



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. Title of Project: Expansion of Specialized Adult Day Care supporting seniors with Alzheimer's Disease and Memory Disorders

2. Senate Sponsor: Anitere Flores

3. Date of Submission: 11/06/2017

4. Project/Program Description:

Easterseals South Florida (ESSF) is a 501(c)3 that has been a leading provider of disability services since our founding in 1942. ESSF is requesting funding to support the continued build-out of its Adult Day Care Center located in Kendall, Florida that serves the unique needs of adults living with Alzheimer’s disease and dementia to avoid nursing home placements and to link participants with additional community support services. Easterseals seeks to further equip its Center to provide specialized day care for 125 clients, to provide targeted services and spaces to support adults at the advanced stage of Alzheimer’s disease and to create a caregiver resource center, all of which directly support the program outcome of preventing premature and unwanted nursing home placements. Easterseals seeks to expand our program and our services including clients at the advanced stage of Alzheimer’s disease where care is required to perform basic life functions.

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
292,000	100,000	392,000

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	168,000	30.0%
TOTAL	168,000	30.0 %

8. Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds): 560,000



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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.

FY:	Input Prior FY Appropriation for this project for FY 2017-18		
	A	B	C
	(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:		196,000	196,000

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

No

11. Program Performance:

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

Creating separate activity rooms will facilitate implementation of evidence based person centered care to people with more advanced stages of dementia when total assistance is required with Activities of Daily Living such as feeding, walking, and utilizing the bathroom. These individualized activity rooms will be least restrictive with socially engaging activities that promote mobility, cognition, social interactions – moving to increased staffing levels, less stimulation to decrease agitation, specialized furnishings and activity programs that are more appropriate.

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

Funds will be used to furnish and equip client spaces and to establish a secure dedicated space within the Adult day care center that is appropriately equipped to meet the extensive needs of clients at the center with advanced stage Alzheimer’s disease and dementia. With an emphasis on sustaining mobility and assuring client safety, Easterseals will furnish the advanced-stage space with lift recliners, a Hoyer lift for clients with more limited mobility, and with therapy equipment focused on preventing pressure sores and contractures that otherwise are common among clients with limited mobility due to the advanced progression of the disease. Installation of appropriate lighting and materials to stimulate cognitive and physical functioning will be incorporated into the space. In addition, the center will create access and secure an outdoor space for clients to encourage mobility and enhance client experience.



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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		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Cost of space, furniture and equipment to support a center capacity of 125 with socialized equipment and supplies to meet needs of advance-staged Alzheimer's adults including Hoyer lift, mobilized lifts in chairs, therapy equipment, speciality lighting and equipment for client rooms. Furniture and equipment for caregiver resource center.	292,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Facility upgrades to HVAC, IT and CCTV capabilities	100,000
TOTAL		392,000

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

Adults with Alzheimer's and memory disorders will receive specialized day care services and their families will receive respite and caregiver supports.



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

Seniors and adults living with dementia and other disabilities living within commuting distance of the center and their caregivers. Seniors will be provided with the specialized supervision and care from staff members trained and experienced in serving adults with Alzheimer's disease and dementia and their caregivers will be relieved of the 24 hour a day burden and challenges of caring for a loved one living with the effects of the disease. By extending our services through all stages of the illness, Easterseals will reduce the burden that increases as the disease progresses and for caregivers most in need of respite. In addition, the caregiver resource room will provide information, resources and respite to caregivers that will mitigate their caregiving burden and better equip families to provide for their loved ones needs at home.

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

Performance data will include number of clients served daily, total number of families served, total hours of day care provided, number of families participating in caregiver support groups, percentage of families who are linked to community services through the Center's social worker, caregiver surveys to measure reduction in perceived burden of providing care and self-reported ability to continue providing care, and number of participants who continued living in the community/at home thus avoiding admittance to a nursing home..

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?

Revocation of funding and ineligibility to apply for future funding for three years

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.

Miami Dade County, landlord to Easterseals South Florida

13. Requestor Contact Information:

- a. **Name:** Angela Aracena
- b. **Organization:** Easterseals South Florida
- c. **Email:** aaracena@sfl.easterseals.com
- d. **Phone Number:** (305)547-4734

14. Recipient Contact Information:

- a. **Organization:** Easterseals South Florida
- b. **County:** Miami-Dade
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)



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- d. **Contact Name:** Loren Chant
- e. **E-mail Address:** lchant@sfl.easterseals.com
- f. **Phone Number:** (305)547-4757

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

- a. **Name:** David Casserta
- b. **Firm:** David T Casserta Government Relations, Inc
- c. **Email:** flagovernment@aol.com
- d. **Phone Number:** (305)401-3006