



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Auditory Oral Intervention for Children with Hearing Loss

2. **Senate Sponsor:** Kathleen Passidomo

3. **Date of Submission:** 11/10/2017

4. **Project/Program Description:**

Auditory Oral Intervention for Children with Hearing Loss Program will provide hearing screenings and evaluations as well as listening and spoken language services to children birth to three, with hearing loss, in multiple counties throughout the State of Florida including underserved/rural areas.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Health

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

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
875,000		875,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	3,500,000	80.0%
TOTAL	3,500,000	80.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 4,375,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 2

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		500,000	500,000

10. Is future-year funding likely to be requested?

Yes

a. If yes, indicate non-recurring amount per year.

\$875,000

11. Program Performance:

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

The goal of the program is to expand access to audiology services and screenings in rural and underserved areas, and to provide local access to high-quality auditory-oral early intervention services for children who are deaf ages birth to three who reside in the State of Florida to facilitate the development of foundational listening and spoken language skills so that every child with hearing loss has the opportunity to learn to listen and talk.

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

Activities and services that will be provided for eligible children will include hearing screenings, evaluations, auditory-verbal and LSLS therapy, parent-infant and toddler groups, and tele-therapy, as well as parent/professional training and mentoring about listening and spoken language development and technology such as cochlear implants and hearing aids.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Project Head will oversee grant activities throughout Florida with collaborative partners as well as provide direct services. A significant	20,000



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	portion of this individual's time and a commensurate portion of salary will be assigned to this program.	
<input checked="" type="checkbox"/> Other Salary and Benefits	Staff will compile data, coordinate services for families, schedule appointments, assist with enrollment, and reports.	10,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Supplies required include office supplies, workshop materials, and printing supplies as well as travel among grant sites throughout Florida	5,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Consultants and contracted staff are required to compile and review outcome data.	5,000
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	The program will require early intervention faculty and therapists including speech-language pathologists, teachers of the deaf, and audiologists with listening and spoken language expertise to provide direct services to infants, toddlers, and their families.	815,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	To provide services to children in rural areas, funding is required for providers to travel to meet with families and other providers who are working with the families. In addition, natural environment services require providers to	20,000



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	travel to meet the needs of families to provide services. Supplies required include early intervention, therapy, and hearing screening materials.	
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		875,000

d. What are the direct services to be provided to citizens by the appropriations project?

Direct services will be provided by audiologists, OAE screeners, SLP's and highly qualified Listening and Spoken Language Specialists to children with hearing loss ages birth to three in individual and small group listening and spoken language sessions, toddler groups, tele-therapy sessions, hearing screenings, evaluations, and parent/professional training and coaching sessions.

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

Up to 900, focused on children who are deaf or hard of hearing ages birth to three whose families want an auditory oral approach to learning and children who are screening for hearing loss.

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

The program will provide families of infants and toddlers with hearing loss access to auditory oral intervention programs. To be offered throughout Florida including rural and underserved areas so that these children will have the opportunity to begin to learn listening and spoken language skills as soon as their hearing loss is identified. Formal evaluations will be used to document progress on IFSP goals and progress in auditory, speech and language development. Parent surveys will be used to evaluate the overall program. Key components of the program are the mentoring and training of professionals working with children with hearing loss as well as parent coaching so that the parents will become the primary facilitators of their child's auditory, speech, and language development.

g. 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 in the contract?

We anticipate meeting/exceeding all deliverables and performance measures provided for in the contract.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

N/A



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13. Requestor Contact Information:

- a. **Name:** Terri Fiske
- b. **Organization:** Florida Coalition for Spoken Language Options
- c. **Email:** tfiske@deafkidscan.org
- d. **Phone Number:** (850)792-4327

14. Recipient Contact Information:

- a. **Organization:** Sertoma Speech and Hearing Foundation of Florida, Inc.
- b. **County:** Statewide
- c. **Organization Type:**
 - ☐ For Profit
 - ☒ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)
 - ☐ Local Entity
 - ☐ University or College
 - ☐ Other (Please specify)
- d. **Contact Name:** Debra Golinski
- e. **E-mail Address:** debra@familyhearinghle.org
- f. **Phone Number:** (727)312-3882

15. If there is a registered lobbyist, fill out the lobbyist information below.

- a. **Name:** Theresa Bulger
- b. **Firm:** Theresa Bulger
- c. **Email:** tb@deafkidscan.org
- d. **Phone Number:** (904)880-9063