

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

LFIR # 3074

1. P	Project Title	Mental Health So	creenings for A	t-Risk	Children/Youth		
2. 8	2. Senate Sponsor Ileana Garcia						
3. C	Date of Request	03/07/2023					
4. F	Project/Program D	escription					
5. S	services and linking actors to mitigate low the ACEs. Prevent strategies. Linkage underlying issues a state Agency to re	individuals to care to ong-term behavioral ion services include to care services invo nd provide resource	to address imm health and wel activities that polve connecting to help them	nediate Iness promo g indiv mana	e behavioral needs.	This will help build in the negative long-te so Positive Experien lith care and other sey may be experien	services to address
	tate Agency cont						
6. A	mount of the Non	recurring Request	for Fiscal Yea	r 202	3-2024		
	Type of Funding				Amo		
	Operations					185,000	
	ixed Capital Outla					0	
	Total State Funds	Requested				185,000	
7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)							
	ype of Funding				Amount	Percentage	
Ī	otal State Funds F	Requested (from que	estion #6)		Amount 185,000	Percentage 27%	
T	Total State Funds Funds Funds	Requested (from que	estion #6)		185,000	27%	
T N F	Total State Funds F Matching Funds Federal		,		185,000	27%	
T N F	Total State Funds Funds Matching Funds Federal State (excluding the	Requested (from que	,		185,000 0 0	27% 0% 0%	
T N F S	Total State Funds Funds Matching Funds Federal State (excluding the local		,		0 0 500,000	27% 0% 0% 73%	
T N F S L	Total State Funds Funds Matching Funds Federal State (excluding the ocal Other	e amount of this requ	uest)		185,000 0 0 500,000 0	27% 0% 0% 73% 0%	
T N F S L	Total State Funds Funds Matching Funds Federal State (excluding the ocal Other		uest)		0 0 500,000	27% 0% 0% 73%	
T	Total State Funds Funds Matching Funds Federal State (excluding the ocal Other Total Project Cost	e amount of this requ	uest)	· [185,000 0 0 500,000 0	27% 0% 0% 73% 0%	
T	Total State Funds Funds Matching Funds Federal State (excluding the ocal Other Total Project Cost Has this project pr	s for Fiscal Year 20 reviously received s	uest) 023-2024 state funding?		185,000 0 500,000 0 685,000	27% 0% 0% 73% 0%	
7 N F S L Q 7	Total State Funds Funds Matching Funds Federal State (excluding the cocal Other Total Project Cost Has this project pr Fiscal Year (уууу-уу)	e amount of this requests for Fiscal Year 20 reviously received services Amo	uest) 023-2024 state funding? ount Nonrecurrir	ng	185,000 0 500,000 0 685,000 Yes Specific Appropriation #	27% 0% 0% 73% 0% 100%	
7 N F S L Q 7	Total State Funds Funds Matching Funds Federal State (excluding the ocal Other Total Project Cost Has this project pr	s for Fiscal Year 20 reviously received s	uest) 023-2024 state funding? ount Nonrecurrir		185,000 0 500,000 0 685,000 Yes	27% 0% 0% 73% 0% 100%	
1 N F S S L C C 1 1 S S S F S S S S S S S S S S S S S S	Total State Funds Funds Matching Funds Federal State (excluding the cocal Other Total Project Cost Has this project pr Fiscal Year (уууу-уу)	e amount of this requests for Fiscal Year 20 reviously received services Amo	uest) 023-2024 state funding? ount Nonrecurrir	ng 0,000	185,000 0 500,000 0 685,000 Yes Specific Appropriation #	27% 0% 0% 73% 0% 100%	
3 L C C C C C C C C C C C C C C C C C C	Total State Funds Funds Matching Funds Federal State (excluding the cocal Other Total Project Cost Has this project pr Fiscal Year (уууу-уу) 2022-23 Is future funding li	e amount of this requests for Fiscal Year 20 reviously received services Amore Recurring	uest) 023-2024 state funding? ount Nonrecurrir 150	ng 0,000	185,000 0 500,000 0 685,000 Yes Specific Appropriation #	27% 0% 0% 73% 0% 100%	
8. H	Total State Funds Funds Matching Funds Federal State (excluding the cocal other Total Project Cost Has this project pr Fiscal Year (yyyy-yy) 2022-23 Is future funding limating the complete funding limating limat	e amount of this requested some curring amount of this requested some connections are also as a second some curring amount of this requested some curring some curring amount of this requested some curring some cu	nest) 223-2024 State funding? Nonrecurrir 150 ed? nt per year.	ng 0,000	185,000 0 500,000 0 685,000 Yes Specific Appropriation # 372	27% 0% 0% 73% 0% 100%	
8. H	Total State Funds Funds Matching Funds Federal State (excluding the cocal other Total Project Cost Has this project pr Fiscal Year (yyyy-yy) 2022-23 Is future funding limating the complete funding limating limat	s for Fiscal Year 20 reviously received s Recurring 0	nest) 223-2024 State funding? Nonrecurrir 150 ed? nt per year.	ng 0,000	185,000 0 500,000 0 685,000 Yes Specific Appropriation # 372	27% 0% 0% 73% 0% 100%	
8. H	Total State Funds Funds Matching Funds Federal State (excluding the cocal other Total Project Cost Has this project pr Fiscal Year (yyyy-yy) 2022-23 Is future funding limating the complete funding limating limat	e amount of this requested some curring amount of this requested some connections are also as a second some curring amount of this requested some curring some curring amount of this requested some curring some cu	nest) 223-2024 State funding? Nonrecurrir 150 ed? nt per year.	ng 0,000	185,000 0 500,000 0 685,000 Yes Specific Appropriation # 372	27% 0% 0% 73% 0% 100%	
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11. Status of Construction

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

Received PPP for \$85,000 which 100% forgiven according to SBA rules -- used for payroll and benefits (in accordance with SBA rules).

