

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: NAMI Hernando - The Beautiful Mind Center
2. Date of Submission: 11/13/2019
3. House Member Sponsor: Ralph Massullo  
Members Copied:

### 4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No  
***If answer to 4a is "No" skip 4b and 4c and proceed to 4d, Col. E***
- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated  <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget  <i>(Will equal non-vetoed amounts provided in Column A)</i>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					1,000,000	1,000,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? No
  - 5a. If yes, which state agency?
  - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Children and Families
  - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No
  - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.  
NAMI Hernando will reimburse the State for failure to meet deliverables or performance measures

6. Requester:

- a. Name: Tina Kinney
- b. Organization: NAMI Hernando
- c. Email: namihernando@tampabay.rr.com
- d. Phone #: (352)684-0004

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Tina Kinney
- b. Organization: NAMI Hernando
- c. Email: namihernando@tampabay.rr.com
- d. Phone #: (352)684-0004

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of entity receiving funds:

- a. Name: NAMI Hernando
- b. County (County where funds are to be expended): Hernando
- c. Service Area (Counties being served by the service(s) provided with funding): Citrus, Hernando, Pasco

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

In April 2016, Governor Scott signed a bill into law (SB12), 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.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter “0” if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Construction costs to include but not limited to designing, planning, engineering, site preparations, building materials, labor, appliances, furniture & fixtures.	1,000,000
<b>TOTAL</b>		<b>1,000,000</b>

13. For the Fixed Capital Costs requested with this issue (In Question 12, category "h. Fixed Capital Outlay" was selected), what type of ownership will the facility be under when complete? (Select one correct option)

For Profit

Non Profit 501(c) (3)

Non Profit 501(c) (4)

Local Government (e.g., police, fire or local government buildings, local roads, etc.)

State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)

Other (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

Hernando County Board of County Commissioners donated 4.4 acres to build the building. NAMI Hernando has support of United Way of Hernando County, Gulfcoast North Area Health Education Center, CHIP, Dept of Health in Hernando County, Hernando County Sheriff, Hernando County School District, Career Source, HOPE Services, Pasco Hernando State College and Mid Florida Homeless Coalition. Peer & Family Support, education classes and community outreach impact the lives of over 4,000 people each year

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

Well Florida conducted the Community Needs Assessment which recognized the greatest unmet need in Hernando County is Mental Health and Substance Use services.

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the 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.

17b. Describe the direct services to be provided to the citizens by the funding requested.

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.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups").

Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe)

17d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200

- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	Increase the number of individuals connected to primary care	Assessment will be done quarterly
<input checked="" type="checkbox"/> Improve mental health	Reduction in the number of psychiatric hospitalization	Assessments will be done quarterly
<input checked="" type="checkbox"/> Enrich cultural experience	Increased awareness of positive coping skills (writing, art, yoga)	Assessments will be done quarterly
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Students working with a family certified recovery peer specialist will show an improvement in grades	Assessments will be done quarterly
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input checked="" type="checkbox"/> Improve transportation conditions	Increase in people using ADA bus services	Assessments will be done quarterly
<input checked="" type="checkbox"/> Increase or improve economic activity	Increase in the number of referrals to Vocational Rehabilitation	Assessments will be done quarterly
<input checked="" type="checkbox"/> Increase tourism	Increase in attendance from surrounding counties for specialized sober living social activities	Assessments will be done quarterly

<input checked="" type="checkbox"/> Create specific immediate job opportunities	Increase in the number of state certified peers	Assessments will be done quarterly
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Increase in the number of referrals to Vocational Rehabilitation	Assessments will be done quarterly
<input checked="" type="checkbox"/> Reduce recidivism	Reduction in recidivism numbers by working with Hernando Sheriff Office	Assessments will be done quarterly
<input checked="" type="checkbox"/> Reduce substance abuse	Reduction in the number of relapses by working with Sober Solutions	Assessments will be done quarterly
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Increase in the number of people diverted from jail by working with Specialty Courts	Assessments will be done quarterly
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2020-21 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	1,000,000	62.5%	N/A
2. Federal:	0	0.0%	No

3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	400,000	25.0%	Yes
5. Other:	200,000	12.5%	No
<b>TOTAL</b>	<b>1,600,000</b>	<b>100%</b>	

20. Is this a multi-year project requiring funding from the state for more than one year?

No