



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1755

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

**4. Project/Program Description**

Due to a lack of pediatric, acute rehabilitation beds, many of our youngest Floridians do not receive the necessary care or are placed on a wait list that is months long. Brooks Rehabilitation, Numerous Children’s Health and Wolfson Children’s Hospital are collaborating to create the best quality of life possible for our children for their rehabilitation needs; cohesively creating a single source of care for pediatric Floridians across the state. This collaboration creates opportunities for better outcomes for medically complex cases and reduces the financial burden for all organizations.

The requested funds will: increase mobility and independence using rehabilitative therapy, increase pediatric acute rehabilitation beds in the region by nearly 120%, extend psychology and mental health counseling for the young person and their families, provide school re-entry counseling services, transportation for group activities and provide state-of-the-art equipment and technology.

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	98,000
Fixed Capital Outlay	627,000
<b>Total State Funds Requested</b>	<b>725,000</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)	725,000	31%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	1,590,000	69%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>2,315,000</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.**
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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 health care 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

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

No

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.

Brooks Rehabilitation (the requester) owns the facility

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	Operational, technology and equipment expenses for programs	98,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Therapeutic gym and programmatic space, rehabilitative technology, therapeutic modalities, hospital school technology, space renovations for pediatric specific services	627,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>725,000</b>

14. Program Performance

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



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Brooks Rehabilitation will lead the efforts, collaborating with Numerous Children's Health and Wolfson Children's Hospital to cohesively provide a single source of care for pediatric Floridians across the state. The collaboration creates opportunities for better outcomes for medically complex cases, reduce the possibility of mental health issues, hospital re admissions and improve the overall quality of life.

The state of Florida has a very small number of acute pediatric inpatient rehabilitation beds. This population is grossly undeserved and many pediatric patients either stay longer in the acute care hospital and do not receive the intensive rehabilitation (over 3 hours per day) needed to improve their function and quality of life or get discharged to outpatient services that can only treat the patient a few hours a week. If these patients can transfer to an acute pediatric rehabilitation unit, they will gain function more quickly and reduce the possibility of functional loss.

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

- Increase the number of inpatient pediatric acute rehabilitation beds in the region by 120 percent
- Create a secured, pediatric center with a unique pediatric gym for physical, occupational, speech and recreational therapy
  - Extend psychology services and mental health counseling for the young person and family
  - Provide the only, no cost, school re-entry counseling services in the region, along with a desk and equipment needed to participate in virtual learning or hospital/home bound education in the region
  - Reconfigure existing spaces, expand the inventory of state-of-the-art equipment/technology and create a library of educational/sensory toys
  - Acquire a paratransit bus for group outings to reintegrate into the community

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

- Our Pediatric Acute Rehabilitation team includes physical therapists, exercise physiologists, child life specialists, occupational therapists, speech-language pathologists, nurses, a certified teacher and graduate students. They will provide special focus on:
- Physical therapy: mobility, walking or wheelchair skills, coordination and balance
  - Occupational therapy: activities of daily living, self-care, bathing, grooming, dressing and cooking
  - Speech-language pathology: communication, speaking, reading, writing and swallowing
  - School re entry: advocacy and assistance as children and families navigate through the process of returning to school

**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, acquired injury or illness which requires intensive physical, occupational, speech, and recreational therapy.

Over the life of the project, it is estimated that nearly 5,000 pediatric patients will be served.

**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 mobility and activities of daily living. The young person will be assessed upon admittance using industry standard methods such as: range of motion tests, cognitive function, loneliness and depression scales and World Health Organization Quality of Life assessments. The young person will again be assessed at a midpoint 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?**

None noted.

**15. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**



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#### 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