



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2850

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Funding will enable Alpert JFS to train 5,500 first responders, educators, and citizens through a nationally-certified Mental Health First Aid program. Participants will take an 8-hour MHFA standardized course in which community members learn to recognize when someone is developing or experiencing a critical mental health disorder or crisis (contemplating suicide, e.g.), how to de-escalate such situations and offer encouragement until professional help arrives.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

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

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,000,000	50%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	1,000,000	50%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>2,000,000</b>	<b>100%</b>

8. Has this project previously received state funding?

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	1,000,000	377	No

9. Is future-year 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.

Funds raised from individual donors and private foundations.

**Complete questions 10 and 11 for Fixed Capital Outlay Projects**



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**10. Status of Construction**

**a. What is the current phase of the project?**

- Planning    
  Design    
  Construction    
  N/A

**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?**

**e. What funding stream will be used for ongoing operations and maintenance of the project?**

**11. 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.**

**12. 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		0
Other Salary and Benefits	Indirect Admin Fee of 10%; Grant Management Fee of 5%: Pre-award and post-award administration, compliance, management, reporting, and operational tracking.	150,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	Chief Clinical and Impact Officer (Ph.D., Clinical Psychology) Mental Health First Aide Program Director (Bachelor's deg., Special Education and Teaching) Seven (7) Full Time Instructors/Trainers.	628,855
Expense/Equipment/Travel/Supplies/Other	National Participant Fees for 5,500 participants with instructional materials: \$170,500. Marketing and program outreach: \$27,000. NCMW organizational membership: \$10,000. Occupancy: \$8,604. National Instructor Training and Certification in MHFA from NCMW: \$7,200; 4 laptops: \$6,000; Annual conference registration (2 staff): \$4,500. Travel/mileage: \$3,993. Phone, \$1,800.	212,945
Consultants/Contracted Services/Study	Contracted Instructors, \$8,200.	8,200
<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>1,000,000</b>

**13. Program Performance**

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



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The funds will enable Alpert JFS to train 5,500 first responders, educators, and citizens through a nationally-certified Mental Health First Aid program. The training will help participants recognize signs of mental illness or substance use disorder, assess urgent need, and encourage seeking professional care. Approximately 1 in 5 Palm Beach County residents experience mental illness at any given time. Funding this program would make Mental Health First Aid as common as CPR and First Aid.

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

The funding will allow staff of Alpert JFS and key partner agencies to attend training and become certified as MHFA Instructors by The National Council for Mental Wellbeing. These instructors will train 5,500 community members to recognize signs, symptoms, risk factors, behavior changes in individuals developing or experiencing a mental health crisis or disorder.

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

Trained instructors will provide 8-hour MHFA classes to the public to build confidence in approaching someone showing signs of mental distress which can prevent escalation or suicide. Trained persons can support individuals until appropriate professional help arrives. It is the intent to have MHFA become as commonplace as CPR and First Aid.

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

Approximately 5,500 individuals will receive 8 hours of Mental Health First Aid Training from certified instructors. MHFA will be available to the general public (citizens of all demographics and ethnicities). Priority will be given to first responders, workers in healthcare settings and at veterans' organizations, and other first line employees. Nationwide, more than 4 million people have been trained to understand and respond to signs and symptoms of mental health and substance abuse challenges.

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

Pre and post evaluation of MHFA trainings provided by Alpert JFS by certified instructors using evidence-based practices will show that at least 90% of class participants gained knowledge in assessing and approaching people during mental health crises; listening in a non-judgmental manner; giving support and information; and encouraging professional help and appropriate supports. The National Council of Mental Wellbeing, which oversees MHFA training and instruction, administers pre- and post-evaluations to participants of the requisite 8-hour class. Additionally, voluntary follow-up surveys by Alpert JFS will be distributed 1 month after training and tabulated to evaluate information retention and successes/barriers during real-life situations.

**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?**

Failure to meet deliverables without notification of good reasoning will result in financial penalties as described in contract.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**  No

**a. If Yes, what phase best describes the project?**

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

**b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):**

**15. Has the entity applied for or received federal assistance for this project?**

- Yes, Applied



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- Yes, Received
- No
- No, but intends to apply

**a. If yes, provide the FEMA project worksheet ID#:**

**b. Provide the total project cost listed on the FEMA project worksheet:**

**16. Has the entity applied for or received state assistance for this project (other than this request)?**

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

**a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):**

**17. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**18. 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



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Other (please specify)

d. First Name  Last Name

e. E-mail Address

f. Phone Number  Ext.

#### 19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number

*The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.*