



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1087

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Wandering Mitigation and Rescue Project was designed to address elopements using the latest technologies that are user friendly to caregivers and patients as well as advancements that could diminish the need for interventions by law enforcement. It will ensure timely rescue efforts when wandering occurs and create a systematic approach throughout the local service areas inclusive of the three counties Law Enforcement agencies.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	250,000
Fixed Capital Outlay	0
Total State Funds Requested	250,000

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	250,000	4%
Matching Funds		
Federal	252,220	3%
State (excluding the amount of this request)	1,990,000	25%
Local	563,721	7%
Other	4,774,835	61%
Total Project Costs for Fiscal Year 2025-2026	7,830,776	100%

8. Has this project previously received state funding?

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	250,000	1290	No

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

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

Life impacting services would be critically diminished without state funding.

Complete questions 10 and 11 for Fixed Capital Outlay Projects



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1087

10. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

e. What funding stream will be used for ongoing operations and maintenance of the project?

11. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

12. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Outreach for enrolling caregivers/patients, assessments, placing devices on patients, instructions, and follow-up monthly on readiness when an event occurs.	150,000
Expense/Equipment/Travel/Supplies/Other	Equipment: Devices, supplies and the cost of monitoring the devices included within a package for one year:\$90,000; Education and printed materials/supplies with collateral: \$10,000	100,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		250,000

13. Program Performance

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

This project is addressing elopements using the latest technology that are user friendly to caregivers and patients as well as advancements that could diminish the interventions by law enforcement. It will ensure timely rescue efforts when wandering occurs and create a systematic approach throughout the local service areas inclusive of the three counties Law Enforcement agencies.

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



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1087

These funds will be solely utilized in providing hours of services and devices to keep families safer within the community as it relates to those lost-on-foot events. This project will provide the following strategies: 1. Providing dementia-specific education, training and community awareness through workshops with Law Enforcement, health and human service providers, and family caregivers; 2. Conducting comprehensive health evaluations by nurses with dementia specific training to identify patients at risk of wandering; 3. Developing family-centered care plans for patients and caregivers that include safety recommendations and strategies to reduce wandering episodes; 4. Enrollment into the ID Location Services for at-risk patients; 5. Regular monitoring of patient safety throughout the disease's progression; and, 6. Collaboration with law enforcement to ensure timely rescue efforts when wandering occurs and create a systematic approach throughout the local service areas.

c. What direct services will be provided to citizens by the appropriation project?

Family Nurse Consultants will evaluate patient's risk of wandering and refer these eligible families to the ID locator services who will furnish devices free of charge. They will also provide training with instructions on how to respond if an elopement incident occurs. The program has been successful 100% of the time with recovery with no injuries or loss of life.

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

The Florida Department of Elder Affairs reports there are an estimated 67,000 people within the Organization's service area (Palm Beach, Martin and St. Lucie Counties) suffering with Alzheimer's Disease (2018), 70% of these patients are cared for by family and reside in homes and communities and one-in-five are living alone. 60% of those residents will wander at least once during the disease process hence our ID Locator services has served over 540 families this past year and have experienced a 37% increase of elopements which is unprecedented to occur in one year.

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

Improve the safety strategies utilizing effective electronic devices worn by Alzheimer's patients. When persons with dementia wander, rescue costs can range from \$1,500.00 to \$2,000.00 per hour (helicopters, search dogs, rescue teams, etc.), with an approximate 9 hours for each event. If not found within 72 hours, only 20% will survive the event. These risks are diminished by training caregivers and standardizing law enforcement methods with more efficient data, tools, and devices. The technology will alert caregivers and law enforcement that patients have wandered; diminishing or relying on law enforcement's engagement when an incident occurs, 100% will be found with no injuries or loss of life. It is projected that up to 20% of the 100 patients will wander during the fiscal year. An average of \$13,500 per event the project's estimated savings can reach \$270,000.00.

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?

Failure to meet deliverables or performance measures would result in loss of funding.

14. Is this project related to mitigation, response, or recovery from a natural disaster?

a. If Yes, what phase best describes the project?

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

15. Has the entity applied for or received federal assistance for this project?

- Yes, Applied
- Yes, Received



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1087

- No
- No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

18. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1087

d. First Name Last Name
e. E-mail Address
f. Phone Number Ext.

19. Lobbyist Contact Information

a. Name
b. Firm Name
c. E-mail Address
d. Phone Number

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.