



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** A Culturally Sensitive Approach To Addressing Unmet Mental Health Needs of the Haitian Population

2. **Senate Sponsor:** Daphne Campbell

3. **Date of Submission:** 01/03/2018

4. **Project/Program Description:**

This program will educate the Haitian population in Miami-Dade and Broward counties on the need for mental health services in a non threatening fashion. An introduction to the community's need for mental health services will be presented after participants have engaged in culturally relevant activities that induce a sense of well being and openness. Activities will include make-overs for women (make-up applications, hair styling, nail polishing and simple tips for looking your best). Self-esteem building will also be accomplished by teaching participants how to generate positive self-supportive statements with a spiritual underpinning. Participants will then be introduced to the topic of mental health services. We will educate the audience on how to recognize the signs and symptoms of mental disorders, how to access appropriate care in their community, and the importance of getting early treatment to prevent chronic problems.

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
502,950		502,950

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	23,000	4.4%
TOTAL	23,000	4.4 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 525,950



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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.

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

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

Yes

- If yes, indicate non-recurring amount per year.

\$ 518,000

11. Program Performance:

- What is the specific purpose or goal that will be achieved by the funds requested?

The requested funds will help make available culturally relevant short-term mental health care to the Haitian community. This care will consist of assessments, counseling, and a list of verified community resources for follow-up care. Providing access to care will, among other things, help reduce the incidence of poor school performance in children who go untreated, and increase the sense of well being in adults who suffer from illness such as depression, anxiety, and abuse because of a lack of treatment. The funds will also support seminars that will educate the Haitian community on the importance of getting mental health treatment and help erase the stigmas that become barriers to treatment (e.g., mental health treatment is voodoo).

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

The services and activities we will provide include conducting spiritual and make-over workshops that guide women to participate in a healthy and informative discussion about the possible need for mental health services for their family and children. We seek to overcome the barriers to treatment by educating Haitian mothers on the benefits of mental health services, providing clinical assessment of specific needs, referrals to appropriate resources, and follow-up. We will identify Haitian and culturally sensitive providers in the



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community that the Haitian population can relate to. To reach this population, we will hold workshops in churches, community health and cultural centers, and schools.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Project Director (\$75k + fringe benefits @23%), Social Workers/Psych (3 FTE @ \$60,000 ea. + fringe benefits @ 23%)	313,650
<input checked="" type="checkbox"/> Other Salary and Benefits	Administrative Asst (\$45,000 + fringe benefits @23%)	55,350
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Make-Over Kits \$1500; Give-Aways \$700; Workshop Snacks \$5,600; Office Supplies and Printing \$8,000; Computers & Phones \$2,750	18,550
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Payroll Services	14,400
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Space Sublease	42,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Spiritual Guider & Make-Over Specialists \$12,000; Program Evaluation and Outreach \$12,000; and Monitoring \$35,000	59,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		502,950



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

Conduct workshops educating Haitians on how to recognize mental illness; Describe the need for and benefits of accessing mental health services; Perform Needs Assessments and counseling services (up to 3 sessions); Provide verified referrals for appropriate follow-up care. Perform make-overs to increase self esteem and provide support via spirit uplifting.

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

The target population is the Haitian community in Miami Dade and Broward Counties. 1400 individuals are expected to be served.

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

The benefit of the project will be increased positives views on mental health services, increased access to services for women and children, thereby decreasing the incidence of depression; improved school grades for children since they are getting the help they need, increased knowledge and awareness of available mental health services, increased interface with culturally sensitive counselors, improved participant self image by make-overs, and increased support system through spiritual guidance. A Program Evaluation will be given at each workshop. Participants will be asked to rate the workshop based on the particulars related to the objectives (e.g., content, speakers). Data will also be gathered from the counselors to ascertain if attitudes were positively changed regarding access to care and if there was an increased use of mental health services.

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?

Twenty percent decrease in funding in the areas where deliverables are not met.

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:** Marjorie Lozama
- b. **Organization:** Man Dodo Humanitarian Foundation, Inc.
- c. **Email:** Marjorie.lozama@gmail.com
- d. **Phone Number:** (954)812-1070

14. Recipient Contact Information:

- a. **Organization:** Man Dodo Humanitarian Foundation, Inc.
- b. **County:** Miami-Dade
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)



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- Local Entity
- University or College
- Other (Please specify)

d. Contact Name: Marjorie Lozama

e. E-mail Address: Marjorie.lozama@gmail.com

f. Phone Number: (954)812-1070

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

a. Name: None

b. Firm: None

c. Email:

d. Phone Number: