

LFIR # 1486

1.	Project Title	The Holistic Plan	of Care, Inc.				
2.	Senate Sponsor	Corey Simon					
3.	Date of Request	11/13/2025					
4.	Project/Program D	escription					
	individuals who are services needed for management, grief a	struggling with alcor clients that are stru- and loss, and/or par	nol, drug, and menta ggling with mental h enting challenges. (Abuse and Mental Hall health challenges. It is also that health challenges, subsur goal is to use the na holistic approach.	Our goal is to provious of the contract of the	de the wrap around rders, anger	
5.	State Agency to re	ceive requested fu	nds Departme	ent of Children and Fa	amilies		
	State Agency conta	acted? Yes					
	Amount of the Non		for Fiscal Year 202	26-2027			
	Type of Funding			Amo	unt		
	Operating				225,000		
	Fixed Capital Outlay	У					
	Total State Funds	Requested		225,000			
_	.						
7.	lotal Project Cost f	for Fiscal Year 2020	6-2027 (including r	natching funds avai	lable for this proje	ect)	
7.	Type of Funding			Amount	lable for this proje	ect)	
7.	Type of Funding Total State Funds R	Requested (from que		-		ect)	
7.	Type of Funding Total State Funds R Matching Funds			Amount 225,000	Percentage 100%	ect)	
7.	Type of Funding Total State Funds R Matching Funds Federal	Requested (from que	stion #6)	Amount 225,000	Percentage 100% 0%	ect)	
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10.	Status of Const	truction					
	a. What is the cu	urrent phase of t	he project?				
	Planning	O Design	Construction	O N/A			
	b. Is the project	"shovel ready"	(i.e permitted)?				
	c. What is the es	stimated start da	te of construction?				
	d. What is the estimated completion date of construction?						
	. What funding stream will be used for ongoing operations and maintenance of the project?						
11			o receive, directly or rs of the facility and			ital outlay funding	. Include the

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

Spending Category	Description	Amount			
Administrative Costs:					
Executive Director/Project Head Salary and Benefits	Executive Director to monitor and execute services	45,000			
Other Salary and Benefits	2 Mental Health Specialists	25,000			
Expense/Equipment/Travel/Supplies/ Other	Leon County Building with contingencies of construction and outpatient treatment at 113 South Monroe St; Tallahassee, FL 32301; 115-B East Drew St', Perry, FL 32347; 116 North Madison St; Quincy, FL 32351; 760 East Washington St, Monticello, FL 32344; 347 SW Ray Charles Avenue; Greenville, FL, 32331	25,000			
Consultants/Contracted Services/Study	2 Substance Abuse Counselors to handle the clientele referred by the North Florida DUI Program, Judicial System, Department of Corrections, Department of Juvenile Justice, Leon County Probation and Pretrial, State Attorney's Office, etc.	75,000			
Operational Costs					
Salary and Benefits	4 Intake Specialists to assist counselors and Executive Director	40,000			
Expense/Equipment/Travel/Supplies/ Other	An ongoing educational component for this clientele and to provide the necessary materials/workbooks, tools and supplies. To help assist them with self care such as vouchers etc. In the rural areas, transportation is a barrier for this clientele.	15,000			
Consultants/Contracted Services/Study		0			
Fixed Capital Construction/Major Renovation:					
Construction/Renovation/Land/ Planning Engineering		0			
Total State Funds Requested (must equal total from question #6) 225					

13. Program Performance

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



☐ No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:

The Florida Senate Local Funding Initiative Request Fiscal Year 2026-2027

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The HPOC Program is a non-profit 501(c)3 Substance Abuse, Mental Health Outpatient Treatment Program. Majority population are struggling with alcoholic/drug/ & mental health. Our goal is to provide the wrap around services needed for clients that are struggling with mental challenges, substance abuse disorders, anger management and parenting. Our goal to use these funds to reduce ricidivism and provide the counseling needed for this clientele serving from a holistic approach.

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

Intake, Orientation, Iindividual Sessions, Group Sessions, Psychosocial Assessments, Initial Service Treatment, Individual Treatment Plans, Lifeskills, Educational Materials, Referrals, and Workbooks.

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

Substance Use Disorder Counseling, Mental Health Counseling, Anger Management Counseling, Grief & Loss Counseling, Parenting Counseling, Individual and Group Sessions.

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

The target population consists of elderly persons, person with poor mental health, jobless persons, at risk youth, drug users, currently and formerly incarcerated persons, drug offenders and victims of crime. Between 400 - 800 individuals to be served.

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

Reduction in Criminal Activity; How it Protects the Public: Reduces the risk of substance-related crimes by addressing addiction & mental health challenges. Provides participants with anger management and conflict resolution skills, decreasing violent behavior. Metrics: Reduction in arrests, enforcement for substance related offenses; Method of Measurement: Monitor participant arrest records in partnership with local law enforcement, pre & post program assessments on aggression and behavioral risks. Public Safety through Reduced Recidivism.

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?

	No	specific penalties identified.				
14.	ls th	nis project related to mitigation, response, or recovery from a natural disaster?				
i	a. If `	Yes, what phase best describes the project?				
		Mitigation (reducing or eliminating potential loss of life or property)				
		Response (addressing the immediate and short-term effects of a natural disaster)				
		Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)				
	b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):					
15.	Has	the entity applied for or received federal assistance for this project?				
	□ Y	es, Applied				
	□ Y	es, Received				
		lo				



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b. Provide the total	I project cost listed on th	ne FEMA proj	ect worksheet:	
Has the entity app	olied for or received state	e assistance	for this project (other tha	ın this request)
☐ Yes, Applied				
☐ Yes, Received				
□ No				
☐ No, but intends to	o apply			
a. If yes, specify the Commerce):	e program and state age	ency (ex. Loca	al Government Emergend	cy Bridge Loar
. Requester Contact a. First Name	t Information Barbara	Last Name	Thomas-Reddick]
b. Organization	The Holistic Plan of Care		Themae Reddien	
_	holisticplanofcare@gmai			
d. Phone Number	(850)404-3139	Ext.		
Recipient Contact a. Organization	Information The Holistic Plan of Care	e, Inc.		
b. Municipality and	d County Leon			
c. Organization Ty	pe			
□For Profit Entity				
☑Non Profit 501(c	c)(3)			
□Non Profit 501(d	c)(4)			
□Local Entity				
□University or Co	ollege			
□Other (please sp	pecify)			
d. First Name	Barbara	Last Name	Thomas Reddick	
e. E-mail Address	holisticplanofcare@gmai	l.com		
f. Phone Number	(850)201-7105	Ext.		



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b. Firm Name	Shumaker Advisors Florida, LLC	
c. E-mail Address	nlowe@shumakeradvisors.com	
d. Phone Number	(850)661-4256	

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.