



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Jewish Family and Community Services of Southwest Florida - Dementia Respite Program

2. **Senate Sponsor:** Kathleen Passidomo

3. **Date of Submission:** 11/13/2017

4. **Project/Program Description:**

The Jewish Family and Community Services of Southwest Florida (JFCS) Dementia Respite Program is designed for men and women who have been diagnosed with Alzheimer's disease or related dementia who are in the earliest stages of memory loss to mid stage dementia.

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
75,000		75,000

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

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	221,742	74.7%
TOTAL	221,742	74.7 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 296,742

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) 2

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.



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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:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		50,000	50,000

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

Yes

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

100,000

### 11. Program Performance:

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

The funds are used to offset the cost of the program, which exceeds the fees collected from participants and enables those who can't afford to attend the program to participate at a reduced cost or no cost. JFCS policy is no one is ever denied services due to an inability to pay.

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

JFCS dementia respite support program provides socialization and wellness with a holistic approach to everyday living and challenges using activities that focus on connection when primary verbal communication and interaction abilities are altered. Individuals with a medical diagnosis of Alzheimer's disease or related dementia participate in this program twice a week. Currently JFCS provides 8 groups.

#### c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		



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<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Licensed Clinical Staff	75,000
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		75,000

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

The JFCS of Southwest Florida Dementia Respite Program is designed for men and women who have been diagnosed with Alzheimer's disease or related dementia who are in the earliest stages of memory loss to mid stage dementia. In this program JFCS provides eight respite groups with similar activities that meet weekly. JFCS staffs the groups with a licensed clinical social worker or licensed mental health clinician, a nurse's aide and 4 or 5 volunteers, who receive in depth training prior to their participation. In addition, JFCS offers a monthly support group to the caregivers of participants in either group that is led by a licensed clinical social worker. Clients in the dementia respite groups participate in a series of structured activities including Dakim Brain Fitness, music and art therapy, memory games, group discussion, chair yoga and meditation. The program is based on the Brookdale Respite Model and the Teepa Snow model of Positive Approach to Dementia.

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

Funds will be 100% for senior population age 60 plus residing in Collier and Southern Lee Counties. 168 individuals will be served.

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

We rely heavily on caregivers' observations and anecdotes. Their comments reinforce the need for this service. They share with staff that family members are benefiting significantly from this program. One caregiver said, "She is doing better since she started coming here. Now we can cook together a little bit, she is happier and we have new things to talk about (referring to the activities in the group)". This dual benefit improves the quality of life for both participants and caregivers. Due to the dementia we measure outcomes based on while the participant is in the group and for the time period of a few hours following the group. 80% of the clients will be less agitated in the group and shortly afterward. 90% will be more engaged in their surroundings during the group and immediately following the group. 70% will experience fewer symptoms of "sun downing" when they



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had music therapy in the group. 95% of the caregivers will report this program has a positive impact on their lives.

- g. 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?**

The standard penalties included in the contract are sufficient.

- 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:** Jaclynn Faffer
- b. Organization:** Jewish Family and Community Services of Southwest Florida
- c. Email:** jfaffer@jcswfl.org
- d. Phone Number:** (239)325-4444

- 14. Recipient Contact Information:**

- a. Organization:** Jewish Family and Community Services of Southwest Florida
- b. County:** Collier, Lee
- c. Organization Type:**
  - ☐ For Profit
  - ☒ Non Profit 501(c) (3)
  - ☐ Non Profit 501(c) (4)
  - ☐ Local Entity
  - ☐ University or College
  - ☐ Other (Please specify)
- d. Contact Name:** Jaclynn Faffer
- e. E-mail Address:** jfaffer@jcswfl.org
- f. Phone Number:** (239)325-4444

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

- a. Name:** None
- b. Firm:** None
- c. Email:**
- d. Phone Number:**