

1. Project Title

# The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

**LFIR # 1438** 

2. Senate Sponsor	Ileana Garcia
3. Date of Request	11/16/2023
4. Project/Program D	escription
extensive range of various provided by the legi- core activities help a (including 88,000 chareducing emergency enrolled in the the F	of six non-profit epilepsy organizations serving the entire state of Florida. These non-profits provide an vital services in their local communities for individuals with epilepsy and their families. The core services slative program are case management, medical services and prevention and education services. These prevent epilepsy in the general population and improves the quality of life for over 500,000 Floridians hildren) living with epilepsy while simultaneously saving the State of Florida money and resources by a room visits. The program is proven with 90% of patients reporting fewer emergency room visits once ESP. There has been a 73% decline in FESP funding from the Seat Belt Trust Fund since 2013-2014 0.000 in cuts. This has caused a hardship for Floridians affected by epilepsy.

5. State Agency to receive requested funds

State Agency contacted?

Yes

Florida Epilepsy Services Program (FESP)

### 6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	976,364
Fixed Capital Outlay	0
Total State Funds Requested	976,364

#### 7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	976,364	22%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	2,668,234	61%
Local	250,000	6%
Other	500,000	11%
Total Project Costs for Fiscal Year 2024-2025	4,394,598	100%

## 8. Has this project previously received state funding?

Fiscal Year	Amo	ount	Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
2023-24	2,668,234	832.364	449	No	

9. Is future funding likely to be requested?

Yes

Yes

a. If yes, indicate nonrecurring amount per year.

976,364

### b. Describe the source of funding that can be used in lieu of state funding.

Florida Epilepsy Service Providers, as always, will continue to seek funds to augment state funding from grantors, individuals, and other government agencies. The nonrecurring amount requested is to replace drastic cuts in the Epilepsy Seat Belt Trust Fund over the past 9 years. The Trust Fund now represents over 73% reduction in collections versus 2014.



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10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

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No		
If yes, indicate the amount of funds received and what the	e funds were used	d for.
Complete questions 11 and 12 for Fixed Cap	pital Outlay I	Projects
11. Status of Construction a. What is the current phase of the project?		
OPlanning Opesign Oconstruction ON	I/A	
b. Is the project "shovel ready" (i.e permitted)?	No	
c. What is the estimated start date of construction?		
d. What is the estimated completion date of construction?		
12. List the owners of the facility to receive, directly or indire relationship between the owners of the facility and the er		apital outlay funding. Include the

13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:	·	
Executive Director/Project Head Salary and Benefits	10% of the funds requested will be used towards administrative staff salaries including 14% benefits.	97,636
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	40% of the funding will be expended on program staff- case managers who work directly with clients and their families and prevention and education coordinators who educate families, employers, police, school, nurses and the community at large.	390,546
Expense/Equipment/Travel/Supplies/ Other	10% of the funding will provide printed educational materials, online educational materials, travel for program staff to attend heath fairs, provide online and in-person presentations and outreach to the community at large about epilepsy prevention and first aid.	97,636
Consultants/Contracted Services/Study	40% of funding will pay doctors and hospitals across the state at vastly reduced rates for medical visits and diagnostic testing for patients economically qualified. Negotiated rates with medical professionals treats a single patients for approximately \$851 annually plus in-kind donations for a total of \$1100 per patient per year. AHCA 2021 ED visits for epilepsy was at an average statewide \$11,256.	390,546
Fixed Capital Construction/Majo	r Renovation:	



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Construction/Renovation/Land/ Planning Engineering			
Total State Funds Requested (must equal total from question #6)			

### 14. Program Performance

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

The funds will provide epilepsy prevention education, early intervention, medical treatment, school trainings, support services and on-going case management to improve the quality of life for the over 500,000 Floridians living with epilepsy and their families while simultaneously saving the State of Florida money and valuable resources. 90% of patients will report fewer emergency rom visits once enrolled in the FESP. AHCA 2021 reports the average statewide cost for an epilepsy ED visit cost \$11,256 per visit. In comparison, FESP negotiated rates with medical professionals treats a single patient for approximately \$851 annually plus in-kind donations for a total of \$1,100 per patient per year.

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

Medical and diagnostic services, individualized case management, prescription medication assistance, support groups, basic life needs and family support services for over 4,000 individuals with a diagnosis of epilepsy as well as epilepsy prevention and education for the families and patients with epilepsy and the community at large.

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

Medical visits and all diagnostic services including EEG's and MRI's, individualized case management, prescription medication assistance, support groups, education and family support services. In addition, epilepsy education is provided to the community at large with a large focus on our schools since the passing of the 2023 Care of Students with Epilepsy or Seizure Disorders Legislation (HB173 & SB 340).

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

Over 500,000 Floridians with epilepsy and their families as well as educating the Florida community at large about epilepsy prevention and seizure first aid.

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

Benefit: Reduced emergency room visits; improved seizure management measured through an annual client survey. Benefit: Patients will have better understanding and control of their seizures measured through an annual client survey. Benefit: Improved seizure control for many means job and education opportunities measured through an annual client survey.

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?

Current contracts afford monthly fiscal penalties for any epilepsy service provider not meeting the required deliverables and performance measures of the contract. Deliverables and performance measures are determined annually based on income received for services.

	1	5.	Req	uester	Contact	Inf	formation
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a. First Name	Karen	Last Name	Egozi
b. Organization	Epilepsy Florida on behalf Program	of the Florid	a Epilepsy Services
c. E-mail Address	kegozi@eafla.org		
d. Phone Number	(786)999-2316	Ext.	

#### 16. Recipient Contact Information

a. Organization Epilepsy Florida



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	b. Municipality and	l County	Statewide			
	c. Organization Type					
	□For Profit Entity					
	☑Non Profit 501(c)(3)					
	□Non Profit 501(c	:)(4)				
	□Local Entity					
	□University or College					
	□Other (please sp	ecify)				
	d. First Name	Karen		Last Name	Egozi	
	e. E-mail Address	kegozi@e	eafla.org			
	f. Phone Number	(786)999-2316				
17	. Lobbyist Contact I	nformatio	n			
	a. Name	Monica L. Rodriguez				
	b. Firm Name	Ballard Partners				
	c. E-mail Address	monica@	ballardpartners.	com		
	d Phone Number	(850)577	(850)577-0444			