

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

LFIR # 1673

2. Senate Sponsor    Lauren Book	1. Project Title	LIFT + HEAL (L	ifting Individuals fro	om Postpartum Trauma	a)	
4. Project/Program Description  LIFT + HEAL (Lifting Individuals from Postpartum Trauma + Healing and Empowering All Living with trauma) connects community members who lack access to mental health services due to misinformation, language, and stigma to resources to help them heal from trauma. Through this program, Hispanic Unity of Florida, Inc. (HUF) will address the increasing demand for mental health services and the shortage of related workers. Its team will increase the number of Community Mental Health Workers (CMHW) by providing training opportunities. Bolstered by awareness and education campaigns, CMHWs will identify, coordinate, and connect mothers & families to available services and supports to address trauma, and related challenges. They also provide assessments, individual sessions, information, and referrals for mental health resources and services.  5. State Agency to receive requested funds  Department of Children and Families  State Agency contacted?  No  6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024  Type of Funding  Operations  Fixed Capital Outlay  O Total State Funds Requested  500,000  7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)  Type of Funding  Amount  Percentage  Total State Funds Requested (from question #6)  500,000  63%  Matching Funds  Federal  0 0%  State (excluding the amount of this request)  0 0%  State (excluding the amount of this request)  No  Recurring  Nonrecurring  Nonrecurring  Nonrecurring  Nonrecurring  No  1. If yes, indicate nonrecurring amount per year.	2. Senate Sponsor	Lauren Book				
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Type of Funding Operations South Capital Outlay Total State Funds Requested Type of Funding Total State Funds Requested Total State Funds Requested (from question #6) State (excluding the amount of this request) Other Total Project Costs for Fiscal Year 2023-2024 State (excluding the amount of this request) Other Total Project Costs for Fiscal Year 2023-2024 State (excluding the amount of this request) Other State (excluding the amount of this request) Other South Costs for Fiscal Year 2023-2024 South Costs for Fiscal Ye		•	<u> </u>			
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Operations  Fixed Capital Outlay  Total State Funds Requested  7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)  Type of Funding  Total State Funds Requested (from question #6)  Matching Funds  Federal  State (excluding the amount of this request)  Other  Total Project Costs for Fiscal Year 2023-2024  800,000  8. Has this project previously received state funding?  Fiscal Year (уууу-уу)  Recurring  Nonrecurring  No  8. Is future funding likely to be requested?  a. If yes, indicate nonrecurring amount per year.	6. Amount of the Non	recurring Reques	t for Fiscal Year 2	023-2024		
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Matching Funds   0 0 0%	Type of Funding			Amount	Percentage	
Federal   0   0%	Total State Funds F	Requested (from qui	estion #6)	500,000	63%	
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Dotal   Dota	Federal			0	0%	
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a. If yes, indicate nonrecurring amount per year.	(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
a. If yes, indicate nonrecurring amount per year.						
	•			No		1
b. Describe the source of funding that can be used in lieu of state funding.		_				]
	b. Describe the so	urce of funding th	at can be used in	lieu of state funding.		

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



11. Status of Construction

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Yes
If yes, indicate the amount of funds received and what the funds were used for.
\$834,641 to cover operational costs.

### **Complete questions 11 and 12 for Fixed Capital Outlay Projects**

a. What is the current phase of the project?					
OPlanning ODesi	gn Construction				
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?					
12. 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.					

#### 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	Salary & benefits allocation for Program Director, Marketing Director, Marketing Associate, Grant Compliance Accountant, Data Management & IT Director.	75,000			
Expense/Equipment/Travel/Supplies/ Other	Occupancy allocation for executive and marketing staff; allocation for audit fees, insurance, and other administrative costs.	65,000			
Consultants/Contracted Services/Study		0			
Operational Costs: Other					
Salary and Benefits	Salary & benefits allocation for Program Supervisor, Program Assistant and Community Health Workers	200,000			
Expense/Equipment/Travel/Supplies/ Other	Occupancy allocation for staff; staff trainings & certifications (including mental health first aid, postpartum depression, and community mental health worker; outreach materials (design, production, and distribution for print, digital, and in-person efforts); communications (allocation for telephone and internet service); managed IT user fee allocation; travel; and office supplies.	160,000			
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)	500,000			

#### 14. Program Performance



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

Improving mental health by addressing substance use & abuse, and postpartum depression among underserved community members is a priority for Hispanic Unity of Florida (HUF). Lack of information, stigma, and scarcity of services are some of the challenges community members experience when dealing with trauma and mental health needs. With support from the State of Florida, HUF will credential additional mental health workers and expand outreach efforts to South Florida residents, including those in underserved populations.

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

Program supervisor will become a facilitator through the National Council for Mental Wellbeing, an evidence-based training program. 25+ individuals will receive 30 hours of training to become Certified Community Mental Health Workers, and a minimum of 20 additional hours of training related to postpartum depression, suicide prevention, child abuse, HIPAA, and conflict resolution.

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

HUF staff will engage citizens through outreach and marketing activities to provide information, case management, and referrals to youth and adults. Resources and engagement will promote reduction of substance use, abuse, and dependence; identify & mitigate postpartum depression; and improve overall mental health.

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

Elderly persons, persons with poor mental health, economically disadvantaged persons, at-risk youth, preschool students, grade school students, high school students. Over 800 individuals are expected to be served.

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

Program participants increase emotional wellbeing: % increasing emotional wellbeing, measured by Warwick Edinburgh Wellbeing Scale, pre- and post- evaluations.

Individuals earn Certified Community Health Worker trainings and credential: # of persons completing Certified Community Health Worker training & receiving credentials, # of persons using CCHW credential for employment (new or existing position).

Program participants reduce drug use & substance abuse: % decreasing substance abuse, pre- and post- evaluations.

### 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?

Penalties for non-performance may include reduction in funding or inability to be reimbursed for ineligible activities that have been completed, return of funds, and/or termination of award.

15. Requester Contact	t Informati	ion			
a. First Name	Felipe		Last Name	Pinzon	
b. Organization	Hispanic Unity of Florida, Inc.				
c. E-mail Address	fpinzon@hispanicunity.org				
d. Phone Number	(954)257-5473 <b>Ext.</b>				
16. Recipient Contact Information					
a. Organization	Hispanic Unity of Florida, Inc.				
b. Municipality and County Broward					
c. Organization Type					
□For Profit Entity					



17.

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

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☑Non Profit 501(c)(3)						
□Non Profit 501(c	□Non Profit 501(c)(4)					
□Local Entity						
□University or Co	□University or College					
□Other (please specify)						
d. First Name	Felipe	Last Name	Pinzon			
e. E-mail Address	fpinzon@hispanicunity.org					
f. Phone Number	(954)257-5473					
Lobbyist Contact Information						
a. Name	Ashley Boxer					
b. Firm Name	The Boxer Strategy					
c. E-mail Address	ashley@theboxerstrategy	.com				
d. Phone Number	(954)744-0045					