



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2615

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

4. Project/Program Description

Recovery community organizations are delivering a variety of peer recovery support services including recovery coaching, telephone recovery support services, all-recovery meetings, and other services organized and delivered by trained volunteers and staff. This request provides for the construction of a recovery community center to house recovery services and provide a place for community-wide sober social activities, workshops, meetings, and resource connections. The center will link individuals to resources that support their successful community-based recovery. The goal is to unite community partners in one place to reduce the negative effects of untreated mental health and substance use disorders.

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	0
Fixed Capital Outlay	1,000,000
Total State Funds Requested	1,000,000

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)	1,000,000	68%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	475,000	32%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	1,475,000	100%

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

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

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



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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
 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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Hernando County Board of Commissioners has donated land and has agreed to do all site work and engineering for the property and provide a 6,000 sq ft. pad-ready site for the building. Construction costs include, but are not limited to, designing, planning, engineering, building materials, labor, appliances, and furniture and fixtures.	1,000,000
Total State Funds Requested (must equal total from question #6)		1,000,000

14. Program Performance

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



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The building will be a Recovery Community Organization (RCO) where Certified Recovery Peer Specialists (CRPS) will work with individuals and family members of those whose lives have been impacted by mental health or substance use disorders. The goal is to reduce the negative long-term effects by connecting individuals to services and being the safety net to keep people from falling through the cracks of our fragile behavioral health system.

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

Individual mentoring, support groups, education classes, community awareness training, career services, housing assistance, resource and referral services for individuals and family members of adults and youth living with mental illness and substance use disorders. In addition, an internships program for those interested in becoming State Certified Recovery Peer Specialists.

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

Certified Recovery Peer Specialists (CRPS) will work with individuals to establish self sufficiency goals. Other community partners will have office space to bring housing, employment and other much needed support services to participants all under one roof.

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

Approximately 40% of Hernando County residents are living with mental illness and substance use disorders. We currently impact about 4,000 people each year and plan to double that with the expansion of services.

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

Improve mental health, quality education, and transportation conditions, and increase economic activity, enhance individual's self-sufficiency, reduce recidivism, reduce substance abuse, and provide a criminal/juvenile justice diversion. These outcomes will be measured through quarterly assessments.

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?

NAMI Hernando will reimburse the State for failure to meet deliverables or performance measures.

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



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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