

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Hispanic Family Counseling - Helping Displaced Puerto Ricans in Central Florida

2. Date of Submission: 11/13/2017

3. House Member Sponsor: Carlos Smith

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

a. Has funding been provided in a previous state budget for this activity? No

If answer to 4a is ?No? skip 4b and 4c and proceed to 4d, Col. E

b. What is the most recent fiscal year the project was funded?

c. Were the funds provided in the most recent fiscal year subsequently vetoed?

d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non- vetoed amounts provided in Column A)	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:					2,000,000	2,000,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? No

5a. If yes, which state agency?

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Children and Families

5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No

5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

Funding withheld.

6. Requester:

- a. Name: Denisse Lamas
- b. Organization: Hispanic Family Counseling
- c. Email: lamasdc@gmail.com
- d. Phone #: (407)382-9079

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Denisse Lamas
- b. Organization: Hispanic Family Counseling
- c. Email: lamasdc@gmail.com
- d. Phone #: (407)382-9079

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of entity receiving funds:

- a. Name: Hispanic Family Counseling, Inc.
- b. County (County where funds are to be expended): Brevard, Orange, Osceola, Seminole
- c. Service Area (Counties being served by the service(s) provided with funding): Brevard, Orange, Osceola, Seminole

10. What type of organization is the entity that will receive the funds? (Select one)

- ☒ For Profit
- ☐ Non Profit 501(c) (3)
- ☐ Non Profit 501(c) (4)
- ☐ Local Government
- ☐ University or College
- ☐ Other (Please describe)

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

The specific purpose of this project is to provide the much needed mental health therapy and crisis counseling to individuals and families arriving in Central Florida due to being displaced by the impact of Hurricane Maria in Puerto Rico. The funds of the project will also create three therapist positions and a project director position.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?0? if request is zero for the category
Administrative Costs:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	The salaries will be used to hire a Project Director and pay the salary of the Executive Director.	130,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Other salaries and benefits amount will be used to pay the referral coordinators, billing professionals, and administrative support employees.	165,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	These expenses include the following trainings: Provide Youth Mental Health First Aid (YMHFA) training, provide trauma informed care training, and provide EMDR therapy.	15,000
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	The amount for salaries and benefits will be used to create three fixed therapist positions which will be located at the agency's three main	175,000

	office locations in Central Florida.	
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	These expenses will be used to provide these trainings: Provide Youth Mental Health First Aid (YMHFA) training, provide trauma informed care training, and provide EMDR therapy.	15,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	This amount will be used to pay the fee for service of Mental Health services which are provided by contracted mental health professionals.	1,500,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		2,000,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

N/A

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

We are in the process of gathering letters of support from Elected Officials and community leaders.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

No

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

Mental Health Therapy, Crisis Intervention, Grief Counseling, Support Group Therapy, Individual Therapy, Family Therapy, and create employment opportunities for mental health professionals relocating to Central Florida.

17b. Describe the direct services to be provided to the citizens by the funding requested.

Mental health therapy to serve the mental health needs of Puertorricans that moved into Central Florida due to being displaced by Hurricane Maria.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

- ☒ Elderly persons
- ☒ Persons with poor mental health
- ☒ Persons with poor physical health
- ☒ Jobless persons
- ☒ Economically disadvantaged persons
- ☒ At-risk youth
- ☒ Homeless
- ☒ Developmentally disabled
- ☒ Physically disabled
- ☐ Drug users (in health services)
- ☒ Preschool students
- ☒ Grade school students
- ☒ High school students
- ☒ University/college students
- ☐ Currently or formerly incarcerated persons
- ☐ Drug offenders (in criminal Justice)
- ☒ Victims of crime
- ☐ General (The majority of the funds will benefit no specific group)
- ☐ Other (Please describe)

17d. How many in the target population are expected to be served?

- ☐ < 25
- ☐ 25-50
- ☐ 51-100
- ☐ 101-200
- ☐ 201-400
- ☒ 401-800
- ☐ >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input type="checkbox"/> Improve physical health		
<input checked="" type="checkbox"/> Improve mental health	Track amount of client intakes and discharges. Development of clinical treatment plan for clients.	Decreased symptoms as evidences by the treatment plan review, CFARS, and/or FARS.
<input checked="" type="checkbox"/> Enrich cultural experience	Host group sessions for displaced families to create a sense of belonging. Help individuals with difficulties associated with acculturation.	Pre-test and post-test to evidence improvement.
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		

<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2018-19 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	2,000,000	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No

5. Other:	0	0.0%	No
TOTAL	2,000,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

No