



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2302

1. **Project Title** Florida Heiken Children's Vision Program2. **Senate Sponsor** Anitere Flores3. **Date of Request** 01/15/20204. **Project/Program Description**

The objective of the Florida Heiken Children's Vision Program, a division of Miami Lighthouse for the Blind, 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. Of the 1,400 families contacted in our recent Heiken Children's Vision Program market research survey, 74% of the respondents reported that their child improved academically because of the services provided by the Miami Lighthouse Florida Heiken Children's Vision Program. Therefore, the Heiken initiative provides the greatest return on investment for the State of Florida, since for roughly \$150 cost to the state, a child receives not only prescription glasses and a dilated eye exam which detects possible medical issues, but 74% of those children will improve academically as a result.

5. **State Agency to receive requested funds** Department of HealthState Agency contacted? ☒ Yes ☐ No6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	1,000,000
Fixed Capital Outlay	000
Total State Funds Requested	1,000,000

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1000000	59.0 %
Matching Funds		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	700,000	41 %
Other	00	0 %
Total Project Costs for Fiscal Year 2020-2021	1,700,000	100 %

8. **Has this project previously received state funding?** ☒ Yes ☐ No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2019-20	750,000	00	450	No

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

If yes, indicate nonrecurring amount per year. 1,000,000



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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Prorated portion of Executive salary and benefits.	13,000
Other Salary and Benefits	Prorated portion of Administrative staff.	76,960
Expense/Equipment/Travel/Supplies/Other	General Insurance, Audit Fees, General Office Supplies, Computers, etc.	14,000
Consultants/Contracted Services/Study	Prorated portion of facilities.	27,040
Operational Costs: Other		
Salary and Benefits	6.5 Full Time Equivalents plus benefits (20%) including Manager of Heiken Program, Optometric Technicians, Program Coordinators, and Data Entry Staff.	304,000
Expense/Equipment/Travel/Supplies/Other	Mobile Unit expenses, Vision Examination Supplies.	94,000
Consultants/Contracted Services/Study	Optometrists and Opticians.	471,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		1,000,000



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11. Program Performance

a. What specific purpose or goal 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 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 1,104 participating optometrists.

b. What activities and services 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 12,000 eye exams Statewide, leveraging Florida Department of Health funding. In the 2018-2019 school year, Heiken received 23,229 requests for services, a 67% increase over 2017-2018, but only had funding to provide services to 15,439 students, leaving 7,790 students' needs unmet. With nearly 21,000 referrals already received in the first 6 months of the 2019-2020 school year, we expect over 30,000 requests by June 2020, which more than doubles the unmet need.

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

With current year Florida Department of Health funding (a 25% reduction from the previous year), our Florida Heiken Children's Vision Program will continue its eye wellness program statewide and will provide about 5,000 comprehensive diagnostic eye examinations and prescription eyeglasses to disadvantaged children at no cost to the child. At this funding level, more than 7,000 schoolchildren will not receive a requested comprehensive eye exam and prescription eyeglasses. Restoring funding to \$1,000,000 is needed for the Florida Heiken Children's Vision Program to help mitigate the unmet need for Florida's disadvantaged schoolchildren. Replacement glasses are provided under warranty for 6 months to all eligible students as well.

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

Combined with local support for the Heiken Program in the 2018-2019 school year, 15,439 low-income schoolchildren received a dilated exam; 9,083 of them received prescription glasses. 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. In addition, we frequently receive letters and testimonials from grateful children and school personnel, documenting our program's impact on individual lives. The projection in the coming contract year would be to provide comprehensive dilated eye exams to approximately 12,000 Florida public school students who are in need of vision services.

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

The Florida Heiken Children's Vision Program has been audited for the past 9 years by the Florida Department of Health without any significant findings. The 2018-2019 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: 54/55 = 98% • Were you satisfied with the overall scheduling process? Yes: 54/55 = 98% •Did the IVP team arrive at your school by the scheduled time? Yes: 50/55 = 91% • Did the exams begin within one hour from arrival? Yes: 53/55 = 96% •Were the exams finished by the end of the school day? Yes: 54/55 = 98% •Were all the students in attendance able to be seen? Yes: 52/55 = 95%.

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?

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



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12. 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

13. Requestor Contact Information

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. Recipient Contact Information

- a. Organization
- b. Municipality and County
- c. Organization Type
- ☐ For-profit Entity
 - ☒ Non-Profit 501(c) (3)
 - ☐ Non-Profit 501(c) (4)
 - ☐ Local Entity
 - ☐ University or College
 - ☐ Other (please specify)
- d. First Name Last Name
- e. E-mail Address
- f. Phone Number

15. Lobbyist Contact Information

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.