



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1252

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

4. **Project/Program Description**

This funding request is to provide non-recurring funding for the building of a new permanent community health center for the medically underserved community in Bithlo, Orange County. Located at 19108 E. Colonial Dr. in Bithlo, this new health center will provide a range of health services including pediatric and adult primary care, pediatric and adult dental care, behavioral health, pharmacy, laboratory, and enabling services to residents in this impoverished community which is designated as a HRSA Mental Health Professional Shortage Area. To address the major health care needs of the residents and their families in the Bithlo, Community Health Centers, Inc., (CHC) respectfully requests \$750,000 for building funds from public appropriations for a \$2M structure which will provide for an 8,500 sq. ft. building (\$235 per sq. ft.) that will include medical exam rooms, dental, behavioral health space, pharmacy and laboratory. CHC currently owns the land on which the future site will be bui

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: 80%;" type="text" value="000"/> |
| Fixed Capital Outlay | <input style="width: 80%;" type="text" value="750,000"/> |
| Total State Funds Requested | 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: 80%;" type="text" value="750,000"/> | <input style="width: 80%;" type="text" value="37.0"/> % |
| Matching Funds | | |
| Federal | <input style="width: 80%;" type="text" value="00"/> | <input style="width: 80%;" type="text" value="0"/> % |
| State (excluding the amount of this request) | <input style="width: 80%;" type="text" value="00"/> | <input style="width: 80%;" type="text" value="0"/> % |
| Local | <input style="width: 80%;" type="text" value="550,000"/> | <input style="width: 80%;" type="text" value="28"/> % |
| Other | <input style="width: 80%;" type="text" value="700,000"/> | <input style="width: 80%;" type="text" value="35"/> % |
| Total Project Costs for Fiscal Year 2020-2021 | 2,000,000 | 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: 80%;" 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 | N/A | 0 |
| Other Salary and Benefits | N/A | 0 |
| Expense/Equipment/Travel/Supplies/Other | N/A | 0 |
| Consultants/Contracted Services/Study | N/A | 0 |
| Operational Costs: Other | | |
| Salary and Benefits | N/A | 0 |
| Expense/Equipment/Travel/Supplies/Other | N/A | 0 |
| Consultants/Contracted Services/Study | N/A | 0 |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | Community Health Centers, Inc. (CHC) is requesting partial costs to build and 8,500 sq. ft. community health center in Bithlo. CHC currently owns the land and has the infrastructure in place to support the building. Total cost are estimated at \$2 million. | 750,000 |
| Total State Funds Requested (must equal total from question #6) | | 750,000 |



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11. Program Performance

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

This funding request is to provide non-recurring funding for the building of a new 8,500 sq. ft. community health center for the medically underserved community in Bithlo, Orange County. The goal is to provide over 8,500 primary care visits annually resulting in healthier children and families, a more productive workforce, a reduction in non-urgent emergency department visits, preventable hospitalizations, and provide a long-lasting and positive health impact for generations to come.

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

Affordable and convenient pediatric and adult medical services including primary care, behavioral health, substance abuse counseling, pharmacy, laboratory, health promotion/education and enabling services will be provided at this new site. Services are offered to all persons 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 high insurance deductibles or high co-payments for patients with insurance. The closest hospital to Bithlo is 13 miles away and many residents utilize this hospital's emergency room for their non-urgent, primary care needs. Having a health center within this community will relieve many barriers to care.

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

Pediatric and adult primary care, pediatric and adult dental care, behavioral health including opiod substance use identification and counseling services pharmacy, laboratory, health promotion/education services and enabling services.

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

The target population includes uninsured, underinsured, economically disadvantaged and medically vulnerable persons in and around Bithlo, Florida. Through this project, an estimated 3,600 are expected to be served by this expanded health center.

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

A. Improve physical health: Improve hemoglobin A1C levels of diabetic patients; decrease the % of adults diagnosed with hypertension; increase the % of patients screened for tobacco use & provided intervention. These will be measured & monitored through CHC's Electronic Health Record (EHR). B. Improve mental health: Screen patients for depression, provide plan & referral for depressed patients & other co-morbidities. This will be measured through an evidence based questionnaire for depression & documented in EHR. C. Reduce substance abuse: Screen for substance use/abuse & refer for appropriate treatment. Provide Licensed Clinical Social Worker counseling services to provide prevention & awareness of opiod abuse & reduce recidivism. This is measured through the Functional Assessment Rating Scale & stored in EHR. D. Improve dental health: Provide dental sealants for children 6-9 y/o. Measure % of children 6-9 y/o at moderate-high risk of caries who received a sealant on a 1st permanen

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?

Delay in the build out of the health center which includes critically needed primary care services for the Bithlo community.



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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.**

Community Health Centers, Inc. currently owns the property and is a Non-Profit 501(C)(3) organization.

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.