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

**Senate Sponsor:** Tom Wright

**Date of Submission:** 02/06/2019

**Project/Program Description:**
Autism Center of Excellence - Easterseals requests a specific appropriation of $100,000 in the 2019-2020 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.

**State Agency to receive requested funds:** Agency for Persons with Disabilities

**State Agency Contacted?** No

**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>100,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td></td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td>100,000</td>
</tr>
</tbody>
</table>

**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>100,000</td>
<td>41.39%</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>100,000</td>
<td>41.39%</td>
</tr>
<tr>
<td>Other</td>
<td>41,600</td>
<td>17.22%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td><strong>241,600</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

**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>100,000</td>
<td></td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

**Is future-year funding likely to be requested?** Yes

a. **If yes, indicate non-recurring amount per year.** $100,000

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

<table>
<thead>
<tr>
<th>Spending Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
</table>
Executive Director/Project Head Salary and Benefits
Other Salary and Benefits
Expense/Equipment/Travel/Supplies/Other
Administrative Cost Allocation 6,730
Consultants/Contracted Services/Study

Operational Costs:
Salary and Benefits
Salaries/Wages; Benefits 50,550
Expense/Equipment/Travel/Supplies/Other
Program supplies; Office supplies; Cont. Ed; IT; Telephone/Utilities; Equipment lease/purchase;+ Insurance/ Maintenance/Repair; Postage; Bank Fees; Payroll service fees; PLAY Project License; Staff travel; Maintenance; Misc 13,240
Consultants/Contracted Services/Study
Professional Fees 29,480

Fixed Capital Construction/Major Renovation:
Construction/Renovation/Land/Planning Engineering

Total State Funds Requested (must equal total from question #6) 100,000

11. Program Performance:

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

Gratefully, Easterseals received $100,000 in the 2018-2019 state budget to assist 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. 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. 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 109 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. 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 treat reduces costs to the healthcare system, school systems, state programs and the families of children with autism.

d. **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 40-60 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. Many evidence-based assessments, interventions and treatments for children with ASD are not covered by insurance.

e. **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).

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?**

   Withholding of funding until deliverables are substantiated.

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. **E-mail Address:** bjohnson@esnecfl.org
   d. **Phone Number:** (386)944-7818

14. **Recipient Contact Information:**
   a. **Organization:** Easterseals Northeast Central Florida, Inc.
   b. **County:** Volusia
   c. **Organization Type:**
      ○ For Profit
The Florida Senate
Local Funding Initiative Request
Fiscal Year 2019-2020

LFIR#: 1686

☐ Non Profit 501(c) (3)
☐ Non Profit 501(c) (4)
☐ Local Entity
☐ University or College
☐ Other (Please specify)

d. **Contact Name:** Bev Johnson
e. **E-mail Address:** bjohnson@esnecfl.org
f. **Phone Number:** (386)944-7818

15. Lobbyist Contact Information

a. **Name:** None
b. **Firm Name:** None
c. **E-mail Address:**
d. **Phone Number:**