

Local Funding Initiative Request - Fiscal Year 2018-2019

1. Title of Project: Alzheimer's Caregiver Respite

Senate Sponsor: Gary Farmer
 Date of Submission: 11/17/2017

4. Project/Program Description:

The purpose of this program is to provide in-home respite to caregivers of individuals with Alzheimer's disease and related memory disorders. Family caregivers are the foundation of Florida's long-term care system and a primary source of support for older adults. There are an estimated 2.67 million caregivers in Florida, and 40% of them care for an individual with Alzheimer's disease or a related memory disorder. The average caregiver provides 78 hours of care each week; 23% of caregivers provide around-the-clock care and supervision each weekend. Providing these caregivers with several hours of respite each week allows them to continue their Herculean efforts by reducing their stress and allowing them time to care for their own mental and physical health. Without these family caregivers, thousands of Alzheimer's patients would require institutional care, costing the state and federal governments billions of dollars each year.

5. State Agency Contacted? No

- a. If yes, which state agency?
- b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Elder Affairs

6. Amount of Non-recurring Requested for fiscal year 2018-19:

| Amount Requested for Operations | Amount Requested for Fixed Capital Outlay | Total Amount of Requested State Funds |
|---------------------------------|---|--|
| 220,454 | | 220,454 |

7. Type, amount and percent of matching funds available for this project for fiscal year 2018-19:

| Туре | Amount | Percent |
|--|--------|---------|
| Federal | 0 | 0.0% |
| State (excluding the amount of this request) | 0 | 0.0% |
| Local | 78,180 | 26.2% |
| Other | 0 | 0.0% |
| TOTAL | 78,180 | 26.2 % |

8. Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds): 298,634



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9. Previous Year Funding Details:

- a. Has funding been provided in a previous state budget for this activity? Yes
- b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 4
- c. What is the most recent fiscal year the project was funded? 2016-17
- d. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- e. Complete the following Worksheet.

| FY: | Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.) | | | |
|-----------------------------------|---|------------------------------------|--|--|
| Column: | Α | В | С | |
| Funds Description: Input Amounts: | Prior Year Recurring Funds * | Prior Year Nonrecurring Funds * | Total Funds Appropriated (Column A + Column B) | |

10. Is future-year funding likely to be requested?

Yes

a. If yes, indicate non-recurring amount per year.

220,454

11. Program Performance:

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

The purpose of this program is to provide in-home respite to caregivers of individuals with Alzheimer's disease and related memory disorders. Family caregivers are the foundation of Florida's long-term care system and a primary source of support for older adults. There are an estimated 2.67 million caregivers in Florida, and 40% of them care for an individual with Alzheimer's disease or a related memory disorder. The average caregiver provides 78 hours of care each week; 23% of caregivers provide around-the-clock care and supervision each weekend. Providing these caregivers with several hours of respite each week allows them to continue their Herculean efforts by reducing their stress and giving them some time to care for their own mental and physical health. Without these family caregivers, thousands of Alzheimer's patients would require institutional care, costing the state and federal governments billions of dollars each year.

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

100% of the funds will be utilized to provide in-home respite to caregivers of individuals with Alzheimer's disease or a related dementia residing in Broward County.

c. How will the funds be expended?



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| Spending Category | Description | Amount |
|--|---|---------|
| Administrative Costs | | |
| ☑Executive Director/Project Head Salary and Benefits | Contract Management Administrative Costs for the Aging & Disability Resource Center | 6,021 |
| ☐Other Salary and Benefits | | |
| □Expense/Equipment/Travel/Supplies/Other | | |
| □Consultants/Contracted Services/Study | | |
| Operational Costs | | |
| ☐Salary and Benefits | | |
| □Expense/Equipment/Travel/Supplies/Other | | |
| ☑Consultants/Contracted Services/Study | Contracted Services: In-home respite services for the caregivers of individuals with Alzheimer's disease or a related dementia, as defined in the Florida Department of Elder Affairs Programs and Services Handbook, Chapter 6: Alzheimer's Disease Initiative Program | 214,433 |
| Fixed Capital Construction/Major Renovation | | |
| ☐Construction/Renovation/Land/Planning Engineering | | |
| TOTAL | | 220,454 |

d. What are the direct services to be provided to citizens by the appropriations project?

<u>In-home respite services for the caregivers of individuals with Alzheimer's disease or a related dementia, as defined in the Florida Department of Elder Affairs Programs and Services Handbook, Chapter 6: Alzheimer's Disease Initiative Program</u>

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- e. Who is the target population served by this project? How many individuals are expected to be served?
 - Caregivers of individuals with Alzheimer's disease or a related dementia.
- f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
 - 1.) Percent of family and family-assisted caregivers who self-report they are very likely to provide care [Goal 90%]; 2.) Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor) [Goal 90%]. Outcomes are measured through the biannual DOEA 701b assessment and dialogue with and observation of the caregiver, the individual for whom they are caring, and environmental conditions. Program managers review the outcome measure scores each month to determine if caregivers would benefit from a change to the recipient's care plan.
- 12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

 N/A
- 13. Requestor Contact Information:

a. Name: Andrea Busada

b. Organization: Broward County Elderly and Veterans Services Division

c. Email: abusada@broward.orgd. Phone Number: (954)357-8818

14. Recipient Contact Information:

a. Organization: Broward County Government

b. County: <u>Broward</u>c. Organization Type:

O For Profit

O Non Profit 501(c) (3)

O Non Profit 501(c) (4)

Local Entity

O University or College

O Other (Please specify)

d. Contact Name: Andrea Busada

e. E-mail Address: abusada@broward.org

f. Phone Number: (954)357-8818



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15. If there is a registered lobbyist, fill out the lobbyist information below.

a. Name: Robert Beck

b. Firm: Pinpoint Results, LLC

c. Email: robert@pinpointresults.com d. Phone Number: (850)766-1410