



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1768

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

## 4. Project/Program Description

Community Rehabilitation Center stands at the forefront at the challenge of meeting the inflection point where those with the most immediate and greatest need in our community join with immediate, daily critical life care needs and a general gap in necessities. CRC plans to use the proposed funding in multifaceted ways. First, the organization would like to increase the number of individuals in treatment. We resolve to engage previous treatment client treatment and realign them toward a path of successful reintegration into society. We wish to strengthen current health and substance abuse capacity by integrating a peer navigator approach to link opioid abusing, young, minority adults through behavioral realignment, prevention education and social service support. Our intent is to engage with community initiatives and resources with evidence based services to pragmatically address traumatic events and provide a structured system of care.

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

## 6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022

Type of Funding	Amount
Operations	183,950
Fixed Capital Outlay	16,050
<b>Total State Funds Requested</b>	<b>200,000</b>

## 7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	200,000	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 2021-2022</b>	<b>200,000</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.

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



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Yes

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

Community Rehabilitation Center, Inc., applied for and received a Paycheck Protection Program Loan for approximate \$320,000 in order to preserve jobs at our local facility. Due to the assistance we maintained a full staff to provide critical-care services to the undeserved population who depends on us every day.

#### 11. 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	Project Head will provide administrative oversight to the project. Administrative cost allowance of 8% of the total funding will be expended for the year. Project Head's salary and benefits will be frayed with 4% of the administrative cost allocation.	16,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	The remaining 4% will be used to fray administration costs such as telephone, space allocation, utilities and insurance.	8,000
Consultants/Contracted Services/Study	Physician	33,000
<b>Operational Costs: Other</b>		
Salary and Benefits	Project Coordinate/LHNC/CPR - Salary: \$41,250, Benefits: \$8,662 Substance Abuse Counselor - Salary: \$20,500, Benefits: \$4,395 Mental Health Counselor - Salary: \$20,500, Benefits: \$4,395 Case Manager - Salary: \$22,500, Benefits: \$4,748	126,950
Expense/Equipment/Travel/Supplies/Other	Computer/Laptops: \$1,800 Office Supplies: \$1,250 Local Travel: \$1,000 Rent: \$12,000 Other: \$1,000	16,050
Consultants/Contracted Services/Study		0
<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>200,000</b>

#### 12. Program Performance

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

The main objective of a successful program would be to engage with stakeholders, our population and members of the community to achieve stability for those we service through the implementation of wraparound services based on a tiered approach defining our most critical needs. Based upon our objectives for this program, a successful client profile would include improved physical health via medical evaluation by a physician and actionable items to improve expected health outcomes, improved mental health through psychiatric evaluation, and an integrated treatment plan, medication management plan as needed and reevaluations to determine progress and adjust the psychiatric profile as necessary, and to increase or create client stability enabling individuals to become self-sustaining through proper treatment and gainful employment, and to reduce or eliminate substance abuse through treatment and after care recidivism prevention, achieved through a psychosocial treatment plan.

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



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Clients engage in the program will be assigned to the medical and mental health team to receive medical, psychiatric and competency evaluations, controlled substance dependency determination and consistent reevaluation in order to generate health performance benchmarks. We will also provide long-term blueprints for successful societal reintegration and medication management plans to achieve the same.

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

Without proper treatment, the population we serve will suffer with depression, erratic behavior and most likely persistently increasing negative outcomes for the lives of those involved – particularly in areas of social interaction, and general public behavior. Without being addressed, this would most likely pose a public safety issue to those with mental illness as well as those in their immediate circles and surrounding areas. By providing these critical services we are able to serve as a safety-net provider to decrease incidents that result in public nuisance and public safety risks, and free up state and municipal services and staff to be engaged on other areas of community benefit and public safety.

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

We intend to serve those with persistent mental illness, substance abuse and justice involved youth and minorities. We also intend to serve the indigent senior population and those in need of consistent, structured outpatient care. We expect to serve 51-100 individuals at a minimum.

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

The clear expectation is to improve the lives of individuals who otherwise would not be able to seek assistance to address permanent and chronic mental health and substance abuse issues through traditional channels. We intend to use traditional methodologies based upon empirical and evidence based evaluations to determine the appropriate continuum of care for each individual. Treatment plans will be tailored to the individual needs of each client.

**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 suggested penalty for failing to meet deliverables or performance measures would be to review the current proposal, address barriers and implement a plan of action that would rectify the deficiencies within a given time period or incur a reduction in funding.

**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. Requestor Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 15. 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

#### 16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number