

Budget Detail Request - Fiscal Year 2016-17

Your request will not be officially submitted unless all questions and applicable sub parts are answered.

1. Title of Project: Mental Health First Aid
2. Date of Submission: 01/10/2016
3. House Member Sponsor(s): Kathleen Peters

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
- 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? No
- d. Complete the following Project Request Worksheet to develop your request (Note that Column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in Column G):

FY:	Input Prior Year Appropriation for this project for FY 2015-16 (If appropriated in FY 2015-16 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2016-17 (If no new Recurring or Nonrecurring funding is requested, enter zeros.)			
	Column: A	B	C	D	E	F	G
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: Column A + Column B)	Recurring Base Budget (Will equal non-vetoed amounts provided in Column A)	INCREASED or NEW Recurring Requested	TOTAL Nonrecurring Requested (Nonrecurring is one time funding & must be re-requested every year)	Total Funds Requested Over Base Funding (Recurring plus Nonrecurring: Column E + Column F)
Input Amounts:					0	600,000	600,000

- e. New Nonrecurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs
- f. New Recurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs

5. Requester:

- a. Name: Ray Gadd
- b. Organization: Pasco County Schools
- c. Email: rgadd@pasco.k12.fl.us
- d. Phone #: (813)794-2860

6. Organization or Name of Entity Receiving Funds:

- a. Name: Central Florida Behavioral Health Network, Inc.
- b. County (County where funds are to be expended) Pasco
- c. Service Area (Counties being served by the service(s) provided with funding) Charlotte, Collier, DeSoto, Glades, Hardee, Hendry, Highlands, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, Sarasota

7. Write a project description that will serve as a stand-alone summary of the project for legislative review. The description should summarize the entire project's intended purpose, the purpose of the funds requested (if request is a sub-part of the entire project), and most importantly the detail on how the funds requested will be spent - for example how much will be spent on positions and associated salaries, specifics on capital costs, and detail of operational expenses. The summary must list what local, regional or statewide interests or areas are served. It should also document the need for the funds, the community support and expected results when applicable. Be sure to include the type and amount of services as well as the number of the specific target population that will be served (such as number of home health visits to X, # of elderly, # of school aged children to receive mentoring, # of violent crime victims to receive once a week counseling etc.)

The purpose of this funding request is to develop a Mental Health First Aid pilot program in conjunction with Central Florida Behavioral Health Network, Inc. The Mental Health First Aid training program introduces participants to risk factors and warning signs of mental health concerns, builds understanding of their impact and overviews common treatments. The training demonstrates how to assess a mental health crisis; select interventions and provide initial help; and connect persons to professional, peer and social supports as well as self help resources. The training would potentially impact all counties served by Central Florida Behavioral Network, including Charlotte, Collier, DeSoto, Glades, Hardee, Highlands, Henry, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, and Sarasota counties. See attached for more information.

The expected program results are early identification, referral and treatment of youth with mental health issues. The benefits are as follows:

1. Informed, effective and efficient workforce to respond to crisis situations and restore equilibrium among the students and the staff;
2. An organized and well disciplined addition to school crisis planning to address psychological well being of students;
3. Enhances the capacity of school districts to identify and meet the early behavioral health needs of students in natural settings such as schools;
4. Process to identify and refer for screening those students who may be in need of behavioral health evaluation or treatment.
5. Broader coverage with the community to identify and assist individuals experiencing mental health problems.

Those benefitting will be participants receiving the training and the underserved students they will be assisting. There will also be greater community and workplace awareness.

8. Provide the total cost of the project for FY 2016-17 from all sources of funding:

Federal: 0

State: 0 (Excluding the requested Total Amount in #4d, Column G)

Local: 0

Other: 0

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

No