



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Bithlo Community Health Center

2. **Senate Sponsor:** David Simmons

3. **Date of Submission:** 11/30/2017

4. **Project/Program Description:**

This funding request is to provide non-recurring, one-time funding for the building of a new permanent community health center for the high need Bithlo community in Orange County, FL. Located at 19108 E. Colonial Drive in the Bithlo community, this new health center will provide an array of health services to include pediatric and adult primary care, pediatric and adult dental care, optometry, behavioral health, pharmacy, laboratory, and enabling services to residents in an impoverished community that is designated as a HRSA Mental Health Professional Shortage Area. To address the major healthcare needs of the residents and their families in Bithlo, Community Health Centers, Inc. (CHC) is respectfully requesting \$725,000 for building funds from public appropriations for a \$1.4M structure which will provide for an 8,500 square foot building (\$165 per sq. ft.) that will include medical exam rooms, dental, optometry, behavioral health space, pharmacy, and laboratory. CHC owns the property

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?  
Department of Health

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
	725,000	725,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	675,000	48.2%
TOTAL	675,000	48.2 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,400,000



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### 9. Previous Year Funding Details:

- Has funding been provided in a previous state budget for this activity? Yes
- In the previous 5 fiscal years, how many years was funding provided? (Optional) 1
- What is the most recent fiscal year the project was funded? 2017-18
- Were the funds provided in the most recent fiscal year subsequently vetoed? Yes
- Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		400,000	400,000

### 10. Is future-year funding likely to be requested?

No

### 11. Program Performance:

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

This funding request is to provide non-recurring, one-time funding for the building of a new 8,500 square foot community health center for the high need Bithlo community in Orange County. The goal is provide over 8500 primary healthcare visits per year resulting in healthier children and families, a more productive workforce, a reduction in unnecessary emergency rooms visits, preventable hospitalizations, and provide a long-lasting and positive health impact for generations to come.

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

Affordable and convenient pediatric and adult medical services including primary care, dental care, optometry, behavioral health, substance abuse counseling, pharmacy, laboratory, health promotion/education services, and enabling services. Services are offered to all patients regardless of their ability to pay. A sliding discount program is offered to reduce the cost of care for uninsured patients or can be applied to insurance deductibles and co-payments for patients with insurance. The closest hospital is 13 miles away and many residents utilize this local hospital for their primary care needs. Having a health center within the community will alleviate many barriers to care.

#### c. How will the funds be expended?

Spending Category	Description	Amount
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Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Community Health Centers, Inc. is requesting partial costs to build an 8,500 sq. ft. community health center within the Bithlo community . CHC curenly owns the land and has infrastructure in place to support the new building. Total costs are estimated at \$1.4M.	725,000
TOTAL		725,000

**d. What are the direct services to be provided to citizens by the appropriations project?**

Pediatric and Adult primary care, Pediatric and Adult dental care, optometry, behavioral health including opiod substance abuse identification and counseling services; pharmacy, laboratory, health promotion/educations services, and enabling services.

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

Economically disadvantaged persons, General population. 3,600 individuals are expected to be served.

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



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Improved Physical Health: Improve the A1C levels of diabetic patients; Decrease the percentage(%) of adults diagnosed with hypertension; Increase the % of adult patients who are screened for tobacco use and given an intervention. Measured through the patient's electronic health record (EHR). Improved Mental Health: Screen for depression, provide plan and or referrals for depressed patients and other co-morbidities. Measured through evidenced based questionnaire for depression and recorded in patient's EHR. Reduce Substance Abuse: Screen for substance abuse and refer to appropriate treatment center. Provide Licensed Clinical Social Worker counseling services to reduce recidivism, prevention, and awareness of opioid abuse. Measured through the Functional Assessment Rating Scale and stored in EHR. Improve Dental Health: Dental Sealants for Children between 6-9 years. Measure % of children age 6-9 years, at moderate to high risk of caries who received a sealant on a first permanent molar.

- g. 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 in the contract?**

Delay in the build out of the health center which includes much needed medical services for the Bithlo community.

- 12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

Community Health Centers, Inc. currently owns the property and is a NON Profit 501 (c) (3) organization

- 13. Requestor Contact Information:**

- a. Name:** Margaret Brennan
- b. Organization:** Community Health Centers, Inc.
- c. Email:** m.brennan@chcfl.org
- d. Phone Number:** (407)905-8827 Ext. 1160

- 14. Recipient Contact Information:**

- a. Organization:** Community Health Centers, Inc.
- b. County:** Orange
- c. Organization Type:**
  - ☐ For Profit
  - ☐ Non Profit 501(c) (3)
  - ☐ Non Profit 501(c) (4)
  - ☒ Local Entity
  - ☐ University or College
  - ☐ Other (Please specify)
- d. Contact Name:** Susan Nichols
- e. E-mail Address:** s.nichols@chcfl.org
- f. Phone Number:** (407)765-4156

- 15. If there is a registered lobbyist, fill out the lobbyist information below.**

- a. Name:** None



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**b. Firm:** None

**c. Email:**

**d. Phone Number:**