



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1297

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Family Peer Navigation offers peer-led mental health support to families with children 25 and under who are experiencing mental health challenges and/or crisis. Mental health support can include connection to community resources, education to increase skills and knowledge related to the child's specific diagnosis and/or mental health challenge, and skill-building to increase resilience and recovery. Navigation melds best practice and evidence-based prevention and education approaches to effectively identify emotional distress and problem behaviors that have caused significant impairment and/or trauma in young people and their families. Intervening early, often before a crisis occurs, and accessing services that have historically been provided at later points in time reduces the costs of more expensive care, offering better outcomes.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	300,000
Fixed Capital Outlay	0
Total State Funds Requested	300,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	300,000	67%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	150,000	33%
Total Project Costs for Fiscal Year 2024-2025	450,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	250,000	378	No

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

NAMI partners with other providers and our local private foundations to support Navigation and other programs. We also work with private donors to supplement funding. We can also request funding from local government.



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

Yes

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

\$82,500 from the County through the CARES Act (2020) for mental health support and education and outreach efforts. This also included training for young adult peers and young adult programming.

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
 N/A

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	Administrative oversight (Family & Peer Services Director) and supervision.	35,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Family Peer Navigators (3) and Young Adult Navigators (3)	250,000
Expense/Equipment/Travel/Supplies/Other	Education and related collateral materials, travel related to family engagement.	15,000
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)		300,000

14. Program Performance

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



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Navigation began as a pilot project and is now in its fourth year. The program effectively increases opportunities for identification, prevention, education, and early implementation of evidence-based service models (including Recovery Capital, High Fidelity Wraparound, Motivational Interviewing, Wellness Recovery Action Planning, Person-Centered Language, and other peer-centric courses) and is reducing the costs of later and more expensive care. Navigation's strength-based approach helps families self-discover solutions and build supports for long term sustainability. These strategies become tools for the navigators to assist families in ways to help them meet their own needs. Through Navigation we are creating and supporting better life outcomes for the youth and families in our community.

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

Specific activities include listening to the family's needs and offering peer support. A focus on the family's strengths to overcome challenges. Identifying system barriers and advocating for the family and youth's needs. Creating opportunities for skill building to support resilience and recovery. Assisting the family in navigating the behavioral health system and connecting them to community resources. Acting as a liaison between the adolescent/young adult, parent(s)/family, and the behavioral health system. Participating in meetings with service systems (schools, law enforcement, medical providers) as requested by the family.

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

There is growing national recognition of the value of parent peer support and the ways in which it can benefit families and children in recovery and prevent the need for crisis services. Navigation focuses on prevention and intervention to inform, empower, and equip families and youth to live a self-directed life of recovery. Navigator(s) work in collaboration with local hospitals, schools, and behavioral health providers, and follows the principles of wraparound through the System of Care. It is an individualized process focusing on family's strengths, needs, and cultural identity. Navigators receive extensive peer support training and coaching and education which enhance their knowledge, confidence, and ability to meet families where they are.

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

Families and caregivers of youth and young adults (0-25). Navigation is averaging approximately 10-15 calls per month with most families needed information and referral to community resources. For families needing more intensive services, Navigation service capacity is currently 12 families (duplicated) per month. With additional support the program can serve at least 200 families annually.

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

Outcomes include increased opportunities for identification, prevention, education, and early implementation of models that can reduce the costs of later and more expensive and acute care, while creating and supporting better life outcomes for youth and families. A family's ability to advocate is assessed upon intake and at closure using a three-point scale – do for, do with, and cheer on – representing the relative role of the navigator and the family. Engagement with families who have short-term needs is typically complete after one or two interactions. For families needing more intensive support once the family is at the "cheer-on" stage engagement ends. However, Navigators continue to follow up with the family periodically and offer support if needed.

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?

Pursuant to the agreement with the Department of Children and Families, the funding may be withdrawn if deliverables are not met.

15. Requester Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

16. Recipient Contact Information



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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

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number