

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Lucanus Developmental Center Website for Caregivers of Adult Down Syndrome Alzheimer's Patients

2. Date of Submission: 10/15/2019

3. House Member Sponsor: Scott Plakon

Members Copied:

### 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, Col. E***

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?

d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated  <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget  <i>(Will equal non-vetoed amounts provided in Column A)</i>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					350,000	350,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? No

5a. If yes, which state agency?

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Agency for Persons with Disabilities

5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No

5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

revocation of funds

6. Requester:

- a. Name: Chris Buckley
- b. Organization: Lucanus Developmental Center
- c. Email: rvluc1@gmail.com
- d. Phone #: (941)685-8056

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Ronald Lucchino
- b. Organization: Lucanus Developmental Center
- c. Email: rvluc1@gmail.com
- d. Phone #: (941)685-8056

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of entity receiving funds:

- a. Name: Lucanus Developmental Center
- b. County (County where funds are to be expended): Broward
- c. Service Area (Counties being served by the service(s) provided with funding): Statewide

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

Establishing a WEB-site accessible by all Floridian for the dissemination of resources supporting family caregivers of adult Down syndrome population at risk for Alzheimer' disease. The resources to be developed for the WEB-site are: • a video on how to communicate with the Down syndrome adult who has limited communication skills and Alzheimer's disease. •A video for physicians on how to assess for Alzheimer's disease in the Down adult , and •an iPhone profile. APP.

All resources fee.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter "0" if request is zero for the category
Administrative Costs:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Salaried CEO of Lucanus DC and will assume oversight of all aspects of the project including budget and Project Coordinator	50,000
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Contract Project Coordinator - •coordinate all aspects of the project, •develop content of the 2 videos, •evaluation, •reports, •contacting and making presentations to families, support coordinators, appropriate agencies and organizations on accessing the WEB-Site with follow-up. •Work with the State DOEA and	80,000

	APD to inform their state networks of agencies on accessing the WEB-Site	
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Travel of Project Coordinator implement in the project	10,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Dsexpress Company - developing the WEB-site •Defyfilms.company - developing the two videos •Blue Step - Software developer for iPhone Profile APP on DS •Communication Consultant for communication video	210,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
<b>TOTAL</b>		<b>350,000</b>

13. For the Fixed Capital Costs requested with this issue (In Question 12, category “h. Fixed Capital Outlay” was selected), what type of ownership will the facility be under when complete? (Select one correct option)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

Broward County Office of Aging, • Daniel Cantor Senior Day Program, • NOVA Osteopathic Geriatric Center, • SE Region of the Alzheimer's Disease Assoc, • Victory Living Adult Day Developmental Disabilities Day Center , • The Arc of Broward County, Gold Coast Down syndrome association, • Broward Family Care Counsel for Developmental Disabilities, • Broward County Memory Disorder Clinic and others

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

From 2017 through 2019, Lucanus Developmental Center had a grant from the Federal Administration of Community Living (ACL) to examine the problems with the Down syndrome adult population, at risk for Alzheimer's disease, accessing supportive services. The results highlighted concerns of the collapse of family caregivers' ability to continue in their roles. This was due to an increase of stress and frustration resulting in depression affecting mental health and causing a decline in coping skills.

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

Develop a WEB-Site - The adult Down syndrome population, at-risk for Alzheimer's disease (70% over the age of 40), is underserved in accessing the supportive services of the social, health and medical networks, placing increased stress on the family caregiver affecting their mental health and leading to the possible collapse of caregiving ability. The result is this population has a 3 to 5-times greater risk of hospitalization than the general population, increasing Medicaid health costs. Base

17b. Describe the direct services to be provided to the citizens by the funding requested.

The resources identified by the study to provide direct service to help reduce family stress and frustration are: 1) a communication video for families, support coordinators and community services to better interact with the Down syndrome adult, with Alzheimer's disease, when they present challenging behaviors due to the combination of the dementia associated behaviors and behaviors associated with Down syndrome. 2) Physician Training video on how to assess for dementia in this population. Pro

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons

- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe)

17d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input type="checkbox"/> Improve physical health		
<input checked="" type="checkbox"/> Improve mental health	mprove the Family Caregivers' mental health by increasing their coping skills through the use of the 3 supportive resources from the WEB-Site to reduce depression and	Use the validated Care Stress Scale (CSS) to compare a cohort of 20 family caregivers who use the WEB-Site resources to measure their reduction of stress levels with a

	frustration that lead to the possible collapse of caregiver abilities.	cohort of 20 families not using the resources to determine if use of the WEB-Site resources were effective in reducing stress. The CSS will be administered from the beginning and repeated every month for one year.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		

<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2020-21 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	350,000	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>350,000</b>	<b>100%</b>	

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

Yes

20a. How much state funding would be requested after 2020-21 over the next 5 years?

- <1M
- 1-3M
- >3-10M
- >10M

20b. How many additional years of state support do you expect to need for this project?

- 1 year
- 2 years
- 3 years
- 4 years
- >= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select “ongoing activity”.

- ongoing activity – no total cost
- <1M
- 1-3M
- >3-10M
- >10M