



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Autism Center of Excellence

2. **Senate Sponsor:** Dorothy Hukill

3. **Date of Submission:** 11/22/2017

4. **Project/Program Description:**

Autism Center of Excellence - Easterseals requests a specific appropriation of \$100,000 in the 2018-2019 budget for Early Diagnosis, Functional Assessment and Intervention treatments for children with autism spectrum disorder (ASD) who are underfunded or underinsured within the Northeast region of Florida.

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
100,000		100,000

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	112,200	43.1%
Other	47,859	18.4%
TOTAL	160,059	61.5 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 260,059

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) 3

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:		100,000	100,000

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

Yes

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

\$100,000

11. Program Performance:

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

to assist up to 106 clients referred by their physician to Easterseals' Autism Center of Excellence for early diagnosis and functional assessment and treatment services but who remained on a waiting list for lack of funding. Since July, 2017 more than 105 children have been referred by their physician for autism evaluation and functional assessment services. Nationwide, the average age of ASD (autism spectrum disorder) diagnosis is 4.8 years of age, but locally, many families struggle to gain access to early diagnosis and functional assessment and the average age is closer to 8 years old. Easterseals goal is to lower the overall age of diagnosis by providing diagnostic services and functional assessments and a comprehensive treatment plan, including individualized therapeutic interventions to an additional 106 children.

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

Easterseals Early Diagnosis and Functional Assessment Clinic, including individual therapy evaluations such as occupational therapy, speech/language therapy, physical therapy, and audiology. A clinical psychiatrist is engaged to meet directly with families and offer a definitive diagnosis and individualized treatment plan. Direct, evidence-based therapy interventions, including Applied Behavioral Analysis (ABA) and the PLAY Project (Play and Language for Autistic Youngsters), as well as case management and financial assistance to clients who are underinsured are also offered.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		



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<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Administrative Cost Allocation	5,469
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Salaries/Wages; Benefits	42,053
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Service contracts; Equipment lease/purchase;+ Insurance/ Maintenance/Repair; Postage; Supplies; Staff travel; Utilites; Maintenance; Misc	7,966
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Professional Fees	44,512
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		100,000

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

Early Diagnosis, Functional Assessment (including occupational, physical, speech/language and audiology evaluations) along with evidence-based interventions, case management and financial assistance to families struggling with ASD, autism spectrum disorder. Although there is NO known cure, Autism IS treatable, most especially with early diagnosis and appropriate interventions. Children and families diagnosed with autism can be successful and live meaningful lives! Definitive diagnosis and treatment reduces costs to the healthcare system, school systems, state programs and the families of children with autism.

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

Easterseals' Autism Center of Excellence targets children who are referred by their pediatrician or physician because they exhibit signs and symptoms of autism spectrum disorder. Easterseals is a highly recognized leader offering early diagnosis, functional assessment and intervention for children with Autism Spectrum Disorders (ASD) in the Northeast and East Central Florida regions. Referrals from pediatricians have grown from 2-4 per month in 2008 to a challenging 25-40 per month currently. As many as 90% of our incoming referred clients are at or below the poverty level, which greatly limits their options in pursuing diagnosis and treatment.



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Many evidence-based assessments, interventions and treatments for children with ASD are not covered by insurance.

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

The following are short-term outcomes, readily measured within the funding year: Increase in family/community caregiver awareness of ASD symptomology; Increase in children accessing a definitive diagnosis earlier; Access to early intervention sooner – # of children accessing treatment plans and engaged in therapy interventions; Functional gains of each child (therapy and interventions evaluations and goal achievement); Reduction in parental stress as measured by Parenting Stress Index (PSI-4) to be used by all families (case management facilitates upon referral); Increased understanding of the health system/resource access within our community (family information folder); Family goal achievement per case management (measured at 30 days and 120 days post diagnosis).

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?

Standard 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:** Bev Johnson
- b. **Organization:** Easterseals Northeast Central Florida, Inc.
- c. **Email:** bjohnson@esnecfl.org
- d. **Phone Number:** (386)944-7818

14. Recipient Contact Information:

- a. **Organization:** Easterseals Northeast Central Florida, Inc.
- b. **County:** Flagler, Volusia
- 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:** Susan Moor
- e. **E-mail Address:** smoor@esnecfl.org
- f. **Phone Number:** (386)944-7820



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

a. Name: None

b. Firm: None

c. Email:

d. Phone Number: