

LFIR # 3545

1. Project Title Mental Health Screenings for At-Risk Children/Youth

2. Senate Sponsor Ileana Garcia

**3. Date of Request** 01/11/2024

### 4. Project/Program Description

Augmenting ConnectFamilias' 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

Department of Children and Families

State Agency contacted? No

### 6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	198,000
Fixed Capital Outlay	0
Total State Funds Requested	198,000

### 7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	198,000	28%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	500,000	72%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	698,000	100%

8. Has this project previously received state funding? Yes

Fiscal Year	Amount		Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
)23-24	0	185,000	378	No	

### 9. Is future funding likely to be requested?

No

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that 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?

Yes

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



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In 2021 we 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**

### 11. Status of Construction

a. What is the current phase of the project?

O Planning

O Design

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🔘 N/A

No

- 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	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.	23,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Program Director facilitates training and implementation of coordinated services; Program Manager manages peer support services and H.O.P.E. activities, working with community partners to coordinate existing resources; Family Coaches - Administer mental health screenings, family plans, and connects children/youth and their families to community resources and opportunities to thrive and succeed.	160,000
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study	Program Evaluation and Trauma Informed Care Continued Training	15,000
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	198,000

### 14. Program Performance

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. Enhance research based 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: 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 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.

### 15. Requester Contact Information

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05)854-2973	Ext.	828
) )	nnectFamilias, Inc tty@ConnectFamilias.o	nnectFamilias, Inc tty@ConnectFamilias.org

### **16. Recipient Contact Information**

a. Organization

**b. Municipality and County** Miami-Dade

ConnectFamilias, Inc

### c. Organization Type

□For Profit Entity

☑Non Profit 501(c)(3)

□Non Profit 501(c)(4)



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□Local Entity			
University or Co	ollege		
□Other (please s	pecify)		
d. First Name	Beatriz (Betty)	Last Name	Alonso
e. E-mail Address	Betty@ConnectFamilias.org		
f. Phone Number	(305)854-2973		
17. Lobbyist Contact Information			
a. Name	Deborah (Debbie) P. Mortham		
b. Firm Name	Mortham Governmental Consultants LLC		
c. E-mail Address	DebbiePMortham@gmail.com		

d. Phone Number (850)251-2278