



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 1097

**1. Title of Project:** Jewish Family Service - Mental Health First Aid Coalition

**2. Senate Sponsor:** Lori Berman

**3. Date of Submission:** 02/01/2019

**4. Project/Program Description:**

Mental Health First Aid (MHFA) is an international, evidence-based educational program that teaches ordinary citizens how to recognize and respond to a potential mental health or substance use crisis. Alpert JFS has built a county coalition that currently has more than 30 nationally certified instructors, involves more than 16 non-profit agencies, the School District of Palm Beach County, and has trained over 5100 citizens in 268 classes during the past four years. Mental Health First Aid erases the stigma associated with mental illness and substance use, and teaches a specific 5-step initial response that can be used to approach someone who might be in need of further help. More than 2 million citizens have received MHFA training in the United States. Having a coordinated MHFA coalition, developed on a grassroots level, is a unique model that maximizes impact and minimizes duplication by creating a "centralized hub" with a wide reach; and highly replicable.

**5. State Agency to receive requested funds :** Department of Children and Families

State Agency Contacted? No

**6. Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	100,000
Fixed Capital Outlay	
<b>Total State Funds Requested</b>	<b>100,000</b>

**7. Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	100,000	100.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
<b>Total Project Costs for Fiscal Year 2019-2020</b>	<b>100,000</b>	<b>100.0%</b>

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		

**9. Is future-year funding likely to be requested?** Yes



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a. If yes, indicate non-recurring amount per year. \$100,000

**10. 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		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs:</b>		
Salary and Benefits	Portion of Program Director and Assistant Program Director Total Salaries & Benefits = \$105,000 Less funding other sources \$40,000.	65,000
Expense/Equipment/Travel/Supplies/Other	Flip charts, markers, paper, pens, pads = \$2,500; MHFA Manuals \$20/per book * 700 books (28 classes with 25 participants) = \$14,000; Instructor training certification, airfare, lodging and registration fees (3 trainers @ \$5K each \$15,000 less other funding sources \$7,900) = \$7,100; Local Travel \$4,400; In-Kind expenses including occupancy cost (rent, utilities, telecommunications, insurance, maintenance, etc.) = \$7,000	35,000
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>100,000</b>

**11. Program Performance:**

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

This funding will allow continuation of the highly successful Mental Health First Aid Coalition of Palm Beach County; assuring that there is sustainability for a coordinator to manage class requests, outreach, and implementation of this life-saving preventive program.

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

The activities will include coordinating the 8-hour MHFA class throughout the county. The activities involve responding to class requests, deploying and identifying key instructors for each class. Additionally, the coordinator is responsible for disseminating, tracking, and reporting outcome data, demonstrating program success.

c. What are the direct services to be provided to citizens by the appropriations project?



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The direct service will be teaching additional 8-hour Mental Health First Aid classes throughout the county. It is our intent to have MHFA become as "commonplace" as CPR and First Aid. By learning how to approach someone experiencing a Mental Health crisis, we can save lives.

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

The target population are citizens in Palm Beach County. Although, this model for MHFA is replicable in any county. The Mental Health First Aid class is geared to adults of all ages. It is geared to the general community. It is for people who come in contact with people. There are specific modules for higher education, older adults, veterans, public safety, and rural. A minimum of 28 classes, with 25 participants to be added with this funding. The numbers then reached by those people would be well in the thousands.

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

There are national outcome measures that all participant complete, and that are coordinated by the MHFA coalition coordinator. Additionally, the coalition created a specific survey monkey that all participants receive several months after taking the class. Specific data include: a. percent of participants that use the specific MHFA intervention strategy; b. percent of participants that initiate conversations about mental illness, removing the stigma; c. the percent of participants who have suggested or made mental health referrals people who appear "at risk" and/or "in crisis."

**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?**

If we fail to deliver services as described in this application, we would negotiate return of funds.

**12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

N/A.

**13. Requestor Contact Information:**

- a. **Name:** Marc D. Hopin
- b. **Organization:** Ferd & Gladys Alpert Jewish Family Service
- c. **E-mail Address:** Marc.Hopin@AlpertJFS.org
- d. **Phone Number:** (561)238-0289

**14. Recipient Contact Information:**

- a. **Organization:** Ferd & Gladys Alpert Jewish Family Service
- b. **County:** Palm Beach
- c. **Organization Type:**
  - For Profit
  - Non Profit 501(c) (3)
  - Non Profit 501(c) (4)
  - Local Entity



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University or College

Other (Please specify)

**d. Contact Name:** Cindy Wides

**e. E-mail Address:** Cindy.Wides@AlpertJFS.org

**f. Phone Number:** (561)238-0251

#### 15. Lobbyist Contact Information

**a. Name:** Bernie Friedman

**b. Firm Name:** Becker Poliakoff

**c. E-mail Address:** bfriedman@bplegal.com

**d. Phone Number:** (954)985-4180