



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1819

**1. Project Title**

**2. Senate Sponsor**

**3. Date of Request**

**4. Project/Program Description**

This appropriation would support relocation and expansion of a local peer-led mental health counseling and respite center in Central Florida. The former space is being reclaimed for use by the building owner. Peer respites are a proven and effective tool for hospital diversion and suicide prevention. Peer services are an innovative, community-centered solution that can prevent mental health crises and promote holistic wellness by providing immediate support and ensuring long-term assistance.

**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	121,000
Fixed Capital Outlay	15,000
<b>Total State Funds Requested</b>	<b>136,000</b>

**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)	136,000	23%
<b>Matching Funds</b>		
Federal	450,000	77%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>586,000</b>	<b>100%</b>

**8. Has this project previously received state funding?**  Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	125,300	381B and 372	Yes

**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.**

**10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**

No



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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)?

Yes

c. What is the estimated start date of construction?

Construction has already begun.

d. What is the estimated completion date of construction?

December 2023.

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.

Peer Support Space, Inc.

### 13. 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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Furnishings to include sofas, chairs, tables, beds, etc. Equipment to include laptops, computers, printers, home security system. Supplies to include toiletries, bedding, cleaning, and office supplies. Food and nutrition to include pantry shelves, pantry items, dishes, kitchen appliances. Respite supplies to include programming materials, books, etc	67,300
Consultants/Contracted Services/Study	Consultants to provide guidance in expansion of Peer Support Space, Inc. for program designs, planning, and evaluation. Peer Support National Credentialing and Training.	53,700
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Renovations to make space ADA compliant	15,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>136,000</b>

### 14. Program Performance

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



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

Peer Support Space, Inc. will locate and renovate suitable space for programming and overnight respite stays, while at the same time, hire staff to operationalize peer support services. Peer Support Space will utilize consultants who have successfully developed other recognized peer support programs as well as develop an advisory board of community members and peers who will meet quarterly.

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

Peer-led services; orientation, overnight respite services, peer counseling (group and individual), aftercare and other peer-led services requested and deemed appropriate for the individual seeking support.

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

Persons with poor mental health, at-risk youth, developmentally disabled, physically disabled, veterans, youth aging out of foster care. Approximately 200 individuals will be served.

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

Participants will maintain a 70% successful completion for all participants. Successful completion of respite services include self-reported improved overall mental health, increased knowledge of mental health resources/tools, and decreased feelings of isolation upon completion of the check-out survey. Successful completion of respite services will be determined by check-out. This will be measured by a best practices model of self evaluation and data monitoring based on techniques used by other peer support organizations and in the practice of program evaluation. It includes developing a logic model, identifying outcomes, selecting measures/indicators, collecting and analyzing data.

**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?**

Return any unspent funds to the state

**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)



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- Local Entity
- University or College
- Other (please specify)

**d. First Name**  **Last Name**

**e. E-mail Address**

**f. Phone Number**

#### 17. Lobbyist Contact Information

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**