



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Florida Heiken Children's Vision Program

2. **Senate Sponsor:** Rene Garcia

3. **Date of Submission:** 12/01/2017

4. **Project/Program Description:**

The objective of Heiken is to provide comprehensive eye examinations with dilation and prescription eyeglasses, when required, for eligible children throughout the State of Florida to help them succeed academically and improve their overall quality of life. Services are provided at no cost to the families.

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
250,000		250,000

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	615,702	71.1%
Other	0	0.0%
TOTAL	615,702	71.1 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 865,702

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

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

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.



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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:	750,000	250,000	1,000,000

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

Yes

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

1,000,000

### 11. Program Performance:

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

The goal of the Florida Heiken Children's Vision Program is to assure that all financially disadvantaged schoolchildren who fail their vision screening have access to a comprehensive eye examination including dilation and glasses, if required, to ensure academic success. Following the Florida Statute which sets standards of care, the Program provides an eye examination with dilation so that underlying medical conditions can be diagnosed and appropriate medical referrals made. Prescription glasses are provided. These free services are offered statewide either on-site at schools via our four mobile eye clinics or by our network of nearly 1,200 participating optometrists.

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

The Heiken Children's Vision Fund was created in 1992 by the Dade County Optometric Association, and merged with the Miami Lighthouse in 2007. In 2010, the Florida Heiken Children's Vision Program, LLC, a division of Miami Lighthouse for the Blind and Visually Impaired, Inc., was registered with the State of Florida, expanding vision health services to low-income children statewide. The Florida Heiken Children's Vision Program will provide a total of over 10,000 eye exams Statewide leveraging Florida Department of Health funding.

- c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		



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<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Prorated portion of Executive salary and benefits	3,079
<input checked="" type="checkbox"/> Other Salary and Benefits	Prorated portion of Administrative staff	18,915
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Supplies / Expenses	3,506
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Prorated portion of facilities	6,375
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Staff salaries	73,125
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Cost of supplies & equipment	25,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Mainly Optometrists and Opticians	120,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		250,000

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

Florida Heiken Children's Vision Program will continue its eye wellness program statewide providing 5,256 comprehensive diagnostic eye examinations to disadvantaged children. Eye examinations conducted are performed on one of our four mobile eye care units when there are 13 or more eligible children at a scheduled site or by one of our network of more than 1,200 community optometrist via a voucher when there are fewer. DOH funding will ensure that 5,256 children will receive a comprehensive diagnostic eye exam this upcoming year. Roughly 85% will receive prescription eyeglasses at no cost. As a result, 4,500 vulnerable schoolchildren will get eyeglasses. Thanks to the dilated comprehensive eye examinations, early detection of roughly 300 eye conditions will subsequently be referred to specialists preventing potential vision loss and the resulting financial and social impact on the individuals, communities and the state.

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

2016-2017 school year the number of referrals received was 17,316; Number of eye exams performed: 11,146; Number of eyeglasses provided: 8,196; Number of medical referrals for further evaluation: 668. Based on research funded by the Health Foundation of South Florida, 74% of the Florida Heiken Children's Vision Program participant's parents who responded reported academic improvement after their children received eyeglasses from our eye wellness program at their school. The projection in the coming contract year would be



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to provide comprehensive dilated eye exams and eyeglasses when prescribed to approximately 5,256 uninsured Florida public school students who have failed a vision screening, and replacement glasses under warranty for 6 months with Department of Health funding of \$1,000,000. We expect to serve over 10,000 students, including other leveraged funding.

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

The Florida Heiken Childrens Vision Program has been audited for the past 8 years by the Florida Department of Health without any significant findings. The 2016-2017 measures used are as follows: Results included Mobile visit Satisfaction Survey requested from every Site Coordinator, questions included: •Did you have any difficulty scheduling your school visit? No: 60/61 = 98% • Were you satisfied with the overall scheduling process? Yes: 59/61 = 97% •Did the IVP team arrive at your school by the scheduled time? Yes: 56/61 = 92% • Did the exams begin within one hour from arrival? Yes: 61/61 = 100% •Were the exams finished by the end of the school day? Yes: 60/61 = 98% •Were all the students in attendance able to be seen? Yes: 60/61 = 98%

**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?**

Contracting agency will not bill State for ineligible services provided. FDOH Monitoring has found no issues.

**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.**

NONE

**13. Requestor Contact Information:**

- a. **Name:** Virginia Jacko
- b. **Organization:** Florida Heiken Children's Vision Program
- c. **Email:** vjacko@miamilighthouse.org
- d. **Phone Number:** (786)362-7505

**14. Recipient Contact Information:**

- a. **Organization:** Florida Heiken Children's Vision Program
- b. **County:** Miami-Dade
- 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:** Virginia Jacko
- e. **E-mail Address:** vjacko@miamilighthouse.org
- f. **Phone Number:** (786)362-7505



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

- a. Name: Samantha Laurel
- b. Firm: Robert M. Levy & Associates
- c. Email: laurel.samantha@gmail.com
- d. Phone Number: (850)681-0254