

LFIR # 1682

•	City of Lauderdale Lakes Alzheimer's Care Center/Alzheimer Care Service Expansion

2. Senate Sponsor Bobby Powell

3. Date of Request 12/13/2021

#### 4. Project/Program Description

The City of Lauderdale Lakes is seeking a continuation of funding to expand services at the Lauderdale Lakes Alzheimer's Care Center and to serve the increasing supply of average income seniors that are in need of Services within Broward County. Continuation of funding for the program would respond to the critical need to serve people with Alzheimer's disease and their caregivers. The methodology to measure the outcome is the increase in respite care and caregiver support.

5. State Agency to receive requested funds De

Department of Elder Affairs

State Agency contacted? Yes

#### 6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

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

#### 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)	250,000	50%	
Matching Funds			
Federal	0	0%	
State (excluding the amount of this request)	0	0%	
Local	250,000	50%	
Other	0	0%	
Total Project Costs for Fiscal Year 2022-2023	500,000	100%	

#### 8. Has this project previously received state funding? Yes

Fiscal Year	Amount		Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
21-22	0	250,000	388	No	

#### 9. Is future funding likely to be requested?

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a. If yes, indicate nonrecurring amount per year.

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

Further Options will be explored

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

Yes

20

Yes

250,000



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

\$18,000 through Older American's Act for Telephone Reassurance Calls

#### 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	1.5 FTE certified nursing assistants to oversee respite care needs of persons with Alzheimer's disease5 FTE activities/recreation assistant to coordinate activities5 FTE case aides to assist with care-plan needs or person with Alzheimer's disease and the caregivers.	100,000
Expense/Equipment/Travel/Supplies/ Other	Activity supplies for programs such as art, music, horticulture, fitness and other programs. Social outing expenses for persons with Alzheimer's disease to include admission and travel expenses. Technology equipment such as tablets, software, assistive keyboards, headsets, and other types of assitive technology to use as essential, adaptive, rehabilitative devices.	50,000
Consultants/Contracted Services/Study	Therapeutic Activities instructor such as art, music, horticulture, cultural arts and other therapeutic programs. Professional/licensed counseling services for caregivers and persons with Alzheimer's disease. Education and training for caregivers. Crisis or Emergency In-Home Respite Care for the person with Azheimer's disease.	
Fixed Capital Construction/Majo		
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	250,000

#### 12. Program Performance

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

Improve physical and mental health.

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

The City of Lauderdale Lakes will provide respite and caregiver services to enhance quality of life for individuals that have Dementia or the Alzheimer's Disease along with their caregivers. This enhanced assistance will also include emergency care for individuals with dementia and their caregivers and provide for the use of technological assistive devices as an essential rehabilitative service.

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

Expanded respite care and caregiver support coordination/counseling will be open to individuals with early signs of Dementia and the Alzheimer's Disease along with their caregiver.

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

Our target population is the general public. This will improve the quality of life to a family as a whole. Our location is expected to serve 50 people.



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

Utilization of the program for in facility respite services will decrease the need for nursing home placement and thus enhance the physical health of a clients showing early signs of Dementia.

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?

None

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.

None



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### 14. Requestor Contact Information

	a. First Name	Phil	Last Name	Alleyne	
	b. Organization	City of Lauderdale Lakes			
	c. E-mail Address	phila@lauderdalelakes.org			
	d. Phone Number	(954)535-2740	Ext.		
15.	5. Recipient Contact Information				
	a. Organization	City of Lauderdale Lakes			
	b. Municipality and	d County Broward			
	c. Organization Type				
	□For Profit Entity	/			
	□Non Profit 501(c	(c)(3)			
	□Non Profit 501(c				
	☑Local Entity				
	□University or Co	llege			
	□Other (please specify)				
	d. First Name	Peggy	Last Name	Castano	
	e. E-mail Address	peggyc@lauderdalelakes	org		
	f. Phone Number				
16.	16. Lobbyist Contact Information				
	a. Name	Ronald L. Book			
	b. Firm Name	Ronald L. Book PA			
	c. E-mail Address	ron@rlbookpa.com			
	d. Phone Number	(305)935-1866			