



# The Florida Senate

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

1. **Title of Project:** Early Childhood Education and Therapeutic Intervention

2. **Senate Sponsor:** Bill Galvano

3. **Date of Submission:** 11/20/2017

4. **Project/Program Description:**

To give children the best opportunity to flourish to their full potential, a community needs the most powerful and reliable diagnostic, educational and intervention services available. This project includes providing these.

DIAGNOSIS OF AUTISM SPECTRUM DISORDER (ASD): Typically, the earliest age children are diagnosed with ASD is 2 - 3 years old and many aren't diagnosed until much later. Studies show that the earlier the diagnosis, the better a child has the opportunity to adapt to his/her environment. A recent student showed that with a positive diagnosis of 1 year olds, they were able to leave behind the ASD markers. Some experience such severe sensory processing issues that it impedes their ability to eat a nutritious diet and then their physical and neurological development suffers from their deep aversion to food textures. When a child can't eat, there are many, many challenges they face. However with the earliest intervention, these same children can overcome these challenges

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?  
Department of Education

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
567,000		567,000

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):** 567,000



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### 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) 1
- 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.

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:		373,600	373,600

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

No

### 11. Program Performance:

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

To provide early diagnostic, intervention and education to children with special needs.

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

Diagnosis and screening, an array of therapy - Physical, Occupational, Speech-Language & Behavioral will be offered. Open to all children in inclusion environment for 2nd and 3rd grades for the 2018-19 school year.

#### 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		
<input type="checkbox"/> Consultants/Contracted Services/Study		



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Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Hire child psychologist, Autism educational leader, additional therapists, 2 ESE certified teachers, 2 teacher aides, 1 registered behavioral technician	420,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Estimate of classroom desks & equipment; word boards, multimedia devices, sensory tools and curriculum (\$30,000) Expense of reimbursement gap of 95 children is approximately \$117,000	147,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		567,000

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

Early diagnosis, intervention therapy and primary education

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

Families and children of Manatee and Sarasota Counties at Easter Seals Southwest Florida (400 children) and those at partner sites across both counties (enrollment of 1000+)

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

To provide an option for families to educate their children in an inclusive environment with better results than a contained classroom of only special needs students. Student performance is measured throughout the year and assessed using the Iowa Test of Basic Skills (ITBS) - a national norm-referenced, standardized test and Orton-Gillingham reading assessments which evaluate sight words and reading fluency. Provide access to intervention therapy as soon as a diagnosis is made. Our team of therapists use norm-referenced, standardized tests to evaluate communication, fine motor skills, overall coordination, gross motor skills, social skills, cognition and overall child development. Each therapist is licensed by the Florida Department of Health as a



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diagnostician. Each session is documented and parents receive a weekly report which includes a therapeutic home program which reinforces the therapy sessions and classroom work. Children are assessed by standardized screen.

- 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?**

If the project doesn't meet the objectives or a corrective action plan, the project will be subject to termination and if applicable, liquidated damages.

- 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.**

Easter Seals Southwest Florida, Inc.

- 13. Requestor Contact Information:**

- a. **Name:** Jannon Pierce
- b. **Organization:** Easter Seals of Southwest Florida
- c. **Email:** jpierce@easterseals-swfl.org
- d. **Phone Number:** (941)355-7637

- 14. Recipient Contact Information:**

- a. **Organization:** Easter Seals of Southwest Florida
- b. **County:** Manatee
- 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:** Jannon Pierce
- e. **E-mail Address:** jpierce@easterseals-swfl.org
- f. **Phone Number:** (941)355-7637

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

- a. **Name:** Trevor Mask
- b. **Firm:** Colodny Fass
- c. **Email:** tmask@colodnyfass.com
- d. **Phone Number:** (850)577-0398