



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Central Florida Cares Health System - Housing Assistance to Persons Exiting the State Mental Health Treatment Facilities

2. **Senate Sponsor:** Linda Stewart

3. **Date of Submission:** 01/18/2018

4. **Project/Program Description:**

Individuals being discharged from State Mental Health Treatment Facilities (SMHTF) may not have entitlement benefits upon discharge or may experience a lapse until benefits are reinstated. The goal of the Housing Assistance program is to decrease delays in discharging individuals from SMHTF due to lack of funding to cover 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	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	100,000	25.0%
Other	0	0.0%
TOTAL	100,000	25.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 400,000

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	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
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?

Individuals being discharged from State Mental Health Treatment Facilities (SMHTF) may not have entitlement benefits upon discharge or may experience a lapse in benefits until they can be reinstated. The goal of the Housing Assistance Program is to decrease delays in discharging individuals from SMHTF due to lack of funding to cover housing.

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

Assist with discharging clients from SMHTF by meeting housing needs until the clients' benefits are reinstated.

- c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		



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<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	These funds will be used to subsidize housing costs for clients being discharged from the state mental health treatment facility to the community.	300,000
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?

Gain housing for clients until benefits are reinstated.

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

At minimum of 30 adults with severe mental health illnesses.

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

(1) Reduce Baker Act readmissions to state mental health hospitals. This will be measured by aggregate monthly data submission by the service provider. (2) Increase number of adults with severe and persistent mental illness who live in stable housing. This will be measured by aggregate monthly data submission by the service provider.

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?

The current standard penalties for noncompliance are adequate.

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



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13. Requestor Contact Information:

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

14. Recipient Contact Information:

- a. **Organization:** Central Florida Cares Health System
- b. **County:** Brevard, Orange, Osceola, Seminole
- 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:** Maria Bledsoe
- e. **E-mail Address:** mbledsoe@cfchs.org
- f. **Phone Number:** (407)985-3561

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

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