



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1054

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

4. **Project/Program Description**

Community based primary care health services are the solution to the United States's health care crisis. Treating patients outside the emergency room and eliminating unnecessary hospital stays are the most efficient and effective ways to curb continually rising health care costs. Healthcare Network of Southwest Florida has been providing vital community based primary care health for over forty years in Southwest Florida. Those vital services include family care, pediatric care, women's care, behavioral health, pharmacy services, and dental care all located in a fully accredited Medical and Dental Home setting. While Healthcare Network has been able to maintain its programs the cost of providing services, especially to the high-risk adult population, has continued to increase. A one-time investment in Healthcare Network's Community Primary Care program will assure the self-sustaining nature of the program and allow greater opportunity for expansion of services.

5. **State Agency to receive requested funds**
- State Agency contacted? Yes No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 100px;" type="text" value="2,750,000"/>
Fixed Capital Outlay	<input style="width: 100px;" type="text" value="000"/>
Total State Funds Requested	2,750,000

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 100px;" type="text" value="2750000"/>	<input style="width: 50px;" type="text" value="100.0"/> %
Matching Funds		
Federal	<input style="width: 50px;" type="text" value="00"/>	<input style="width: 50px;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 50px;" type="text" value="00"/>	<input style="width: 50px;" type="text" value="0"/> %
Local	<input style="width: 50px;" type="text" value="00"/>	<input style="width: 50px;" type="text" value="0"/> %
Other	<input style="width: 50px;" type="text" value="00"/>	<input style="width: 50px;" type="text" value="0"/> %
Total Project Costs for Fiscal Year 2020-2021	2,750,000	100 %

8. **Has this project previously received state funding?** Yes No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>

9. **Is future-year funding likely to be requested?** Yes No

If yes, indicate nonrecurring amount per year.



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10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs: Other		
Salary and Benefits	The funds will go towards provider salaries to ensure the availability of primary care providers in the community. The full spectrum of primary health care services will be provided; internal medicine, pediatrics, OB/GYN, behavioral health, pharmacy, dental, and senior care.	2,750,000
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		2,750,000



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11. Program Performance

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

By increasing funding for primary care services emergency room visits and unnecessary hospital stays are avoided. Healthcare Network's community-wide practices offer increased access and significant cost savings to the under-served populations in Collier County. We know that many patients with chronic diseases such as diabetes or dental needs avoid seeking care due to cost or access concerns. Our lower cost service model is an option for patients to access care before a minor condition becomes an emergency. The State of Florida benefits when patients seek care in the most cost-efficient manner available, thus reducing reliance on more expensive visits to the emergency room.

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

The full spectrum of primary health care services will be provided; internal medicine, pediatrics, OB/GYN, behavioral health, pharmacy, and senior care.

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

The appropriation project will directly support the delivery of much need primary health care services, including behavioral health.

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

Focusing on those individuals with limited or no insurance and limited access to healthcare facilities (distance to a provider or no transportation), Healthcare Network focuses on people who most directly benefit from increased access to affordable, high-quality healthcare, preventative medicine, and abatement of chronic conditions before they become emergencies, thus saving all Floridians in the future.

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

The expected benefit is a healthier community and decreased health care costs. This can be measured by emergency room avoidance and cost savings realized by utilizing the health center model.

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 in the contract?

Additional information on what standard penalties, deliverables, and performance measures will be included in the contract is necessary to answer this question fully.



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12. **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.**

The entity will own the facility.

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **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

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.