



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 2259

1. **Title of Project:** Replicating Effective Programs for Sickle Cell Disease

2. **Senate Sponsor:** Anitere Flores

3. **Date of Submission:** 02/19/2019

4. **Project/Program Description:**

The World Health Organization (WHO) documented that at least 25 percent of health inequalities are due to a lack of access to effective health services. To address this inequality, the Foundation for Sickle Cell Disease Research (FSCDR), a stand-alone medical and research facility, opened in 2015 and adopted the Enhanced Replicating Effectiveness Program (REP), a facilitated framework which has been at the forefront of developing systematic and effective strategies to prepare HIV interventions for dissemination. We complete a comprehensive social determinants of health assessment on our patient population using the following tools: 1) neighborhood resources; and 2) social needs screening tools. The FSCDR program allows us to connect patients and families to local doctors and resources while empowering patients to serve as their own healthcare advocate.

5. **State Agency to receive requested funds :** Department of Health

State Agency Contacted? No

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

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

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	1,000,000	88.89%
Federal	0	0.00%
State (excluding the amount of this request)	125,000	11.11%
Local	0	0.00%
Other	0	0.00%
Total Project Costs for Fiscal Year 2019-2020	125,000	100.0%

8. **Has this project previously received state funding?** Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		
2018-19	125,000		425	No

9. **Is future-year funding likely to be requested?** Yes



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a. If yes, indicate non-recurring amount per year. \$1,000,000

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:		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	Services provided at our center include: enrollment into clinical trials, patient-tailored pain management, specialty-care referral, disability evaluation, social resources needs assessment, neurocognitive evaluation, care coordination, and chronic care management. This funding ensures operationality while waiting for payments, reimbursements, or absorbing the cost of treating patients without insurance (we don't turn any patients away).	900,000
Consultants/Contracted Services/Study	The success of the Foundation for Sickle Cell Disease Research is attributed to many partnerships throughout the healthcare industry. This includes healthcare providers, insurance payers, community-based organizations and patients themselves. This funding ensures we can provide medical services to sickle cell disease patients through contracted services.	100,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		1,000,000

11. Program Performance:

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

The goals achieved upon receiving the requested funds are to 1) improve the health outcomes for individuals living with sickle cell disease 2) reduce SCD-related disparities and health inequities; and 3) continually improve effectiveness and efficiency of healthcare operations for the management of sickle cell disease.

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

Funding supports FSCDR's ability to expand and to provide these services to sickle cell disease patients at our center: patient-tailored therapeutic pain treatment, disability evaluation, social resource needs assessment,



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neurocognitive evaluations for school and work accommodations, preventative health services, enrollment into the MedicAlert Foundation program, specialty care referral, and a robust clinical research program.

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

The services provided directly contribute to a reduction in hospitalizations for individuals living with sickle cell disease, while also improving their quality of life. The services listed above are either healthcare or social services, and contribute holistically to the needs of an individual with sickle cell disease. A reduction in sickle cell patients utilizing the emergency room also allows more space for other individuals within the same communities to utilize the emergency room.

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

The target population is individuals with sickle cell disease, with a majority of individuals being of African-American or Hispanic American descent. Thousands of individuals are expected to be served.

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 of this project is improving the health and quality of life for individuals with sickle cell disease, while also reducing the economic burden of sickle cell disease patients in emergency rooms. The outcomes can be measured by data collected from our Electronic Health Record 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 in the contract?

FSCDR doesn't have additional penalties.

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.

N/A

13. Requestor Contact Information:

- a. **Name:** Lanetta Bronte-Hall
- b. **Organization:** Foundation for Sickle Cell Disease Research
- c. **E-mail Address:** lbronte@fscdr.org
- d. **Phone Number:** (954)397-3251

14. Recipient Contact Information:

- a. **Organization:** Foundation for Sickle Cell Disease Research
- b. **County:** Broward
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College



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Other (Please specify)

d. Contact Name: Lanetta Bronte-Hall

e. E-mail Address: lbronte@fscdr.org

f. Phone Number: (954)397-3251

15. Lobbyist Contact Information

a. Name: Yolanda Cash Jackson

b. Firm Name: Becker & Poliakoff

c. E-mail Address: yjackson@beckerlawyers.com

d. Phone Number: (954)985-4132