?	350,000 0 0 0	100% 0% 0% 0% 0%	
8.	Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs	amount of this requ	est) 21-2022 state fundin		350,000 0 0 0 350,000	100% 0% 0% 0% 0%	
8.	Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs  Has this project pre	amount of this requestions for Fiscal Year 20 eviously received s	est) 21-2022 state fundin		350,000 0 0 0 350,000 Yes	100%  0%  0%  0%  0%  100%	
	Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre	amount of this request for Fiscal Year 20 eviously received services Amo	est)  21-2022  state fundin  unt  Nonrecur	ring	350,000  0 0 0 350,000  Yes  Specific Appropriation #	100%  0% 0% 0% 100%	
	Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs  Has this project pre Fiscal Year (yyyy-yy) 2020-21	amount of this requested amount of this reques	est)  21-2022  state fundin  unt  Nonrecur  2	ring 00,000	350,000  0 0 0 350,000  Yes  Specific Appropriation #	100%  0% 0% 0% 100%	
	Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs  Has this project pre Fiscal Year (уууу-уу) 2020-21  Is future funding like	amount of this requested services for Fiscal Year 20 evicusly received services Amore Recurring 0	est)  21-2022  state fundin  unt  Nonrecur  2  d?  nt per year.	ring 00,000	350,000  0 0 0 350,000  Yes  Specific Appropriation # 577A  Yes 300,000	100%  0% 0% 0% 100%  100%	
	Total State Funds Romatching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre Fiscal Year (yyyy-yy) 2020-21 Is future funding like a. If yes, indicate no	amount of this requested services for Fiscal Year 20 evicusly received services Amore Recurring 0	est)  21-2022  state fundin  unt  Nonrecur  2  d?  nt per year. t can be us	ring 00,000	350,000  0 0 0 350,000  Yes  Specific Appropriation # 577A  Yes 300,000	100%  0% 0% 0% 100%  100%	



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Yes

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

\$1,131,081 was received from the PPP loan and the funds were used to cover payroll and health benefits for all our 21 existing programs in the state of Florida.

### 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% Administrative Costs	10,000
Other Salary and Benefits	Chief Operating Officer, Chief Clinical Officer, Director of Administration, Director of Human Resources, Financial Controller and IT specialist. These salaries directly oversee the execution and operation of the program and supervision management at our program.	30,000
Expense/Equipment/Travel/Supplies/ Other	Administration operational costs to include travel for in person or virtual training with staff, office space, office supplies, equipment such as copiers/fax/scanner, utilities and gas.	10,000
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Clinical Director, Substance use counselors/case managers, Behavioral Technicians, Operations Manager, Kitchen Manager, Intake Coordinator, Intake Specialist, ARNP all salaries and benefits including health insurance.	222,000
Expense/Equipment/Travel/Supplies/ Other	Food, staff training and development, electronic health records system, transportation, laundry, general maintenance, utilities, travel expense for training and supervision and group materials. Funds for psychiatric medication if applicable for 90 days.	67,250
Consultants/Contracted Services/Study	Contracted Medical Director	10,750
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	350,000

#### 12. Program Performance

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

Men that are struggling with a substance and/or mental health disorder that are financially disadvantaged, will be able to participate in treatment that will help them develop better coping skills and guide them to stable housing. The aim of this project is to help these men to become productive and contributing individuals in our communities.

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

Personalized treatment based on individual needs. Individuals with substance use disorders will be provided individual counseling, group counseling, medication assisted treatment if needed. They will be linked to housing and employment resources to obtain stable income and permanent housing prior to discharge from the program. Individuals may participate in couples or family counseling if needed.

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



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Room and Board, 3 meals a day, individual counseling once a week, group and psychoeducational counseling, vocational assessments, linkages to housing and employment resources, SA evaluation, couples/family counseling, random drug screens, medication assisted treatment if needed. Assistance with employment and permanent housing prior to completion from the program.

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

Targeting male Veterans, individuals that are homeless or chronically homeless, those involved with the legal system, those leaving incarceration or jails. We expect to serve a total of 55 clients during the grant period for a maximum of 90 days each.

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

The outcome of this project is the hope that individuals will stay abstinent from substances and alcohol, that they will obtain stable employment or source of income and find permanent housing upon completion of the program, as well as establish social supports outside the program. This will be measured by random drug screens, treatment plans developed with the client and their progress on completion of goals, and by their participation in the program.

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?

Failing to	meet deliv	erables w	vould mean	renayment	of the	grant funds.
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13.	The owners of the facilit	y to receive, direct!	ly or indirectly	, any fixed capita	I outlay funding.	Include the
	relationship between the	owners of the faci	ility and the er	ntity.	,	

N/A			



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14.	14. Requestor Contact Information							
	a. First Name	Melissa		Last Name	Lucas			
	b. Organization	The Tran	The Transition House Inc.					
	c. E-mail Address	melissa@	thetransitionhou	se.org				
	d. Phone Number	(407)892	-5700	Ext.	101			
15.	Recipient Contact	Informatio	on					
	a. Organization	The Tran	sition House Inc.					
	b. Municipality and	l County	Osceola					
	c. Organization Ty	ре						
	□For Profit Entity							
	☑Non Profit 501(c	:)(3)						
	□Non Profit 501(c	:)(4)						
	□Local Entity							
	□University or Co	llege						
	□Other (please sp	ecify)						
	d. First Name	Jennifer		Last Name	Dellasanta			
	e. E-mail Address	jennifer@thetransitionhouse.org						
	f. Phone Number	(774)253-2575						
16.	16. Lobbyist Contact Information							
	a. Name	Christopher T. Dawson						
	b. Firm Name	GrayRobinson PA						
	c. E-mail Address	chris.dawson@gray-robinson.com						
	d. Phone Number	(407)843-8880						