



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1472

1. Title of Project: Advanced Training of Pediatric Child Abuse Special

2. Senate Sponsor: Gayle Harrell

3. Date of Submission: 02/05/2019

4. Project/Program Description:

This will fund one 3 year Pediatric Child Abuse fellowship at the University of Florida College of Medicine - Jacksonville Division of Child Protection and Forensic Pediatrics. This extensive training will prepare the fellow to become an expert in all facets of child abuse and neglect, ultimately assisting the Child Protection Teams and the Department of Children and Families with child abuse investigations.

5. State Agency to receive requested funds : Board of Governors

State Agency Contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2019-2020

Type of Funding	Amount
Operations	300,000
Fixed Capital Outlay	
Total State Funds Requested	300,000

7. Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	300,000	75.0%
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	100,000	25.0%
Other	0	0.0%
Total Project Costs for Fiscal Year 2019-2020	400,000	100.0%

8. Has this project previously received state funding? Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		
2017-18		300,000	145	No

9. Is future-year funding likely to be requested? No

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	\$80,000 salary and \$14,640 fringe. Program Director is required by national accreditation (ACGME).	70,640



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Other Salary and Benefits	\$220,615 salaries Director \$69,572 fringe	218,187
Expense/Equipment/Travel/Supplies/Other	\$12,173 Physician travel, fellow travel, CPT business/activities \$3,000 Registration fees (professional associations)	11,173
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning		
Engineering		
Total State Funds Requested (must equal total from question #6)		300,000

11. Program Performance:

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

Develop a highly qualified pediatrician trained in the many components of child abuse/neglect - who would be a future leader in Florida, and potentially replace the current group of CMS Child Protection Team pediatricians who are nearing retirement. The appropriation would help fund a 3 year fellowship.

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

Specialized education and training of pediatricians.

c. What are the direct services to be provided to citizens by the appropriations project?

Once sub-board certified, this pediatrician could serve as Child Protection Team medical director for the Department of Health as it assists the Department of Children & Families investigate cases of child abuse and neglect.

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

Abused and neglected children

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

Child Abuse Sub-board certified pediatricians who will help identify and treat child abuse and neglect.

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?

10% failure for failure to provide quarterly reports within 30 days

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

N/A



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13. Requestor Contact Information:

- a. **Name:** Randell Alexander, MD PhD
- b. **Organization:** Florida Chapter American Academy of Pediatrics
- c. **E-mail Address:** ralexander@abuset.net.org
- d. **Phone Number:** (904)633-0190

14. Recipient Contact Information:

- a. **Organization:** University of Florida College of Medicine
- b. **County:** Statewide
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)
- d. **Contact Name:** Scott Rivkees MD
- e. **E-mail Address:** srivkees@ufl.edu
- f. **Phone Number:** (203)641-2545

15. Lobbyist Contact Information

- a. **Name:** Douglas Bell
- b. **Firm Name:** Metz Husband & Daughton, PA
- c. **E-mail Address:** doug.bell@mhdfirm.com
- d. **Phone Number:** (850)205-9000