



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1238

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. Project/Program Description

This project will support implementation of the Period of PURPLE Crying evidence-based shaken baby prevention program to reduce incidence of shaken baby syndrome, known as abusive head trauma (AHT). Program includes a statewide public education campaign and targeted services to parents of newborns and healthcare professionals in six counties with the highest birth rates: Broward, Miami-Dade, Palm Beach, Orange, Hillsborough, and Duval. This comprehensive program includes public awareness, support systems for parents, and ongoing education & training for healthcare professionals. This project is supported by Prevent Child Abuse Florida, Florida Child Abuse Death Review Committee, Florida Chapter of American Academy of Pediatrics, and Florida Department of Health.

5. **State Agency to receive requested funds**
- State Agency contacted?**

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

Type of Funding	Amount
Operations	1,499,000
Fixed Capital Outlay	0
Total State Funds Requested	1,499,000

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)	1,499,000	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	1,499,000	100%

8. **Has this project previously received state funding?**

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future funding likely to be requested?**
- a. **If yes, indicate nonrecurring amount per year.**

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

If state funding were not available, the Ounce would seek grant funding or contributions to continue the program. Lack of ongoing state funding may impede project scope and goals.

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



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1238

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

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

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

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	A portion of the funds will be allocated to the Prevention Services Director for high-level program oversight.	8,300
Other Salary and Benefits	A portion of the funds will be allocated to fiscal oversight and contract management.	20,000
Expense/Equipment/Travel/Supplies/Other	A portion of the funds will be allocated to the Ounce of Prevention to support program administration.	3,100
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	A portion of the funds will be allocated to staffing support for implementation of the program: Program Coordinator (1 FTE), Contract Specialist (.2 FTE), Evaluators and System Developers (.5 FTE)	178,058
Expense/Equipment/Travel/Supplies/Other	Technical Assistance and Quality Assurance Travel (\$6,222), Program materials and curriculum for approximately 23,000 live births (\$60,490), Shipping for training and curriculum materials (\$24,000), Occupancy (\$19,884), Equipment (\$5,000), Printing (\$10,000) Other (\$3,946)	129,542
Consultants/Contracted Services/Study	Hospital stipend to implement program Dose 1 with parents of newborns (24 * \$10,000 each = \$240,000), Local Provider stipend to implement program Dose 2 within three months after birth (60 providers * \$5,000 each = \$300,000), Subject Matter Expert Consultation-online training (\$15,000), Graphic design & campaign development (\$70,000), Multi-media public education campaign production & air time (\$500,000), evaluation activities(\$25,000)	1,160,000
Fixed Capital Construction/Major Renovation:		



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1238

Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		1,499,000

14. Program Performance

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

The specific goal is to prevent abusive head trauma to infants (shaken baby syndrome) through parent education about coping with infant crying. Research on Period of PURPLE Crying has shown that use of the materials appears to lead to increased knowledge about early infant crying and the dangers of shaking a baby. Research on Period of PURPLE Crying also shows that implementing the program may reduce emergency room visits for complaints of infant crying and AHT hospital admissions.

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

Period of PURPLE Crying evidence-based AHT prevention program will be implemented in six Florida counties with highest birth rates: Broward, Miami-Dade, Duval, Hillsborough, Orange, and Palm Beach. Parent education services will be provided by local hospitals, pediatricians, home visitors, and other partners. Training, technical assistance, quality assurance, evaluation, and a statewide multi-media public education campaign on preventing AHT will be administered by the Ounce of Prevention Fund of Florida.

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

Parents of newborn babies in selected counties will receive education on increased early infant crying and action steps to prevent shaking their baby. Parents receive an app, booklet, and father-specific booklet along with in-person coaching prenatally or at birth. Then parents receive a second coaching session during the first three months of baby's life.

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

Parents of newborn babies in Broward, Miami-Dade, Duval, Hillsborough, Orange, and Palm Beach Counties will receive the program services directly, approximately 23,000 live births; Healthcare professionals including pediatricians, nurses, midwives, doulas, and obstetricians will receive training on abusive head trauma and prevention; the general public will receive education related to normal infant crying, coping with crying, and family support services.

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

Parents of newborn babies will gain appropriate knowledge and skills for coping with infant crying without shaking a baby. Evaluation will include surveys that measure participating parents' knowledge about early infant crying and the dangers of shaking a baby. Focus groups with participating parents will collect opinions and feedback on parent behaviors when their infant cries. Participating hospitals will share data on emergency room visits for complaints of infant crying and for AHT.

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?

Financial penalties would be applied for not meeting agreed upon deliverables or performance measures.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. Recipient Contact Information

a. Organization



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1238

b. Municipality and County

c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number