Complete questions 11 and 12 for Fixed Capital Outlay Projects

a. What is the cu	rrent phase of	the project?			
Planning	ODesign	Construction			
b. Is the project "	shovel ready'	(i.e permitted)?			
c. What is the est	timated start o	ate of construction?			
d. What is the est	timated comp	etion date of construction?			
		to receive, directly or indirectly, ers of the facility and the entity.	any fixed capital o	outlay funding. Include	the

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

Spending Category	Description	Amount				
Administrative Costs:						
Executive Director/Project Head Salary and Benefits	14% of time to Facilitate H.O.P.E. training and introduce and expand the integration of H.O.P.E. strategies. Ms. Alonso is one of 5 certified trainers in the state of FL and only 1 of 2 in Miami Dade County.	20,000				
Other Salary and Benefits		0				
Expense/Equipment/Travel/Supplies/Other		0				
Consultants/Contracted Services/Study		0				
Operational Costs: Other	Operational Costs: Other					
Salary and Benefits	Program Director Facilitates training and Implementation of all coordinated programs services, Clinical Supervisor to provide mental health, services, working with community partners to leverage existing resources, Family Coaches - administer mental health screenings, support family plans, and connect child/youth and their family community resources and opportunities to thrive and succeed.	150,000				
Expense/Equipment/Travel/Supplies/Other		0				
Consultants/Contracted Services/Study	Consultants for project evaluation	15,000				
Fixed Capital Construction/Majo	r Renovation:					
Construction/Renovation/Land/ Planning Engineering		0				
Total State Funds Requested (must equal total from question #6) 185,000						

14. Program Performance

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



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Mental health screenings for adverse childhood experiences (ACEs) to build and strengthen buffers to prevent negative outcomes associated with ACEs, particularly to improve the abilities of children and their families to address mental health and wellness in order to mitigate the health and behavioral health effects associated with ACEs by promoting healthy positive childhood experiences (H.O.P.E.) to build resiliency long term.

- b. What activities and services will be provided to meet the intended purpose of these funds?
- 1. Capacity building and program enhancement, ACEs staff training, H.O.P.E. staff training
- 2. ACEs screenings
- 3. External project evaluation and dissemination of findings.
- c. What direct services will be provided to citizens by the appropriation project?

Administer a minimum of 300 ACEs screenings to high-risk children and primary caregivers and ensure families with an ACEs score of 3 or more (meaning that they are at higher risk of negative long-term effects) receive the mental health services they need. Provide (bring to Florida) research based Healthy Outcomes Positive Experience (H.O.P.E.) training so parents can support their children and families long term resiliency to manage their own environment and well-being.

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

Target population Miami-Dade countywide - Families across Miami-Dade County with at least one child living at home up to age of 18, or 22 for special needs students who are still in high school and working towards graduation, at-risk of child maltreatment including but not limited to abuse, abandonment or neglect, or have been impacted by community or family violence, alcohol or substance abuse.

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

Improve mental health: 80% of participants with ACEs score 3 or more linked to services; 80% of participants linked to services will demonstrate improvement in managing effects of ACEs; 90% of trained staff will demonstrate skills needed to administer ACEs screener and H.O.P.E. intervention strategies (post-test). Track referrals and progress through case plan (for the first two) Training post test

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?

A no-cost contract extension to meet deliverables or unspent funds would be returned whichever is most appropriate upon review by contracting agency.

15. Requester Contact Information						
a. First Name	Beatriz (E	Betty)	Last Name	Alonso		
b. Organization	ConnectFamilias					
c. E-mail Address	Betty@connectfamilias.org					
d. Phone Number	(305)854	-2973	Ext.			
16. Recipient Contact Information						
a. Organization	ConnectFamilias					
b. Municipality and						
c. Organization Type						
□For Profit Entity	□For Profit Entity					
☑Non Profit 501(d	☑Non Profit 501(c)(3)					



17.

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□Non Profit 501(c)(4)						
□Local Entity						
□University or Co	□University or College					
□Other (please specify)						
d. First Name	Beatriz (Betty)	Last Name	Alonso			
e. E-mail Address	E-mail Address Betty@connectfamilias.org					
f. Phone Number	Phone Number (305)854-2973					
Lobbyist Contact Information						
a. Name	Deborah (Debbie) P. Mortham					
b. Firm Name	Mortham Governmental Consultants LLC					
c. E-mail Address	I Address DebbiePMortham@gmail.com					
. Phone Number (850)251-2278						