



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1953

1. Project Title NAMI Alliance Family and Peer Support

2. Senate Sponsor Clay Yarborough

3. Date of Request 02/17/2023

4. Project/Program Description

The NAMI Alliance Family and Peer Support program provides family and peer-led mental health support throughout 15 counties in Florida. The National Alliance on Mental Illness (NAMI) is the only all peer-led (meaning all programs are led by individuals living with a mental health condition, their families, or caregivers) in the state. NAMI's model supports traditional behavioral healthcare and envelops the individual and family to de-stigmatize mental illness by changing attitudes, assumptions, and stereotypes about mental illness. NAMI's peer-led education and support provides resources for navigating the challenges of mental illness and offers hope for recovery. This model is founded on a 43-year history of peer-led services that delivers evidence-informed and evidence-based programs as a critical component in the behavioral health continuum of care.

5. State Agency to receive requested funds Department of Children and Families

State Agency contacted? Yes

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

Type of Funding	Amount
Operations	1,000,000
Fixed Capital Outlay	0
Total State Funds Requested	1,000,000

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)	1,000,000	67%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	75,000	5%
Other	425,000	28%
Total Project Costs for Fiscal Year 2023-2024	1,500,000	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? Yes

a. If yes, indicate nonrecurring amount per year. 1,000,000

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

NAMI Affiliates fundraiser and work with private foundations, donors, and local governments.

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



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No

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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Administration, data collection and reporting.	70,000
Operational Costs: Other		
Salary and Benefits	Family Peer Support, Individual Peer Support (12 full-time and 15 part-time staff).	900,000
Expense/Equipment/Travel/Supplies/Other	Education campaign, collateral materials.	30,000
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)		1,000,000

14. Program Performance

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



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The NAMI Alliance provides essential education, advocacy, and support programs at no cost for youth/young adults, individuals, families, and caregivers with mental illness/co-occurring diagnoses. NAMI's volunteer/peer-led programs combat the cycle of untreated mental health challenges that lead to long-lasting impacts in adulthood such as homelessness, incarceration, and recidivism. NAMI's approach encompasses the individual and their loved ones by offering multiple access points to receive mental health support. These programs are an integral part of the mental health continuum of care that includes prevention/early intervention, treatment, and support to increase overall wellness and recovery.

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

The funds will be used to increase NAMI Alliance outreach, early intervention, support, education, and system navigation services to youth, young adults, adults, families, and loved ones which is provided at no cost to participants. The programs provide outstanding free education, skills training, and support services to anyone affected by mental health/co-occurring challenges. One in 5 adults experience mental illness each year; 1 in 6 U.S. youth ages 6-17 experience a mental health disorder each year, and even more families are affected by a loved one's mental illness. NAMI's Family and Peer Support Alliance engages through advocacy, education, support, and public awareness.

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

Funding will support the free programs offered through the NAMI Family and Peer Alliance members and led by trained program leaders with personal experience of mental illness/substance use disorders. Evidenced-based programs include Family-to-Family education, drop-in Family Support Groups, Basics education classes for families of young children, a Family & Friends seminar, Ending the Silence for Families of middle and high school aged children, Peer-to-Peer education, drop-in Connection Recovery Support Groups, In Our Own Voice workshops to help individuals seeking recovery, and Ending the Silence for Students which focuses on suicide awareness, early warning signs, and how to seek help.

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

NAMI's free programs are available to any individual impacted by mental illness/co-occurring substance use regardless of race, age, or economic status. Individuals living with mental illness are often without income, insurance, or family support. The NAMI Family and Peer Support Alliance serves individuals in more than 15 urban and rural counties, and even more through virtual programs. We deliver evidenced-based prevention and care for youth, young adults, adults, and families that supplement traditional behavioral health services. Based on outreach, we anticipate serving more than 50,000 citizens throughout Florida.

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

According to NAMI National, the average delay between onset of mental illness symptoms and treatment is 11 years. Suicide is the second leading cause of death (10-14) and third among those 15-24. Education and support are critical elements to stop this trend. Success will be measured by an increased number of community members receiving free services, such as classes, support groups, and community outreach presentations. Evaluations are completed after the programs, and measurable outcomes include individual/family member gains focused on managing crisis situations, reduced stress and/or isolation, access to needed treatment and/or support, and an understanding of signs and symptoms.

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?

Withdraw funding or contract with a different provider.

15. Requester Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.



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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

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number