



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1576

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. Project/Program Description

A desperate need exists for families in Northeast Florida with children suffering from complications due to a premature birth, children with Down’s Syndrome, Cerebral Palsy, Autism, traumatic brain injuries, as well as, other birth abnormalities resulting in oral motor or sensory feeding disorders. If left without a critical recovery opportunity, these children and teens face a future of revolving-door hospital readmissions and the potential for becoming a long-term burden on the state’s Medicaid system and their caregivers.

It is estimated that nearly 1,000 families in Northeast Florida, the majority of whom are Medicaid recipients, do not have adequate feeding and swallowing rehabilitation services available to them due to lack of providers or long waitlists. If left untreated, feeding difficulties can lead to poor nutrition, poor swallowing and breathing coordination, increased complexities during feeding, and frequent upper respiratory problems.

5. **State Agency to receive requested funds**
- State Agency contacted?**

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	185,000
Fixed Capital Outlay	1,384,650
Total State Funds Requested	1,569,650

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,569,650	55%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	1,270,654	45%
Total Project Costs for Fiscal Year 2024-2025	2,840,304	100%

8. **Has this project previously received state funding?**

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future funding likely to be requested?**
- a. **If yes, indicate nonrecurring amount per year.**
- b. **Describe the source of funding that can be used in lieu of state funding.**
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Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1576

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

Yes

If yes, indicate the amount of funds received and what the funds were used for.

\$8.2 million. Funds were utilized for lost revenues, medical supplies, salaries and wages, COVID related facility renovations and other healthcare related expenses.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List 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.

Genesis Rehabilitation d/b/a Brooks Rehabilitation (the requester) owns the facility

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Operational, technology, and equipment expenses, therapeutic gym, programmatic space, rehabilitative technology, and therapeutic modalities for pediatric specific services/feeding and swallowing.	185,000
Consultants/Contracted Services/Study	Architectural, design, IT and site planning consulting/contracted services	295,355
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Renovations of existing facility space for the pediatric specific services/feeding and swallowing	1,089,295
Total State Funds Requested (must equal total from question #6)		1,569,650

14. Program Performance

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



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Fiscal Year 2024-2025

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Brooks Rehabilitation will lead the efforts, collaborating with Nemours Children’s Health and Wolfson Children’s Hospital to provide a specialized feeding and swallowing clinic in Northeast Florida. The collaboration creates opportunities for better outcomes for medically complex cases, reduce hospital admissions and improves the overall quality of life.

The pediatric population with physical and behavioral differences is grossly underserved. These patients, many of whom are Medicaid recipients, often do not receive the care they need and deserve due to long waitlists and lack of providers. Due to complications with feeding and swallowing the patients return to acute care hospitals with a secondary diagnosis. Their quality of life is impacted dramatically.

With your support, we can promise our most vulnerable children the opportunity at an independent life, where they can grow to be contributing Floridians.

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

- Dedicate 2,542 sq. ft. of a 4,952 sq. ft. expansion of the Brooks Rehabilitation flagship campus in Orange Park, FL for desperately needed assessment and treatment of pediatric feeding, swallowing and other disorders impacting a child’s ability to achieve developmental milestones. Providing the only location in Clay County and surrounding areas.
- Create a pediatric center with a specialized occupational, speech, psychology and dietary services
- Reduction in wait times and increase in access for Medicaid recipients to critical assessment and proper treatment to prevent failure to thrive and developmental delays in young children of Clay and surrounding counties.
- Provide state-of-the-art swallowing technology including but not limited to: Fiberoptic Endoscopic Equipment, Synchrony Dysphagia Kit, Iowa Oral Performance Instrument, Vital Stim, etc.
- All necessary training materials and continuing education of feeding and swallowing curriculum for clinicians

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

The Brooks Rehabilitation Feeding and Swallowing Clinic will provide direct therapy services such as:

- Occupational therapy: activities of daily living and feeding
- Speech-language pathology: feeding, swallowing and communication
- Community reintegration: leisure skills
- Psychology: Behavior analysis and coaching
- Dietary/Nutrition: counseling and education

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

- Individuals aged 6 months to 18 years of age with an acute, medically complex, congenital or acquired injury or illness which requires intensive speech and occupational therapy.
- It is estimated that nearly 1,000 families in Northeast Florida, the majority of whom are Medicaid recipients, do not have adequate feeding and swallowing rehabilitation services available to them due to lack of providers or long waitlists. If left untreated, feeding difficulties can lead to poor nutrition, poor swallowing and breathing coordination, increased complexities during feeding, and frequent upper respiratory problems.

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

By using targeted interventions, the pediatric patient will increase independence in feeding and swallowing along with activities of daily living. The young person will be assessed upon admittance using industry standard methods and specialized equipment such as: Fiberoptic Endoscopic Equipment, Synchrony Dysphagia Kit, Iowa Oral Performance Instrument, Vital Stim, etc. The young person will again be assessed at a mid point and the end of care for remarkable gains.

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?

Standard contract penalties are sufficient.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1576

c. E-mail Address

d. Phone Number Ext.

16. 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

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number