



PROGRAM DESCRIPTION

NETWORK PROVIDER PROGRAM DESCRIPTION

The network provider shall prepare and submit the following proposed Program Description to Central Florida Cares Health System (CFCHS) for approval prior to the start of the contract period. Once a contract has been signed, the contractor shall prepare and submit a final version of the Program Description to CFCHS. Modifications to the program description will be resubmitted in accordance to the Program Description Guidelines.

Organizational Profile

(This includes the total operations of the organization providing the services. If the entity is the same as the provider/organization this will encompass the total agency. If the organization is a subdivision of a governmental or other umbrella organization, this will only include the subdivision/department that is administering the services.)

A. ORGANIZATION NAME:

(The legal name of the provider that will assume/sign the contract)

Gulf Coast Jewish Family and Community Services, Inc.

Subdivision/Department Administering Services (as appropriate):

B. ORGANIZATION ADDRESS:

14041 Icot Blvd. Clearwater, Florida 33760

Phone Number: (727) 479-1800 Fax Number: (727)479-1252

Website

Address: http://gulfcoastjewishfamilyandcommunityservices.org

Federal ID Number: 59-1229354 National Provider Identifier: 1568662476

C. ORGANIZATIONAL OFFICIALS AND OFFICERS

	NAME	EMAIL	PHONE NO/ EXTENSION
Board			
President/Chairperson:	Barbara Sterensis	Barbara.sterensis@gmail.com	(727)804-5666
Chief Executive Officer:	Tia Gray	TGray@gcifcs.org	(727)479-1800 X3065
Chief Operating Officer:	Rochelle Tatrai-Ray	RTatrai-Ray@gcifcs.org	(727)479-1800 X3023
Chief Financial Officer:	Carla Washinko	CWashinko@gcifcs.org	(727)479-1800 X3061
Data Security Officer:	Laurence Roberts	LRoberts@gcifcs.org	(727)479-1800 X3069

PROGRAM DESCRIPTION

D. ORGANIZATIONAL CAPACITY

1. Annual Operating Budget:
(Include all revenue sources) \$31,000,000

2. Number of Employees 545

3. Geographic area(s) served: Pinellas, Pasco, Hernando, Polk, Highland, Hardee, Manatee, Sarasota, Desoto, Broward, Miami-Dade, Volusia, Flagler, Osceola, Gainesville (11 counties), Lee (4 counties), and Orlando (4 counties)

4. Accreditations: C.A.R.F

5. Major Funders:
(Circuits define "major") Department of Children and Families, CFBHN, Area Agency on Aging of Pasco Pinellas, Eckerd Community Alternatives, Department of Health and Human Services, Heartland for Children, CBC of Central Florida, etc...

6. Year of Incorporation: 1974

7. Corporate Mission Statement: To provide essential human services to individuals and families in times of need

8. Summary Description of Organization's Services:

Agency programs include a continuum of care for those individuals with severe and persistent mental illness and/or individuals with co-occurring disorders; a 16-bed long-term residential treatment program for individuals with severe and persistent mentally illness and or co-occurring disorders and a 16-bed residential program for those individuals with severe and persistent mental illness with forensic backgrounds, more than 200 therapeutic foster homes for mentally ill adults and elders, supported housing and employment, job development and placement for non-custodial parents in four counties; specialized services for refugees and victims of torture, and Holocaust survivors; an array of services assisting frail elders, catastrophically disabled and developmentally disabled adults, including homemaker, case management and personal care through subcontract; emergency shelter for homeless women and children; intergenerational mentoring programs serving at-risk children; protective supervision for 1400 children and their families; specialized counseling. With 1400 children

PROGRAM DESCRIPTION

with severe emotional difficulties; in-home counseling to reduce child abuse and neglect; a school-based violence prevention program; and a range of outpatient services including individual, group and family counseling, and family support groups.

