



# The Florida Senate

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

1. **Title of Project:** Early Steps

2. **Senate Sponsor:** Lauren Book

3. **Date of Submission:** 11/15/2017

4. **Project/Program Description:**

The Early Steps Program serves infants and toddlers in Florida with developmental delays/handicapping conditions.

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
2,000,000		2,000,000

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):** 2,000,000

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) 5

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.

<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY <u>2017-18</u></b>
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	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
<b>Column:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>Funds Description:</b>	<b>Prior Year Recurring Funds *</b>	<b>Prior Year Nonrecurring Funds *</b>	<b>Total Funds Appropriated (Column A + Column B)</b>
<b>Input Amounts:</b>	<b>67,028,920</b>		<b>67,028,920</b>

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

Yes

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

\$2,000,000 recurring

### 11. Program Performance:

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

The Early Steps State Office has confirmed a 6.42% increase in infants and toddlers referred from 15-16 to 16-17 with a significant increase in associated early intervention service costs. In addition, the expanded Early Steps eligibility, passed by the legislature in 2016, will become effective January 1, 2018 and will include infants and toddlers At-Risk of developmental delay based on a physical or medical condition. Thirty-six At-Risk conditions have been identified, including infants exposed to addictive opiate drugs while in the mother's womb.

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

Early Steps services include Speech, Occupation and Physical Therapy as well as Early Intervention Sessions with an Infant Toddler Developmental Specialist. In addition, family support and service coordination are key components of the Early Steps Program.

#### 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		



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<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Direct Services	2,000,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		2,000,000

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

Speech, Occupation, Physical Therapy, Durable Medical Equipment, service coordination, eligibility evaluations and on-going assessments to monitor each child's progress.

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

Birth to 36 months, an estimated 2000 additional children at minimum

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

Outcomes are reported in the Annual Early Steps Program Report

**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?**

None.

**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:** Ellie Schrot
- b. **Organization:** Florida Consortium of Advocates for Infants & Toddlers
- c. **Email:** eschrot@browardhealth.org
- d. **Phone Number:** (954)728-1090



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### **14. Recipient Contact Information:**

- a. Organization:** Florida Department of Health, Early Steps
- 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) Florida Department of Health, Early Steps
- d. Contact Name:** Ellie Schrot
- e. E-mail Address:** eschrot@browardhealth.org
- f. Phone Number:** (954)728-1090

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

- a. Name:** None
- b. Firm:** None
- c. Email:**
- d. Phone Number:**