



# The Florida Senate

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

1. **Title of Project:** FSU – Pepper Center Long-Term Care

2. **Senate Sponsor:** Bill Montford

3. **Date of Submission:** 11/17/2017

4. **Project/Program Description:**

Pepper Center Long-Term Care Appropriation

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? Board of Governors

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
500,000		500,000

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	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 500,000

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) 5

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? Yes

e. Complete the following Worksheet.



# The Florida Senate

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

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:	250,000		250,000

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

Yes

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

\$500,000

### 11. Program Performance:

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

The funds will be used to achieve at least three goals: 1) To develop and conduct professional training for program administrators and direct care managers and providers in the latest innovations in techniques proven to enhance the quality of care and of life for persons in long term care settings. 2) To conduct continuing assessments of the need for long term care services in Florida where the populations of older residents (75-85+) is projected to increase by 100% over the next 20 years. 3) To conduct research and policy analysis projects designed to identify the most cost-effective interventions for addressing the physical and mental health conditions and long term care needs of Florida's older residents and most efficient management systems for administering these interventions.

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

1) Training services based on carefully developed, evidence based modules that will be provided to long term care service providers in every part of the state on a biennial basis. 2) An annual quantitative assessment of the physical and mental health and long term care needs of the older population. 3) Three annual reports based on original research and policy analysis by Claude Pepper Center staff, designed to identify strengths and challenges in Florida's current health and long term care programs for older persons and state of the art service strategies that could improve the quality and cost effectiveness of these programs through changes in policy and administrative systems.

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

Spending Category	Description	Amount
-------------------	-------------	--------



# The Florida Senate

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

Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	To cover salary, fringe and benefits for the Director of the Center.	150,871
<input checked="" type="checkbox"/> Other Salary and Benefits	To cover salary, fringe and benefits for two full-time faculty research associates, one full-time A&P project manager and two- graduate assistants.	349,129
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<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		500,000

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

1) Training services based on carefully developed, evidence based modules that will be provided to long term care service providers in every part of the state on a biennial basis. 2)An annual quantitative assessment of the physical and mental health and long term care needs of the older population. 3)Three annual reports based on original research and policy analysis by Claude Pepper Center staff, designed to identify strengths and challenges in Florida's current health and long term care programs for older persons and state of the art service strategies that could improve the quality and cost effectiveness of these programs through changes in policy and administrative systems.

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

Service providers, 100 to 150 a year



# The Florida Senate

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

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

1) Improve physical health: A) Train at least 100 program administrative and direct care staff annually in techniques for improving the quality of care and life in long term care settings. B) Policy changes designed to increase the cost effectiveness of health and long term care programs in Florida.---Method for measuring level of benefit or outcome: A) Tests and post tests of all participants in training sessions to measure knowledge gains and changes in values. B) Specific number of changes in policy executed through legislative or administrative initiatives. 2) Improve mental health A) Train at least 100 program administrative and direct care staff in techniques for improving the quality of life in mental health care settings. B) Policy changes designed to increase the cost effectiveness of mental health programs in Florida.--- Method for measuring level of benefit or outcome: A) Tests and post tests of all participants in training sessions to measure knowledge gains and changes

**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?**

None.

**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.**

Claude Pepper Center, College of Social Sciences and Public Policy, Florida State University

**13. Requestor Contact Information:**

- a. **Name:** Larry Polivka
- b. **Organization:** Claude Pepper Center
- c. **Email:** lpolivka2@fsu.edu
- d. **Phone Number:** (850)645-7835

**14. Recipient Contact Information:**

- a. **Organization:** Claude Pepper Center
- b. **County:** Leon
- 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:** Larry Polivka
- e. **E-mail Address:** lpolivka2@fsu.edu
- f. **Phone Number:** (850)645-7835

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



# *The Florida Senate*

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

**a. Name:** None

**b. Firm:** None

**c. Email:**

**d. Phone Number:**