



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Mental Health Peer Recovery Pilot Program

2. **Senate Sponsor:** Victor Torres

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

4. **Project/Program Description:**

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.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Children and Families

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

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
400,000		400,000

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	133,333	25.0%
Other	0	0.0%
TOTAL	133,333	25.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 533,333

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.



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<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY 2017-18</b> (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
<b>Column:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>Funds Description:</b>	<b>Prior Year Recurring Funds *</b>	<b>Prior Year Nonrecurring Funds *</b>	<b>Total Funds Appropriated (Column A + Column B)</b>
<b>Input Amounts:</b>			

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

No

### 11. Program Performance:

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

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

#### 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		
<input type="checkbox"/> Consultants/Contracted Services/Study		



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Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Local travel for Peers to provide evidenced-based interventions to clients in their homes and in the community.	380,000
<input checked="" type="checkbox"/> Expense/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"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		400,000

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

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. Assist clients in working with their case manager or treatment team in determining the steps he/she needs to take in order to achieve these goals and self-directed recovery. Assist clients in setting up and sustaining self-help (mutual support) groups, as well as means of locating and joining existing groups. Utilize tools such as the Wellness Recovery Action Plan (WRAP) to assist clients in creating their own individual wellness and recovery plans. Use ongoing individual sessions to teach clients how to identify and combat negative self-talk and how to identify and overcome fears by providing a forum which allows individuals to share their experiences.

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

Adults experiencing mental health and substance abuse illness. Minimum number of individuals served: 120

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

Consumers participating in the Peer Recovery Program will have an increase in income, linked to entitlement or other benefits through employment. This will be measured by the number and percent of consumers who have had an increase in income, linked to entitlement, or other benefits through employment. (2) Decrease readmissions to CSU by not having readmission while participating in the Peer Recovery Program. This will be measured by tracking individual and aggregate admission data into crisis stabilization units. (3) Decrease



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readmissions and use of deep end services (i.e. CSU, Detox) by not having readmission while participating in the Peer Recovery Program. This will be measured by tracking individual and aggregate admissions data into crisis stabilization units.

- 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?**

Standard penalties should apply.

- 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.**

Central Florida Cares Health System

- 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:**