

The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

LFIR # 3489

- 1. Project Title Baker Senior Center Naples Dementia Respite Support Program
- 2. Senate Sponsor Kathleen Passidomo
- 3. Date of Request 11/09/2023

4. Project/Program Description

Baker Senior Center Naples manages the only Dementia Respite Support Program in Collier and Lee Counties for seniors who have a medical diagnosis of Alzheimer's disease and/or related dementias (ADRD) residing at home. The program is recognized as evidenced based, innovative and most importantly providing the highest standard of care to clients with dementia. The program provides socialization and wellness with a holistic approach to everyday living and challenges using activities that focus on connection when primary verbal communication and interaction abilities are altered.

5. State Agency to receive requested funds D

Department of Elder Affairs

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	150,000
Fixed Capital Outlay	0
Total State Funds Requested	150,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage	
Total State Funds Requested (from question #6)	150,000	25%	
Matching Funds			
Federal	0	0%	
State (excluding the amount of this request)	0	0%	
Local	0	0%	
Other	450,000	75%	
Total Project Costs for Fiscal Year 2024-2025	600,000	100%	

8. Has this project previously received state funding? Yes

Fiscal Year	Fiscal Year Amount		Specific	Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	
2023-24	0	75,000		No

9. Is future funding likely to be requested?

Yes	

150,000

a. If yes, indicate nonrecurring amount per year.

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



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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.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

- a. What is the current phase of the project?
 - O Planning

Construction

-			

🔿 N/A

b. Is the project "shovel ready" (i.e permitted)?

O Design

- 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			
Administrative Costs:	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	Operational Costs: Other				
Salary and Benefits	3 professional staff program facilitators 1 music therapist.	150,000			
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	Total State Funds Requested (must equal total from question #6) 150,000				

14. 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 and/or related dementias (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.



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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?

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 County 22,000 cases of ADRD were counted including an estimated 13% who live alone. Each year this increase by an estimated 20%. 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. 266 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 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. If the agency failed to meet the deliverables, then the agency would not be able to submit for payment of services.

15. Requester Contact Information

a. First Name	Jaclynn	Last Name	Faffer	
b. Organization	Baker Senior Center Naples			
c. E-mail Address	jfaffer@bakerseniorcenternaples.org			
d. Phone Number	(239)325-4444	Ext.		
. Recipient Contact Information				
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a. Organization Baker Senior Center Naples

b. Municipality and County Collier

c. Organization Type



c. E-mail Address d. Phone Number

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□For Profit Entity						
☑Non Profit 501(c	☑Non Profit 501(c)(3)					
□Non Profit 501(c	□Non Profit 501(c)(4)					
□Local Entity						
□University or Co	llege					
□Other (please sp	pecify)					
d. First Name	Wanda	Last Name	Rodriguez			
e. E-mail Address	wrodriguez@bakersenior	centernaples	.org			
f. Phone Number	(239)325-4444					
17. Lobbyist Contact Information						
a. Name	None					
b. Firm Name						