



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1030

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

#### 4. Project/Program Description

Florida Epilepsy Services Program (FESP) is comprised of six non-profit epilepsy organizations serving the entire state of Florida. These groups provide an extensive range of vital services in their local communities for individuals with epilepsy and their families. The core services provided by the legislative program are case management, medical services and prevention and education services. These core services improve the quality of life for over 500,000 Floridians (including 88,000 children) living with epilepsy while simultaneously saving the State of Florida money and resources by reducing emergency room visits. The program is proven with 90% of patients reporting fewer emergency room visits once enrolled in the FESP. There has been a 78% decline in FESP funding from the Seat Belt Trust Fund since 2013-2014, with more than \$850,000 in cuts. This has caused a hardship for Floridians affected by epilepsy.

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

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

Type of Funding	Amount
Operations	832,364
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>832,364</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)	832,364	19%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	2,668,234	63%
Local	250,000	6%
Other	500,000	12%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>4,250,598</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	3,377,777	976,364	442	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.

Florida Epilepsy Service Providers, as always, will continue to seek funds to augment state funding from grantors, individuals, and other government agencies. The nonrecurring amount requested is to replace drastic cuts in the Epilepsy Seat Belt Trust Fund over the past 8 years. The Trust Fund now represents over 78% of reduction in collections from 2014.



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

No

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	10% of the funds requested will be used towards administrative staff salaries at six nonprofit entities which includes 14% for fringe benefits.	83,237
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	40% of the funding will be expended on additional program staff - case managers who work directly with clients and families and prevention and education coordinators who educate families, employers, police, school nurses and the community at large.	332,945
Expense/Equipment/Travel/Supplies/Other	10% of the funding will provide printed educational materials, online educational materials, travel for program staff to attend health fairs, provide online and in-person presentations and outreach to the community at large about epilepsy prevention and first aid.	83,237
Consultants/Contracted Services/Study	40% of funding will pay doctors and hospitals across the state at vastly reduced rates for medical visits and diagnostic testing for patients economically qualified. Negotiated rates with medical professionals treats a single patient for approximately \$851 annually plus in-kind donations for a total of \$1,100 per patient per year. This cost compares to AHCA 2017 ED visits for epilepsy patients at an average statewide cost of \$8,571 per visit with an avg. 2.5 visits per year.	332,945
<b>Fixed Capital Construction/Major Renovation:</b>		



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Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		832,364

#### 14. Program Performance

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

The funds will provide epilepsy prevention, early intervention, education, medical treatment, support services and on-going case management to improve the quality of life for over 500,000 Floridians living with epilepsy and their families while simultaneously saving the State of Florida money and valuable resources. 90% of patients will report fewer emergency room visits once enrolled in the Florida Epilepsy Services Program. AHCA 2017 ED visits for epilepsy patients costs at an average statewide cost of \$8,571 per visit with an avg. 2.5 visits per year. In comparison, FESP negotiated rates with medical professionals treats a single patient for approximately \$851 annually plus in-kind donations for a total of \$1,100 per patient per year.

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

Medical and diagnostic services, individualized case management, prescription medication assistance, support groups, basic life needs and family support services for over 5,000 individuals with a diagnosis of epilepsy as well as epilepsy prevention and education for the families and patients with epilepsy and the community at large.

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

Medical visits and all diagnostic services including EEG's and MRI's, individualized case management, prescription medication assistance, support groups, education and family support services.

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

Over 500,000 Floridians with epilepsy and their families as well as educating the Florida community at large about epilepsy prevention and seizure first aid.

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

Benefit: Reduced emergency room visits; improved seizure management measured through an annual client survey.  
Benefit: Patients will have better understanding and control of their seizures measured through an annual client survey.  
Benefit: Improved seizure control for many means job and education opportunities measured through an annual client survey.

##### 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?

Current contracts afford monthly fiscal penalties for any epilepsy service provider not meeting the required deliverables and performance measures of the contract. Deliverables and performance measures are determined annually based on income received for services.

#### 15. Requester Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 16. Recipient Contact Information

a. Organization



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**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**