



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1017

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Family Peer Navigation and Support serves families with children (0-25) experiencing behavioral health challenges. The program supports families in overcoming challenges through one-on-one peer support, from someone who can relate, as well as tangible resources to meet their needs. This can include but is not limited to assistance with accessing behavioral health services, housing, education, and self-advocacy. The program helps avoid high end costs of services further down the line including inpatient hospitalization(s). Each family is unique and the program focuses on those individual challenges. The goal is for families to be equipped with knowledge to meet their own family's needs.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

| Type of Funding | Amount |
|------------------------------------|----------------|
| Operating | 350,000 |
| Fixed Capital Outlay | 0 |
| Total State Funds Requested | 350,000 |

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

| Type of Funding | Amount | Percentage |
|--|----------------|-------------|
| Total State Funds Requested (from question #6) | 350,000 | 64% |
| Matching Funds | | |
| Federal | 0 | 0% |
| State (excluding the amount of this request) | 0 | 0% |
| Local | 0 | 0% |
| Other | 200,000 | 36% |
| Total Project Costs for Fiscal Year 2025-2026 | 550,000 | 100% |

8. Has this project previously received state funding?

If yes, provide the most recent instance:

| Fiscal Year (yyyy-yy) | Amount | | Specific Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
| | Recurring | Nonrecurring | | |
| 2024-25 | 0 | 300,000 | 377 | No |

9. Is future-year 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 works with local governments and private funders to match and supplement state funding as this program continues to grow to serve two counties.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1017

Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. 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?

e. What funding stream will be used for ongoing operations and maintenance of the project?

11. 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.

12. 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 Programs supervision | 70,000 |
| Other Salary and Benefits | | 0 |
| Expense/Equipment/Travel/Supplies/Other | | 0 |
| Consultants/Contracted Services/Study | | 0 |
| Operational Costs | | |
| Salary and Benefits | Youth Peer Specialists/Navigators (3) Family Peer Specialists/Navigators (4) | 265,000 |
| 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) | | 350,000 |

13. Program Performance

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

Family Peer Navigation is in its 5th year. The program effectively increases opportunities for identification, prevention, education, and early implementation of evidence-based service models (including Recovery Capital, High Fidelity Wraparound, WRAP, etc.) that reduces costs of more expensive care. This approach helps families self-discover solutions and support for long-term sustainability and helps peer specialists assist families in meeting their individual needs.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1017

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

Connecting with the family to identify needs, offering peer support, focus on family's strengths to overcome challenges, assist family and youth in advocating for needs, assist in identifying barriers and connect to community resources, act as a liaison between family and behavioral health system, and participate as requested by family in meetings with service.

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

Family Peer Navigation focuses on prevention and intervention to inform, empower, and equip families and youth to live a self-directed life of recovery. Navigation follows the principles of wraparound through the System of Care approach. Navigators work with families on an individualized basis, focusing on the family's strengths, needs, and cultural identity.

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

The target population served by the project is families with youth/young adults (0-25) experiencing mental health and/or other behavioral challenges. The child is often at-risk for, or has had interaction with law enforcement, and families typically experience other socio-economic challenges including housing insecurity. Based on numbers served over the last 3 years and increasing calls/referrals, we anticipate serving between 200-300 families/individuals.

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

The expected benefit is increased opportunities for identification, prevention, education, and early implementation of behavioral health support that can reduce the costs of later and more expensive care, while creating and supporting better life outcomes for youth and families in our community. Performance evaluation system measures and tracks family progress. Measurement includes a survey assessment of need at enrollment and case closure. Outcome measurement uses a three-point scale; do for, do with, and cheer-on, representing the roles of the navigator and the family. By the end of engagement, the goal is for the family to be performing at the cheer-on level of self-support.

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 in the contract?

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

14. Is this project related to mitigation, response, or recovery from a natural disaster? No

a. If Yes, what phase best describes the project?

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

15. Has the entity applied for or received federal assistance for this project?

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1017

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

18. 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 **Ext.**

19. Lobbyist Contact Information



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1017

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.