

2019-20

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The Florida Senate Local Funding Initiative Request Fiscal Year 2020-2021

LFIR # 1962

1.	Project Title	Expanding capacity for the star	e's only Feta	l Alcohol	Diagnos	stic/Trair	ning Clinic	
2.	Senate Sponsor	David Simmons						
3.	Date of Request	11/12/2019						
4.	Project/Program	Description						
	The Fetal Alcohol Spethe state, providing statewide consultation determine the extent of Diagnostic code, and functioning. Assessin occupational therapist	ctrum Disorders (FASD) Diagnostic/Tra atewide services to children/families, bir i, and linkage to community providers in of the physical and neurological/brain da determine the most appropriate services g/diagnosing FASD is a specialty area r i, neuropsychologist, and licensed menta SD prevention rack cards.	th to 21. Service the area of the smage caused by s/interventions, be equiring a highly	es include a state client's reprenatal expanded on the skilled multi-	comprehe reside. To exposure to a areas of cidisciplina	ensive FA The purpo alcohol, brain defi ary team o	SD diagnostic assessing se of the FASD Clinic develop the 4-Digit cit and the person's action of a speech pathologistic series.	ment, is to daptive t,
5.	State Agency to	receive requested funds Der	partment of H	ealth				
	State Agency conf	<u>.</u>						
6.	Amount of the No	onrecurring Request for Fisca	l Year 2020-	2021				
	Type of Fundin	g	Amoui	nt				
	Operations			270,838				
	Fixed Capital Ou	ıtlay		000				
	Total State Fun	ds Requested		270,838				
7.	Total Project Cos	t for Fiscal Year 2020-2021 (in	ncluding ma	tching fu	nds ava	ailable f	for this project)	ment, is to daptive
	Type of Funding	g	Amou	nt	Perce	ntage		
	Total State Fund	s Requested (from question #6)		270838	45	5.0 %		
	Matching Funds	3						
	Federal			00		0 %		
	State (excluding the amount of this request)		280,000			46 %		
	Local		32,500			5 %		
	Other		22,320			4 %		
	Total Project Costs for Fiscal Year 2020-2021		605,658		1	00 %		
8.		previously received state fund most recent instance:	ling? ● Y	es O N	No			
	Fiscal Year	Amount	Spe		ific	\/-4 · · · ·		
	(yyyy-yy)	Recurring No.	onrecurring	Appropr	ation #	vetoed		

280,000

Is future-year funding likely to be requested?

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Yes

523

O No

No



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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	Positions include- Chief Executive Officer: Marketing, and community outreach. Chief Operating Officer: Daily program operation oversight. Benefits include- FICA, SUI, Worker's Compensation, health insurance and retirement	4,577
Other Salary and Benefits	y and Benefits Support positions include- Chief Financial Officer: Financial Management Human Resource Director: Payroll and human resources support Accounting Coordinator: Accounts payable and receivable Credentialing and Billing Coordinator (s): Electronic medical records support Benefits include-	
Expense/Equipment/ Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs: Oth	ner	
Salary and Benefits	A portion of the salaries for the multidisciplinary team, which include: Clinical Director: Facilitate FASD evaluations, perform mental health assessments, complete contract requirements and conduct trainings; Licensed Mental Health Therapist: Perform mental health assessments and consultation Psychologist: Perform IQ and psychological testing and conduct trainings; Occupational Therapist: Occupational screenings and consultation; Speech Therapist: Speech/language screenings and consultation	
Expense/Equipment/ Travel/Supplies/Other	Testing supplies, training supplies, general office supplies, staff travel to conduct statewide trainings (includes meals, lodging and travel), costs associated with public awareness campaign	50,000
Consultants/Contracted Services/Study	Psychologist Services as may be required for IQ testing and psychological testing.	40,000
Fixed Capital Construc	tion/Major Renovation:	
Construction/Renovation/ Land/Planning Engineering		
Total State Funds Re	equested (must equal total from question #6)	270,838



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11. Program Performance

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

The FASD Clinic currently has a wait list extending to September 2020 for FASD Diagnostic assessments and we have already met our expected number of annual statewide trainings. With the growing number of babies born in Florida substance-exposed, the Clinic has been overwhelmed with referrals. The capacity for diagnostic assessments with existing funds is approximately 70 per year. Making an early diagnosis and providing appropriate interventions is critically important to improving prognosis. Individuals with FASD are at high risk for academic failure, abuse and neglect, foster care, special education, mental health and substance abuse problems and trouble with the law. These funds will allow us to expand statewide capacity for diagnostic assessments/treatment, education/training, and prevention efforts.

- b. What activities and services will be provided to meet the intended purpose of these funds?
 - 1.) 60 statewide FASD diagnostic assessments using the 4-digit FASD diagnostic code annually
 - 2.) statewide intervention services for a minimum of 20 clients monthly
 - 3.) statewide FASD trainings to a minimum of 125 program participants with at least four in different geographical areas of the state annually.
 - 4.) statewide Prevention efforts to prevent FASD, i.e., physician FASD rack cards, radio and television PSA, Website and social media.
 - 5.) statewide consultation/advocacy services to teachers, physicians, family members, and others as requested.
- c. What direct services will be provided to citizens by the appropriation project?
 - 1.) 60 FASD diagnostic assessments using the 4-digit FASD diagnostic code annually
 - 2.) FASD intervention services (speech therapy, occupational therapy, mental health child/parent therapy)
 - 3.) Weekly FASD parent/caregiver support group.
 - 4.) Monthly statewide parent/caregiver support group via SKYPE or ZOOM.
- d. Who is the target population served by this project? How many individuals are expected to be served?

Children/adults birth to 21 with confirmed prenatal exposure to alcohol.

60 annually thru diagnostic assessment/intervention protocol

80 annually thru parent/caregiver support group

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

100% of individuals assessed will be identified/diagnosed with the 4-digit diagnostic code

100% of individuals assessed will be given a full written diagnostic evaluation within 6 weeks of the assessment date. (FASD Clinic Director tracks all diagnostic assessments and date evaluation was sent.)

100% of all clients served will be linked to services in their local community

95% of families involved in the assessment/intervention process will express satisfaction with services

(DOH sends a client satisfaction to clients annually. The results have shown a consistent rating of "satisfied" or "highly satisfied" since 2005.

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?

The current contract with DOH has very specific financial consequences for failure to meet deliverables or performance measures as stated in the contract. The agency has not ever been under a Corrective Action Plan for this program and has never been fiscally sanctioned by the department.



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N	/A					
Re	equestor Contact	t Information				
a.	First Name	Kathryn	Last Name	Shea		
b.	Organization	The Florida Center for Early Chil	dhood			
c.	E-mail Address	kathryn.shea@thefloridacenter.o	rg			
d.	Phone Number	(941)650-6592	Ext. cell			
Re	Recipient Contact Information					
a.	Organization	The Florida Center for Early Chil	dhood			
b.	Municipality and	County Statewide				
c.	Organization Type					
	For-profit E	For-profit Entity				
	Non-Profit 5	Non-Profit 501(c) (3)				
	O Non-Profit	on-Profit 501(c) (4)				
	Local Entity	1				
	O University of	or College				
	Other (plea	se specify)				
d.	First Name	Kathryn	Last Name	Shea		
e.	E-mail Address	kathryn.shea@thefloridacenter.or	g			
	Phone Number					
Lc	obbyist Contact I	Information				
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