



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1945

1. Project Title

Premier Community HealthCare Group - Facility Renovation & Construction

2. Senate Sponsor

Danny Burgess

3. Date of Request

02/21/2023

4. Project/Program Description

The funds requested will update and retrofit a building in Pasco county to provide an integrated and expanded care model for medical services in Pasco County. The capital improvements will add examination rooms for medical, behavioral health, SUD, telehealth as well as offices, healthcare support functions, and technological spaces. The completely renovated facility will result in expanded patient access to integrated behavioral health services for over 2,000 Pasco County area residents of all ages.

5. State Agency to receive requested funds

Department of Health

State Agency contacted?

No

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

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	500,000
Total State Funds Requested	500,000

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)	500,000	40%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	757,900	60%
Total Project Costs for Fiscal Year 2023-2024	1,257,900	100%

8. Has this project previously received state funding?

No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested?

No

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?

Yes



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

Total funds equal \$15,960,124. The funds were used on a range of things including staffing, supplies and equipment for Covid-19 testing and vaccines; enhanced cleaning/sanitation; health center personnel; COVID-related equipment; community engagement/promotion for COVID-19 vaccine drives; infrastructure changes to adhere to social distancing; capital improvements to expand access to care; telehealth equipment, infrastructure and upgrades.

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?

12/1/2023

d. What is the estimated completion date of construction?

6/1/2024

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.

Premier Community HealthCare is the sole owner of 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		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	The proposed construction project will support capital improvements, equipment, including the renovation of an existing facility.	500,000
Total State Funds Requested (must equal total from question #6)		500,000

14. Program Performance

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



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

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The specific purpose that will be achieved by the funds requested is an integrated and expanded care model for medical services in Pasco County. The capital improvements will add examination rooms for medical and telehealth as well as offices, healthcare support functions, and technological spaces. The completely renovated facility will result in expanded patient access to integrated primary and specialty health services for over 2,000 Pasco County area residents of all ages.

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

The funding request seeks to create an integrated health care model through a renovation project in which primary care providers and specialty professionals are embedded within the site to improve access to care and improve health outcomes for residents in Pasco County.

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

Direct services to citizens would use a variety of treatment modalities, such as universal screenings, self-management, and treatment by a coordinated care team that uses shared language, both verbal and non-verbal. In addition to primary health care, services for specialty health care will be provided to those who have no other options for medical care.

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

The completely renovated facility will result in expanded patient access to integrated behavioral health services for 2,000 Pasco County area residents of all ages, demographics, and especially the uninsured and underinsured.

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

The completely renovated facility will help improve physical health for Pasco citizens and create job opportunities. In addition, the facility will provide continuity of care for over 2,000 medically underserved and/or uninsured patients without a medical home through referrals from the local free clinics, hospitals emergency and inpatient departments and social service agencies. The method of measurement will be tracked through an electronic records system.

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?

The monies will be returned to the state if recipient fails to meet deliverables or performance measures.

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



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Local Funding Initiative Request

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LFIR # 1945

☐ 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