



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1870

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

4. **Project/Program Description**

The building will be a Recovery Community Organization (RCO) where Certified Recovery Peer Specialists will work with high utilizers of the mental health and criminal justice systems to help them overcome obstacles and attain recovery from both mental illness and substance use disorders. The building will help fill the gap in services, which has been recognized by the WellFlorida Community Needs Assessment, as the greatest unmet need in Hernando County.

5. **State Agency to receive requested funds**
- State Agency contacted? Yes No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 80%;" type="text" value="000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="1,000,000"/>
Total State Funds Requested	1,000,000

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 80%;" type="text" value="1000000"/>	<input style="width: 80%;" type="text" value="62.0"/> %
Matching Funds		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="600,000"/>	<input style="width: 80%;" type="text" value="38"/> %
Other	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Total Project Costs for Fiscal Year 2020-2021	1,600,000	100 %

8. **Has this project previously received state funding?** Yes No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>

9. **Is future-year funding likely to be requested?** Yes No

If yes, indicate nonrecurring amount per year.



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10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		<input style="width: 100%; height: 20px;" type="text"/>
Other Salary and Benefits		<input style="width: 100%; height: 20px;" type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input style="width: 100%; height: 20px;" type="text"/>
Consultants/Contracted Services/Study		<input style="width: 100%; height: 20px;" type="text"/>
Operational Costs: Other		
Salary and Benefits		<input style="width: 100%; height: 20px;" type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input style="width: 100%; height: 20px;" type="text"/>
Consultants/Contracted Services/Study		<input style="width: 100%; height: 20px;" type="text"/>
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Construction costs to include, but not limited to, designing, planning, engineering, site preparation, building materials, labor, appliances, furniture and fixtures.	<input style="width: 100%; height: 20px; text-align: right;" type="text" value="1,000,000"/>
Total State Funds Requested (must equal total from question #6)		1,000,000



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11. Program Performance

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

In April 2016, Governor Scott signed a bill into law (SB 12), which, among other reforms, explicitly added language stating that the legislature expects the state's behavioral health services to be based on Recovery Oriented Systems of Care (ROSC) that link individuals to resources that support their successful community-based recovery. Momentum for ROSC is building statewide and NAMI Hernando would like to build a community based recovery center.

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

Individual mentoring, support groups, education classes, community awareness training, career services, housing assistance, resource and referral services for individuals and family members of adults and youth living with mental illness and substance use disorders.

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

The building will be a Recovery Community Organization (RCO) where Certified Recovery Peer Specialists will work with high utilizers of the mental health and criminal justice systems to help them overcome obstacles and attain recovery. This is part of a jail diversion effort for both youth and adults.

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

The target population is 20% of Hernando County residents living with mental illness and substance use disorders approximately 18,000 residents plus the family members. We currently impact about 4,000 people each year and plan to double that with the expansion of services.

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

Improve mental health, enrich cultural experience, improve quality education, improve transportation conditions, increase economic activity, increase tourism, enhance specific individual's self sufficiency, reduce recidivism, reduce substance abuse and criminal/juvenile justice diversion. These outcomes will be measured through quarterly assessments.

- 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?

NAMI Hernando will reimburse the State for failure to meet deliverables or performance measures.



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12. **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.**

NAMI Hernando, Inc., a nonprofit 501(c)(3) organization.

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **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

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.