



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1011

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 2023-2024

Type of Funding	Amount
Operations	250,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>250,000</b>

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	250,000	3%
<b>Matching Funds</b>		
Federal	1,248,922	16%
State (excluding the amount of this request)	2,852,606	35%
Local	732,968	9%
Other	2,953,308	37%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>8,037,804</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	200,000	1248	No

9. Is future 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.

Each \$1.00 the state allocates for direct care services is locally matched by \$3.00 (non-COVID19). Personal incomes have been marginalized by unemployment or because of COVID-19's CDC precautionary measures, thus, without state funding our life impacting services would be critically diminished. This nonprofit Organization never cut or stopped services throughout the pandemic.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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Yes

**If yes, indicate the amount of funds received and what the funds were used for.**

\$5,178 PPE (masks, sanitizer, etc.)  
 \$23,826 Halo UV Filters in Day Centers in St. Lucie and Martin County, automatic sanitizer, soap and paper towel dispensers in day centers  
 \$20,559 Halo UV Filters for 8 Day Centers in PBC  
 \$22,491 PPE (gloves, masks, sanitizer), Halo UV filters at Day Centers  
 \$945,722 PPP: Payroll, rent and utilities  
 TOTAL: \$1,017,776

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

### 11. Status of Construction

a. What is the current phase of the project?

- Planning   
  Design   
  Construction

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?

12. 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.

### 13. 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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Outreach for enrolling caregivers/ patients, Assessments, placing devices on patients, instructions, and follow-up monthly on readiness when an event occurs.	25,000
Expense/Equipment/Travel/Supplies/Other	Equipment: Software, dispatch management fees and the cost of the transmitters for 100 devices included within a package for one year: \$90,000; Education and printed materials with collateral: \$50,000 (Packets for training for caregivers and law enforcement); Community Awareness: Website \$25,000.00; Digital transmissions: \$35,000; Manuals and mailing: \$25,000.	225,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		



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Construction/Renovation/Land/ Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>250,000</b>

**14. 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?**

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 with 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 the contract?**

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

**15. Requester Contact Information**

**a. First Name**  **Last Name**



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**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

#### 16. 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)

**d. First Name**  **Last Name**

**e. E-mail Address**

**f. Phone Number**

#### 17. Lobbyist Contact Information

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**