



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 3021

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. Project/Program Description

The program will provide the infrastructure needed to build the peer recovery workforce, aid those employing peer specialists to better support them, and strengthen the community-based recovery organization network. The program will provide direct trainings and one-on-one support to peers and recovery care organization (RCO) directors and RCO boards certified peer support services in an effort to reduce overdose deaths in Florida. The services not only help those with substance use disorders successfully enter into recovery and sustain their recovery, but also the peers are used as the connective tissue of the system, bridging Emergency Departments and treatment provisions, overdose response calls by law enforcement and recovery or treatment centers, and jails and recovery programs. There are waiting lists across the state to get into training programs that prepare peers to become certified. Additionally, the recurrence and burnout rates among peers is high.

5. **State Agency to receive requested funds**
- State Agency contacted?** Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	581,010
Fixed Capital Outlay	0
Total State Funds Requested	581,010

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	581,010	74%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	200,000	26%
Total Project Costs for Fiscal Year 2023-2024	781,010	100%

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

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

9. **Is future funding likely to be requested?** No
- a. **If yes, indicate nonrecurring amount per year.**
- b. **Describe the source of funding that can be used in lieu of state funding.**
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10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

Planning
 Design
 Construction

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Program Director (1 FTE)	77,160
Other Salary and Benefits	Admin/Comm Director and Outreach Director (.25 FTE each)	27,650
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Curriculum training, pre- and post- evaluation of state peers	65,000
Operational Costs: Other		
Salary and Benefits	4 FTE OCAT/Peer Trainers/Tech Assistants @ \$50,000 + 28.6%	257,200
Expense/Equipment/Travel/Supplies/Other	Travel for Training, Printing, Education/Outreach Materials, Annual Summit, Access to Virtual Tools, Certifications	154,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		581,010

14. Program Performance

a. What specific purpose or goal will be achieved by the funds requested?

Increase the workforce by increasing the number of peers and peer supervisors trained and employed across Florida by 20%. Increase the capacity and sustainability of recovery care organizations (RCOs) across Florida measured through pre-test, SAMSHA RCO Capacity Tool, and post-test OCAT.



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

Trainings and technical support to peers, peer supervisors, RCO directors and RCO boards throughout Florida that aligns with best practice and industry standards.

c. What direct services will be provided to citizens by the appropriation project?

Provide direct trainings and one-on-one support to peers, peer supervisors, RCO directors and RCO boards throughout Florida that aligns with best practice and industry standards.

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

We anticipate serving 600 individuals, the majority of whom will be in recovery from substance use disorders or co-occurring disorders through this multi-faceted program.

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

We will perform pre-post evaluations and use certification data to set pre- and post program training numbers. We will utilize certified curriculum for training peers and pair this with wellness, recovery, action, plan trainings, and HR best practices for RCOs hiring those individuals with chronic, recurring behavioral health conditions.

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 the contract?

Program should be adjusted, if necessary, based on findings.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)

d. First Name **Last Name**



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e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number