



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1696

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

**4. Project/Program Description**

The NAMI Family and Peer Support program provides family and peer-led mental health support throughout 20 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 provides behavioral health outreach, early intervention, support, education, and system navigation services to youth, adults, families, and loved ones through NAMI's many signature programs. 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. NAMI's peer-led education and support provides outstanding education, skills training, and support services to anyone impacted by mental health/co-occurring challenges.

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                          | 1,000,000        |
| Fixed Capital Outlay               | 0                |
| <b>Total State Funds Requested</b> | <b>1,000,000</b> |

**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)       | 1,000,000        | 45%         |
| <b>Matching Funds</b>                                |                  |             |
| Federal  | 0                | 0%          |
| State (excluding the amount of this request)         | 50,000           | 2%          |
| Local  | 85,000           | 4%          |
| Other  | 1,104,000        | 49%         |
| <b>Total Project Costs for Fiscal Year 2025-2026</b> | <b>2,239,000</b> | <b>100%</b> |

8. **Has this project previously received state funding?**
- If yes, provide the most recent instance:**

| Fiscal Year<br>(YYYY-YY) | Amount    |              | Specific<br>Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
|                          | Recurring | Nonrecurring |                             |        |
| 2024-25                  | 0         | 500,000      | 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 Affiliates work with private foundations, donors, and local governments to secure funding support for our programs.



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### 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           |
|--|--|------------------|
| <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</b>   |  |                  |
| Salary and Benefits  | Youth and Family Peer Support, Individual Peer Support, Resource and Outreach. | 900,000          |
| Expense/Equipment/Travel/Supplies/Other                                | Education and support materials.   | 30,000           |
| Consultants/Contracted Services/Study                                  | Administration, data collection and reporting.                                 | 70,000           |
| <b>Fixed Capital Construction/Major Renovation:</b>                    |  |                  |
| Construction/Renovation/Land/Planning Engineering                      |  | 0                |
| <b>Total State Funds Requested (must equal total from question #6)</b> |  | <b>1,000,000</b> |

**13. Program Performance**

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



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The NAMI Family and Peer Support Program provides essential education, advocacy, and support programs at no cost for youth/young adults, individuals, families, and caregivers with mental illness/co-occurring substance use. 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 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 aged 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 program 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 affiliates in participating counties 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 program serves individuals in more than 20 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 100,000 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 among youth aged 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 in the contract?**

Withdraw funding or contract with a different provider.

**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)



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**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#:**

**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)



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- 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

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.*