



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Southwest Florida Autism Center

2. **Senate Sponsor:** Lizbeth Benacquisto

3. **Date of Submission:** 11/17/2017

4. **Project/Program Description:**

Funding will be used to increase capacity for clinical services and support services for families with a child diagnosed with an Autism Spectrum Disorder (ASD). The funding will help procure an Autism Navigator (detailed below) and support the development of a center designed to support holistic well-being through collaborations with multiple nonprofits and faith based partners under one roof.

5. **State Agency Contacted?** No

a. If yes, which state agency?

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

Agency for Persons with Disabilities

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
102,000		102,000

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	58,000	36.3%
Other	0	0.0%
TOTAL	58,000	36.3 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 160,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

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

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



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- d. Were the funds provided in the most recent fiscal year subsequently vetoed?  
e. Complete the following Worksheet.

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:			

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

No

### 11. Program Performance:

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

In addition to long waitlists, families report the current service provider system in Southwest Florida offers limited integration of ABA, speech therapy, occupational therapy, and ancillary support services for families. Families often have to travel to multiple facilities to obtain services. This lack of integration leads to less effective service delivery and outcomes for their children. Conducting focus groups of families with children with ASD in Southwest Florida indicates a need for additional capacity for ABA therapy, speech therapy, occupational therapy, & ancillary support services for families. In launching the Southwest Florida Autism Center, our programs will incorporate typically functioning siblings & other children into our activities. We utilize this approach with an eye towards the long-term success of the children we serve as these inclusive opportunities allow for success with secondary education and vocational success as they transition into adulthood.

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

The Southwest Florida Autism Center will provide: Additional capacity for ABA therapy, Speech therapy, Occupational therapy, & ancillary support services for the growing number of ASD families in Southwest Florida. Integrated treatment planning for families, providing another significant step forward in bridging the gap of service accessibility and successful outcomes for ASD families. An additional focus on overall child well-being by including ancillary safety prevention services, life skills education, dietary support, and transitional support services. Long lasting positive outcomes for children through providing integrated opportunities for achievement with secondary education & vocational success as they transition into adulthood.

#### c. How will the funds be expended?

Spending Category	Description	Amount
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Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Autism Navigator	42,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Operating Costs	40,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Renovation to expand opportunities for ASD youth	20,000
TOTAL		102,000

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

ABA therapy, Speech therapy, Occupational Therapy, ancillary support services (dietary, life skills, transition planning)

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

This project will serve both children and adults in Lee, Collier, Charlotte, Hendry, and Glades counties on the autism spectrum. We expect to serve 800 individuals throughout Southwest Florida on the autism spectrum.

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

1. Families are able to gain information regarding services in the community. This will be measured through surveys that assess if the Navigator provided information that was helpful and if families are able to engage with these services, troubleshooting any inefficiencies and working to resolve them. 2. Ensuring that all families who connect with the Autism Navigator and are eligible for Medicaid Waiver get on the wait list for services. Medicaid Waiver is one of the only options for families once a child is over the age of 18 to provide ongoing insurance coverage, and wait lists are between 8 and 10 years. Families have difficulty in completing the application. The Autism Navigator will be able to help with this. 3. Training and forums reach a minimum of 100



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attendees per year. 4. SWFL is recognized as a nationally progressive community supporting ASD families. We will host two multidisciplinary events each year, sharing SWFL's efforts to create supports for all of its residents.

- 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?**

The agency's standard contract penalties are sufficient.

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

13. **Requestor Contact Information:**

- a. **Name:** David Brown
- b. **Organization:** Family Initiative
- c. **Email:** dbrown@fi-florida.org
- d. **Phone Number:** (239)691-4517

14. **Recipient Contact Information:**

- a. **Organization:** Family Initiative
- b. **County:** Lee
- 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:** David Brown
- e. **E-mail Address:** dbrown@fi-florida.org
- f. **Phone Number:** (239)691-4517

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

- a. **Name:** Michael Cusick
- b. **Firm:** Michael Cusick and Associates
- c. **Email:** mike@michaelcusick.com
- d. **Phone Number:** (850)212-2823