



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 1961

**1. Title of Project:** Early Childhood Education and Therapeutic Intervention

**2. Senate Sponsor:** Aaron Bean

**3. Date of Submission:** 02/23/2019

**4. Project/Program Description:**

Comprehensive autism services to children, families, and community partners will be expanded to include early screening and diagnostics, early intervention services, and the addition of 4th and 5th grades, resulting in children's increased academic achievement and access to general education curriculum prior to entry into middle school. Less reliance on special education services will result in significant cost savings to school boards and increased rates of post secondary employment.

**5. State Agency to receive requested funds :** Department of Education

State Agency Contacted? No

**6. Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	1,774,150
Fixed Capital Outlay	
<b>Total State Funds Requested</b>	<b>1,774,150</b>

**7. Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	1,774,150	34.16%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	3,420,000	65.84%
<b>Total Project Costs for Fiscal Year 2019-2020</b>	<b>5,194,150</b>	<b>100.0%</b>

**8. Has this project previously received state funding? Yes**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		
2018-19		444,448	112	No

**9. Is future-year funding likely to be requested? No**

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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and	Director of Autism Services Salary and Benefits	137,500



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Benefits		
Other Salary and Benefits	School Principal Salary and Benefits	93,750
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs:</b>		
Salary and Benefits	1 case manager, 2 speech language pathologists, 2 speech language assistants, 1.5 board certified behavior analysts, 3 teachers, 1 licensed clinical social worker, .5 physical therapist, 3 registered behavioral technicians, 1 music therapist, 1 occupational therapist, 1 art therapist, 1 autism specialist, 1 clinical assistant, 1 psychologist	1,482,500
Expense/Equipment/Travel/Supplies/Other	Classrooms furnishings, 4th and 5th grade, technology, therapy supplies, consumables, curriculum,	60,400
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,774,150</b>

**11. Program Performance:**

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

Through early screenings, diagnostics, intervention, and therapeutic day school services, children with autism and related disabilities will show a reduced dependence on Special Education Services as they transition into middle school. Reduction in special education services in secondary grades is directly linked to increased employment rates among those with disabilities.

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

Early Childhood Autism screening and diagnostic services K-5 therapeutic educational services for those diagnosed with autism spectrum disorder and other disabilities Technical assistance to community providers and Boards of Education.

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

Screenings, Diagnostics, Early Intervention including mental health, behavioral, occupational, physical, and speech therapies, therapeutic elementary K-5, technical assistance to community providers, boards of education, and families.

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

Birth - 5th grade. Approximately 400 children, 200 family members, and 100 community educators/therapists.

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



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Families will be able to access critical services in reduced periods of time. Children will be screened and diagnostics completed within 90 days of initial referral. Reliance on special education services will be reduced, while academic independence is increased. Children's special education Matrix scores will show reduction after 1 year of enrollment.

**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?**

If measurable outcomes are not obtained, agency will develop a plan to address deficiencies to meet outcomes. Penalties may include, increased service provision or reduction in funding.

**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:** Jacque Ruch
- b. **Organization:** Easterseals Southwest Florida, Inc.
- c. **E-mail Address:** jruch@easterseals-swfl.org
- d. **Phone Number:** (941)355-7637 Ext. 452

**14. Recipient Contact Information:**

- a. **Organization:** Easterseals Southwest Florida, Inc.
- b. **County:** Manatee
- 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:** Tom Waters
- e. **E-mail Address:** twaters@easterseals-swfl.org
- f. **Phone Number:** (941)355-7637

**15. Lobbyist Contact Information**

- a. **Name:** Trevor Mask
- b. **Firm Name:** Colodny Fass, P.A.
- c. **E-mail Address:** tmask@colodnyfass.com
- d. **Phone Number:** (850)577-0398