

LFIR # 1409

- Project Title
   JFCS Holocaust Survivor Support Services
- 2. Senate Sponsor Aaron Bean
- 3. Date of Request 11/26/2019

### 4. Project/Program Description

JFCS will provide culturally-sensitive, individualized support services to approximately 100 aging Holocaust Survivors in Duval, St. Johns and Flagler counties. Services (financial assistance, medication assistance, care management and relaxation exercises) will help meet the basic needs of Survivors living in poverty, improve physical and mental health and wellness, thereby helping Survivors maintain their ability to live independently and avoid premature institutionalization.

5. State Agency to receive requested funds

Department of Elder Affairs

State Agency contacted? O Yes 

No

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

Type of Funding	Amount
Operations	325,000
Fixed Capital Outlay	000
Total State Funds Requested	325,000

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)	325000	100.0 %
Matching Funds		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	00	0 %
Other	00	0 %
Total Project Costs for Fiscal Year 2020-2021	325,000	100 %

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

If yes, provide the most recent instance:

Fiscal Year	Amo	ount	Specific	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	Vetoed

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

If yes, indicate nonrecurring amount per year.

325,000



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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	Supervision.	8,500		
Other Salary and Benefits				
Expense/Equipment/ Travel/Supplies/Other	Administrative support for the program.	17,500		
Consultants/Contracted Services/Study				
<b>Operational Costs: Oth</b>	er			
Salary and Benefits	Three full-time care managers to provide case management services to Survivors. The requested amount represents salaries, benefits and taxes.	108,820		
Expense/Equipment/ Travel/Supplies/Other	Emergency financial assistance to Survivors (rent, mortgage, utilities, health-related/medication expenses, other critical needs, mental health support, etc.) Office supplies, cell phones (3), laptops (3).	190,180		
Consultants/Contracted Services/Study				
Fixed Capital Construction/Major Renovation:				
Construction/Renovation/ Land/Planning Engineering				
Total State Funds Re	equested (must equal total from question #6)	325,000		



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#### 11. Program Performance

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

JFCS will help low-income aging Holocaust Survivors meet their basic needs and improve their physical and mental health and wellness, thereby, helping them maintain their ability to live independently and avoid premature institutionalization.

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

Three geriatric care managers will provide culturally responsive, trauma-informed case management, assessment and coordination of services/resources to Survivors. Care managers will ensure Survivors have basic needs met (housing, utilities, food, prescriptions, health care) through the provision of emergency financial assistance and medication assistance and home-delivered food (funded outside of this request). To meet linguistic needs of Survivors, one care manager will speak Russian.

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

Citizens will receive case management visits and phone check-ins from their care manager, beginning/ending each session with a relaxation/mindfulness exercise. Services will consist of ongoing assessment, referral and coordination of resources. Survivors will also receive help, as needed, with medication costs, emergency financial assistance (rent/mortgage, utilities, other critical needs) and home-delivered food from the local food bank and local grocers.

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

Approximately 100 aging Holocaust Survivors in Duval, St. Johns and Flagler counties will be served. Over 60% live at/below the federal poverty level. The majority are Russian. Many struggle with dementia, cognitive decline, PTSD and health problems brought about by starvation and treatment during the Holocaust. The challenges of aging are intensified for Holocaust Survivors; normal life cycle changes can reignite painful memories and flashbacks and retraumatization.

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

The benefit of this program will be to expand the support network for aging Survivors by providing them access to in-home, wraparound services that meet their basic needs and mental health needs. In most instances, JFCS is the sole social service/in-home provider working with these vulnerable individuals. We will enter assessment and service plan data into eCR, our electronic client records system, pulling evaluative reports on a regular basis to ensure visits are conducted in a timely manner and that clients are meeting their service plan goals.

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?

JFCS will respond to any and all corrective action items noted. The Director of Grants & Compliance will work closely with the Director of Jewish Services to ensure that the agency abides by all contractual, regulatory, and accreditation requirements in the provision of services.



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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.

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Re	ecipient Contact	Information			
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c.	Organization Typ	De			
	O For-profit E	ntity			
	O Non-Profit &	501(c) (3)			
	O Non-Profit 8	501(c) (4)			
	O Local Entity	,			
	<ul> <li>University c</li> </ul>	or College			
	<ul> <li>Other (plea</li> </ul>	se specify)Non Profit 501(c) (3)			
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