



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 2373

1. **Title of Project:** SOAR Case Management Program

2. **Senate Sponsor:** Randolph Bracy

3. **Date of Submission:** 03/06/2019

4. **Project/Program Description:**

SOAR is a program designed to increase access to SSI/SSDI for eligible adults who are experiencing or at risk of homelessness and have a mental illness, medical impairment, and/or a co-occurring substance use disorder. Combination of unstable housing, dealing with disability and lack of social/family support makes it difficult for people experiencing homelessness to file a complete and high-quality SSI/SSDI application. According to the Substance Abuse and Mental Health Services Administration, nationally, only about 28 percent of individuals who apply for SSI/SSDI are approved on initial application. Obtaining SSI/SSDI benefits provides income to pay for housing and access to Medicaid paid primary & behavioral health services. This project will hire 8 Full-Time Employees in Orange, Osceola, Brevard and Seminole Counties to assist individuals in applying for SSI/SSDI benefits.

5. **State Agency to receive requested funds :** Department of Children and Families

State Agency Contacted? No

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	480,000
Fixed Capital Outlay	
<b>Total State Funds Requested</b>	<b>480,000</b>

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	480,000	100.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
<b>Total Project Costs for Fiscal Year 2019-2020</b>		<b>100.0%</b>

8. **Has this project previously received state funding?** No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		

9. **Is future-year funding likely to be requested?** Yes



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- a. If yes, indicate non-recurring amount per year. \$480,000

**10. Details on how the requested state funds will be expended**

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs:</b>		
Salary and Benefits	Fund 8 SOAR Specialists to complete SOAR applications, gather required supporting records, and file appeals if an application is denied.	440,000
Expense/Equipment/Travel/Supplies/Other	Local travel for 8 SOAR Specialists to gather medical records and other supporting documentation to submit with SOAR applications.	40,000
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>480,000</b>

**11. Program Performance:**

- a. **What is the specific purpose or goal that will be achieved by the funds requested?**

The goal of SOAR is to assist in reducing homelessness by increasing SSI/SSDI income supports for individuals to have access to housing and primary/behavioral health services.

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

The SOAR Specialist assists identified individuals who have experienced chronic homelessness accompanied by significant behavioral health, medical, and/or substance abuse issues with the completion of SOAR applications as well as provides specialized training, advocacy and assistance to consumers who may be eligible and wish to apply for SSI/SSDI benefits.

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

1) Screen clients for potential eligibility for disability benefits and entitlement needs. 2) Meet with clients on an ongoing basis to obtain medical records and documentation as needed to file for benefits. 3) Complete the SOAR application process to be submitted to Social Security Administration (SSA) within 45 days of initiating application with client. 4) Develop a positive working relationship with the SSA to help expedite the SOAR benefits and entitlements process.

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



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Persons with severe mental illness and who are homeless. This project would serve approximately between 300-400 individuals across 4 counties: Orange, Osceola, Brevard, and Seminole.

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

Enhance specific individual's economic self sufficiency: 60% of SSI/SSDI applications submitted will be approved  
Method- Track approvals in Online Application Tracking System (OATS) as entered by SOAR Case Managers.  
Increase access to housing: Increase number of applicants for which benefits facilitated access to housing  
Method: Track individual and aggregate data in Online Application Tracking System (OATS).

**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 in the contract?**

In accordance with the provisions of subsection 402.73(1), F.S., and Rule 65-29.001, Florida Administrative Code (F.A.C.), corrective action plans may be required for noncompliance, nonperformance, or unacceptable performance under this subcontract. Penalties may be imposed for failures to implement or to make acceptable progress on such corrective action plans.

**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:** Maria Bledsoe
- b. **Organization:** Central Florida Cares Health System
- c. **E-mail Address:** mbledsoe@cfchs.org
- d. **Phone Number:** (407)985-3560

**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:** Anna Lowe
- e. **E-mail Address:** alfedeles@cfchs.org
- f. **Phone Number:** (407)985-3563



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#### 15. Lobbyist Contact Information

- a. **Name:** None
- b. **Firm Name:** None
- c. **E-mail Address:**
- d. **Phone Number:**