

1. Project Title

2. Senate Sponsor

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

Alpert Jewish Family Service Mental Health First Aid

Lori Berman

LFIR # 1017

3.	Date of Request	01/09/2023				
4.	Project/Program De	escription				
	(SAMHSA) National skills to help someo contemplating suicid in partnership with 4 MHFA nationally cei	Registry of evidency ne who is developing the common terms of the common terms of the common terms and recognize signs, sy	e-based program g a mental health rt them until approsodman JFS, JC d train 12,000 first mptoms, and beh	ance Abuse and Menta s. MHFA teaches a bas problem or experiencir opriate professional hel S of South Florida, and t responders, profession avior changes in indivict the help they need.	sic 5-step intervention og a mental health cri p arrives. The funds v d Directions for Living nals, and concerned	n that gives people the sis, such as will allow Alpert JFS,) to add 13 new citizens across 10
5.	State Agency to re-	ceive requested fu	nds Departr	ment of Children and Fa	amilies	
	State Agency conta	acted? Yes	•			
6.	Amount of the Non	recurring Request	for Fiscal Year 2	023-2024		
٠.	Type of Funding	. couring requoe	101 110001 1001 2	Amo	unt	
	Operations			AIIIO	1,911,233	
	Fixed Capital Outlay	,		1,911,233		
	Total State Funds				1,911,233	
	Total State Lulius	requesteu			1,511,255	
7.	Total Project Cost f	for Fiscal Year 202	3-2024 (including	g matching funds avai	lable for this projec	t)
	Type of Funding			Amount	Percentage	
	Total State Funds R	Requested (from que	stion #6)	1,911,233	100%	
	Matching Funds					
	Federal			0	0%	
	State (excluding the	amount of this requ	iest)	0	0%	
	Local			0	0%	
	Other			0	0%	
	Total Project Costs	s for Fiscal Year 20	23-2024	1,911,233	100%	
	_			,- ,		
8.	Has this project pro	eviously received s	state funding?	Yes		
	Fiscal Year	Amo	ount	Specific	Vetoed	
	(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
	2022-23	0	200,00	00 372	No	
9.	Is future funding li	kely to be requeste	ed?	Yes		
	a. If yes, indicate n	nonrecurring amou	nt per year.	1,911,233		
	b. Describe the so	urce of funding tha	t can be used in	lieu of state funding.		
	Fundraising from in	ndividual donors and	I private foundation	ons.		

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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11. Status of Construction

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

In 2020, Alpert Jewish Family Service received a PPP loan in the amount of \$909,299 that was all used for payroll.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

a. What is the current phase of the project?	
Planning Design Construction	
b. Is the project "shovel ready" (i.e permitted)?	
c. What is the estimated start date of construction	n?
d. What is the estimated completion date of cons	truction?
2. List the owners of the facility to receive, directly relationship between the owners of the facility a	or indirectly, any fixed capital outlay funding. Include the and the entity.
N/A	

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits	Indirect Admin fee of 10% to Alpert JFS for Grants Manager, pre- award and post-award administration and management, including application, compliance, reporting, and daily administration and operational tracking	188,472
Expense/Equipment/Travel/Supplies/ Other	Occupancy and phone to Alpert JFS and Broward Goodman JFS	14,281
Consultants/Contracted Services/Study	5% Coordination Fee payable to Alpert JFS from the other 4 non-profits.	50,580
Operational Costs: Other		
Salary and Benefits	Funding will be used for: 5 Supervisors/Directors from the 4 participating agencies 13 Instructors/Trainers from the 4 participating agencies	1,133,200
Expense/Equipment/Travel/Supplies/ Other	National Instructor Training MHFA for 13 instructors, National Participant Fees for 12,000 participants, Equipment, Travel/Mileage, National Conference, National Council Membership, and marketing for all 4 partner agencies.	524,700
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	1,911,233



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14. Program Performance

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

The funds will allow Alpert JFS, in partnership with 3 other non-profits (Goodman JFS, JCS of South Florida, and Directions for Living) to add 13 new Mental Health First Aid nationally certified instructors to train 12,000 first responders, professionals, and concerned citizens across 10 different counties to recognize signs, symptoms, and behavior changes in individuals developing or suffering a mental illness and/or substance use disorder and guide them to the help they need.

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

Alpert JFS and its 3 agency partners will send 13 instructors to become certified as MHFA Instructors by The National Council for Wellbeing. The instructors will train 12,000 new community members and professionals to recognize signs, symptoms, risk factors, and behavior changes in individuals developing or suffering a mental illness and/or substance throughout these 10 counties.

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

Teaching the 8-hour MHFA classes that allow participants to build confidence in approaching someone showing signs/symptoms of distress, oftentimes preventing suicide and saving lives. The goal is to help support an individual 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?

MHFA teaches a basic 5-step intervention that empowers ordinary citizens to directly confront someone who is showing signs and symptoms of distress and guide them to the help they need. The population served will be the general population, including education professionals, medical personnel, veterans, ordinary citizens, first responders, and community leaders, among others. The 4 partner agencies are expected to train approximately 12,000 people.

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

MHFA teaches a basic 5-step intervention that empowers the participants how to appropriately support someone who might be experiencing a crisis or developing a mental illness and/or substance use disorder and connect them to the help they need. The training helps a person assist someone experiencing a mental health crisis such as contemplating suicide and until professional help arrives. The National Council of Wellbeing overseeing MHFA administers pre-evaluations and post-evaluations to participants once they complete the 8-hour course. Peer-reviewed studies across the globe show that program participants increase their knowledge of signs, symptoms, and risk factors of mental illnesses and addictions allowing more people to get the help they need.

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?

If we fail to delivered services as described in this application and/or the contract with DCF, we will negotiate return of funds.

a. First Name	Marc	Last Name Hopin
b. Organization	Ferd & Glady Alpert Jewis	sh Family Service

c. E-mail Address | Marc.Hopin@AlpertJFS.org

d. Phone Number (561)684-1991 **Ext.**

16. Recipient Contact Information

15. Requester Contact Information

a. Organization Ferd & Glady Alpert Jewish Family Service

b. Municipality and County Palm Beach



17.

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c. Organization Typ	De				
□For Profit Entity					
☑Non Profit 501(c)(3)				
□Non Profit 501(c)(4)					
□Local Entity	□Local Entity				
□University or Co	llege				
□Other (please specify)					
d. First Name	Maxine	Last Name	Sonnenscheir	า	
e. E-mail Address	Maxine.Sonnenschein@A	lpertJFS.org			
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f. Phone Number Lobbyist Contact I a. Name b. Firm Name	(561)713-1914 nformation Ellyn Bogdanoff				