



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** NCH Early Autism Screening, Treatment, & Training Program

2. **Senate Sponsor:** Kelli Stargel

3. **Date of Submission:** 11/13/2017

4. **Project/Program Description:**

Program that offers free autism screening, offers direct clinical services, direct parent/guardian training, direct training of local providers and graduate students and behavior technicians.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Agency for Persons with Disabilities

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
667,000		667,000

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	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 667,000

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) 4

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:		667,000	667,000

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

Yes

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

\$667,000

11. Program Performance:

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

Nemours will conduct free screenings for early identification and assessment of autism; they will provide CME's for 55 medical providers; provide job training for 8 behavioral technicians in ABA, 2 pre-doctoral psychology interns, and provide intensive behavioral training for a minimum of 18 families. Nemours will purchase specialized materials and equipment to work with children with autism.

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

Early identification and intervention is the key to long-term success, both for the child, the family, and the State of Florida. By providing evaluations, we can get children into the necessary therapies to ensure optimal developmental outcome for each and every child. Ultimately, early intervention saves the state on long-term funding and care.

c. How will the funds be expended?

Spending Category	Description	Amount
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		



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<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	All Salaries and benefits for employees directly involved in delivering the program. .33-Board Certified Behavioral Analyst, 2.0-Board Certified Behavioral Analyst, .20-Board Certified Assistant Behavioral Analyst, 3.5-Behavioral Job Trainees, .50-Patient Service Specialist, .30-Board Certified Pediatric Neurologist, .30-Board Certified Pediatric Psychologist, .20 Speech Pathologist, .20-Occupational Therapist	590,215
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Educational program for community physicians, and program materials and/or equipment necessary to meet deliverable of the program.	30,031
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Florida Institute of Technology and University of Central Florida - Educational Agreements - student rotation, Florida Institute of Technology- Board Certified Behavioral Analyst Doctorate, Independent Contractor- Doctoral candidate/Clinical Research Assistant.	46,754
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		667,000



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

Free Screenings are held in the service region of Nemour's Children's hospitals, but children from around the state participate. Training for providers, behavioral technicians in Applied Behavioral Analysis, and pre-doctoral psychology interns will also be provided.

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

Pediatrics in need of early diagnosis and intervention for autism.

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

Nemours will conduct free screenings for early identification and assessment of autism; they will provide CME's for 55 medical providers; provide job training for 8 behavioral technicians in ABA, 2 pre-doctoral psychology interns, and provide intensive behavioral training for a minimum of 18 families. Nemours will purchase specialized materials and equipment to work with children with autism.

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?

Financial consequences and corrective actions would be applied if deliverables are not met.

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.

none

13. Requestor Contact Information:

- a. **Name:** Marti Coley Eubanks
- b. **Organization:** Nemours Children's Hospital
- c. **Email:** marti.coley@nemours.org
- d. **Phone Number:** (904)553-1822

14. Recipient Contact Information:

- a. **Organization:** Nemours Children's Hospital
- b. **County:** Orange
- 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:** Marti Coley Eubanks



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e. E-mail Address: marti.coley@nemours.org

f. Phone Number: (904)553-1822

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

a. Name: James Mcfaddin

b. Firm: Southern Strategy Group

c. Email: mcfaddin@sostrategy.com

d. Phone Number: (850)212-1978