



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 2302

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The development of an HCPS Mental Health Education Pilot Program will support the greater Tampa Bay community through two direct avenues, as follows:

- Students in grades 9-12 will be provided the opportunity to pursue a career in Mental Health supports. Such a program would allow for Industry Certifications to be earned as well as credits aligned with college entrance requirements.
- The greater Tampa Bay area will be provided with the launch of a workforce ready to support Mental Health issues, and address the ever-growing needs and challenges in this arena.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	1,250,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>1,250,000</b>

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,250,000	69%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	550,000	31%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>1,800,000</b>	<b>100%</b>

8. Has this project previously received state funding?

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

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?



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**If yes, indicate the amount of funds received and what the funds were used for.**

\$10,000 for more supplies for ESE Tutorials  
 \$16,344.33 for instructional supplies  
 \$131,980.74 for salary and fringe of covid team  
 \$79,000 Bus Sanitization  
 \$160,000 for the SEEDS program (various supports, including mental health, for low-income families)

That will leave a remaining balance of \$363,962.25, which we will reserve in case we have any PPE needs

**11. 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	An individual to oversee program implementation and programmatic.	100,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	An individual to oversee program implementation and programmatic.	250,000
Consultants/Contracted Services/Study	Needed to provide updates and best practices.	50,000
<b>Operational Costs: Other</b>		
Salary and Benefits	Counselor, school social worker, school psychologist, and six teachers	600,000
Expense/Equipment/Travel/Supplies/Other	State-of-the-art equipment and technology to support the educational program, and for student transportation	250,000
Consultants/Contracted Services/Study		0
<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>1,250,000</b>

**12. Program Performance**

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

Hillsborough County Public Schools (HCPS) recognizes that in order to supply Tampa’s business and industry community of tomorrow with a skilled, informed workforce, we must prepare our students today. In light of the overwhelming need for Mental Health supports resulting from the global pandemic, HCPS further recognizes that a program to develop a trained, skilled Mental Health workforce must be embedded within the K-12 educational pathway.

Current HCPS structures support the launch of a successful Mental Health Education Pilot Program as delineated below:

- HCPS has facilities immediately available to be designed and retrofitted to provide a state-of-the-art Mental Health Education Pilot Program for students in grades 9-12.
- The HCPS Division of Innovation, inclusive of all Student Services, has expanded its Mental Health partnerships to include more than 70 local, state and national agencies to support the children and families of Hillsborough County.
- Since the 2019-2

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

Students in grades 9-12 will be provided the opportunity to pursue a career in Mental Health supports. Such a program would allow for Industry Certifications to be earned as well as credits aligned with college entrance requirements.

- The greater Tampa Bay area will be provided with the launch of a workforce ready to support Mental Health issues, and address the ever-growing needs and challenges in this arena.

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



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Direct services include instruction, hands on training and certification.

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

Hillsborough High School students

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

Grow the workforce for mental health careers and fill the void.

**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?**

HCPS will work with the Agency to define deliverables that will be met. Should they not, the District will not implement the pilot.

**13. 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.**

N/A



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#### 14. Requestor Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 15. 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

#### 16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number