



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1218

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Broward County and Memorial Healthcare System will partner together to address the significant gaps in maternal health outcomes that effect maternal morbidity and mortality within underserved area zip codes. Broward Bright Beginnings will expand access for under-resourced mothers, replace episodic care with an enhanced patient-centered care model, and reduce morbidity and mortality for women experiencing high-risk pregnancies or postpartum complications, and/or chronic conditions. The program will provide perinatal through postpartum care coordination through Memorial's Maternal Health Program, as well as outreach, education, and linkage to community resources to ensure mothers receive timely and effective services. Services will be provided throughout all south Broward County with particular attention in the highest risk zip codes.

5. State Agency to receive requested funds

State Agency contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	500,000
Fixed Capital Outlay	0
Total State Funds Requested	500,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	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 2024-2025	500,000	100%

8. Has this project previously received state funding? No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested? No

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

The demand for these specialized maternal services in Broward currently exceeds the availability of the resources.



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10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

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

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

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

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.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Program Manager Hourly Rate \$30.07 x 2,080 hrs = \$62,545.60 Benefits @ 20% = \$12,509.12	75,055
Other Salary and Benefits	10% Administrative	45,455
Expense/Equipment/Travel/Supplies/Other	N/A	0
Consultants/Contracted Services/Study	N/A	0
Operational Costs: Other		
Salary and Benefits	Registered Nurse Hourly Rate \$34.11 x 2080 hrs = \$70,948.80 OB Navigator (3 staff) Hourly Rate \$21.66 x 2080 hrs = \$45,052.80 x 3 Medical Assistant Hourly Rate \$20.32 x 1144 hrs = \$23,246.08 Licensed Social Worker Hourly Rate \$34.99 x 1350 hrs = \$47,236.50 Community Educator (Liaison) Hourly Rate \$43.93 x 500 hrs = \$21,965.00 Benefits @ 20% = \$59,710.96	358,265



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Expense/Equipment/Travel/Supplies/Other	Blood Pressure Machine \$22.00 x 200 each (units) = \$2,200.00 Scale \$30.00 x 200 each (units) = \$3,000.00 Computers for Staff \$995.00 x 3 units = \$2,985.00 Printer \$350.00 x 1 unit = \$350.00 Cell Phone \$500.00 x 3 units = \$1,500.00 Cell Phone (12 months coverage) for 3 staff X \$40/month X 12 months = \$1,440.00 Patient Transportation (\$15.00 average per trip) 10 trips per month X \$15 X 12 months = \$1,800.00 Supplies \$662.50/month X 12 months = \$7,950.00	21,225
Consultants/Contracted Services/Study	N/A	0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		500,000

14. Program Performance

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

Broward County will partner with Memorial Healthcare System to improve maternal morbidity and mortality for the population of vulnerable high-risk, women who are experiencing pregnancy-related complications, and complex socioeconomic needs residing within under-resourced neighborhoods within the county.

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

Broward Bright Beginnings will provide 1) prenatal through postpartum care coordination through Memorial's Maternal Health Program; 2) immediate patient monitoring by maternal-fetal specialists, and experts for chronic health conditions; 3) outreach, education, and linkage to community resources to ensure mothers receive timely and effective services, and; 4) screenings for social determinants of health.

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

Over 12 months, the program will enroll a minimum of 200 women and provide crucial outreach and education to at least 350 additional women and their families. This program will expand access for under-resourced mothers, replace episodic care with an enhanced patient-centered care model, and reduce morbidity and mortality for women experiencing high-risk pregnancies or or postpartum complications.

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

The primary target population is women experiencing high-risk pregnancies or postpartum complications, and/or chronic conditions who access care through Memorial Healthcare System. Over 12 months, the program will enroll a minimum of 200 women. In addition, this program will provide crucial outreach and education to at least 350 additional women and their families. Bright Beginnings will deliver maternal healthcare services throughout south Broward County with particular attention to women residing in the highest risk zip codes due to a variety of SDOH including poverty, lack of affordable housing, inadequate transportation, and the existence of food insecurity.

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

This program will expand access for under-resourced mothers, replace episodic care with an enhanced patient-centered care model, and reduce morbidity and mortality for women experiencing high-risk pregnancies or postpartum complications, and/or chronic conditions. Tracking of key performance indicators during the current year will establish benchmarks and goals to improve maternal outcomes:

- Increased access to care, community resources, linkage to High-Risk OB and maternal fetal specialists
- Reduced postpartum morbidity and mortality.
- Reduced postpartum maternal hospital readmission & maternal average length of stay for participants over prior year.
- Increased outreach and education about chronic conditions to reduce prevalence of maternal complications.
- Increased linkage to community resources to address social determinants of health (SDOH) challenges.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties



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for failing to meet deliverables or performance measures provided for the contract?

Reduction in approved appropriate amount

15. Requester Contact Information

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

16. 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

17. Lobbyist Contact Information

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