1. **Title of Project:** Auditory Oral Intervention for Children with Hearing Loss Program
2. **Senate Sponsor:** Wilton Simpson
3. **Date of Submission:** 01/30/2019
4. **Project/Program Description:**
   Auditory Oral Intervention for Children with Hearing Loss Program will provide hearing screenings and evaluations as well as listening and spoken language services to children birth to three, with hearing loss, in multiple counties throughout the State of Florida including underserved/rural areas.
5. **State Agency to receive requested funds:** Department of Health
   State Agency Contacted? Yes
6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>875,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td></td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td>875,000</td>
</tr>
</tbody>
</table>

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>875,000</td>
<td>100.00%</td>
</tr>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Local</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td>875,000</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

8. **Has this project previously received state funding?** Yes

<table>
<thead>
<tr>
<th>Fiscal Year (yyyy-yy)</th>
<th>Recurring</th>
<th>Amount</th>
<th>NonRecurring</th>
<th>Specific Appropriation #</th>
<th>Vetoed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018-19</td>
<td></td>
<td>550,000</td>
<td>451</td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

9. **Is future-year funding likely to be requested?** Yes
   a. If yes, indicate non-recurring amount per year. $875,000

10. **Details on how the requested state funds will be expended**

    | Spending Category | Description | Amount |
    |-------------------|-------------|--------|
    | Administrative Costs: |             |        |
Executive Director/Project Head Salary and Benefits

Project Head will oversee grant activities throughout Florida with collaborative partners as well as provide direct services. A significant portion of this individual’s time and a commensurate portion of salary will be assigned to this program.

20,000

Other Salary and Benefits

Staff will compile data, coordinate services for families, schedule appointments, assist with enrollment, and reports.

10,000

Expense/Equipment/Travel/Supplies/Other

Supplies required include office supplies, workshop materials, and printing supplies as well as travel among grant sites throughout Florida.

5,000

Consultants/Contracted Services/Study

Consultants and contracted staff are required to compile and review outcome data.

5,000

Operational Costs:

Salary and Benefits

The program will require early intervention faculty and OAE trained screeners and therapists, including speech-language pathologists, teachers of the deaf, and audiologists with listening and spoken language expertise to provide direct services to infants, toddlers, and their families.

815,000

Expense/Equipment/Travel/Supplies/Other

To provide services to children in rural areas, funding is required for providers to travel to meet with families and other providers who are working with the families. In addition, natural environment services require providers to travel to meet the needs of families to provide services. Supplies required include early intervention, therapy, and hearing screening materials.

20,000

Consultants/Contracted Services/Study

Fixed Capital Construction/Major Renovation:

Construction/Renovation/Land/Planning Engineering

Total State Funds Requested (must equal total from question #6)

875,000

11. Program Performance:

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

The goal of the program is to expand access to audiology services and screenings in rural and underserved areas, and to provide local access to high-quality auditory-oral early intervention services for children who are deaf ages birth to three who reside in the State of Florida to facilitate the development of foundational listening and spoken language skills so that every child with hearing loss has the opportunity to learn to listen and talk.

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

Activities and services that will be provided for eligible children will include hearing screenings, evaluations, auditory-verbal and LSLS therapy, parent-infant and toddler groups, and tele-therapy, as well as
parent/professional training and mentoring about listening and spoken language development and technology such as cochlear implants and hearing aids.

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

Direct services will be provided by audiologists, SLP's, and highly qualified Listening and Spoken Language Specialists to children with hearing loss ages birth to three in individual and small group listening and spoken language sessions, toddler groups, tele-therapy sessions, hearing screenings, evaluations, and parent/professional training and coaching sessions.

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

Up to 900 children who are deaf or hard of hearing ages birth to three whose families want an auditory oral approach to learning.

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

The program will provide families of infants and toddlers with hearing loss access to auditory oral intervention programs. To be offered throughout Florida, including rural and underserved areas, so that these children will have the opportunity to begin to learn listening and spoken language skills as soon as their hearing loss is identified. Formal evaluations will be used to document progress of IFSP goals and progress in auditory, speech, and language development. Parent surveys will be used to evaluate the overall program. Key components of the program are the mentoring and training of professionals working with children with hearing loss as well as parent coaching so that the parents will become the primary facilitators of their child's auditory, speech, and language development.

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?**

We anticipate meeting/exceeding all deliverables and performance measures provided in the contract.

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:** Terri Fisk
   
   b. **Organization:** Florida Coalition for Spoken Language Options
   
   c. **E-mail Address:** tfisk@deafkidscan.org
   
   d. **Phone Number:** (706)941-2194

14. **Recipient Contact Information:**

   a. **Organization:** Sertoma Speech & Hearing Foundation of Florida, Inc.
   
   b. **County:** Statewide
   
   c. **Organization Type:**
      - For Profit
The Florida Senate
Local Funding Initiative Request
Fiscal Year 2019-2020
LFIR#: 1502

(crate icon)
Non Profit 501(c) (3)
☒ Non Profit 501(c) (4)
☒ Local Entity
☒ University or College
☒ Other (Please specify)
d. **Contact Name:** Debra Golinski
e. **E-mail Address:** debra@familyhearinghelp.org
f. **Phone Number:** (727)312-3881

15. **Lobbyist Contact Information**
   a. **Name:** Theresa Bulger
   b. **Firm Name:** Coalition for Spoken Language Options
c. **E-mail Address:** bulger12@yahoo.com/tb@deafkidsca.org
d. **Phone Number:** (904)880-9063