

The Florida Senate Local Funding Initiative Request Fiscal Year 2021-2022

LFIR # 1158

1. Project Title	Auditory Oral Intervention for Children with Hearing Loss Program							
2. Senate Sponsor	Kathleen Passido	omo						
3. Date of Request	02/02/2021							
4. Project/Program De	escription							
Auditory Intervention listening and spoken State of Florida inclu	language services	to children birt	rogram v h to thre	will provide hearin e, with hearing lo	ng screenings and e ss, in multiple coun	evaluations, as well as, ties throughout the		
5. State Agency to rec	eive requested fu	nds Depar	rtment of	f Health				
State Agency conta	cted? Yes							
•								
6. Amount of the Nonr	ecurring Request	for Fiscal Yea	r 2021-2	2022		_		
Type of Funding				Amo	ount			
Operations					875,000	-		
Fixed Capital Outlay				0				
Total State Funds F	Requested				875,000]		
7. Total Project Cost fo	or Fiscal Year 202	1-2022 (includ	ing mat	ching funds ava	ilable for this proj	ect)		
Type of Funding				Amount	Percentage			
Total State Funds Re	equested (from que	stion #6)		875,000	100%	-		
Matching Funds						_		
	Federal			0	0%			
State (excluding the amount of this request)				0	0%			
Local				0	0%			
Other				-	0%			
Total Project Costs	for Fiscal Year 20	21-2022		875,000	100%]		
8. Has this project pre	eviously received s	state funding?	Ye	S				
Fiscal Year (yyyy-yy)	Amo Recurring	ount Nonrecurrir	ng A	Specific ppropriation #	Vetoed			
2020-21	0		,000	452	No			
9. Is future funding lik	ely to be requeste	ed?	Ye	S		_		
a. If yes, indicate no	onrecurring amou	nt per year.	875	5,000				
b. Describe the sou	rce of funding tha	t can be used	in lieu d	of state funding.				
There isn't any fund	ling available that c	an be used in I	ieu of sta	ate funding.				
10. Has the entity requ	uestina this projec	t received an	/ federa	l assistance rela	ated to the COVID-	19 pandemic?		
No	accuring time projec		, , , , , , , , , , , , , , , , , , , ,	. 400.014.100		To particionio		
If yes, indicate the	amount of funds r	acaivad and u	that the	funds were use	d for			
n yes, muicate the	amount or fullus f	COCIVEU AIIU V	riial liie	iulius wele use	u IUI.	7		



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11. 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: Other		
Salary and Benefits	The program will require early intervention faculty and certified OAE 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 mobile audiology materials.	20,000
Consultants/Contracted Services/Study	N/A	0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	N/A	0
Total State Funds Requested (m	ust equal total from question #6)	875,000

12. Program Performance

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

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

b. What activities and services 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. Activities will include parent/professional training and mentoring about listening and spoken language development and technology such as cochlear implants and hearing aids.

c. What direct services will be provided to citizens by the appropriation project?

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



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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. Services will be offered throughout Florida, including rural and under served 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 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 identification of hearing loss, 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 the contract?

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

13. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

N/A



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14.	14. Requestor Contact Information								
	a. First Name	Terri Last Name Fisk							
	b. Organization	Florida Coalition for Spoken Language Options							
	c. E-mail Address	tfisk@deafkiscan.org							
	d. Phone Number	(706)941-2194 Ext.							
15.	Recipient Contact Information								
	a. Organization	Sertoma Speech & Hearing Foundation of Florida, Inc.							
	b. Municipality and	d County Statewide							
	c. Organization Type								
	□For Profit Entity								
	☑Non Profit 501(c	c)(3)							
	□Non Profit 501(c	c)(4)							
	□Local Entity								
	□University or Co	College							
	□Other (please specify)								
	d. First Name	Debra		Last Name	Golinski				
	e. E-mail Address	debra@familyhearinghelp.org							
	f. Phone Number	(727)312-3881							
16.	16. Lobbyist Contact Information								
	a. Name	Theresa Bulger							
	b. Firm Name	Florida Coalition for Spoken Language Options							
	c. E-mail Address	bulger12@yahoo.com							
	d. Phone Number	(904)880-9063							