



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1305

1. **Project Title** Nova Southeastern University Pediatric Feeding Disorders Clinic at the Mailman Segal

2. **Senate Sponsor** Lauren Book

3. **Date of Request** 11/13/2019

4. **Project/Program Description**

Avoidant/Restrictive Food Intake Disorder (ARFID) presents in children with serious underlying medical conditions and/or developmental/behavioral challenges. This feeding disorder results in approximately 5% of children who eat dangerously limited diets or are dependent on feeding tubes to sustain their lives, placing them at risk for life-threatening medical complications. In Florida, there are inadequate comprehensive services forcing families to travel to other states for treatment or, in many cases, forgoing life-saving therapy. Medical insurance does not sufficiently cover the cost of continued medical care and feeding tube placement/maintenance is dramatically higher than the clinical services offered through the Pediatric Feeding Disorders Clinic at Nova Southeastern University. Funds are requested to expand clinical services to address this dire need in the Florida pediatric community.

5. **State Agency to receive requested funds** Department of Education

State Agency contacted? ☐ Yes ☒ No

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

Type of Funding	Amount
Operations	967,732
Fixed Capital Outlay	000
<b>Total State Funds Requested</b>	967,732

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)	967,732	100.0 %
<b>Matching Funds</b>		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	00	0 %
Other	00	0 %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	967,732	100 %

8. **Has this project previously received state funding?** ☒ Yes ☐ No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2018-19	00	669,282	66A	No

9. **Is future-year funding likely to be requested?** ☒ Yes ☐ No

If yes, indicate nonrecurring amount per year. 967,732



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#### 10. 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		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs: Other</b>		
Salary and Benefits	Clinic Director, Licensed Psychologists, Speech & Language Pathologist, Behavior Technicians, Dietitian, Patient Coordinator, Program Manager, and Post Doctoral Psychology Fellow	906,912
Expense/Equipment/Travel/Supplies/Other	Clinic furnishings, office and program supplies, travel, community outreach, equipment, medical supplies	60,820
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		967,732



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#### 11. Program Performance

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

Critically needed services for low income, disadvantaged and high-need families struggling with pediatric feeding disorders. Expansion of current pediatric feeding disorders clinic to meet the needs of clients on waiting lists.

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

Evaluation and treatment services provided by a multidisciplinary team including behavioral psychology, speech-language pathology, and nutrition.

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

100% of the funds will be used to support clinical services: evaluations and treatment of children with significant pediatric feeding disorders by a multi-disciplinary team (psychology, speech/language pathology, nutrition)

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

Children between the ages of birth through 22 years of age including those with developmental disabilities, co-morbid medical conditions such as feeding tube placement, failure to thrive, formula dependence, and autism spectrum disorder. Between 101-200 individuals will be serviced with these funds.

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

This project will result in weaning patients off of pediatric feeding tubes as soon as possible, prevent feeding tube placements when possible, expand dietary variety in individuals evidencing a feeding disorder to avoid nutritional deficiencies. The number of patients served will be tracked. For each patient, the percent of total oral food consumption will be determined pre- and post-treatment as well as the number of foods willingly eaten pre- and post-treatment. Caregiver fidelity will be tracked to ensure that treatment gains are maintained within the home, school, and community settings.

- 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?

Loss of contract.



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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 Information

- a. First Name  Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number  Ext.

14. Recipient Contact Information

- a. Organization
- 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

15. Lobbyist Contact Information

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number  Ext.