



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1959

1. **Title of Project:** Surviving Alzheimer's & Caregiver Support Project

2. **Senate Sponsor:** Aaron Bean

3. **Date of Submission:** 02/23/2019

4. **Project/Program Description:**

The Nassau County Council on Aging's (NCCOA) "Surviving Alzheimer's & Caregiver Support" project will provide the much needed professional counseling, therapeutic activities, oversight, peer to-peer support, and respite for those afflicted and affected by Dementia. To get ahead of the horrible effects of this disease requires a wholesome solution which gives the families hope and help for the person with Alzheimer's. This will provide a better quality of life and a longer life expectancy. According to Barbara Bruce, a leading expert in care giving, more than 30% of caregivers die prematurely due to self-neglect. This often comes about due to providing around-the-clock care for their loved one. This request will pay for a full-time Certified Dementia Practitioner and two Certified Nursing Assistants to provide care for Dementia clients in NCCOA's Adult Day Health Care program. Due to the high demand, the program's capacity will expand from 15 clients/day to 30/day with Alzheimer's.

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

State Agency Contacted? No

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

Type of Funding	Amount
Operations	175,000
Fixed Capital Outlay	
Total State Funds Requested	175,000

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)	175,000	89.74%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	20,000	10.26%
Other	0	0.00%
Total Project Costs for Fiscal Year 2019-2020	195,000	100.0%

8. **Has this project previously received state funding?** No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		

9. **Is future-year funding likely to be requested?** No



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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Certified Dementia Practitioner, Salary of \$47,000 - 50,000 . Benefits: Health insurance, FICA, Workers Comp \$10,000	60,000
Other Salary and Benefits	Ongoing class certifications and training.	2,500
Expense/Equipment/Travel/Supplies/Other	Mileage reimbursement for travel-related to job duties.	2,000
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits	2 Certified Nursing Assistants and one part-time dietary aide (to provide breakfast, snack and lunch services).	92,500
Expense/Equipment/Travel/Supplies/Other	Ongoing Alzheimer's training classes, therapeutic chairs, utensils, assistive devices, etc.	18,000
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		175,000

11. Program Performance:

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

There are more than 800 persons in Nassau County afflicted with different types of Dementia, with Alzheimer's being one of them. It is startling that so many are turned away due to lack of resources needed to get professional help. This grant will provide a Certified Dementia professional who can provide counseling, referrals, and offer other types of support to families in need. Additionally, the capacity of the Adult Day Care (ADHC) program is currently at 30, but due to the lack of funding, NCCOA 's budget can only support a daily capacity of 15 clients. Therefore, additional dollars will hire appropriate staff so that more can attend the ADHC program. Therapeutic equipment will be purchased to help slow down the progression of the disease as well as provide respite for the caregiver.

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

The activities will be professional counseling, therapeutic activities, help with assistive devices, appropriate furniture (lift chairs, proper eating utensils, etc.), support groups, and proper staff oversight to be in compliance with AHCA requirements.

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

Counseling, activities, meals, therapy, proper staff oversight, assistance, referrals, and support group.

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



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The target population are those diagnosed with pre- Alzheimer's or Alzheimer's by a medical professional, as well as the caregivers who will need professional counseling. It is expected that more than 250 individuals will benefit from this grant opportunity.

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

There are numerous benefits in funding this project: there will undoubtedly be a better quality of life for both the person with Alzheimer's as well as the caregiver, and possibly a longer life span; families will have access to professional counseling services by a Certified Dementia Practitioner; families will learn about proper therapeutic activities to help their loved one at home; and respite will be made available for the families, as well as support groups and special workshops for all. There are other benefits as well. This outcome will be measured by creating, reviewing, and updating case care plans; home visits; medical reports; and through conversations with caregivers and the beneficiaries themselves.

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?

The penalties will begin with improper care for those with Alzheimer's. It will be a missed opportunity to provide the critical help for families in Nassau County to deal with this disease. Caregivers will continue to develop illnesses and have premature deaths. The program cannot expand beyond the capacity of 15 members. It is critical that the funding is granted.

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:** Janice Ancrum
- b. **Organization:** Nassau County Council on Aging, Inc.
- c. **E-mail Address:** jancrum@nassaucountycoa.org
- d. **Phone Number:** (904)261-0701 Ext. 1007

14. Recipient Contact Information:

- a. **Organization:** Nassau County Council on Aging, Inc.
- b. **County:** Nassau
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)

- d. **Contact Name:** Janice Ancrum



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e. **E-mail Address:** jancrum@nassaucountycoa.org

f. **Phone Number:** (904)261-0701 Ext. 1007

15. Lobbyist Contact Information

a. **Name:** None

b. **Firm Name:** None

c. **E-mail Address:**

d. **Phone Number:**