



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Hispanic Family Counseling

2. **Senate Sponsor:** Victor Torres

3. **Date of Submission:** 12/15/2017

4. **Project/Program Description:**

Helping Puerto Rican families in Central Florida overcome mental health challenges caused by the impact of Hurricane Maria.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?  
Department of Children and Families

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
2,000,000		2,000,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 2,000,000

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.



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<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY 2017-18</b> (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
<b>Column:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>Funds Description:</b>	<b>Prior Year Recurring Funds *</b>	<b>Prior Year Nonrecurring Funds *</b>	<b>Total Funds Appropriated (Column A + Column B)</b>
<b>Input Amounts:</b>			

### 10. Is future-year funding likely to be requested?

No

### 11. Program Performance:

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

Provide culturally sensitive mental health services for three years to families and individuals in Central Florida that have been impacted by the devastation of Hurricane Maria in Puerto Rico.

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

Individual counseling, family counseling, support groups, in-school counseling for children, psychosocial rehabilitation, and case management.

#### c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	This total is for the salary of the Executive Director and to hire a Project Manager for a total of three years.	390,000
<input checked="" type="checkbox"/> Other Salary and Benefits	Salary of the Referral Coordinators, Billing Professionals, and Administrative Support employees for three years.	495,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	This amount will be used to train clinicians and	25,000



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	administrative employees on Youth & Adult Mental Health First Aid, SafeTALK, Trauma Informed Care, and EMDR techniques for three years. Staff will go to Puerto Rico to provide services and get a better understanding of the culture and the devastation caused by Hurricane Maria.	
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	This amount will be used to hire three full-time clinicians for the three main locations of Hispanic Family Counseling in Central Florida for three years.	525,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	This amount will be used to provide trainings to the families and individuals such as Youth & Adult Mental Health First Aid, SafeTALK, suicide prevention, self-care, and presentations throughout the three years. In addition, this amount will include the operational facilities expenses for three years.	180,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	This amount will be used to provide reimbursement for contracted mental health professionals. This includes fee for service reimbursement for clinicians practicing EMDR, group therapy, and individual sessions for three years.	385,000
Fixed Capital Construction/Major Renovation		



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<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		2,000,000

**d. What are the direct services to be provided to citizens by the appropriations project?**

Mental health counseling, psychosocial rehabilitations, group therapy, EMDR, case management, community trainings and presentations.

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

Puerto Rican families of all ages in Central Florida that have been impacted by Hurricane Maria. Current statistics show that over 150,000 Puerto Ricans have arrived in Florida. We expect to serve 400-800 citizens.

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

Improve Mental Health: Tracked by the amount of client intakes and successful discharges, as well as improvement within the client's individualized clinical treatment plan. Measured by a decrease in symptoms as evidenced by the treatment plan review, CFARS/ FARS assessment rating scale, and clinical observations. Enrich Cultural Experiences: tracked by the amount of attendees whom attend the groups that will create a sense of belonging and reduce acculturation issues. Measured by pre-test and post-test to evidence improvement as described by the client.

**g. 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?**

Return the difference in monetary value that was not utilized.

**12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

N/A

**13. Requestor Contact Information:**

- a. **Name:** Denisse Lamas
- b. **Organization:** Hispanic Community Counseling, Inc
- c. **Email:** lamasdc@gmail.com
- d. **Phone Number:** (407)382-9079

**14. Recipient Contact Information:**

- a. **Organization:** Hispanic Community Counseling, Inc
- b. **County:** Brevard, Orange, Osceola, Seminole
- c. **Organization Type:**
  - ☒ For Profit



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## *Local Funding Initiative Request - Fiscal Year 2018-2019*

- ☐ Non Profit 501(c) (3)
- ☐ Non Profit 501(c) (4)
- ☐ Local Entity
- ☐ University or College
- ☐ Other (Please specify)

**d. Contact Name:** Denisse Lamas

**e. E-mail Address:** lamasdc@gmail.com

**f. Phone Number:** (407)382-9079

**15. If there is a registered lobbyist, fill out the lobbyist information below.**

**a. Name:** None

**b. Firm:** None

**c. Email:**

**d. Phone Number:**