

The Florida House of Representatives
Appropriations Project Request - Fiscal Year 2022-23
For projects meeting the definition of House Rule 5.14

1. Title of Project: FASD State Satellite Clinics
2. Date of Submission: 11/17/2021
3. House Member Sponsor: Webster Barnaby

4. Details of Amount Requested:

- a. Has funding been provided in a previous state budget for this activity? Yes
- b. What is the most recent fiscal year the project was funded? 2021-22
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request.

FY:	Input Prior Year Appropriation for this project for FY 2021-22 (If appropriated in 2021-22 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2022-23 (Requests for additional RECURRING funds are prohibited.)		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated	Recurring Base Budget	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds
Input Amounts:	280,000	275,000	555,000	280,000	450,000	730,000

- e. Provide the total cost of the project for FY 2022-23 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request	450,000	91.9%	N/A
2. Federal	0	0.0%	No
3. State (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local	19,500	4.0%	No

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5. Other	20,000	4.1%	Yes
TOTAL	489,500	100%	

5. Is this a multi-year project requiring funding from the state for more than one year?

Yes

a. How much state funding would be requested after 2022-23 over the next 5 years?

- <1M
- 1-3M
- >3-10M
- >10M

b. How many additional years of state support do you expect to need for this project?

- 1 year
- 2 years
- 3 years
- 4 years
- >= 5 years

c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select "ongoing activity".

- Ongoing activity – no total cost
- <1M
- 1-3M
- >3-10M
- >10M

6. Which is the most appropriate state agency to place an appropriation for the issue requested? Department of Health

a. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes

b. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

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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.

7. Requester:

- a. Name: Kristie Skoglund
- b. Organization: The Florida Center for Early Childhood
- c. Email: kristie.skoglund@thefloridacenter.org
- d. Phone #: (941)371-8820

8. Contact for questions about specific technical or financial details about the project.

- a. Name: Charmian Miller
- b. Organization: The Florida Center for Early Childhood
- c. Email: charmian.miller@thefloridacenter.org
- d. Phone #: (941)371-8820

9. Registered lobbyist working to secure funding for this project.

- a. Name: Robert E. Hawken
- b. Firm: Leath Consulting
- c. Email: hawk@leathfl.com
- d. Phone #: (850)509-5900

10. Organization or Name of entity receiving funds:

- a. Name: The Florida Center for Early Childhood
- b. County (County where funds are to be expended): Sarasota
- c. Service Area (Counties being served by the service(s) provided with funding): Statewide

11. What type of organization is the entity that will receive the funds?

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

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12. What is the specific purpose or goal that will be achieved by the funds being 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.

13. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Amount Requested (Should equal 4d, Col. E) Enter "0" if request is zero for the category
Administrative Costs:		
<input checked="" type="checkbox"/> a. 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
<input checked="" type="checkbox"/> b. Other Salary and Benefits	CFO, HR, Payroll, accts. payable/receivables	30,600
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Portion of the salaries for the multidisciplinary team, which	261,000

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	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:	
<input checked="" type="checkbox"/> f. Expenses/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
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Psychologist Services as may be required for IQ testing and psychological testing	66,500
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		450,000

14. For Fixed Capital Costs requested in Question 13, what type of ownership will the facility be under when complete?

- For Profit
- Non Profit 501(c) (3)

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- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

15. Is the project request an information technology project?

No

16. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

a. Please Describe:

This program is supported by Sarasota County Government, the local Health Department, Safe Children Coalition (our CBC), The Community Alliance of Sarasota County, First Step (our Behavioral Health provider), our local legislative delegation, private foundations, and many other stakeholders.

17. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

No

18. Will the requested funds be used directly for services to citizens?

Yes

a. What are the activities and services that will be provided to meet the purpose of the funds?

1. 60 state wide FASD diagnostic assessments using the 4-digit FASD diagnostic code annually 2.) state wide intervention services for a minimum of 50 clients monthly 3.) statewide FASD trainings to a minimum of 250 program participants with at least four in different geographical areas of the state annually. 4.) Weekly statewide zoom parent support group

b. Describe the direct services to be provided to the citizens by the funding requested.

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. 4.) Monthly statewide parent/caregiver support group via SKYPE or ZOOM.

c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups"). Select all that apply to the target population:

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- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe)

d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

19. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit or outcome

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<input type="checkbox"/> Improve physical health		
<input checked="" type="checkbox"/> Improve mental health	Child will learn strategies for improving self-regulation leading to improved behavior and self-concept.. Parents will learn intervention strategies that help to deescalate the child and learn about brain-based behavior vs. intentional misbehavior.	Child behavior checklist with be administered at time of FASD diagnostic c assessment and parents will report behavior during parent support calls. s Parents will complete the Eyeberg Behavior Scale at time of diagnostic assessment and every three months thereafter.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		

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<input type="checkbox"/> Reduce substance abuse		
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Clients will be tracked long-term to determine outcomes. With effective interventions, the high risk for involvement with the criminal or juvenile justice system will be reduced. Research shows that 60% of individuals with FASD are involved with law enforcement.	Parents will complete a Quality of Life Assessment Scale at the time of the diagnostic assessment and annually thereafter.
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		