

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Aging and Disability Resource Center of Broward County - Alzheimer's Caregiver Respite

2. Date of Submission: 10/31/2017

3. House Member Sponsor: Evan Jenne

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- Has funding been provided in a previous state budget for this activity? Yes
If answer to 4a is ?No? skip 4b and 4c and proceed to 4d, Col. E
- What is the most recent fiscal year the project was funded? 2016-17
- Were the funds provided in the most recent fiscal year subsequently vetoed? No
- Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non- vetoed amounts provided in Column A)	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:					220,454	220,454

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? No

5a. If yes, which state agency?

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Elder Affairs

5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes

5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

Corrective Action Plan with ten days of deficiency being identified by DOEA; Financial Consequence for Noncompliance for each deficiency identified in CAP which is not corrected pursuant to the CAP and/or for failure to timely submit a CAP. Payment will be reduced or withheld, including a 2% reduction per business day.

6. Requester:

- a. Name: Andrea Busada
- b. Organization: Broward County Government
- c. Email: abusada@broward.org
- d. Phone #: (954)357-8818

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Andrea Busada
- b. Organization: Broward County Government
- c. Email: abusada@broward.org
- d. Phone #: (954)357-8818

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Robert Beck
- b. Firm: Pinpoint Results, LLC
- c. Email: robert@pinpointresults.com
- d. Phone #: (850)766-1410

9. Organization or Name of entity receiving funds:

- a. Name: Broward County Government
- b. County (County where funds are to be expended): Broward
- c. Service Area (Counties being served by the service(s) provided with funding): Broward

10. What type of organization is the entity that will receive the funds? (Select one)

- ☐ For Profit
- ☐ Non Profit 501(c) (3)
- ☐ Non Profit 501(c) (4)
- ☒ Local Government

- ☐ University or College
- ☐ Other (Please describe)

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

The purpose of these funds is to provide in-home respite to caregivers of individuals with Alzheimer's disease or a related dementia. Family caregivers are the foundation of Florida's long-term care system and the primary source of support for older adults. Providing these caregivers with several hours of respite each week reduces their stress and allows them to care for their own mental and physical health, and reduces the need for more costly nursing home placement.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?0? if request is zero for the category
Administrative Costs:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Contract Management Administrative Costs for the Aging & Disability Resource Center	6,021
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> g. 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	214,433

	Affairs Programs and Services Handbook, Chapter 6: Alzheimer's Disease Initiative Program.	
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		220,454

13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

N/A

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

Providing supportive services to caregivers is a stated objective throughout the State of Florida Department of Elder Affairs State Plan on Again, Federal Fiscal Years 2017-2020 [pages 2,3,7,15,20-21,27,30-32,44]

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

No

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the 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.

17b. Describe the direct services to be provided to the citizens by the funding requested.

In-home respite care is the provision of relief or rest for a primary caregiver from the constant, continued supervision and care of a functionally impaired older person by providing care for the person in the home for a specified period of time.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

- ☐ Elderly persons
- ☐ Persons with poor mental health
- ☐ Persons with poor physical health
- ☐ Jobless persons
- ☐ Economically disadvantaged persons
- ☐ At-risk youth
- ☐ Homeless
- ☐ Developmentally disabled
- ☐ Physically disabled
- ☐ Drug users (in health services)
- ☐ Preschool students
- ☐ Grade school students
- ☐ High school students
- ☐ University/college students
- ☐ Currently or formerly incarcerated persons
- ☐ Drug offenders (in criminal Justice)
- ☐ Victims of crime
- ☐ General (The majority of the funds will benefit no specific group)
- ☒ Other (Please describe): Caregivers (as defined by the DOEA Programs and Services Handbook) of individuals with Alzheimer's

17d. How many in the target population are expected to be served?

- ☐ < 25
- ☐ 25-50
- ☒ 51-100
- ☐ 101-200
- ☐ 201-400
- ☐ 401-800
- ☐ >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	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 by the results of the biannual DOEA 701b assessment and through 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.
<input checked="" type="checkbox"/> Improve mental health	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 by the results of the biannual DOEA 701b assessment and through 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.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental,		

criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input checked="" type="checkbox"/> Other (Please describe): Increase the number of individuals served by home and community based services	1.) Percent of frail elders who remain at home or in the community instead of going into nursing home [Goal 97%] 2.) Average monthly savings per consumer for home and community-based care versus nursing home care for comparable client groups (Average annual cost for Alzheimer's Disease Initiative Program is \$12,028 vs. \$64,770 for	Data sources are Broward County Human Services Department Client Services Management System; DOEA 701B Assessment Form; DOEA Client Information and Registration Tracking System (CIRTS)

	Medicaid nursing home placement).	
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19. Provide the total cost of the project for FY 2018-19 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	220,454	73.8%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	78,180	26.2%	Yes
5. Other:	0	0.0%	No
TOTAL	298,634	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

Yes

20a. How much state funding would be requested after 2018-19 over the next 5 years?

☐ <1M

☒ 1-3M

☐ >3-10M

☐ >10M

20b. How many additional years of state support do you expect to need for this project?

☐ 1 year

☐ 2 years

☐ 3 years

☐ 4 years

☒ ≥ 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select ?ongoing activity?.

☒ ongoing activity ? no total cost

☐ <1M

☐ 1-3M

☐ >3-10M

☐ >10M