

# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Central Florida Cares Health System - Mental Health Peer Recovery Pilot Program

2. Date of Submission: 11/13/2017

3. House Member Sponsor: Carlos Smith

Members Copied:

### 4. DETAILS OF AMOUNT REQUESTED:

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

***If answer to 4a is ?No? skip 4b and 4c and proceed to 4d, Col. E***

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

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

d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated  (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non- vetoed amounts provided in Column A)	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:					400,000	400,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? No

5a. If yes, which state agency?

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Children and Families

5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No

5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

Funding withheld.

6. Requester:

- a. Name: Maria Bledsoe
- b. Organization: Central Florida Cares Health System
- c. Email: mbledsoe@cfchs.org
- d. Phone #: (407)985-3561

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Anna Lowe
- b. Organization: Central Florida Cares Health System
- c. Email: alfedeles@cfchs.org
- d. Phone #: (407)985-3563

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of entity receiving funds:

- a. Name: Central Florida Cares Health System
- b. County (County where funds are to be expended): Brevard, Orange, Osceola, Seminole
- c. Service Area (Counties being served by the service(s) provided with funding): Brevard, Orange, Osceola, Seminole

10. What type of organization is the entity that will receive the funds? (Select one)

- ☐ For Profit
- ☒ Non Profit 501(c) (3)
- ☐ Non Profit 501(c) (4)
- ☐ Local Government
- ☐ University or College
- ☐ Other (Please describe)

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

To implement the evidenced-based practice of community-based peer support utilizing a professional workforce of individuals who have achieved recovery from a mental health disorder. Peer support specialists will use their recovery experience to mitigate further adverse outcomes while simultaneously enhancing positive treatment outcomes associated with mental health conditions.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?0? if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Tracking individual and aggregate admission data into crisis stabilization units.	380,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Local travel for Peers to provide evidenced-based interventions to clients in their homes and in the community.	20,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		

TOTAL		400,000
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13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

N/A

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

The Department of Children and Families Recovery Oriented System of Care Summit (ROSC) was held on May 30, 2017. As part of the ROSC Summit, participants identified peer-based support services as being a top priority. They identified far-reaching benefits from increasing access to peer support services. These benefits included the ability to relate to individuals using services, increasing the involvement of family members and the community in recovery and reducing stigma.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

No

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

Peer Specialist will function as a role model to peers; exhibiting competency in personal recovery and use of coping skills; serve as a consumer advocate, providing consumer information and peer support for clients in outpatient and inpatient settings. The Peer Specialist will perform a wide range of tasks to assist peers of all ages, from young adult to old age, in regaining independence within the community and mastery over their own recovery process.

17b. Describe the direct services to be provided to the citizens by the funding requested.

1) Assist clients in articulating personal goals for recovery through the use of one-to-one and group sessions. During these sessions the Peer Specialist will support clients in identifying and creating goals and developing recovery plans with the skills, strengths, supports and resources to aid them in achieving those goals

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

- ☐ Elderly persons
- ☒ Persons with poor mental health
- ☒ Persons with poor physical health
- ☒ Jobless persons
- ☒ Economically disadvantaged persons
- ☐ At-risk youth
- ☐ Homeless
- ☐ Developmentally disabled
- ☐ Physically disabled
- ☐ Drug users (in health services)
- ☐ Preschool students
- ☐ Grade school students
- ☐ High school students
- ☐ University/college students
- ☐ Currently or formerly incarcerated persons
- ☐ Drug offenders (in criminal Justice)
- ☐ Victims of crime
- ☐ General (The majority of the funds will benefit no specific group)
- ☒ Other (Please describe): Individuals who are high utilizers of crisis stabilization units

17d. How many in the target population are expected to be served?

- ☐ < 25
- ☐ 25-50
- ☐ 51-100
- ☐ 101-200
- ☐ 201-400
- ☒ 401-800
- ☐ >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
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<input type="checkbox"/> Improve physical health		
<input checked="" type="checkbox"/> Improve mental health	Decrease readmissions and use of deep end services (i.e. CSU, Detox) by not having readmission while participating in the Peer Recovery Program.	Tracking individual and aggregate admission data into crisis stabilization units.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Consumers participating in the Peer Recovery Program will have an increase in income, linked to entitlement or other benefits through employment.	Number and percent of consumers who have had an increase in income, linked to entitlement, or other benefits through employment.
<input checked="" type="checkbox"/> Reduce recidivism	Decrease readmissions to CSU by not having readmission while participating in the Peer Recovery Program.	Tracking individual and aggregate admission data into crisis stabilization units.

<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2018-19 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	400,000	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	400,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

No