

- 1. **Project Title** University of Florida Jacksonville Child Abuse Pediatrics Fellowship
- 2. Senate Sponsor Gayle Harrell
- 3. Date of Request 12/23/2019

4. **Project/Program Description**

This funding supports on-going Child Abuse Pediatrics fellowships. Fellows in this subspecialty training help to support Child Protection Team functioning during their 3 years, develop medical expertise, evaluate patients, work with community partners, and may contribute to the Child Protection Team workforce over time.

5. State Agency to receive requested funds Der

Department of Health

State Agency contacted? O Yes

No

6. Amount of the Nonrecurring Request for Fiscal Year 2020-2021

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

7. Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)

| Type of Funding | Amount | Percentage | |
|--|---------|------------|--|
| Total State Funds Requested (from question #6) | 300000 | 100.0 % | |
| Matching Funds | | | |
| Federal | 00 | 0 % | |
| State (excluding the amount of this request) | 00 | 0 % | |
| Local | 00 | 0 % | |
| Other | 00 | 0 % | |
| Total Project Costs for Fiscal Year 2020-2021 | 300,000 | 100 % | |

8. Has this project previously received state funding? • Yes O No If yes, provide the most recent instance:

| Fiscal Year | Amount | | Specific | |
|-------------|-----------|--------------|-----------------|--------|
| (уууу-уу) | Recurring | Nonrecurring | Appropriation # | Vetoed |
| 2017-18 | 00 | 300,000 | 145 | No |

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

If yes, indicate nonrecurring amount per year.

300,000



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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) at 20% effort. | 94,640 |
| Other Salary and Benefits | Salaries and fringe (3 concurrent fellows and Assistant Program Director). | 190,187 |
| Expense/Equipment/ Travel/Supplies/Other | \$12,173 Physician travel, fellow travel, Child Protection Team business/activities, \$3,000 Registration fees (professional associations). | 15,173 |
| Consultants/Contracted Services/Study | | |
| Operational Costs: Oth Salary and Benefits | her | |
| Expense/Equipment/ Travel/Supplies/Other | | |
| Consultants/Contracted Services/Study | | |
| Fixed Capital Construc | tion/Major Renovation: | |
| Construction/Renovation/ Land/Planning Engineering | | |
| Total State Funds Re | equested (must equal total from question #6) | 300,000 |



LFIR # 2107

11. Program Performance

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

This will help to fund the only Child Abuse Pediatric fellowship program in Florida.

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

This will help fund the salaries and expenses for up to 3 fellows - to aid in their training and service.

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

Fellows are pediatricians who are in extra training to be specialists in Child Abuse Pediatrics. During their fellowship, they are part of the Child Protection Team and evaluate patients and families in clinic and hospital settings, work with community partners on cases, and testify in court on behalf of children when necessary.

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

Up to 3 child abuse fellows (one for each year of the three years of training).

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

The benefit to the state will provide a workforce of Board Certified Pediatricians in child abuse to replace many of the retiring Medical Directors of the Child Protection Teams. In addition, training of fellows provides direct services during the training itself. This is evaluated by the Program Director, various fellowship committees, and by the Department of Health Child Protection Team measures for all medical providers. Ultimately, the fellow should pass the national examination to become board certified.

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?

Should the fellowship fail to recruit a candidate for a given year, the funding would be reduced accordingly. Should a fellow quit, the funding would be reduced accordingly.



LFIR # 2107

12. 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 | |
|-----|---|---|
| | | |
| | | |
| | | |
| 13. | Requestor Contact | t Information |
| | a. First Name | Randell Last Name Alexander |
| | b. Organization | Florida Chapter, American Academy of Pediatrics |
| | c. E-mail Address | ralexander@abusenet.org |
| | d. Phone Number | (904)655-9505 Ext. |
| | | |
| 4. | Recipient Contact | |
| | a. Organization | Florida Chapter, American Academy of Pediatrics |
| | b. Municipality and | County Duval |
| | c. Organization Typ | pe |
| | For-profit E | Intity |
| | O Non-Profit & | 501(c) (3) |
| | O Non-Profit 8 | 501(c) (4) |
| | Local Entity | / |
| | University of the second se | or College |
| | Other (plea | ise specify) |
| | d. First Name | Randell Last Name Alexander |
| | e. E-mail Address I | ralexander@abusenet.org |
| | f. Phone Number | |
| | | |
| 15. | Lobbyist Contact I | |
| | a. Name | Doug Bell |
| | b. Firm Name | Metz, Husband & Daughton, PA |
| | c. E-mail Address | doug.bell@mhdfirm.com |
| | d. Phone Number | (850)2059000 Ext. NA |