

The Florida Senate **Local Funding Initiative Request**

Fiscal Year 2022-2023

LFIR # 1581

1. Project Title	Jewish Family & Community Services, Inc. Holocaust Survivor Support Services			
2. Senate Sponsor	Jennifer Bradley			
3. Date of Request	11/28/2021			

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, and care management) 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 rec	uested funds	Department of Elder Affairs
State Agency contacted?	Yes	

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

Type of Funding	Amount
Operations	250,000
Fixed Capital Outlay	0
Total State Funds Requested	250,000

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)	250,000	14%	
Matching Funds			
Federal	0	0%	
State (excluding the amount of this request)	0	0%	
Local	220,500	12%	
Other	1,354,702	74%	
Total Project Costs for Fiscal Year 2022-2023	1,825,202	100%	

8. Has this project previously received state funding?

Fiscal Year	Amount		Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
2020-21	0	250,000	400	No	

2020-21	O	230,000	400	INO
9. Is future funding li	kely to be requested?	Υ	es	
a. If yes, indicate r	nonrecurring amount per	year. 2	50,000	

b. Describe the source of funding that can be used in lieu of state funding.

We do not have access to a specific source of funding to support the activities described in this request. The Claims Conference funds are designated for home care services only, not for the services or expenses related to this request.

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

Yes



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Yes

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

JFCS received a PPP loan for \$1,636,000 to cover personnel expenses, rent and utilities and received \$75,000 in Phase 37/Emergency Food & Shelter Program and CARES Act Funds to provide rental and utility assistance to the community due to COVID-19. JFCS received \$9,850,000 (ending 10/31/21) from the Department of Treasury for the Emergency Rental Assistance Program. Lead by United Way of NE Florida, JFCS provided COVID-19 eviction-relief assistance to the community.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Administrative support for the program	21,056
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Two full-time geriatric care managers to provide case management services to Survivors. Total represents salaries, payroll taxes and benefits.	96,364
Expense/Equipment/Travel/Supplies/ Other	Emergency financial assistance to Survivors (rent, mortgage, utilities, health-related/medication expenses, other critical needs, food, etc.), office supplies, cell phones (2) and travel - mileage. Although we receive a substantial amount of funds from the Claims Conference, those funds are designated for home care services only, and not for any services or expenses related to this request.	132,580
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	250,000

12. Program Performance

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

JFCS will provide culturally-relevant support to 100 aging Holocaust Survivors living in poverty in Duval, St. Johns and Flagler counties. Financial assistance, health-related/medication assistance and care management will help meet basic needs, improve physical and mental health/wellness, helping Survivors maintain independence and avoid premature institutionalization. Appropriations funds for care manager salaries in 2020-21allowed JFCS to leverage dollars to hire an occupational therapist to strengthen services to isolated, frail survivors.

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

Two geriatric care managers will provide culturally responsive case management, assessment and coordination of services/resources to Survivors. Care managers will ensure Survivors meet basic needs (housing, utilities, food, prescriptions, health care) through the provision of emergency financial assistance and medication assistance and homedelivered food. To meet linguistic needs of Survivors, one care manager speaks Russian.

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



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Citizens will receive case management visits and phone check-ins from their care manager. 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 basic needs), home-delivered meals and access to fresh fruits and vegetables.

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. Sixty-five (65%) 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?

JFCS will expand the support network for aging Survivors by providing access to in-home wraparound services to 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 EHR system), pulling evaluative reports regularly. We expect 80% of Survivors will remain independent / not institutionalized; 75% of Survivors will improve and/or maintain their mental health as measured by pre and post depression screening and 100% of Survivors will receive culturally-relevant, trauma-informed services designed to meet their religious and linguistic needs.

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?

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.

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	Informat	ion					
	a. First Name	Hilary		Last Name	Bettman			
	b. Organization	Jewish Fa	lewish Family & Community Services, Inc.					
	c. E-mail Address	hbettman	bettman@jfcsjax.org					
	d. Phone Number	(904)394	904)394-5722 Ext.					
15	15. Recipient Contact Information							
	a. Organization	Jewish Fa	amily & Commun	ity Services,	Inc.			
	b. Municipality and	l County	Duval					
	c. Organization Ty	ре						
	□For Profit Entity							
	☑Non Profit 501(c	:)(3)						
	□Non Profit 501(c	·)(4)						
	□Local Entity							
	□University or Co	llege						
	□Other (please sp	ecify)						
	d. First Name	Hilary		Last Name	Bettman			
	e. E-mail Address							
	f. Phone Number							
16	16. Lobbyist Contact Information							
	a. Name	None						
	b. Firm Name	None						
	c. E-mail Address							
	d. Phone Number							