



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2737

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

4. Project/Program Description

Funding for a new outpatient clinic that will support Burn and Trauma patients at Jackson Health System. Currently, both logistics and physical space create limitations to the care that can be provided in the outpatient clinic in the Ryder Trauma Center. The expansion of this clinic into a new, state-of-the-art space will allow for growth and facilitate enhanced services and therapies for the patient population.

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

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	100,000
Fixed Capital Outlay	900,000
<b>Total State Funds Requested</b>	<b>1,000,000</b>

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,000,000	45%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	1,200,000	55%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>2,200,000</b>	<b>100%</b>

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.

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

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



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In 2022, Jackson Health System received \$4.3 million in CARES Act funds which were used for Covid related expenses including PPE, staffing and loss of revenue.

## 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

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

No

c. What is the estimated start date of construction?

9/2023

d. What is the estimated completion date of construction?

12/2024

### 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.

The owner of the facility and proposed improvements is Jackson Health System, a public hospital system in Miami-Dade County.

### 13. 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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	IT equipment and software support	100,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Architectural drawings, demolition, and construction	900,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,000,000</b>

### 14. Program Performance

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

Expansion of Jackson's burn unit will allow clinicians to expand access to treatment, including outpatient, reconstructive laser and extensive burn rehabilitation.

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



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Every year, around 225 burn patients are admitted to Jackson's Burn Center, and approximately 400 are managed on an outpatient basis. Using leading burn treatment techniques, Jackson's work begins with initial resuscitation and wound evaluation, which determines whether patients are admitted to the intensive care unit or the non-critical burn care area, or receive treatment as an outpatient. All patients receive wound care from surgeons or specially trained nurses. Experienced occupational and physical therapists in the specialized rehabilitation area work with both inpatients and outpatients. Dedicated burn psychologists, which not all American Burn Association-verified centers have, provides the emotional and psychological support that many burn patients require.

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

Direct services include continuity of burn care, trauma care and outpatient general surgical care.

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

Patients in need of treatment from trauma and burn injuries. Jackson anticipates serving over 200 patients as inpatients and approximately 400 as outpatients. The expansion/renovation of facilities will allow for enhanced care.

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

Patients will benefit from continuity of care at one facility including initial treatment and follow-up care and therapies. Psychological support for burn patients is also provided. Outcomes are measure by patient follow-up surveys.

**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?**

If Jackson were unable to complete expansion as discussed, then we would suggest full restitution of the amount awarded.

#### 15. Requester Contact Information

a. First Name  Last Name   
b. Organization   
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) public hospital system

d. First Name  Last Name



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e. E-mail Address

f. Phone Number

#### 17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number