



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1932

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

4. Project/Program Description

The funds requested are to establish a Fetal Alcohol Diagnostic Clinic in the Pensacola area. Services include a comprehensive FASD diagnostic assessment, statewide consultation, and linkage to community providers in the area of the state client's reside. The purpose of the FASD Clinic is to determine the extent of the physical and neurological/brain damage caused by prenatal exposure to alcohol, develop the 4-Digit Diagnostic code, and determine the most appropriate services/interventions, based on the areas of brain deficit and the person's adaptive functioning. Assessing/diagnosing FASD is a specialty area requiring a highly skilled multidisciplinary team of a speech pathologist, occupational therapist, neuropsychologist, and licensed mental health clinician.

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	470,000
Fixed Capital Outlay	0
Total State Funds Requested	470,000

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)	470,000	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	470,000	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.

There is no other funding that can be used in lieu of state funding.

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



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Yes

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

\$495,000. Funds were used to support salaries/costs for preschool teachers and therapists to continue to provide services to children/families that had no othe service/funding support available.

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	CEO and CPO positions will provide leadership and oversight, stakeholder engagement, performance monitoring and accountability, risk management, strategic planning and implementation.	15,000
Other Salary and Benefits	CFO/COO, human resources and accounting positions will support the program by ensuring the program's financial health, compliance, and the well-being of the employees involved. Support services include: Budgeting and financial planning, financial reporting, grant managementm expense managementm financial compliance, staff recruitment, onboarding, performance management, payroll oversight.	17,600
Expense/Equipment/Travel/Supplies/Other	N/A	0
Consultants/Contracted Services/Study	N/A	0
Operational Costs: Other		
Salary and Benefits	Staff allocated to this program include: Director of FASD Services, FASD Clinic Coordinator, Intake Coordinator, Outreach and Engagement Specialist, Parent Advocate and Mental Health Therapist	198,650
Expense/Equipment/Travel/Supplies/Other	Training allowances for 10 Pensacola area clinicians to obtain Families Moving Forward training, testing supplies, training supplies, general office supplies, staff travel for trainings, consultation, advocacy (includes meals, lodging and travel), costs associated with public awareness campaignh, liability/professional insurance, operating expenses	103,750



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Consultants/Contracted Services/Study	Neuropsychological services contracted to provide IQ testing and neuropsychological testing to determine level of brain functioning on the 4-digit diagnostic code. Contracted services also include speech and occupational therapy as part of multi-disciplinary team and a medical director to conduct record reviews and consultation.	135,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		470,000

14. Program Performance

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

The funds requested will be to establish a Fetal Alcohol Diagnostic Clinic in the Pensacola area to provide FASD diagnostic assessments and conduct training programs to raise awareness among healthcare professionals, educators, and the broader Panhandle community. By doing so, we aim to enhance early identification, intervention, and support for individuals affected by FASD, ultimately reducing the lifelong challenges associated with the preventable but often overlooked condition.

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

FASD activities and services to be provided include: diagnostic assessments, medical consultations, psychological evaluations, education support, family counseling, mental health therapies and therapeutic treatments to support the families. Community awareness activities include: workshops and trainings, awareness campaigns, media engagement and parent support.

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

Services to be provided include 40 specialized FASD assessments. Building capacity by supporting 10 mental health clinicians in Families Moving Forward training. Advocacy/targeted marketing to professionals/caregivers in the community by attending monthly community wide meetings in the Panhandle and by providing consultations.

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

Target population includes: persons with poor mental health, persons with poor physical health, economically disadvantaged persons, at-risk youth, developmentally disabled, physically disabled, preschool students, grade school students. Targeted populations expected to be served: 25 - 50 individuals.

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

Outcome: child will learn strategies for improving self-regulation, leading to improved behavior and self-concept. Improved behavior will reduce risk for school failure, involvement with the law, mental health and substance abuse problems, thus improving quality of life. Parents will learn specialized intervention strategies that help to stabilize the home environment and reduce risk for abuse and/or out-of-home placement. Measurement: Parents will complete the BASC and ABAS assessments tools to better understand child's behavior issues at the FASD diagnostic clinic. The FASD team will follow up with families 2 months after the evaluation to assess improvement and/or support families in connecting with specialized supports. In addition, parents will report behavior during the statewide FASD Parent Support Groups.

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?

Contracts with DOH state very specific financial consequences for failure to meet deliverables or performance measures.

15. Requester Contact Information

a. First Name **Last Name**



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b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. Recipient Contact Information

a. Organization

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