



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 1624

1. Project Title Peer Respite Support Space to Prevent Mental Health Crisis and Suicide Risk

2. Senate Sponsor Linda Stewart

3. Date of Request 11/29/2021

#### 4. Project/Program Description

Funding 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 for individuals experiencing potentially disruptive or traumatizing experiences. Peer respites are staffed and operated by people who have lived experiences in the behavioral health system.

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 2022-2023

Type of Funding	Amount
Operations	110,300
Fixed Capital Outlay	15,000
<b>Total State Funds Requested</b>	<b>125,300</b>

#### 7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	125,300	22%
<b>Matching Funds</b>		
Federal	450,000	78%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>575,300</b>	<b>100%</b>

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.

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



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Yes

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

Peer Support Space Inc. received no federal COVID-19 assistance. Orange County Government received \$135,330,858 from the American Rescue Plan Act, from which the matching funds for this project will come. The County received \$243,196,629 from CARES.

#### 11. 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, computer, printers, home security system. Supplies to include toiletries, bedding, cleaning, and office supplies. Food and nutrition to include pantry shelving, pantry items, dishes, and kitchen appliances. Respite supplies to include therapeutic tools, programming materials, books, etc.	67,300
Consultants/Contracted Services/Study	Consultant to provide guidance in expansion of Peer Support Space, Inc. for program design, planning, and evaluation. Peer Support National Credentialing and Training	43,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Renovations to make space ADA compliant and a healing environment.	15,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>125,300</b>

#### 12. Program Performance

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

Support expansion of Peer Support programming and Peer Respite for individuals with mental health concerns residing within Orange County. Peer support has proven to reduce hospitalizations and improve overall mental health and quality of life.

##### 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 Support Space, Inc. will provide peer-led services: orientation, overnight respite services, group and one-to-one peer counseling, aftercare and other services requested and deemed appropriate for the individual seeking support. All services are at no cost to the participant.

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



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The project will serve all genders (ages 18 and up) who have a mental health concern and are deemed an appropriate fit for the program. Peer Supports Space, Inc., targets historically marginalized communities, but also hosts groups that include Veterans, LGBTQ individuals, and youth aging out of child welfare. It is anticipated that approximately 150 individuals will be served annually.

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

Enhance overall mental health and quality of life.  
Improve satisfaction and increase the engagement and use of other outpatient services used in tandem with peer services.  
Decrease feelings of isolation by providing individuals a support system and the opportunity to meet others with shared experiences.  
Increase knowledge of available community resources.  
Increases whole health and self-management. To be measured by a tool validated by [www.PeerRespite.net](http://www.PeerRespite.net).

**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 dollars.

**13. 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. is in the process of finding a new location to lease to provide programming, lease expenses are not included in this request. Orange County will fund the lease and operational support through American Rescue Plan for two years.



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#### 14. Requestor Contact Information

a. First Name  Last Name   
b. Organization   
c. E-mail Address   
d. Phone Number  Ext.

#### 15. 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   
e. E-mail Address   
f. Phone Number

#### 16. Lobbyist Contact Information

a. Name   
b. Firm Name   
c. E-mail Address   
d. Phone Number