

The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

LFIR # 2040

| 1. Project Title | University of Flor | rida - Jacksonv | ille - Chile | d Abuse Pediatr | ics Fellowship | |
|--|---|------------------|---------------------------|---------------------------------------|--|--|
| 2. Senate Sponsor | Gayle Harrell | | | | | |
| 3. Date of Request | 12/05/2023 | | | | | |
| 4. Project/Program De | escription | | | | | |
| This request is to up in medical aspects of additions to the CPT | of child abuse, adds | to the current a | atric fello already th | wship in Florida nin Child Protect | . This fiscal supportion Team (CPT) wo | t will increase expertise orkforce, and may lead to |
| 5. State Agency to red | ceive requested fu | nds Depa | artment o | f Education | | |
| State Agency conta | acted? No | | | | | |
| | | | | | | |
| 6. Amount of the Noni | recurring Request | for Fiscal Yea | r 2024-20 | 025 | | _ |
| Type of Funding | | | | Amo | ount | |
| Operations | | | | | 300,000 | <u> </u> |
| Fixed Capital Outlay | | | | | 0 | <u>) </u> |
| Total State Funds I | Requested | | | | 300,000 |) |
| 7. Total Project Cost f | or Fiscal Year 202 | 4-2025 (includ | ing matc | hing funds ava | ilable for this proj | ject) |
| Type of Funding | | | P | Amount | Percentage | |
| Total State Funds R | equested (from que | estion #6) | | 300,000 | 100% | <u>, </u> |
| Matching Funds | | | | | | |
| Federal | | | | 0 | 0% | <u>, </u> |
| State (excluding the | amount of this requ | uest) | | 0 | 0% | <u>, </u> |
| Local | | | | 0 | 0% | <u>, </u> |
| Other | | | | 0 | 0% | <u>, </u> |
| Total Project Costs | Total Project Costs for Fiscal Year 2024-2025 | | | 300,000 | 100% | , |
| 8. Has this project pro | eviously received s | state funding? | Yes | 3 | | |
| Fiscal Year | Amo | ount | | Specific | Vetoed | 1 |
| (уууу-уу) | Recurring | Nonrecurrir | ng Ap | propriation # | 101000 | |
| 2022-23 | 0 | | ,000 | 150 | No | 1 |
| | | | | | | _ |
| 9. Is future funding like | kely to be requeste | ed? | Yes | | | _ |
| a. If yes, indicate n | onrecurring amou | nt per year. | 300 | ,000 | | |
| b. Describe the sou | urce of funding tha | nt can be used | in lieu o | f state funding | • | _ |
| No other source of | funding. | | | | | |
| 10. Has the entity req | uesting this projec | ct received any | , federal | assistance rela | ated to the COVID | -19 nandemic? |
| | acoming mile projec | or received arry | , icaciai | 45515141100 101 | atod to the GOVID | io pariacimo: |
| No | | | | | | |
| If yes, indicate the | amount of funds i | received and v | vhat the | funds were use | ed for. | |
| | | | | | | |



11. Status of Construction

The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

LFIR # 2040

Complete questions 11 and 12 for Fixed Capital Outlay Projects

| i | a. What is the cui | rrent phase of t | he project? | |
|-----|---------------------|------------------|--|---|
| | Planning | O Design | Construction | ○ N/A |
| | b. Is the project " | shovel ready" (| (i.e permitted)? | |
| | c. What is the est | timated start da | te of construction? | |
| | d. What is the est | timated comple | tion date of construc | ction? |
| 12. | | | o receive, directly or rs of the facility and | r indirectly, any fixed capital outlay funding. Include the I the entity. |
| | | | | |

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

| Spending Category | Description | Amount |
|---|---|---------|
| Administrative Costs: | | |
| Executive Director/Project Head Salary and Benefits | 59,524 | |
| Other Salary and Benefits | Barbara Knox MD (0.20 FTE) Associate Program Director, national and international child abuse pediatrician expert Kathleen Dully MD (0.20 FTE) CPT Medical Director and child abuse pediatrician expert Child Abuse Pediatrics fellow (1.0 FTE) Hybrid Child Abuse Pediatrics fellow (split with Pediatric Emergency Medicine) (0.5 FTE) Dr. Alexander's Assist. (0.20 FTE) | 175,274 |
| Expense/Equipment/Travel/Supplies/ Other | 49,328 | |
| Consultants/Contracted Services/Study | | 0 |
| Operational Costs: Other | | |
| Salary and Benefits | Administrative Assistant to Program Director (.20 FTE) | 15,374 |
| Expense/Equipment/Travel/Supplies/ Other | Office Supplies, mailing supplies, ink, paper | 500 |
| Consultants/Contracted Services/Study | | 0 |
| Fixed Capital Construction/Majo | r Renovation: | |
| Construction/Renovation/Land/ Planning Engineering | | 0 |
| Total State Funds Requested (m | ust equal total from question #6) | 300,000 |

14. Program Performance

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



The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

LFIR # 2040

Develop a highly qualified group of child abuse pediatricians trained in the many components of child abuse/neglect - who would be the future leaders in Florida, many of whom will replace the current group of CMS Child Protection Team pediatricians who are nearing retirement.

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

Specialized education and training of pediatricians. This includes national requirements such as didactic training, considerable clinical experience seeing patients, and quality improvement.

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

Once sub-board certified, these pediatricians could serve as Child Protection Team medical directors for the Department of Health as it assists the Department of Children & Families investigate cases of child abuse and neglect. During the fellowship period, the fellows see inpatient and outpatient cases of children alleged to have been abused.

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. Their progress is tracked within the University and nationally. They have yearly national training testing.

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?

10% for failure to provide quarterly expense reports within 45 days

| 1070101141141010 | provide qu | artorly experies | roporto witim | i io aayo | | |
|-----------------------------------|--|------------------|---------------|------------------|--|--|
| 15. Requester Contact Information | | | | | | |
| a. First Name | Randell | | Last Name | Alexander MD PhD | | |
| b. Organization | Florida Chapter, American Academy of Pediatrics | | | | | |
| c. E-mail Address | ralexander@abusenet.org | | | | | |
| d. Phone Number | (904)655 | -9505 | Ext. | | | |
| 6. Recipient Contact Information | | | | | | |
| a. Organization | University of Florida - Jacksonville, Dept of Pediatrics | | | | | |
| b. Municipality and County Duval | | | | | | |
| c. Organization Ty | c. Organization Type | | | | | |
| □For Profit Entity | □For Profit Entity | | | | | |
| □Non Profit 501(c)(3) | | | | | | |
| □Non Profit 501(d | □Non Profit 501(c)(4) | | | | | |
| □Local Entity | | | | | | |
| ☑University or Co | llege | | | | | |
| □Other (please sp | pecify) | | | | | |



The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

LFIR # 2040

| d. First Name | Mark | Last Name | Hudak | | | |
|----------------------------------|------------------------|-----------|-------|--|--|--|
| e. E-mail Address | mark.hudak@jax.ufl.edu | | | | | |
| f. Phone Number | (904)244-3056 | | | | | |
| 17. Lobbyist Contact Information | | | | | | |
| a. Name | Douglas S. Bell | | | | | |
| b. Firm Name | Metz Husband & Daughto | on PA | | | | |
| c. E-mail Address | doug.bell@mhdfirm.com | | | | | |
| d. Phone Number | (850)205-9000 | | | | | |