

### The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 3047

**1. Project Title** Prioritizing Medical and Dental Services for Child Welfare Families

2. Senate Sponsor Corey Simon

**3. Date of Request** 03/13/2023

#### 4. Project/Program Description

Community health partners, DISC Village and Bond Community Health Center, have a combined mission to strengthen Floridian families by expanding access to comprehensive medical, dental services for high-risk children and families in the child welfare system within Circuit 2. Specific goals include: prevention and the improving the physical and oral health, centralizing access to care in Leon County, removing community barriers by integrating medical, dental, and behavioral healthcare.

#### 5. State Agency to receive requested funds Dep

Department of Children and Families

State Agency contacted? Yes

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

Type of Funding	Amount
Operations	500,000
Fixed Capital Outlay	500,000
Total State Funds Requested	1,000,000

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

#### 8. Has this project previously received state funding? No

Fiscal Year	Amo	ount	Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		

#### 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?

Yes

No



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

PPP program. Payroll expenses only. Loan forgiven within same year as requested.

### **Complete questions 11 and 12 for Fixed Capital Outlay Projects**

#### **11. Status of Construction**

a. What is the current phase of the project?

Planning ODesign OConstruction

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

Woodville Properties is the owner of the current location. It is a not-for profit sub-corporation of DISC Village Inc. which holds 501c3 status. Woodville properties' primary function is to provide facilities to be used by DISC Village Inc. to offer their services. Woodville properties also leases other properties that provide similar social services.

No

6-1-2023 10-1-2023

#### 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	Medical, Dental, and Pharmacy Clinic equipment and software including but not limited to 4 operatories, 4 exam rooms, Intraoral X- ray System, Variable Speed Centrifuge and RX30 Pharmacy point of sale (POS), Hardware and Software packages. Building security and IT network infrastructure.	500,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	Architectural planning, demolition, renovation and construction of comprehensive medical, dental and pharmaceutical clinic space.	500,000
Total State Funds Requested (m	ust equal total from question #6)	1,000,000

#### 14. Program Performance

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



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

Architectural planning, demolition, renovation and construction of comprehensive medical, dental and pharmaceutical clinic space to service the approximately 1,400 children and families involved in the Child Welfare system within Circuit 2.

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

Citizens will receive primary and preventative medical care (pediatrics, family medicine, gynecology, diabetic education, and nutrition services); Oral Health (screening and restorative) and Mental Health (assessments, family counseling, and substance abuse counseling); On-site pharmacy (medications and medication management).

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

Approximately 1,400 children and families who are involved in the Child Welfare system within Circuit 2. Adult participants whose overall quality of life will be improved by coupling recovery from substance abuse with good physical health--approximately 1,000. And the uninsured residents or Medicaid recipients living in the immediate area (Zip Codes 32303 and 32304) that are not presently served by a community health center. It is anticipated that 4,000 individuals will be served annually.

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

#### be measured?

Number of child welfare referrals for medical or dental services sent to Bond Community Health Center. Increase annual number of referrals for medical and dental health care from Child Welfare (CW) population. Number of children in CW seen within 12 months for medical appointments. Number of children in CW seen within 6 months for dental appointments. Number of children in CW seen within 6 months for dental appointments. Number of referrals made annually by CW for Medical or Dental from counties in Circuit 2. Number of successful appointments annually by CW for Medical or Dental from counties in Circuit 2. Increase number of successful appointments for medical and dental from counties in Circuit 2 from CW population over 12 months. The outcomes will be measured against national standards.

# 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?

Bond Community Health Center is a federally qualified health center (FQHC) who will be providing medical and dental services in the renovated clinic. Bond Community Health Center risks the reduction in federal funding as a FQHC if it fails to meet certain deliverables and performance measures. It also may be penalized by a reduction in managed care assignments and reimbursements, and by the inability to access new funding sources to help sustain this project.

#### **15. Requester Contact Information**

a. First Name	John	Last Name	Wilson	
b. Organization	DISC Village, Inc			
c. E-mail Address	John.Wilson@@discvillag	e.org		
d. Phone Number	(850)717-9806	Ext.		
16. Recipient Contact Information				

a. Organization DISC Village, Inc

b. Municipality and County Leon

c. Organization Type



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□For Profit Entity							
☑Non Profit 501(c	⊠Non Profit 501(c)(3)						
□Non Profit 501(c	e)(4)						
□Local Entity							
University or Co	llege						
□Other (please sp	□Other (please specify)						
d. First Name	Mike	Last Name	Sasnett				
e. E-mail Address	Mike.Sasnett@discvillage	.org					
f. Phone Number	(850)717-9807						
17. Lobbyist Contact Information							
a. Name	None						
b. Firm Name	None						
c F-mail Address							

d. Phone Number