



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 1299

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Arc Nature Coast has under its umbrella, nine group homes and five day services programs in three counties. We serve vulnerable adults with intellectual disabilities. These adults receive important life, vocational, and community based skills. The Arc Nature Coast uses Person Centered Planning to assist in planning educational opportunities, exposure to activities, and a variety of experience for individuals meeting their goals. Our group homes provide vital housing for aging residents. The aging segment of this population is growing significantly.

A preeminent challenge for this population is providing quality housing and day services that allow an individual to age in place, rather than be moved from program to program and living arrangement to living arrangement, as their capacities diminish and their needs increase. Towards that end the addition of a nurse on our staff and a contracted behavior specialist will greatly help and enhance our services.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

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

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	220,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2022-2023	220,000	100%

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.



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Portions of behavioral and nursing service rate enhancements can provide future support. However, we first have to have these services in place and certified for provision, before we can market and offer the services. That is why we are seeking seed money to establish the services. We estimate that these services could be self-sustaining after three (3) years of support.

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

Yes

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

CARES Act:

1. PPP Loan 1, Payroll costs to maintain residential services, \$752,308
2. PPP Loan 2, Payroll costs to maintain residential and re-open day services, \$706,022
3. Provider Relief Funds, HCBS revenue replacement, \$96,828
4. County CARES Act (Pasco & Hernando), electrostatic sprayers, custodial labor, solutions, PPE, and transportation supplement, \$74,053

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	None	0
Other Salary and Benefits	None	0
Expense/Equipment/Travel/Supplies/Other	None	0
Consultants/Contracted Services/Study	None	0
Operational Costs: Other		
Salary and Benefits	Nurse, RN - \$75,000 base salary \$20,000 benefits	95,000
Expense/Equipment/Travel/Supplies/Other	Staff Training - \$15,000 Travel - \$10,000 Equipment - \$15,000 Supplies - \$10,000	50,000
Consultants/Contracted Services/Study	Behavioral Therapist - Contract fees \$75,000	75,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		220,000

12. Program Performance

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

The funding requested will provide us with seed funds to add nursing and behavioral positions to our employee roster. These supports will provide medical, nutritional, and behavioral support to both customers and staff specifically designed to address the long term comprehensive needs of individuals with severe intellectual and developmental disabilities and those experiencing aging related challenges. The support of changing medical, nutritional, and behavioral needs is a critical feature in our ability to provide a constant and consistent, future oriented continuum of services.

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

Activities and services provided include but are not limited to; staff training in medical care and support, staff training for behavioral strategies and interventions to increase the safety and well-being of customers in their care, nutritional supports and training for both staff and customers, and immediate medical care and oversight for our customers.



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

This appropriation project will provide funding to enhance both the services and provision of care to our customers. As our population ages and their needs grow and evolve, the ability to provide more direct medical and nutritional care and oversight will assist us as an organization to add to our continuum of care. Services that previously required off site and contracted care will be at the customer's disposal in a more personal and immediate manner.

Contracted behavioral supports allow our organization to provide a safe and nurturing environment that is individually tailored to meet the needs of the customers we serve. This service will also be specific to the personality of each customer as well as the staff and home he/she resides in. As our customers age, their behavioral needs can change and intensify. This funding will allow them to remain in their current and familiar home setting for a longer period of time.

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

The target population for this project are adults with severe intellectual and developmental disabilities that we serve in a home or day services environment. They include those customers that reside in our homes as well as those in our community. The communities include Pasco, Hernando, and Sumter Counties. At this time The Arc Nature Coast serves approximately 300 individuals and employs over 125 staff. The Arc Nature Coast also employs approximately 85 individuals in crew work in the community.

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

The expected benefit for our customers is a more diverse continuum of services that results in the provision of in-house medical, nutritional, and behavioral care. While this is somewhat subjective in nature and the full array of services provided is challenging to state, the ultimate outcome for our customers is the ability to remain in the care of their home and day service environment for a longer period of time resulting in less moves.

The methodology for measurement includes a comparison of length of stay as well as a detailed description of those services provided in house vs previously requiring external/outside delivery.

The expected benefits for our employees that work to provide safe and nurturing care for our customers are an enhanced training program that details more behavioral strategies to de-escalate or prevent behaviors, an enhanced understanding of the needs and disabilities of the customers we serve, and a support system that is accessible and responsive.

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?

In the case of unmet deliverables or costs that are below what is budgeted, unused appropriated state funding will revert back to the state or be deferred to future contract periods if appropriate.

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.

This request does not include any fixed capital outlay.



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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