

LFIR # 2184

1. Project Title	NAMI Family Peer Navigation

2. Senate Sponsor Joe Gruters

3. Date of Request 02/08/2023

4. Project/Program Description

NAMI is building off its successful HOPE pilot project that offers family peer navigation services. HOPE, which is now in its third year of operation, serves families with children under the age of 25 who are experiencing mental health challenges. The navigator's role is to assist families in navigating systems, connect families to community resources, and create opportunities for skill-building to support resilience and recovery. This peer-led, evidence-based program reduces costs of more expensive care, offering better outcomes.

5. State Agency to receive requested funds De

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	250,000
Fixed Capital Outlay	0
Total State Funds Requested	250,000

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)	250,000	42%	
Matching Funds			
Federal	0	0%	
State (excluding the amount of this request)	0	0%	
Local	75,000	12%	
Other	275,000	46%	
Total Project Costs for Fiscal Year 2023-2024	600,000	100%	

8. Has this project previously received state funding? No

Fiscal Year	Amo	ount	Specific	Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	

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.

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

No

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?

OPlanning ODesign OConstruction

- 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	Family and Peer Services Director - support Youth peer navigators (2) Family peer navigators (2)	235,000
Expense/Equipment/Travel/Supplies/ Other	Education campaign collateral materials.	15,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	250,000

14. Program Performance

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

HOPE is building off a successful pilot project for family peer navigation now in its third year. HOPE serves families with children under the age of 25 who are experiencing mental health challenges. The navigator's role is to assist families in navigating systems, connect families to community resources, and create opportunities for skill-building to support resilience and recovery. This peer-led, evidence-based program reduces costs of more expensive care offering better outcomes.



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

Supporting family and youth/young adult through peer support. Focusing on family strengths and promoting family/youth voice and choice. Creates opportunities for skill building to support resilience and recovery. Identifies system barrier and advocates for family/youth needs. Assists family in navigating the behavioral health system and connects family to community resources.

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

Family Peer Navigation intervenes with families with youth experiencing mental health challenges or crisis early and connects them to community resources, supports a family throughout the process, and educates on self-advocacy skills, resulting in increased access to services, improved family communication, improved engagement in services, and reduced utilization of expensive acute care services.

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

This project is serving families with youth and/or young adults (up to age 25) who are experiencing mental health challenges. The youth and/or young adults lives with mental health challenges and is at risk, they and/or their families housing may be unstable, and because the programs serves up to age 25 we can serve gradeschool, high school, and college-age youth. Since the program began in September 2020, the one family navigator and 2 part time young adult peers have served more than 159 families. We anticipate serving up to 200 additional families with support.

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

Through increased identification, prevention, education, and early intervention of evidence-based peer support service models there can be a reduction in the costs of later and more expensive care while creating and supporting better life outcomes for youth and families in the community. A performance evaluation system measures and tracks family progress in navigation. This includes a survey assessment of need at enrollment and at 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 the contract?

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ing agency could contract with a different provider and/or withdraw funding should the deliverables or performance measures not be met.

15. Requester Contact Information

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a. First Name	Colleen	Last Name	Thayer	
b. Organization	NAMI Sarasota and Manatee Counties			
c. E-mail Address	colleen@namisarasotamanatee.org			
d. Phone Number	(941)376-9361	Ext.		
16. Recipient Contact	Information			
a. Organization	NAMI Sarasota and Manatee Counties			
b. Municipality and County Sarasota				

c. Organization Type

□For Profit Entity

☑Non Profit 501(c)(3)



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□Non Profit 501(c	:)(4)				
Local Entity	□Local Entity				
□University or Co	llege				
□Other (please sp	pecify)				
d. First Name	Sarah	Last Name	Miller		
e. E-mail Address	sarah@namisarasotaman	atee.org			
f. Phone Number	(941)376-9361				
17. Lobbyist Contact I	nformation				
a. Name	None				
b. Firm Name	None				
c. E-mail Address					
d. Phone Number					