

Operations

Fixed Capital Outlay

Total State Funds Requested

The Florida Senate Local Funding Initiative Request Fiscal Year 2022-2023

LFIR # 1114

75,000

75,000

i. i roject ritie	Naples Seriioi Ceritei E	rementia rrespite Support i Togram	
2. Senate Sponsor	Kathleen Passidomo		
3. Date of Request	10/14/2021		
4. Project/Program D	escription		
Counties for seniors home. The program care to clients with o	s who have a medical diagr is recognized as evidence dementia. The program pro	es the only Dementia-Respite Support Program nosis of Alzheimer's disease and related demen d based, innovative and most importantly provides socialization and wellness with a holistic connection when primary verbal communication and second commu	tias (ADRD) residing at ding the highest standard of approach to everyday living
5. State Agency to re	ceive requested funds	Department of Elder Affairs	
State Agency conta	acted? Yes		
6. Amount of the Non	recurring Request for Fis	cal Year 2022-2023	
Type of Funding		Amount	

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	75,000	34%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	148,000	66%
Total Project Costs for Fiscal Year 2022-2023	223,000	100%

8. Has this project previously received state funding?

Fiscal Year	Amo	ount	Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
2021-22	0	75.000	388	No	

2021-22	0	75,000	388	NO
9. Is future funding likely to be re	equested?	Yes		
or to ratio carraing into y to be to	,40.00.00.			
a. If ves. indicate nonrecurring	amount per ve	ar. 75.00	00	

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

In addition to state funding we pursue private donations, corporate and foundation grants.

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

Yes

Yes



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

We received \$247,000 through the Collier County Cares Act for food, PPE, retrofitting and cleaning. We also received \$588,000 through the Payroll Protection Act.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	3 professional staff program facilitators 1 music therapist	75,000
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	75,000

12. Program Performance

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

The goals of the program are: to offer opportunities for persons with Alzheimer's disease or a related dementia (ADRD) to engage in a program of meaningful social and recreational activities, in a secure and supportive setting, in order to maximize their cognitive and social abilities; and to provide relief and support to family members and other primary caregivers of individuals with ADRD.

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

Activities are designed to achieve the program's goals to help enhance communication skills, to improve an individual's mood, to help access long term memory and to increase socialization. Each group's schedule includes Dakim Brain Fitness, which helps users strengthen attention, focus and concentration combined with other concentration and memory activities, such as "icebreakers", to help the participants enhance social skills and assist in recall and language skills. The last 30 minutes of the day the participants have music therapy facilitated by a music therapist.

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

Language skills, memory techniques, relaxation techniques, socialization and building self-esteem are concentrated on during each group's activities with the focus on what strengths the participants possess. Participants are offered an opportunity for socialization and cognitive stimulation in a non-judgmental, friendly environment. Participants are encouraged to participate in activities that engage verbally and also utilize gross motor skills depending on their comfort level or level of ability. Caregivers are provided 4 hours respite, case management, education and support.

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



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The targeted population are seniors age 60 and over with a medical diagnosis of Alzheimer's disease or related dementias (ADRD), which is 14.1% of the county. In 2017 in Collier and southern Lee County 22,000 cases of ADRD were counted including an estimated 13% who live alone. Our community's limited existing resources are overwhelmed by demand. Thirty six percent (36%) of Collier and southern Lee Counties' population is over age 60. Of those, 8% are age 85 or older, a relevant statistic as it is currently estimated that 50% of adults over the age of 85 will be diagnosed with ADRD. 178 individuals will be served.

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

The Dementia Respite Support Program provides tools, support and coping skills to assist these individuals and their families.

Clients who attend the program may achieve the following goals and outcomes: be less agitated, more engaged in surroundings, experience fewer incidents of "sundowning," particularly on the days when clients have music therapy and caregivers will report that the program has had a positive impact on both the client and caregiver's lives. The Memory and Problem Behavior Checklist (RMPBC) is used for the clinical and empirical assessment measuring outcomes. For this population outcomes are measured in relationship to a limited time period such as during and after the program and extending into the evening.

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?

This program is funded on a monthly basis for services that are reported in the Florida Department of Elder Affairs CIRTS system. If the agency failed to meet the deliverables, then the agency would not be able to submit for payment of services.

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.

N/A		



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14.	. Requestor Contact	t Informat	ion					
	a. First Name	Jaclynn Last Name Faffer			Faffer			
	b. Organization	Naples S	Naples Senior Center at JFCS					
	c. E-mail Address	jfaffer@n	jfaffer@naplesseniorcenter.org					
	d. Phone Number	(239)325	(239)325-4444 Ext.					
15.	15. Recipient Contact Information							
	a. Organization	Naples S	enior Center at J	FCS				
	b. Municipality and County Collier							
	c. Organization Ty	ре						
	□For Profit Entity							
	☑Non Profit 501(c	501(c)(3)						
	□Non Profit 501(c	Profit 501(c)(4)						
	□Local Entity							
	□University or Co	llege						
	□Other (please sp	pecify)						
	d. First Name	Anne		Last Name	Chernin			
	e. E-mail Address	achernin@naplesseniorcenter.org						
	f. Phone Number	(239)325-4444						
16.	16. Lobbyist Contact Information							
	a. Name	None						
	b. Firm Name	None						
	c. E-mail Address							
	d. Phone Number							