



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 1318

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Fetal Alcohol Spectrum Disorders (FASD) Diagnostic/Training Clinic has been in operation since 2005. It is the only FASD Clinic in the state, providing statewide services to children/families, birth to 21. Services include a comprehensive FASD diagnostic assessment, statewide consultation, and linkage to community providers in the area of the state client's reside. The purpose of the FASD Clinic is to determine the extent of the physical and neurological/brain damage caused by prenatal exposure to alcohol, develop the 4-Digit Diagnostic code, and determine the most appropriate services/interventions, based on the areas of brain deficit and the person's adaptive functioning. Assessing/diagnosing FASD is a specialty area requiring a highly skilled multidisciplinary team of a speech pathologist, occupational therapist, neuropsychologist, and licensed mental health clinician. The FASD team provides statewide education/training and distribution of FASD prevention rack cards.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

| Type of Funding | Amount |
|------------------------------------|----------------|
| Operations | 450,000 |
| Fixed Capital Outlay | 0 |
| Total State Funds Requested | 450,000 |

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

| Type of Funding | Amount | Percentage |
|--|----------------|-------------|
| Total State Funds Requested (from question #6) | 450,000 | 58% |
| Matching Funds | | |
| Federal | 0 | 0% |
| State (excluding the amount of this request) | 280,000 | 36% |
| Local | 19,500 | 3% |
| Other | 20,000 | 3% |
| Total Project Costs for Fiscal Year 2022-2023 | 769,500 | 100% |

8. Has this project previously received state funding?

| Fiscal Year (yyyy-yy) | Amount | | Specific Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
| | Recurring | Nonrecurring | | |
| >5 years | 280,000 | 275,000 | 515 | No |

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

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



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

Yes

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

2020 PPP funding received = \$483,974. All used to support total agency salaries.

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

| Spending Category | Description | Amount |
|--|--|----------------|
| Administrative Costs: | | |
| Executive Director/Project Head Salary and Benefits | Positions include- Chief Executive Officer: Marketing, and community outreach. Chief Operating Officer: Daily program operation oversight. Benefits include- FICA, SUI, Worker's Compensation, health insurance and retirement EO, COO | 10,900 |
| Other Salary and Benefits | CFO, HR, Payroll, accts. payable/receivables | 30,600 |
| Expense/Equipment/Travel/Supplies/Other | | 0 |
| Consultants/Contracted Services/Study | | 0 |
| Operational Costs: Other | | |
| Salary and Benefits | Portion of the salaries for the multidisciplinary team, which include: Clinical Director: Facilitate FASD evaluations, perform mental health assessments, complete contract requirements and conduct trainings. Licensed Mental Health Therapist: Perform mental health assessments and consultation. Psychologist: Perform IQ and psychological testing and conduct trainings. Occupational Therapist: Occupational therapy | 261,000 |
| Expense/Equipment/Travel/Supplies/Other | Testing supplies, training supplies, general office supplies, staff travel to conduct statewide trainings (includes meals, lodging and travel), costs associated with public awareness campaign | 81,000 |
| Consultants/Contracted Services/Study | Psychologist Services as may be required for IQ testing and psychological testing | 66,500 |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | | 0 |
| Total State Funds Requested (must equal total from question #6) | | 450,000 |

12. Program Performance

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

The Sarasota Fetal Alcohol Spectrum Disorders (FASD) Clinic has been the only specialized clinic operating in the state from 2005-2020. 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 the Orlando FASD Clinic and establish a second Clinic in the Jacksonville area. With the growing number of babies born in Florida substance-exposed, the Clinic has been overwhelmed with referrals. The capacity for diagnostic assessments with existing funds is approximately 70 per year. Making an early diagnosis and providing appropriate interventions is critically important to improving prognosis.

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



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- 1.) 60 statewide FASD diagnostic assessments using the 4-digit FASD diagnostic code annually
- 2.) statewide intervention services for a minimum of 50 clients monthly
- 3.) statewide FASD trainings to a minimum of 125 program participants with at least four in different geographical areas of the state annually.
- 4.) statewide Prevention efforts to prevent FASD, i.e., physician FASD rack cards, radio and television PSA, Website and social media.
- 5.) statewide consultation/advocacy services to teachers, physicians, family members, and others as requested.

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

- 1.) 60 FASD diagnostic assessments using the 4-digit FASD diagnostic code annually
- 2.) FASD intervention services (speech therapy, occupational therapy, mental health child/parent therapy)
- 3.) Weekly FASD parent/caregiver support group via ZOOM
- 4.) Individualized support to parents statewide via phone calls or ZOOM

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

Children/adults birth to 21 with confirmed prenatal exposure to alcohol.
160 annually thru diagnostic assessment/intervention protocol
40-80 annually thru weekly parent/caregiver support group

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 annually. 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.

13. 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



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14. Requestor Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

15. 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

16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number