



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 1703

**1. Title of Project:** City of Deerfield Beach - Northeast Focal Point Alzheimer's Day Care Center

**2. Senate Sponsor:** Gary Farmer

**3. Date of Submission:** 02/14/2019

**4. Project/Program Description:**

The City of Deerfield Beach's Northeast Focal Point Alzheimer's Day Care Center is a community-based service delivery center on the same campus as the Center for Active Aging and Preschool. The Day Care Center provides in-facility respite, caregiver training and support for individuals and groups, and case management services for families who are caring for a loved one with Alzheimer's disease and other forms of dementia. The program's purpose is to provide respite services for caregivers along with mentally and physically stimulating activities and programs for individuals with Alzheimer's disease. Also, providing supportive services to assist the caregivers in maintaining their health and well-being while caring for their loved ones in their homes and avoiding or delaying premature institutionalization, which allows for family caregivers to work and contribute to society and their own economic well-being, along with having the peace of mind in knowing that their loved ones are safe.

**5. State Agency to receive requested funds :** Department of Elder Affairs

State Agency Contacted? Yes

**6. Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	195,150
Fixed Capital Outlay	
<b>Total State Funds Requested</b>	<b>195,150</b>

**7. Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	195,150	100.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
<b>Total Project Costs for Fiscal Year 2019-2020</b>	<b>195,150</b>	<b>100.0%</b>

**8. Has this project previously received state funding? Yes**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		
2017-18		195,150	391	No

**9. Is future-year funding likely to be requested? Yes**



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a. If yes, indicate non-recurring amount per year. \$195,150

**10. Details on how the requested state funds will be expended**

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Project Director	10,000
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs:</b>		
Salary and Benefits	Day Care Nurse, Case Manager, Recreation Coordinator, and Certified Nursing Assistants.	180,150
Expense/Equipment/Travel/Supplies/Other	Medical and health supplies, recreational and programming supplies, travel and training, rental of copier and security equipment.	5,000
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>195,150</b>

**11. Program Performance:**

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

The specific purpose and goal of the funding will be to provide family caregivers with in-facility respite day care, case management, and caregiver training and support services in caring for their loved ones with Alzheimer's disease. Day care services are provided Monday through Friday from 7:30 am - 5:30 pm. Funding for the day care services will allow family members to work and provide positive, stimulating activities and programs for individuals with Alzheimer's disease thereby reducing and delaying premature institutionalization, which is more costly.

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

The activities and services will include respite (relief) day care, case management, and caregiver educational training and support programs to assist in coping with, and decreasing the burden of, caring for a loved one with dementia, Alzheimer's disease, and memory loss disorders. Nursing, social services, and recreation services will be provided to maintain and improve the physical health and well-being of both the caregiver and client.

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



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The direct services will include in-facility respite day care, case management, caregiver training, and support services.

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

The target population is for individuals 18 years old and older who reside in Broward County who have been diagnosed with some form of dementia, Alzheimer's disease, and memory loss disorders. We are anticipating serving at least 30 caregivers and 30 clients for a total of 60 individuals due to the increasing aging population and the number of individuals being diagnosed with dementia and memory loss.

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

The expected benefit and outcome of this project is for the clients to receive both physically and mentally stimulating activities and programs in a loving and nurturing environment by improving their quality of life. These services allow caregivers to be able to continue to work in knowing their loved ones are in a safe and secure environment. The services decrease the caregivers' burdens and stress as they learn to cope with caring for their loved one and receive a break through the respite and caregiver training and support services. Regular communication with the caregivers, periodic satisfaction surveys, suggestion boxes, and length of stay will determine if the intended outcomes have been met. Also, the Areawide Council on Aging of Broward County, Inc., implements the following reporting requirements: Client, services, fiscal, monitoring, and outcome measures reports. Scheduled and unscheduled follow-up on-site visits, client visits, and independent auditor's reports.

**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 in the contract?**

A suggested penalty would be a decrease in funding if deliverables and performance measures are not met.

**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:** Burgess Hanson
- b. **Organization:** City of Deerfield Beach/Northeast Focal Point Day Care Center
- c. **E-mail Address:** baahanson@deerfield-beach.com
- d. **Phone Number:** (954)480-4263

**14. Recipient Contact Information:**

- a. **Organization:** City of Deerfield Beach/Northeast Focal Point
- b. **County:** Broward
- c. **Organization Type:**
  - For Profit
  - Non Profit 501(c) (3)
  - Non Profit 501(c) (4)



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- Local Entity
- University or College
- Other (Please specify)

**d. Contact Name:** Donna DeFronzo

**e. E-mail Address:** ddefronzo@deerfield-beach.com

**f. Phone Number:** (954)480-4453

#### 15. Lobbyist Contact Information

**a. Name:** Heather Turnbull

**b. Firm Name:** Rubin Turnbull and Associates

**c. E-mail Address:** turnbullh@rubingroup.com

**d. Phone Number:** (850)681-9111