



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2041

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

**4. Project/Program Description**

The Sarasota Fetal Alcohol Spectrum Disorders (FASD) Clinic has been the only specialized clinic operating in the state from 2005-2023. This is a statewide diagnostic Clinic and requires children with FASD and their families to travel to Sarasota for the FASD diagnostic assessment. Non-recurring funds of \$275,000 provided by the state in the 2021 legislative session has allowed for a second FASD Clinic to be established in Orlando. This current funding request would support continuation of both the Orlando and Sarasota FASD Clinics and provide for more extensive family support, outreach and statewide training. The intensive needs of these children creates a great deal of stress on their caretakers, putting them at risk for disrupted foster and adoptive placements. These children are often in multiple systems and creating an improved comprehensive, coordinated System of Care for these alcohol exposed children and their families is critical.

5. **State Agency to receive requested funds**
- State Agency contacted?**  Yes

**6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024**

Type of Funding	Amount
Operations	450,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>450,000</b>

**7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	450,000	59%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	280,000	37%
Local	29,250	4%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>759,250</b>	<b>100%</b>

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	280,000	450,000	524	No

9. **Is future funding likely to be requested?**  Yes
- a. **If yes, indicate nonrecurring amount per year.**

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

The agency is able to secure a small amount of funding from Sarasota County Government and through local fundraising efforts.



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

If yes, indicate the amount of funds received and what the funds were used for.

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

Planning   
  Design   
  Construction

b. Is the project "shovel ready" (i.e permitted)?

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 indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	CEO and CPO positions will plan, coordinate, and provide oversight of all functions of the program, to include strategic planning and implementation of expanded programming statewide, quality assurance, data compilation and reporting.	12,000
Other Salary and Benefits	CFO, HR, and accounting positions will perform accounting, financial management and human resources support for the program.	24,000
Expense/Equipment/Travel/Supplies/Other	n/a	0
Consultants/Contracted Services/Study	n/a	0
<b>Operational Costs: Other</b>		
Salary and Benefits	Positions include a portion of a multidisciplinary team that includes- FASD Clinic Director, FASD Assistant Director, Occupational Therapist, Speech/Language Pathologist, Parent Advocate. Training Instructor and Intake Coordinator.	261,000
Expense/Equipment/Travel/Supplies/Other	Supplies, IT support, telephones, insurance, Travel (Class C, Class A/B), training, training materials, client assistance and indirect costs.	81,000
Consultants/Contracted Services/Study	Includes psychologist services as may be required as part of client evaluations, multidisciplinary team at 2 additional locations (Orlando and Panhandle area). Medical Director to consult and advise the FASD Clinic Teams.	72,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	n/a	0



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<b>Total State Funds Requested (must equal total from question #6)</b>	<b>450,000</b>
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**14. Program Performance**

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

The specific purpose that will be achieved by the funds requested is to continue to provide statewide FASD diagnostic assessments, FASD informed interventions, family support and training to 275 participants statewide, primarily health care providers, teachers, foster and adoptive parents, birth parents and other professionals. In addition, the agency will work with the Department of Health to build an integrated, coordinated system of care for individuals with FASD and their caretakers.

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

- 1) 160 FASD diagnostic assessments provided to individuals suspected of having an FASD in Florida
- 2) Statewide intervention services for a minimum of 20 individuals and their families (speech/language therapy, mental health therapy, occupational therapy, parent support) monthly
- 3) Statewide training for parents/professionals on FASD informed screening and care, the majority being in health/education

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

- 1) 160 statewide specialized FASD diagnostic assessments annually using the 4-digit FASD diagnostic code
- 2) Weekly parent/family support groups via Zoom
- 3) Monthly parent/stakeholder advocacy training groups

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

The target populations served by this project are children ages birth to 21 who have been prenatally exposed to alcohol and are at risk for developing a Fetal Alcohol Spectrum Disorder. Between 100-200 individuals and their families are expected to be served.

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

100% of individuals assessed will be identified/diagnosed with the 4-digit diagnostic code  
 100% of individuals assessed will be given a full written diagnostic evaluation within 6 weeks of the assessment date. (FASD Clinic Director tracks all diagnostic assessments and date evaluation was sent.)  
 100% of all clients served will be linked to services in their local community  
 95% of families involved in the assessment/intervention process will express satisfaction with services  
 (DOH sends a client satisfaction to clients The results have shown a consistent rating of "satisfied" or "highly satisfied" since 2005.

**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?**

The current contract with DOH has very specific financial consequences for failure to meet deliverables or performance measures as stated in the contract. The agency has not ever been under a Corrective Action Plan for this program and has never been fiscally sanctioned by the department.

**15. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**16. Recipient Contact Information**



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**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**

**17. Lobbyist Contact Information**

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**