



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1762

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

**4. Project/Program Description**

Convert third floor Wolfson-Main Campus into a 20-inpatient bed, emergency pediatric behavioral health unit. Nonrecurring state funds used solely to split one-time costs related to fixed capital renovation: Building structure, interior, windows, fire sprinklers, plumbing, HVAC, electrical, and general construction.  
 Total Cost: \$8,981,096.55 – State splits \$7,302,654 for fix capital outlay for major renovation of third floor Wolfson Children's Hospital. Other half is funded by private/community support (gift agreements).  
 Creating 20 new inpatient beds will reduce wait times by nearly 50 percent; increasing access to pediatric behavioral health emergency services and alleviating demand on area Emergency Departments. AHCA triple occupancy expires May 2023 (seeking extension).  
 In FY 2021, with the current 14-inpatient pediatric BH beds; 1,132 patients waited 2,335 days to get into Wolfson's pediatric psychiatric unit.

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	0
Fixed Capital Outlay	3,651,327
<b>Total State Funds Requested</b>	<b>3,651,327</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)	3,651,327	41%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	5,329,770	59%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>8,981,097</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?

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

All CARES Act monies were distributed based on Loss Revenues due to the COVID-19 pandemic. 2020 patient days dropped 8.8%. ED visits were down 25%.  
 CARES Act Funds Received:  
 2020 – \$4,711,060 | WCH Net Loss (\$17.2M)  
 2021 – \$18,639,486 | WCH Net Gain \$21M  
 2022 – \$6,494,655 | WCH Net Gain \$2.5M

Patient days for pediatric and adolescent behavioral/mental health have increased by 47 percent since 2020. AHCA triple occupancy expires May 11, 2023 (reduced from 21 to 14 beds). Seeking extension.

## 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)?

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.

Southern Baptist Hospital of Florida, Inc. Owner and operator of Wolfson Children's Hospital.

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		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		



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Construction/Renovation/Land/ Planning Engineering	Building structure (replace exterior windows); interior (walls/doors/ceilings/finishes/millwork); fire sprinklers; plumbing; HVAC (ductwork/bathroom exhaust); electrical (low voltage cabling/lighting/devices/panels); specialties (bath access/door wall protection/lockers); general conditions (dumpsters/labor); window testing; temp walls; demo. (Design complete. Ready for construction.)	3,651,327
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>3,651,327</b>

#### 14. Program Performance

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

Convert third floor Wolfson-Main Campus into a 20-inpatient bed, emergency pediatric behavioral health unit. The First Coast has only 66 inpatient pediatric psych beds. In February of 2022, Wolfson received emergency approval for a temporary behavioral health surge that would allow the hospital to place three patients in a single room. Wolfson currently has 14 pediatric behavioral health inpatient beds. Creating 20 new inpatient beds will reduce wait times by nearly 50 percent; increasing access to pediatric behavioral health emergency services, addressing Northeast Florida's behavioral health crisis, and alleviating demand on area Emergency Departments. In FY 2021, 1,132 patients waited 2,335 days to get into Wolfson's pediatric psychiatric unit.

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

The addition of 20 inpatient pediatric psych beds (infrastructure) will provide timely community access to compassionate and individualized care for a full range of pediatric mental health conditions. Drastically increasing pediatric and adolescent access. We provide both inpatient (hospital stay) and outpatient (office visits) consultation, evaluation and treatment.

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

We provide BH services for children and teens with the following situations: Addictions/substance abuse; Anxiety and panic disorders; ADHD; Autism-and neuro developmental-related behavioral issues; Brain injury from trauma or stroke; Child abuse and neglect; Depression; Eating disorders; Grief counseling; Medication management; Mood disorders; OCD; school-related learning issues; suicidal ideation.

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

The target population includes persons with poor mental health, economically disadvantaged persons, at-risk youth, homeless, developmentally disabled, physically disabled, drug users, victims of crime. Age range solely for pediatric and adolescents.

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

By increasing in-patient beds, pediatrics will have immediate access to in-patient psychiatric care for stabilization. Medications and therapies will be provided to reduce symptoms. By having immediate access to social workers, the social determinants of health are reduced and access to arranged follow up care reduces transmissions rates and negative outcomes.  
 In FY 2021, 1,132 patients waited 2,335 days to get into Wolfson Children's Hospital pediatric psychiatric unit (annualized data). This data would be significantly reduced and used as the benchmark to measure going forward. Estimates project a 50 percent reduction once additional in-patients beds are completed.  
 Note: A small number of beds would be actively catering to adolescents experiencing severe psychosis, as well as severely aggressive adolescents who are diagnosed with autism spectrum disorder. Aggressive patients require us to block opens beds; further delaying care for non-aggressive patients.

##### 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?

Full recoupment of all funds by FDOH if project is not completed. Full recoupment of all funds by FDOH if WCH does not expand pediatric behavioral health inpatient services within two years.

#### 15. Requester Contact Information



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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)

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