



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** The Transition House, Inc Homeless Program in Starke, Florida

2. **Senate Sponsor:** Keith Perry

3. **Date of Submission:** 01/19/2018

4. **Project/Program Description:**

The Transition House, Inc Starke Homeless Program - The purpose of this program is to provide Substance Use and mental health services to those clients that are unable to afford these services. Specifically those that are homeless and chronically homeless, those that have been 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 Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

Department of Children and Families

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

| Amount Requested for Operations | Amount Requested for Fixed Capital Outlay | Total Amount of Requested State Funds |
|---------------------------------|---|---------------------------------------|
| 300,000 | | 300,000 |

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

| Type | Amount | Percent |
|--|---------|---------|
| Federal | 300,000 | 50.0% |
| State (excluding the amount of this request) | 0 | 0.0% |
| Local | 0 | 0.0% |
| Other | 0 | 0.0% |
| TOTAL | 300,000 | 50.0 % |

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 600,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded?



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d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.

| FY: | Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.) | | |
|--------------------|---|---------------------------------|------------------------------------|
| | Column: | A | B |
| Funds Description: | | Prior Year Recurring Funds * | Prior Year Nonrecurring Funds * |
| Input Amounts: | | | |

10. Is future-year funding likely to be requested?

Yes

a. If yes, indicate non-recurring amount per year.

300,000

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 Use and mental health services to those clients that are unable to afford these services. Both men and women who are homeless and chronically homeless, those that have been 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. How will the funds be expended?

| Spending Category | Description | Amount |
|---|------------------------|--------|
| Administrative Costs | | |
| <input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits | 9% administrative fees | 27,000 |



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| | | |
|--|--|---------|
| <input checked="" type="checkbox"/> Other Salary and Benefits | Full-time Substance use and Mental Health clinicians providing services to these individuals, as well as FT LMHC to provide supervision. | 85,000 |
| <input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other | | |
| <input type="checkbox"/> Consultants/Contracted Services/Study | | |
| Operational Costs | | |
| <input checked="" type="checkbox"/> Salary and Benefits | Licensed Clinicians to provide treatment, case management, clinical supervision and vocational programming. | 188,000 |
| <input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other | | |
| <input type="checkbox"/> Consultants/Contracted Services/Study | | |
| Fixed Capital Construction/Major Renovation | | |
| <input type="checkbox"/> Construction/Renovation/Land/Planning Engineering | | |
| TOTAL | | 300,000 |

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

Individuals meeting eligibility requirements will be provided the following services: Room and board, 3 meals a day, individual counseling for substance use and/or mental health minimum once a week, Substance use/mental health evaluation, drug screening/breathalyzers randomly, Medication Assisted Treatment – Vivitrol if applicable, once a week case management, minimum of 5 psychoeducational/therapy groups daily Monday to Friday, addressing substance use and mental health issues. Vocational training; if applicable, other vocational skills training through Career Source.

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

Homeless males and females with substance use 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 a day.



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- f. **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 System Records to track all performance. We will continue to track outcome data measured by outcomes surveys completed on all individuals that complete the program at 30, 90 days and 6 months. The overall outcome of the project will be provide both men and women with stability, safety and an environment from which they can continue to heal and grow.

- g. **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.**

N/A

13. **Requestor Contact Information:**

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

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

15. **If there is a registered lobbyist, fill out the lobbyist information below.**

- a. **Name:** Christopher Dawson
- b. **Firm:** Gray Robinson



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c. Email: Chris.Dawson@gray-robinson.com

d. Phone Number: [\(407\)843-8880](tel:(407)843-8880)