



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1544

1. **Title of Project:** DNA Comprehensive Therapy Care Model

2. **Senate Sponsor:** Lizbeth Benacquisto

3. **Date of Submission:** 02/12/2019

4. **Project/Program Description:**

The goal of the Comprehensive Care Model ('CMM') is to provide an interdisciplinary team of professionals who can provide a comprehensive treatment approach for children with Autism Spectrum Disorder. The specific combination of therapies will depend on the specific child's deficits. Likewise, the specific areas of impairment will inform the clinical approach the most appropriate team to provide services.

Some individuals with autism have difficulties associated with changes in routine or changes in environments, and often have a need for predictability. Regardless of which services a client receives, he/she will be familiar with the staff and environment at DNA Comprehensive Therapy.

5. **State Agency to receive requested funds :** Agency for Persons with Disabilities

State Agency Contacted? Yes

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	1,400,000
Fixed Capital Outlay	
Total State Funds Requested	1,400,000

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	1,400,000	100.0%
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
Total Project Costs for Fiscal Year 2019-2020	1,400,000	100.0%

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		
2018-19		733,000		

9. **Is future-year funding likely to be requested?** Yes

a. **If yes, indicate non-recurring amount per year.** 1,400,000



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10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Project Lead	75,000
Other Salary and Benefits	Care Coordinator	49,000
Expense/Equipment/Travel/Supplies/Other	Occupancy costs, supplies, testing equipment, computers, office equipment	150,000
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits	Therapists, BCBA, BCABA, RBT's,OT,OTA,SLP,SLPA,Psychiatrist, Medical Assistant	1,113,500
Expense/Equipment/Travel/Supplies/Other	Travel, assessments, supplies	12,500
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		1,400,000

11. Program Performance:

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

Participants will acquire many necessary and valuable skills that will provide immediate job opportunities that would otherwise be unavailable to them. Eye contact, communication, self regulations.

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

Mental health services (counseling and Psychiatry), Occupational therapy, Speech therapy, Behavior analysis.

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

Mental health services (counseling and Psychiatry), Occupational therapy, Speech therapy, Behavior analysis.

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

Children with Autism Spectrum Disorder. Approximately 85.

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

Help children develop necessary skills to establish healthy, age appropriate peer relationships. Learn to engage with other children and experience social acceptance. Behavior Assessment System for Children, Behavioral and Emotional Rating Scale, Pediatric Symptom Checklist.

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 in the contract?



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Financial penalties

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:** Jason Moon
- b. **Organization:** DNA Comprehensive Therapy Services
- c. **E-mail Address:** jasonm@elitednatherapy.com
- d. **Phone Number:** (239)220-3765

14. Recipient Contact Information:

- a. **Organization:** DNA Comprehensive Therapy Services
- 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:** Jason Moon
- e. **E-mail Address:** jasonm@elitednatherapy.com
- f. **Phone Number:** (239)220-3765

15. Lobbyist Contact Information

- a. **Name:** None
- b. **Firm Name:** None
- c. **E-mail Address:**
- d. **Phone Number:**