



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2951

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

**4. Project/Program Description**

South Florida Home Health Workforce Development Program enhances the recruitment, training and job placement of currently unemployed or under-employed individuals interested in entering the field of home health and long term care by providing them with the necessary skills to ensure that care giving tasks provided to disabled and older adults ages 60+ help seniors to live safely in home settings or long-term care facilities. United Home Care Services is a non-profit 501(c)(3) home and community care organization in South Florida. This fast-track Program will serve (200) individuals providing Home Health Aide training at NO COST to participants and employment placement. Participants will receive a \$600 learning stipend upon completing the Program. This workforce initiative addresses a home health aide workforce shortage to help meet the care needs of South Florida's growing older adult population. The job outlook for Home Health Aide employment is expected to grow 25% from 2021-2031.

5. **State Agency to receive requested funds**
- State Agency contacted?**

**6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024**

Type of Funding	Amount
Operations	220,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>220,000</b>

**7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	220,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>220,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future funding likely to be requested?**
- a. **If yes, indicate nonrecurring amount per year.**
- b. **Describe the source of funding that can be used in lieu of state funding.**
- State Funds will be leveraged to draw Community Foundation matching funds.



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10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

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

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

Planning     Design     Construction

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List 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.

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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	The Program will be provided by a licensed Registered Nurse. The cost of Training is: \$500 pp x 200 Home Health Aides = \$100,000	100,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	HHA trainees will receive a Learning Stipend of six-hundred dollars (\$600) per person after completing the classroom training: \$600 pp x 200 Home Health Aides = 120,000	120,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>220,000</b>

14. Program Performance

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



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The Proposed the Program would be administered by United HomeCare, a Florida legislative designated home and community-based care teaching agency (F.S. 430.81) under the learn-n- work initiative which is designed to train individuals without previous home health experience to enter the home health industry and transfer the learned skills with employment anywhere in Florida. This Program will address staffing shortages that home health providers in South Florida have experienced for nearly a decade only to be exacerbated in the last two years by the COVID-19 pandemic. At the national level the staffing turnover in the home health industry is documented at 65% percent (2021 NAHC Data Point: Caregiver Turnover).

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

The proposed Program will provide ACHA Level II background screening ensuring that participants meet the requirements to work with the disabled and older adult population. Additionally, participants in the Program will receive home health training from a licensed Registered Nurse. To ease the burden of cost this Program will provide all their didactic materials, books and supplies. For recruitment of participants, the South Florida Home Health Workforce Development Program will conduct community outreach via presentations at churches, job fairs, local non-profits, through social media and posting in classified job publications.

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

Direct services to be provided include home health, basic life support/CPR training plus on-the-job training. Additionally, participants will receive job placement assistance and a Learning Stipend of six-hundred dollars (\$600) will be provided to them upon completion of the Program. Participants will obtain Home Health Aide Documentation which is portable for employment in a licensed Medicaid / Medicare Agency in the State of Florida.

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

South Florida Home Health Workforce Development Program will serve 200 individuals. The target population is unemployed or underemployed individuals ages 18 plus seeking training and job placement assistance in the field of home health and long term care. The Program will provide them with the necessary skills to ensure that care giving tasks provided to disabled and older adults are safely delivered in the comfort of a home settings or long term care facility.

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

The expected outcome of this Program is increased availability of Home Health Aides ready to serve as caregivers for the growing older adult population of South Florida. Participants will gain meaningful employment and quality training at NO COST to them, and gain the necessary skills to serve the home health needs of the community. The Program with an estimated annual legislative investment of \$220,000 is expected to train and empower individuals to secure gainful employment in the home health and long term care industry. The methodology by which the outcomes will be measured is via Pre and Post Surveys of individuals recruited, trained and having gained successful employment placement.

**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 Program will only draw funds per participant completion of the Program. No funds will be drawn in advance. As a penalty, the Program will provide a closing report documenting best practices for Program effectiveness with insights of the challenges facing the Home Health Aide workforce. This document can serve as a benchmark for future program implementation readiness.

**15. Requester Contact Information**

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

**16. Recipient Contact Information**



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**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**

**17. Lobbyist Contact Information**

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**