



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Austim First Responders & Educator SIM Training

2. **Senate Sponsor:** Dennis Baxley

3. **Date of Submission:** 11/16/2017

4. **Project/Program Description:**

To offer statewide, all day training/simulation sessions for each profession monthly to educate professionals on how to approach/interact with children and adolescents on the spectrum.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Health

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

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
100,000		100,000

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):** 100,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded?

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

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:			

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

Yes

a. If yes, indicate non-recurring amount per year.

\$100,000 annually.

11. Program Performance:

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

According to the CDC, one in 68 individuals will be diagnosed with autism spectrum disorder. At some point in their career, more first responders and educators will encounter someone on the spectrum. This training will help provide the skills necessary for first responders and educators to effectively manage situations when a person with autism is involved.

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

Training will be done through didactic lectures and simulations with actors to emulate real world situations for first responders and educators.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Project Director	10,460
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Instructor Time	58,174
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Handouts/Cognitive aids; breakfast and lunch for attendees; online module and media; sim actors	31,366
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		100,000

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

This training provided by JHACH to Florida first responders and educators will ensure that participants are better equipped to interact with a person on the spectrum. This not only benefits the first responders and educators to handle situations more effectively, but also benefits the citizens of Florida who may be on the spectrum or have family members on the spectrum. They can feel more comfortable that any interactions they or their family members have with first responders or educators will occur in a way that is safe and less stressful.

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

Florida first responders, educators, and Florida children diagnosed with autism spectrum disorder and their families; it is estimated that one out of every 68 children in the United States currently has autism.

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

A bill was recently signed into law requiring autism training for Florida's law enforcement officers. JHACH saw the need for this training before that time and held a training for first responders in June 2017. It was attended by 80 Florida law enforcement personnel. In an effort to improve the training, JHACH would like to expand this to also include educators, increase sessions to monthly, and include simulation exercises. Benefits would be measured by pre and post testing and attendee evaluations.

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?

The suggested penalty would be requiring any funds associated with the unmet deliverables to be returned.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

relationship between the owner(s) of the facility and the entity.

None

13. Requestor Contact Information:

- a. **Name:** Michelle DuJardin
- b. **Organization:** JHACH Institute for Brain Protection Sciences
- c. **Email:** Michelle.dujardin@jhmi.edu
- d. **Phone Number:** (727)767-7323

14. Recipient Contact Information:

- a. **Organization:** Johns Hopkins All Children's Hospital
- b. **County:** Statewide, Pinellas
- 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:** Michelle DuJardin
- e. **E-mail Address:** Michelle.dujardin@jhmi.edu
- f. **Phone Number:** (727)767-7323

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

- a. **Name:** Anita Berry
- b. **Firm:** Corcoran and Associates
- c. **Email:** anita@corcoranfirm.com
- d. **Phone Number:** (301)524-0172