

LFIR # 3633

1. Project Title Mental Health Transition Beds for Elderly Persons

2. Senate Sponsor Clay Yarborough

3. Date of Request 12/20/2023

4. Project/Program Description

Many elderly adults who are cared for in the state mental health hospitals could transition to the community and be able to access services in the community. The Sunset Program at Dayspring Village is funded at 50% of the cost for the 34 beds that serve this elderly population. This funding would help close the gap in the funding these services and allow elderly Floridians who struggle with mental health conditions with the opportunity to transition to a less restrictive, communitybased behavioral health setting.

5. State Agency to receive requested funds

Department of Children and Families

State Agency contacted? Yes

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

Type of Funding	Amount
Operations	750,000
Fixed Capital Outlay	0
Total State Funds Requested	750,000

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)	750,000	100%	
Matching Funds			
Federal	0	0%	
State (excluding the amount of this request)	0	0%	
Local	0	0%	
Other	0	0%	
Total Project Costs for Fiscal Year 2024-2025	750,000	100%	

8. Has this project previously received state funding? No

Fiscal Year	Amo	ount	Specific	Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	

9. Is future funding likely to be requested?

Yes		
750,000		

a. If yes, indicate nonrecurring amount per year.

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

N/A

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

Yes



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

Employee tax credit funds - they were used to sustain staffing levels during the pandemic and help ensure employee salary were competitive with rising wage rates.

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

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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:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits	Staff funding, administrative support and staff health benefits.	120,500
Expense/Equipment/Travel/Supplies/ Other	Travel expenses to complete evaluations, equipment, computers, fall prevention technology and office supplies.	85,200
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Salaries for licensed nurses, certified nursing assistants and direct care workers and food service staff.	325,000
Expense/Equipment/Travel/Supplies/ Other	Expenses for food, laundry, equipment and point of care devices needed to ensure safety and health of residents.	119,300
Consultants/Contracted Services/Study	Contract for housekeeping and sanitary services to help maintain the facility's cleanliness.	100,000
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	750,000

14. Program Performance

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

These funds would fully fund the Sunset Program at Dayspring Village. Currently, the program is 50% underfunded and these funds would help ensure that elderly adults with a mental illness can transition into less restrictive setting and receive care in the community.



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

The services rendered through the Sunset Program include nursing services, personal care, food services, laundry, housekeeping, care coordination, close observation, fall prevention and resident engagement services.

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

The services provided to the citizens by this project is to allow elderly adults with a serious mental illness the opportunity to transition to a less restrictive setting and receive the care, support and services needed to help improve their quality of life.

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

The Sunset Program serves 34 elderly adults with serious mental illness who were previously residents at the state mental health treatment facility. The target population is persons with complex medical conditions and who over 60 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 outcome is expected to help fully fund the program, assist the elderly adults with mental illness transition to the long term care continuum in the community, expand access to services through benefit restoration and allow those with complex medical needs to get the medical care they need to improve their quality of life.

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?

Reduction in funding for the beds.

15. Requester Contact Information

a. First Name	Douglas	Last Name	Adkins
b. Organization	Dayspring Village, Inc.		
c. E-mail Address	doug@dayspringvillage.o	rg	
d. Phone Number	(904)845-7501	Ext.	

16. Recipient Contact Information

b. Municipality and County Nassau

c. Organization Type

□For Profit Entity

☑Non Profit 501(c)(3)

 \Box Non Profit 501(c)(4)

□Local Entity

□University or College

□Other (please specify)



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d. First Name	Shelley	Last Name	Katz	
e. E-mail Address	shelley.katz@lsfnet.org			
f. Phone Number	(904)845-7501			
17. Lobbyist Contact Information				
a. Name	Robert Schenck			
b. Firm Name	The Legis Group			

c. E-mail Address Rob@legisgroupfl.com

d. Phone Number (850)329-6165