



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2340

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. Project/Program Description

Augmenting ConnectFamilies' care coordination model to include trauma informed care with special focus on addressing adverse childhood experiences (ACEs). Improving abilities of a child/youth and their families to address the immediate and long-term behavioral health and wellness by mitigating negative long-term effects associated with ACEs. Specifically, we will conduct ACEs screenings and implement Healthy Outcomes Positive Experience (H.O.P.E.) intervention strategies.

5. **State Agency to receive requested funds**
- State Agency contacted?**

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	200,000
Fixed Capital Outlay	0
Total State Funds Requested	200,000

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	200,000	29%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	500,000	71%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	700,000	100%

8. **Has this project previously received state funding?**
- If yes, provide the most recent instance:**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	185,000	378	No

9. **Is future-year funding likely to be requested?**
- a. **If yes, indicate nonrecurring amount per year.**
- b. **Describe the source of funding that can be used in lieu of state funding.**
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Complete questions 10 and 11 for Fixed Capital Outlay Projects



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10. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

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?

e. What funding stream will be used for ongoing operations and maintenance of the project?

11. 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.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	15% of time and benefits to facilitate H.O.P.E. training and introduce and expand the integration of H.O.P.E strategies. Ms. Alonso is one of five (5) Certified Trainers in the State of Florida and only 1 of 2 in Miami-Dade County.	28,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Program Director oversees day to day direct service delivery, provides on going coaching to facilitate the integration of training and service models and coordinated services; Supervisor Behavioral Health services provides clinical behavioral health services rendered to individuals in program; Family Specialist facilitates peer support services and H.O.P.E. activities and workshops for families along with family coach to facilitate goal attainment and engagement in Family Coaches services.	155,000
Expense/Equipment/Travel/Supplies/Other	H.O.P.E. activities supplies to be used in H.O.P.E. activities with participants during interactive hands on learning workshops, wi-fi enabled tablet, camera and microphone to collect data, administer screenings and conduct HOPE activities and workshops with families	5,000
Consultants/Contracted Services/Study	External Program Evaluation, H.O.P.E. Framework consultation for integration and Trauma Informed Care Continued Training	12,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		200,000

13. Program Performance



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

Mental health screenings for ACEs to prevent negative outcomes associated with these experiences, 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.

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

1. Capacity building and staff training, ACEs, H.O.P.E. , and Trauma Informed Care 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 of high-risk children and primary caregivers to 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 and support needed. Bring the latest cutting-edge evidence-based research Healthy Outcomes Positive Experience (H.O.P.E) training and activities.

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?

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

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 in the contract?

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

14. Is this project related to mitigation, response, or recovery from a natural disaster? No

a. If Yes, what phase best describes the project?

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

15. Has the entity applied for or received federal assistance for this project?

- Yes, Applied
- Yes, Received



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- No
- No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

18. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

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



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d. First Name Last Name
e. E-mail Address
f. Phone Number Ext.

19. Lobbyist Contact Information

a. Name
b. Firm Name
c. E-mail Address
d. Phone Number

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.