

The Florida House of Representatives
Appropriations Project Request - Fiscal Year 2022-23
For projects meeting the definition of House Rule 5.14

1. Title of Project: Reinforce Resilience Program
2. Date of Submission: 11/15/2021
3. House Member Sponsor: Joseph Geller

4. Details of Amount Requested:

- a. Has funding been provided in a previous state budget for this activity? No
- 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 2021-22 <i>(If appropriated in 2021-22 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2022-23 <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	Recurring Base Budget	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds
Input Amounts:					409,000	409,000

- e. Provide the total cost of the project for FY 2022-23 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	409,000	71.0%	N/A
2. Federal	167,000	29.0%	Yes
3. State (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local	0	0.0%	No

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5. Other	0	0.0%	No
TOTAL	576,000	100%	

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

No

6. Which is the most appropriate state agency to place an appropriation for the issue requested? Department of Children and Families

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

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

The purpose of the Reinforce Resilience Program is to improve the mental well-being of individuals and families negatively impacted by COVID-19 by using cognitive behavioral therapy (CBT) to address mental health issues improve coping skills, and build resilience in dealing with living through a pandemic. The COVID-19 pandemic has increased stresses on individuals and families and exacerbated people's existing mental health issues.

7. Requester:

a. Name: Mark Rabinowitz

b. Organization: Miami Beach Community Health Center

c. Email: mrabinowitz@mbchc.com

d. Phone #: (305)538-8835

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

a. Name: Sorangely Menjivar

b. Organization: Miami Beach Community Health Center

c. Email: sorangelym@mbchc.com

d. Phone #: (305)538-8835

9. Registered lobbyist working to secure funding for this project.

a. Name: Kelly C. Mallette

b. Firm: Ronald L. Book PA

c. Email: kelly@rlbookpa.com

d. Phone #: (305)935-1866

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10. Organization or Name of entity receiving funds:

- a. Name: Miami Beach Community Health Center
- 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

11. What type of organization is the entity that will receive the funds?

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

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

The purpose of the Reinforce Resilience Program is to improve the mental well-being of individuals and families negatively impacted by COVID-19 by using cognitive behavioral therapy (CBT) to address mental health issues improve coping skills, and build resilience in dealing with living through a pandemic. The COVID-19 pandemic has increased stresses on individuals and families and exacerbated people's existing mental health issues.

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

Spending Category	Description	Amount Requested (Should equal 4d, Col. E) Enter "0" if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		

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Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	MBCHC is requesting one year of salary and benefits for five mental health providers.	409,000
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		409,000

14. For Fixed Capital Costs requested in Question 13, what type of ownership will the facility be under when complete?

- 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)

15. Is the project request an information technology project?

No

16. 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

a. Please Describe:

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Staff at MBCHC has seen increased need for mental health services throughout the pandemic due to issues including grief-related due loss of family members, financial stressors due to job loss, housing and food insecurity, isolation related difficulties and exacerbation of substance use disorder.

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

Yes

a. Please Describe:

According the County Health Rankings (2020), Miami-Dade County residents report an average of 4.2 “poor mental health days” in the past 30 days compared to 4.0 days for Florida overall. The COVID-19 pandemic has increased stresses on individuals and families and exacerbated people's existing mental health issues.

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

Yes

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

to address issues identified. If necessary, psychiatric evaluation and medication management services are available both in person and via telemedicine.

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

Behavioral health services (psychiatric evaluation, cognitive behavioral therapy, and medication therapy management) will be provided by qualified providers in person or via telemedicine.

c. 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)

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- 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)

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

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

19. 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 or outcome
<input type="checkbox"/> Improve physical health		
<input checked="" type="checkbox"/> Improve mental health	Improvement will be evidenced by the lessening of depression or anxiety and greater self efficacy at the post-evaluation compared to the pre-evaluation. Evaluation measurements are PHQ-9 and PHQ-A questionnaires for	The methodology to validate and quantify the outcomes is pre- and post-evaluations for depression, anxiety, and self-efficacy. These evaluations will be conducted before commencing, or at the beginning of, the treatment plan

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	depression; GAD-7 and SCARED questionnaires for anxiety; and New General Self Efficacy Scale, or SEQ-C for self-efficacy.	to determine the baseline values and periodically during the course of treatment.
<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 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		

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<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):		