



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2630

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

**4. Project/Program Description**

The Northwest Region of Florida, home to 1.6 million residents in 18 counties, faces a critical shortage of mental health resources. While NAMI Emerald Coast and NAMI Tallahassee provide virtual groups across the region, 13 Panhandle counties lack any in-person NAMI presence, leaving thousands without access to mental health support. This project will bridge the gap by enabling these affiliates to deliver in-person education and support services, train first responders, and help expand the peer specialist workforce through training and support through the certification process. Funding this initiative will provide life-changing mental health resources to underserved communities in Florida’s Northwest Region.

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	500,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>500,000</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)	500,000	61%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	153,000	18%
Local	0	0%
Other	177,600	21%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>830,600</b>	<b>100%</b>

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		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.**

Other sources include donations from private foundations, businesses, and individuals, local government funding, and NAMI National grants.



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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	Project Director, NAMI Emerald Coast, .40 FTE Project Director, NAMI Tallahassee, .40 FTE Project Manager, 1 FTE Project Coordinators, 5 FTEs	402,000
Expense/Equipment/Travel/Supplies/Other	Travel to and within targeted counties; laptop computers and software for project staff; supplies and educational materials for support groups, classes and outreach; insurance coverage; office supplies.	53,000
Consultants/Contracted Services/Study	Training costs for new program leaders and support group facilitators in target counties; training and support for persons working toward peer specialist certification; qualitative and quantitative data collection and reporting, project evaluation of effectiveness and stakeholder satisfaction.	45,000
<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>500,000</b>

**13. Program Performance**

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



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NAMI will expand mental health support services to 13 underserved rural counties in the Northwest Region: Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Liberty, Madison, Taylor, Wakulla, and Washington. Florida health data from 2023 highlights the need: Six counties exceed the state average for Baker Act involuntary assessments, nine have higher suicide rates, and all 13 fall below the state average for the number of licensed mental health professionals.

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

NAMI Tallahassee and NAMI Emerald Coast will employ coordinators to assess community needs, initiate and deliver in-person support groups, education, and presentations, and recruit future facilitators to expand and sustain programs. NAMI will also offer training for law enforcement and first responders to equip them to deal with mental health crises. NAMI Florida will assist individuals pursuing peer specialist certification to obtain training and required hours of work experience and complete the certification process.

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

NAMI Tallahassee and NAMI Emerald Coast will deliver free in-person programs in local communities, to educate and support families and individuals affected by mental health conditions. This will remove barriers including transportation, lack of insurance, Internet access (telehealth) and finances. NAMI Florida will assist persons who want to pursue peer specialist certification to get training and work experience hours.

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

The target population includes families and individuals in the 13 counties in the Northwest Region that currently do not have in-person NAMI services and who are affected by mental health conditions, including co-occurring substance use disorders. The estimated number to be served in the first year, including outreach, is 9450.

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

Families and individuals affected by behavioral health conditions will gain access to education and support services to improve their quality of life and ability to navigate the system of care to secure needed services. Access to peer support services will increase through an expanded workforce. Training for law enforcement and first responders can improve crisis response. Performance metrics will include numbers served, demographics, numbers of persons becoming certified peer specialists, as well as qualitative data on increased knowledge, coping skills, and quality of life. Trends in Baker Acts, suicides, and non-fatal self-harm will also be tracked.

**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?**

The Department of Children and Families can terminate the contract.

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



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- 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)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)



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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.*