## **Budget Detail Request - Fiscal Year 2016-17**

Your request will not be officially submitted unless all questions and applicable sub parts are answered.

1. Title of Project: <u>Dementia Respite Program</u>

2. Date of Submission: 11/30/2015

3. House Member Sponsor(s): Kathleen Passidomo

## 4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No If answer to 4a is "NO" skip 4b and 4c and proceed to 4d
- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request (Note that Column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in Column G):

FY:	Input Prior Year Appropriation for this project for FY 2015-16 (If appropriated in FY 2015-16 enter the appropriated amount, even if vetoed.)			Develop New Funds Request  for FY 2016-17  (If no new Recurring or Nonrecurring funding is requested, enter zeros.)			
Column:	Α	В	С	D	E	F	G
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated  (Recurring plus Nonrecurring: Column A + Column B)	Recurring Base Budget (Will equal non- vetoed amounts provided in Column A)	INCREASED or NEW Recurring Requested	TOTAL Nonrecurring Requested (Nonrecurring is one time funding & must be re-requested every year)	Total Funds Requested Over Base Funding (Recurring plus Nonrecurring: Column E + Column F)
Input Amounts:					50,000	0	50,000

e.	New Nonrecurring Funding Requested for FY 16-17 will be used for:			
	□Operating Expenses	☐Fixed Capital Construction	□Other one-time costs	
f.	New Recurring Funding	Requested for FY 16-17 will be	used for:	
f.		Requested for FY 16-17 will be □Fixed Capital Construction		

## 5. Requester:

a. Name: <u>Jaclynn Faffer</u>

b. Organization: JFCS of Southwest Florida

c. Email: jfaffer@jfcsswfl.org d. Phone #: (239)325-4444

- 6. Organization or Name of Entity Receiving Funds:
  - a. Name: JFCS of Southwest Florida
  - b. County (County where funds are to be expended) Collier, Lee
  - c. Service Area (Counties being served by the service(s) provided with funding) Collier, Lee

7. Write a project description that will serve as a stand-alone summary of the project for legislative review. The description should summarize the entire project's intended purpose, the purpose of the funds requested (if request is a sub-part of the entire project), and most importantly the detail on how the funds requested will be spent - for example how much will be spent on positions and associated salaries, specifics on capital costs, and detail of operational expenses. The summary must list what local, regional or statewide interests or areas are served. It should also document the need for the funds, the community support and expected results when applicable. Be sure to include the type and amount of services as well as the number of the specific target population that will be served (such as number of home health visits to X, # of elderly, # of school aged children to receive mentoring, # of violent crime victims to receive once a week counseling etc.)

A needs assessment of Collier County seniors was completed on July 1, 2013 by the Division of Social Work at Florida Gulf Coast University. Findings demonstrated the need for additional services for seniors in Collier County including developing more programs for people with early dementia and their families. The study showed 81,196 seniors aged 65 and over in Naples and surrounding areas. Collier County is projecting 125,000 seniors by 2020. According to the Alzheimer's Association 1 in 9 people over the age of 65 will develop some form of dementia. Based on those statistics an estimated 9,000 seniors in Collier County have Alzheimer's disease or some form of dementia. By 2020 there will be close to 14,000 individuals in Collier County with some form of dementia. The JFCS of Southwest Florida Dementia Respite Program is designed for men and women who have been diagnosed with Alzheimer's disease or related dementia who are in the earliest stages of memory loss to mid stage dementia. In this program JFCS provides two respite groups with similar activities that meet weekly. JFCS staffs the groups with a mental health clinician, a nurse's aide and 4 or 5 volunteers, who receive in depth training prior to their participation. In addition, JFCS offers a monthly support group to the caregivers of participants in either group that is led by a licensed clinical social worker. Clients in the dementia respite groups participate in a series of structured activities including Dakim Brain Fitness, music therapy, memory games, group discussion, chair yoga and meditation. The program is based on the Brookdale Respite Model and the Teepa Snow model of Positive Approach to Dementia. Teepa Snow's care strategies and techniques integrate what is known about brain function and changes that happen with dementia. Her model uses therapeutic approaches to foster positive outcomes, modified environmental supports, and altered task expectations that match retained or available abilities of people living with some form of dementia. This model has proven to be effective in providing person-centered care for those with cognitive decline. Using this model the JFCS dementia respite 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. JFCS is requesting funding from the State of Florida for a respite program for men and women

diagnosed with Alzheimer's disease and related dementia. We are asking for \$50,000 for a twice a week respite program for individuals in early to mid-stage dementia living at home. Funds will be 100% for senior population age 60 plus residing in Collier and Southern Lee Counties. Funding will cover both the cost of the geriatric case manager who coordinates the dementia supports program and provide scholarships for 400 individual session to those unable to afford to attend the Dementia Respite Program groups.

8. Provide the total cost of the project for FY 2016-17 from all sources of funding:

Federal: 0

State: 0 (Excluding the requested Total Amount in #4d, Column G)

Local: <u>0</u> Other: <u>0</u>

9. Is this a multi-year project requiring funding from the state for more than one year?

<u>No</u>