9. Chart of major organizational units: *(Attach as an exhibit to the Organizational Profile) - attached*

10. Not-For-Profit Incorporation: *(Attach documentation of Not-for-Profit status) – attached*

Inventory of Proposed Services

E. Total Contract Funding Request: \$214,228
(Provide totals for each year of the contract) (CFCHS funding)

F. Projected Numbers Served, By Target Population:

Population	Total Number Contract Funded <i>(Includes: CFCHS, Medicaid, and Local Match funds)</i>	Number Contract Funded-Inpatient <i>(Includes: CFCHS, Medicaid, and Local Match funds)</i>	Number Contract Funded-Outpatient <i>(Includes: CFCHS, Medicaid, and Local Match funds)</i>	Number Contract Funded with Child Welfare Involvement <i>(Includes: CFCHS, Medicaid, and Local Match funds)</i>	Number Served by an Evidence Based Practice
Adult Mental Health					
Persons with Severe & Persistent Mental Illness	10				10
Adults with Serious & Acute Episodes of Mental Illness					
Adults with Mental Health Problems					
Adults with Forensic Involvement	2				2
Other Populations to be Served					
Children's Mental Health					
Children with Serious Emotional Disturbance					
Children with Emotional Disturbance					
Children at Risk of Emotional Disturbance					
Other Populations to be Served					

PROGRAM DESCRIPTION

Adult Substance Abuse					
Adults with Substance Abuse					
Other Populations to be Served					
Children's Substance Abuse					
Children with Substance Abuse					
Other Populations to be Served					

G. Service Delivery Sites for This Contract:

Site Address Contact Person (Name/Title) Phone # Fax # Email	Program	Cost Center	Service/ Organizational Program <i>FIS Program Only- Indicate number of Specialists</i>	Days/Hours of Operation	Population(s) Served <i>Both State categories & other population(s) served</i>	Facility Licenses <i>To be submitted with the Program Description</i>
704 Generation Pointe, Suite 301, Kissimmee, FL 34744 Phone: (407)-902-1549 Fax: (407) 846 - 5028	Adult Mental Health	Residential Level IV	Recovery and Resiliency	Monday – Friday 8:00 – 5:00	SPMI / Forensic	N/A

Indicate the number of beds contracted in your organization:

	Crisis/ Emergency Beds (CSU and Detox)	Residential I and Short Term Residential	Residential II	Residential III	Residential IV	In- Patient
Adult Mental Health	0	Room and Board with Supervision Level 1: _0_ Res only: _0_	Room and Board with Supervision Level 2: 0 Res only: 0	Room and Board with Supervision Level 3: 0 Res only: 0	12	0
Children's Mental Health	0	Room and Board with Supervision Level 1: 0 Res only : 0	Room and Board with Supervision Level 2: 0 Res only : 0	Room and Board with Supervision Level 3: 0 Res only : 0	0	0

PROGRAM DESCRIPTION

Adult Substance Abuse	0	Room and Board with Supervision Level 1: 0 Res only : 0	Room and Board with Supervision Level 2: 0 Res only : 0	Room and Board with Supervision Level 3: 0 Res only: 0	0	
Children's Substance Abuse	0	Room and Board with Supervision Level 1: 0 Res only : 0	Room and Board with Supervision Level 2: 0 Res only : 0	Room and Board with Supervision Level 3: 0 Res only: 0	0	

(The following narratives shall describe the organizations approach to the delivery of care and the array of services that will be available through the funds allocated.) (Exhibit G)

H. Integration of Recovery and Resiliency Concepts

Describe the steps that the organization will take to integrate recovery and resiliency into service provision. Demonstrate how the organization will promote individual and family living, working learning and socializing. Discuss how the organization will employ person-centered language. Demonstrate how the organization will involve individuals and families in the planning, development and implementation and evaluation of all aspects of this service delivery system. Example: Peer Support

See attached Role Recovery Plan / Co-occurring Plan

I. Individual and Family Participation Strategies:

Describe your agency's practices for individual and family participation.

See attached Role Recovery Plan / Co-occurring Plan

J. Agency Outcomes (Optional)

(This section gives the organization the opportunity to develop outcomes and measure their performance. If the organization develops performance measures, the measure(s) will not constitute a contractual obligation and will not be monitored. This does not take the place of the organization's requirements within the contract through Exhibit D.)

Please state two specific outcomes related to the proposed contract cycle.

1.

2.

PROGRAM DESCRIPTION

Individual Completing the Document:

Name: Michael Moskal

Title: Grant Accountant

Phone: (727) 479-1800 Ext 3145

Email Address: Mmoskal@gcjfcs.org

Fax: (727) 479 - 1252

CHANGES MADE TO THE ORGANIZATIONAL PROFILE SHALL BE MADE WITHIN THE PROGRAM DESCRIPTION GUIDELINES AND REQUIRE THE SIGNATURE OF BOTH CENTRAL FLORIDA CARES HEALTH SYSTEM AND PROVIDER CONTRACT SIGNER OR THEIR DESIGNEE.

Central Florida Cares Health System

Date

Subcontractor

Date