1. **Project Title**: Broward Children’s Center Medically Complex Young Adults

2. **Senate Sponsor**: Lauren Book

3. **Date of Request**: 03/01/2021

4. **Project/Program Description**
   
   Currently young adults who do not meet the criterion for Agency for Persons with Disabilities placement are hospitalized for life. Residing in a home environment enhances the quality of life and at a lower cost, by providing social, rehabilitative, recreational, and technological services as well as access to community resources through transportation. In the past year, hospitals referred a total of twenty-five such young adults who were trauma victims (vehicular accidents, water related incidents, motorcycle accidents, drug overdoses, football injuries, etc) to an existing facility with a capacity of five. We are requesting two additional placements.

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

6. **State Agency contacted?** No

7. **Type of Funding**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>950,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td><strong>950,000</strong></td>
</tr>
</tbody>
</table>

7. **Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total State Funds Requested (from question #6)</strong></td>
<td><strong>950,000</strong></td>
<td><strong>100%</strong></td>
</tr>
<tr>
<td>Matching Funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federal</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Local</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2021-2022</strong></td>
<td><strong>950,000</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

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

9. **Fiscal Year (yyyy-yy)**

<table>
<thead>
<tr>
<th>Fiscal Year (yyyy-yy)</th>
<th>Recurring</th>
<th>Nonrecurring</th>
<th>Specific Appropriation #</th>
<th>Vetoed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

9. **Is future funding likely to be requested?** Yes

   a. **If yes, indicate nonrecurring amount per year.** 950,000

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

   It is possible for Medicaid to fund some of this if the state secures a Medicaid Waiver.

10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?** No
11. Details on how the requested state funds will be expended

<table>
<thead>
<tr>
<th>Spending Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Costs:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Executive Director/Project Head Salary and Benefits</td>
<td>One Executive Director, one assistant to the director and administrative costs</td>
<td>85,000</td>
</tr>
<tr>
<td>Other Salary and Benefits</td>
<td>Medical related coverage 24/7. RN/LPN, CNA. Respiratory Technicians (three shifts)</td>
<td>647,000</td>
</tr>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td>Consumables, medical supplies, ventilators (personal), medical drapes, diapers, trachs, pulsox monitoring system</td>
<td>218,000</td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Operational Costs: Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salary and Benefits</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Fixed Capital Construction/Major Renovation:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Construction/Renovation/Land/Planning Engineering</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td><strong>Total State Funds Requested (must equal total from question #6)</strong></td>
<td></td>
<td><strong>950,000</strong></td>
</tr>
</tbody>
</table>

12. Program Performance

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

Currently young adults who have complex medical conditions or suffer severe trauma, age out of skilled nursing facilities at age 21. They have the ability to live in group homes, however, there is no funding for these programs for this population. They are limited to living in a hospitalized setting for life. The goal is to provide care in the least restrictive environment and enhance the quality of life for these young adults.

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

Medical, social, rehabilitative, technological and community activities.

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

Same as above. Pressure will be relieved on the families of these young adults. Not many families can maintain medically complex family members in their own home.

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

Medically complex young adults from 21 years of age to 40 years of age.

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

The expected benefit is to enhance the quality of life for both medically complex individuals and for families of this population. This will be measured by documentation of the services provided and the expectation of improved functional capacity.

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?

We do not force any penalties.  
Contract will not be renewed.

13. 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.

No fixed Capital Outlay is requested. This is a 501(c)(3) agency.
14. Requestor Contact Information
   a. First Name          Last Name
   ______________________  ______________________
   Marjorie          Evans

   b. Organization
   ______________________
   Broward Children's Center, Inc

   c. E-mail Address
   ______________________
   margee@bcckids.org

   d. Phone Number
   ______________________  Ext.
   (954)410-4408

15. Recipient Contact Information
   a. Organization
   ______________________
   Broward's Children's Center, Inc.

   b. Municipality and County
   ______________________
   Broward

   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
   ______________________  ______________________
   Marjorie          Evans

   e. E-mail Address
   ______________________
   margee@bcckids.org

   f. Phone Number
   ______________________
   (954)410-4408

16. Lobbyist Contact Information
   a. Name
   ______________________
   Patsy Eccles

   b. Firm Name
   ______________________
   Patsy Eccles and Associates

   c. E-mail Address
   ______________________
   eccles.patsy@gmail.com

   d. Phone Number
   ______________________
   (850)320-1413