

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Center for the Advancement Restoration & Empowerment - Health & Wellness Program

2. Date of Submission: 11/13/2019

3. House Member Sponsor: Barbara Watson

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 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					70,100	70,100

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? 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 Health

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.

No payment will be rendered without progress reports ,invoices and proof of payment.

6. Requester:

- a. Name: Lataya Dennis-Hall
- b. Organization: Center for the Advancement Restoration & Empowerment (CARE) Inc.
- c. Email: lhall@careinonline.org
- d. Phone #: (305)917-0376

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

- a. Name: Lataya Dennis-Hall
- b. Organization: Center for the Advancement Restoration & Empowerment (CARE) Inc.
- c. Email: lhall@careinonline.org
- d. Phone #: (305)917-0376

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: Center for the Advancement Restoration & Empowerment (CARE)
- b. County (County where funds are to be expended): Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding): Miami-Dade

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 goal of this program is to improve the quality of life of underserved and uninsured adults of Miami Gardens, by increasing health literacy, providing health services and increasing access to healthcare. The purpose that will be achieved is to provide biometric health screenings; mental health and substance use assessments and follow-up coordination and service referrals; weekly food distribution; workplace mental health certification and health workshops in order to improve health outcomes

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	Provides supervision and management of CARE Inc. health and wellness program and ensures the program meets its goals and objectives.	12,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Provide administrative, clerical and research support to the overall program.	6,000
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Fuel cost, supplies, and bags for food distribution; electrical, vehicle and equipment maintenance; food; training material and supplies for clients; and biometric instruments	29,300

	(sphygmomanometer, blood sugar meter and strips, FDA-approved cholesterol test kit etc.); and mental health assessment tools.	
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Registered dietitian, registered nurse and licensed/registered/certified mental and behavioral health professionals to provide assessments, workshops and training for clients; care coordinator/case manager to complete referral and follow-up services for clients; food distribution driver and staff.	22,800
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		70,100

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)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

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:

This project has the support of Florida Representative Barbara Watson on 10/02/2019 and Senator Oscar Braynon on 10/01/2019. Letter of support from FIU. Letter of support from distinguished community organizations including; Preferred Family Care, who will provide medical support,, dated 11/06/2019. CCP Health and Home Care Service in collaboration with Janel's Nurses Registry Inc, dated 11/05/2019. These organizations will be providing nursing support to CARE Health & Wellness Program.

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

Yes

16a. Please Describe:

According to the US Census Bureau most recent city population statistics ended July 1, 2018, 26.6 % of Miami Gardens population under 65 years old were living without health insurance. This represents more than 26,000 residents of the total 99,048 Miami Gardens population under 65 years old without health insurance.

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?

1) Provide free and healthy food choices: fresh produce, protein, dairy, and healthy staple items to residents through our weekly food bank; 2) Provide trauma Informed and culturally competent mental health and substance use assessments and follow-up coordination and service referrals to improve access and treatment compliance; 3) Provide biometric screenings to identify major health risks; 4) Provide Mental Health First Aid certification training to schools/child care centers, and business g

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

1) Weekly free and healthy food 2) Trauma Informed and culturally competent mental health and substance use assessments, follow-up coordination and service referrals 3) Biometric screenings 4) Mental Health First Aid certification training to schools/child care centers, and business groups 5) Monthly health workshops by trained/licensed/certified health professionals to promote healthy lifestyle; 6) Annual community health & wellness fair. 7) State & Federal government enrollment assistance su

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): Community members, businesses, staff and parents of child care facilities.

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 checked="" type="checkbox"/> Improve physical health	Lower blood sugar, lower cholesterol, lower blood pressure, lower overweight and obesity, increase physical activity, lower substance use, increase treatment adherence;	Will indicate progress using the health behavior assessment which includes self-reports and biometric screening (sphygmomanometer, blood sugar meter and strips, FDA-approved cholesterol test kit etc.);

		care manager will document progress and follow up services from client's self-report and medical docs submitted; reduction in ER visits for physical health problems.
<input checked="" type="checkbox"/> Improve mental health	Increase access to services, Increase adherence to treatment, Increase use of mental and substance problems services, Increase stress management skills, improve quality of sleep; Increase community training of lay persons (businesses, childcare centers staff and parents, faith-based groups) on appropriate response to someone with substance problems;	Will indicate progress in the health behavior assessment from client's self-report and mental health docs submitted; care manager will follow up with referral agency on compliance, reduction in ER visitations for mental health related problems; Number of community members complete Mental Health First Aid certification training; increase in mental health self-care behaviors
<input type="checkbox"/> Enrich cultural experience		
<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 checked="" type="checkbox"/> Reduce substance abuse	Reduce problematic substance use; Early identification and intervention for substance use risky behaviors; Referral to substance use treatment; Increase community training of lay persons (businesses, childcare centers staff and parents) on appropriate response to someone with substance problems	Will indicate progress in the health behavior assessment from client's self-report and medical docs submitted; care manager will follow up with referral agency on compliance, reduction in ER visitations for substance use related problems; Number of community members complete Mental Health First Aid certification training.
<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 checked="" type="checkbox"/> Other (Please describe): Increase access to nutritious food	Weekly food distribution of fresh produce, protein, dairy, and healthy staples to low-income families	Increase in the number of low-income families served. Measured by the number of uninsured and low-income individuals receiving CARE services.

19. Provide the total cost of the project for FY 2020-21 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?
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1. Amount Requested from the State in this Appropriations Project Request:	70,100	84.9%	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:	12,500	15.1%	Yes
TOTAL	82,600	100%	

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

No