



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1385

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

4. **Project/Program Description**

CARE Health and Wellness Program addresses health disparities and improves health outcomes of residents in the Miami Gardens community by offering free health promotion and disease prevention services. This program focuses on both mental and physical health and substance-use services. 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; and 7) State & Federal government enrollment assistance such as Medicaid and Medicare.

5. **State Agency to receive requested funds**

State Agency contacted? Yes No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 80px;" type="text" value="70,100"/>
Fixed Capital Outlay	<input style="width: 80px;" type="text" value="000"/>
Total State Funds Requested	70,100

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 80px;" type="text" value="70100"/>	<input style="width: 60px;" type="text" value="85.0"/> %
Matching Funds		
Federal	<input style="width: 80px;" type="text" value="00"/>	<input style="width: 60px;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80px;" type="text" value="00"/>	<input style="width: 60px;" type="text" value="0"/> %
Local	<input style="width: 80px;" type="text" value="00"/>	<input style="width: 60px;" type="text" value="0"/> %
Other	<input style="width: 80px;" type="text" value="12,500"/>	<input style="width: 60px;" type="text" value="15"/> %
Total Project Costs for Fiscal Year 2020-2021	82,600	100 %

8. **Has this project previously received state funding?** Yes No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 60px;" type="text"/>	<input style="width: 60px;" type="text"/>

9. **Is future-year funding likely to be requested?** Yes No

If yes, indicate nonrecurring amount per year.



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

Spending Category	Description	Amount
Administrative Costs:		
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
Other Salary and Benefits	Provide administrative, clerical and research support to the overall program.	6,000
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs: Other		
Salary and Benefits		
Expense/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 (sphygmomanometer, blood sugar meter and strips, FDA-approved cholesterol test kit etc.); and mental health assessment tools.	29,300
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:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		70,100



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11. Program Performance

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

Studies show that African-Americans are among the most disadvantaged ethnic minority group with preventable chronic diseases (State of Florida Division of Public Health, 2018). The goal of this program is to therefore improve the quality of life of underserved and uninsured adults of Miami Gardens, a predominantly African American community 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.

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

1) Provide free and healthy food choices 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 to community businesses in responding to person with mental health and substance use problems; 5) Provide monthly health workshops by trained health professionals to promote healthy lifestyles; 6) Host annual community health & wellness fairs; and 7) Provide State & Federal government enrollment assistance such as Medicaid and Medicare.

c. What direct services will be provided to citizens by the appropriation project?

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 lifestyles; 6) Annual community health & wellness fairs; and 7) State & Federal government enrollment assistance such as Medicaid and Medicare.

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

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. The program also targets staff and parents of the 96 childcare facilities and business located in Miami Gardens.

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

Reduced health risk behaviors and symptoms and increase healthy lifestyle as measured by health assessments, care coordination follow-up, reduction in ER visits and biometric health screenings. Increase access to mental, physical health and substance use services and adherence to treatment as measured by health assessments, care coordination follow-up compliance services, reduction in ER visits, biometric screenings and enrollment in Medicaid and Medicare. Increase community training of lay persons on appropriate response to persons with mental health and substance problems as measured by number of mental health certification training. Increase access to nutritious food items as measured by number of families serves from weekly food bank distribution.

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?

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



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12. **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.**

N/A

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **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)
- d. First Name Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

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