

LFIR # 3713

1. Project Title	Project Life Stream	
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2. Senate Sponsor Darryl Rouson

**3. Date of Request** 01/29/2024

#### 4. Project/Program Description

Project Life Stream is a community-based comprehensive behavioral health care coordination program targeting adults with mental health needs. The specific purpose of the program is to provide a holistic approach to servicing adults with critical and persistent mental illnesses. Project Life Stream uses a coordinated strategic care clinical case management model which integrates the values of community services, family support, appropriate treatment interventions and community partnerships in achieving successful outcomes.

#### 5. State Agency to receive requested funds

Department of Children and Families

State Agency contacted? Yes

#### 6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	500,000
Fixed Capital Outlay	0
Total State Funds Requested	500,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage	
Total State Funds Requested (from question #6)	500,000	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 2024-2025	500,000	100%	

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

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

#### 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?

No

No



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?

O Planning

Construction

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

🔘 Design

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.

🔘 N/A

No

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	1. The Executive Director will provide fiscal oversight of the project. Additional duties will include collaborating with the Quality Improvement Director and program leadership team for implementation program strategic plan goals and ensuring compliance with state and agency required standards. The salary and benefits are estimated at 10%: Salary @ .10 =\$9,500, Benefits @ .10 = \$950	10,450
Other Salary and Benefits	<ol> <li>Human Resources Director @ 15% will provide oversight of program staff development, coordinate required training, ensure staff credentialing, and provide general HR support to program.</li> <li>Salary @ .15 = \$ 9,000 - Benefits @ 15. = \$1,635</li> <li>Director of Finance @ 15%, will provide oversight of the program budget and perform appropriate financial functions related to program funding.</li> <li>Salary @ .15 = \$9,750- Benefits @ .15 = \$1,750</li> <li>Director of Quality Improvement and Compliance @ 15% will measure</li> </ol>	32,750
Expense/Equipment/Travel/Supplies/ Other	Project expenses will include business travel to meetings, insurance coverage, communication devices and occupancy cost, estimated @ 15% for shared cost.	
Consultants/Contracted Services/Study	IT Consultant @ 15%, will provide technical support, training and implementation of IT systems for program documenting, communicating and reporting.	9,000



# The Florida Senate Local Funding Initiative Request

### Fiscal Year 2024-2025

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Salary and Benefits	<ol> <li>Clinical Director @33 % will oversee the clinical operations and program management .Salary &amp; Benefits= \$31,270</li> <li>Project Director @ 100% will provide direct supervision of staff and oversight of program activities Salary &amp; Benefits =\$64,900</li> <li>Outreach, Intake and SOAR Coordinator @50%. will provide provide outreach, initiate Intake process and assist with applications for Social Security enrollment .Salary &amp; Benefits @50%= \$27,140</li> <li>Housing Case Manager @ 1 FTE will coordinate housin</li> </ol>	304,750
Expense/Equipment/Travel/Supplies/ Other	<ol> <li>Project expenses for project staff include laptops , cell phones , office supplies, clients consumable supplies, printers, and cameras = \$41,500</li> <li>Staff travel to client homes, community resources and program related meetings = \$4,300</li> <li>Client Emergency Rent Subsidy = \$8,000</li> </ol>	53,800
Consultants/Contracted Services/Study	1.Electronic Health Record (EHR)@ 33% of Costs= \$18,000 2. Transportation =\$ 3,000 3. Vocational Counselor and Employment Specialist \$32,250	53,250
Fixed Capital Construction/Majo	or Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	nust equal total from question #6)	500,000

#### 14. Program Performance

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

Project Life Stream is a community-based behavioral health care coordination program targeting adults with chronic mental health issues. The specific purpose of the program is to provide a holistic approach to servicing adults with critical and persistent mental illnesses. This approach provides an emphasis on strategic are planning. The primary goal of Project Life Stream is to improve the health, wellness and quality of life for individuals with mental health disorders.

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

Program activities include:

• Developing a functional and needs assessment to use as a tool for completing an individual service plan of goals to accomplish for successful outcomes .

- Coordinating support service and linking individuals with appropriate resources for positive functional development.
- Assisting with obtaining and maintaining suitable and affordable housing.
- Enhancing employability skills , coordinating vocational training and accessing supported employment resources.
- B. These activities are designed to assist clients with:
- Maintaining their mental well-being and improving their quality of life.
- Obtaining optimum health and improving functioning skills
- Economic sufficiency and employability skills.

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

The goal of improving the health, wellness and quality of life of individuals served can be achieved by:

• Completing a functional assessment to use as a tool for developing an individualize service plan.

• Ensure linking, coordinating, and assisting individuals with appropriate support to include housing resources, economic benefits, primary healthcare, and employment opportunities.

• Assisting with applying for Social Security Benefits and Food Stamps (if applicable)

• Providing supported employment to assist clients in developing employability skills, researching employment opportunities, and support with successful work performance.

Linking clients in need of stable housing to housing resources and providing emergency housing assistance

• Coordinating treatment intervention such as therapy, medical case management and medication management is recommended for recovery and positive development.

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



The target population that will be served are adults (age 18 years and older) with mental health disorders and/or cooccurring mental health and substance abuse problems. These individuals are often disadvantaged due to a lack of community integration, knowledge of available resources, and diminished social skills. These factors diminish the quality of life of the individual and hinder their overall mental health. The project seeks to serve 200 individuals.

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

#### be measured?

- A. The expected benefits and outcomes are:
- 1. Increase mental health and support services for individuals in the service community.
- 2. Reduce the number of involuntary admissions and incarcerations of individuals served.
- 3. Enhance economic sufficiency, reduce evictions and homelessness of individuals served
- 4. Improve vocational skills and employment opportunities of individuals served .
- B. The methodology by which these outcomes will be measured are :

1. Tracking the number of individual admissions who have received continuous program services during the year.

- 2. Measuring the number if involuntary admissions
- 3. Measuring the number of individuals served who have successfully enrolled and received community support, Social Security and other monetary benefits to improve self sufficiency and stability.

4. Track the number of individuals who have received vocational rehabilitation support services and who have become employed .

#### 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 penalties that the contracting agency may consider for failing to meet deliverables or performance measures is a reduction in the funding allocation and prorate reimbursement for approved services provided.

#### **15. Requester Contact Information**

a. First Name	Reginald	Last Name	Gaffney
b. Organization	Community Rehabilitation	Center, Inc.	
c. E-mail Address	rgaffney@communityreha	bcenter.org	
d. Phone Number	(904)660-2600	Ext.	

#### **16. Recipient Contact Information**

a. Organization	Community Rehabilitation Center, Inc.	

b. Municipality and County Duval

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#### 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 Rowe



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e. E-mail Address Irow	ve@communityrehabcenter.org
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Leeann Meredith Krieg

**f. Phone Number** (904)660-2600

(004)660,2600

#### 17. Lobbyist Contact Information

a. Name

b. Firm Name GrayRobinson PA

c. E-mail Address leeann.krieg@gray-robinson.com

**d. Phone Number** (904)598-9929