

LFIR # 1480

1. Project Title	COVID-19 Mental Health &	Wellnes	s Program (CMHWP)		
2. Senate Sponsor	Shevrin Jones				
3. Date of Request	12/01/2021				
4. Project/Program De	escription				
(CHMWP). The CMI navigate the challen mental health relate marginalized and ha barrier for marginalized partnerships with local referrals for mental a	terprise, LLC (RER) successful HWP was developed to assist Mages during and post COVID-19 dissues associated with disasturd to reach groups. Additionally the populations to receive quality and wraparound services, and the demics and disasters.	Miami-Da panden ers and y, RER v ity health d Univers	ade County's margina nic. The program plac pandemics using a ci vill assess for the soon n care services. RER sities to provide ment	alized and hard to roces an emphasis or ultural and linguistical determinates of soutreach efforts al health scores, but the alth scores are second as a second although the alth scores.	each population the wide spectrum of method to engage with health which serve as a are amplified through rief consultations,
<u> </u>		Departme	ent of Children and Fa	amilies	
State Agency conta	_				
	recurring Request for Fiscal `	Voor 201)))		
	ecuiring Nequest for Fiscal	Teal 202			1
Type of Funding			Amo		-
Operations Fixed Capital Outloy				1,000,000	
Fixed Capital Outlay Total State Funds I				4 000 000	
Total State Lanas I	tequesteu			1,000,000	J
	or Fiscal Year 2022-2023 (inc	luding r	natching funds ava	, ,	-
		luding r	matching funds ava	, ,	-
7. Total Project Cost f		luding r		ilable for this proj	ect)
7. Total Project Cost f	or Fiscal Year 2022-2023 (inc	luding r	Amount	ilable for this proj	ect)
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7. Total Project Cost f Type of Funding Total State Funds R Matching Funds Federal State (excluding the	or Fiscal Year 2022-2023 (inc	luding r	Amount 1,000,000	ilable for this proj Percentage 67% 0%	ect)
7. Total Project Cost f Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other	or Fiscal Year 2022-2023 (inc	luding r	Amount 1,000,000 0 0 500,000	Percentage 67% 0% 0% 33%	ect)
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10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

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

RER Consulting Enterprise LLC received \$1,000,000 in CARES ACT Funding from Miami-Dade County for the COVID-19 Mental Health and Wellness Program to engage with marginalized and hard to reach populations.

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

Spending Category	Description	Amount		
Administrative Costs:				
Executive Director/Project Head Salary and Benefits	50% of Executive Director Salary and benefits	150,000		
Other Salary and Benefits	50% of salary and benefits for two full-time staff members	100,000		
Expense/Equipment/Travel/Supplies/ Other	100% Computers, Phones, computer applications, office supplies, printers	20,000		
Consultants/Contracted Services/Study	100% of training staff and volunteers	30,000		
Operational Costs: Other				
Salary and Benefits	100% of 6 staff people	200,000		
Expense/Equipment/Travel/Supplies/ Other	Flights, taxis, tools, travel reimbursement for staff, rental or purchase of vehicles for outreach purposes.	150,000		
Consultants/Contracted Services/Study	30% Research consultant, 20% marketing consultant, 10% PR Consultant, 40% Project management consultant.	350,000		
Fixed Capital Construction/Major Renovation:				
Construction/Renovation/Land/ Planning Engineering		0		
Total State Funds Requested (must equal total from question #6)				

12. Program Performance

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

Assessing whether marginalized and hard to reach residents have been tested for COVID-19, participated in contact tracing, and received COVID vaccinations. Increasing the number of people engaged in these activities who have been reluctant or mistrustful of receiving mental health and health care services.

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

Data collection within these vulnerable populations can provide key data to local municipalities which would allow them (local municipalities) to better serve marginalized and hard to reach populations within their boundaries, aiding the municipalities to engage hard to reach populations with COVID-19 Testing, Contact Tracing, and COVID-19 vaccinations.

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

Engaging marginalized or hard to reach populations to assess how they were affected by the Covid-19 Virus, encouraging this population to be tested and take part in contact tracing and vaccination efforts.

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

Engaging marginalized and hard to reach populations through cultural and linguistically competent marketing with trusted partners. Mental Health and Wellness Modules provided by University experts. Linkage to Mental Health and Environmental services via Care Coordination Team. RER Consulting Enterprise LLC estimates it can effectively reach approximately 20,000 marginalized and hard to reach community members within the African American, Black, Hispanic, and Anglo populations.



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

RER Consulting will conduct the following services to citizens to fulfill the key performance indicators of the appropriation project:

- -Administering Surveys
- -Mental Health and Wellness Modules
- -Mental Health Consultations and referrals
- -Environmental assessments and referrals
- -Contact Tracing
- -Promote COVID-19 Testing and Vaccination
- 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?

The standard contract penalties of the state agency should be sufficiently adequate for this project.

13. 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



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14. Requ	estor Contac	t Informat	ion				
a. Fi	rst Name	Ruban		Last Name	Roberts		
b. O	ganization	RER Con	sulting Enterpris	e LLC			
c. E-	mail Address	r.roberts@	@rer-consulting.c	om			
d. Pł	one Number	(305)343	-7971	Ext.			
15. Reci	pient Contact	Information	on				
a. Oı	ganization	RER Con	sulting Enterpris	e LLC			
b. M	b. Municipality and County Miami-Dade						
c. Or	ganization Ty	ре					
⊠F	or Profit Entity						
	□Non Profit 501(c)(3)						
	□Non Profit 501(c)(4)						
	□Local Entity						
□١	□University or College						
	□Other (please specify)						
d. Fi	rst Name	Ruban		Last Name	Roberts		
e. E-	mail Address	r.roberts@rer-consulting.com					
f. Ph	one Number						
16. Lobbyist Contact Information							
a. Na	ıme	None					
b. Fi	rm Name	None					
c. E-	mail Address						
d. Pł	one Number						