

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

LFIR # 2558

1. Project Title	Banyan Health - Little Havar	na Mam	mography Equipment		
2. Senate Sponsor	Bryan Avila				
3. Date of Request	03/03/2023				
4. Project/Program Des	scription				
Havana Health Center under-insured individudelivery of direly need Little Havana and surr Hispanic and is HRSA Area (HIPSA) for both	-	mental hof ability of treatmea has lally Und lachieves services	nealth and substance used to pay. The requested ent services to children ong served as a compler served Area (MUA) and will be expanded og	use disorder treatm dequipment will en n, families and sen nunity of Latino imi and a Health Prof	nent to low-income and hable the expanded hiors from within the migrants, is 90% essionals Shortage
6. Amount of the Nonre	curring Request for Fiscal `	Year 20	23-2024		
Type of Funding			Amou	ınt	
Operations				850,000	
Fixed Capital Outlay				0	
<b>Total State Funds Re</b>	equested			850,000	
7. Total Project Cost for	r Fiscal Year 2023-2024 (inc	luding	matching funds avail	able for this proj	ect)
Type of Funding			Amount	Percentage	
Total State Funds Rec	quested (from question #6)		850,000	50%	
Total State Funds Rec Matching Funds	quested (from question #6)		850,000	50%	
	quested (from question #6)		850,000	50%	
Matching Funds					
Matching Funds Federal			0	0%	
Matching Funds Federal State (excluding the a			0	0% 0%	
Matching Funds Federal State (excluding the a Local Other			0 0 0	0% 0% 0%	
Matching Funds Federal State (excluding the a Local Other Total Project Costs f	mount of this request)	ng?	0 0 0 850,000	0% 0% 0% 50%	
Matching Funds Federal State (excluding the a Local Other Total Project Costs f  8. Has this project prev	mount of this request) for Fiscal Year 2023-2024	ng?	0 0 0 850,000 <b>1,700,000</b>	0% 0% 0% 50% <b>100%</b>	
Matching Funds Federal State (excluding the a Local Other Total Project Costs f	mount of this request) for Fiscal Year 2023-2024		0 0 0 850,000 1,700,000	0% 0% 0% 50%	
Matching Funds Federal State (excluding the a Local Other Total Project Costs f  8. Has this project prev Fiscal Year	mount of this request) for Fiscal Year 2023-2024 riously received state funding		0 0 0 850,000 1,700,000	0% 0% 0% 50% <b>100%</b>	
Matching Funds Federal State (excluding the a Local Other Total Project Costs f  8. Has this project prev Fiscal Year (yyyy-yy)  9. Is future funding like	mount of this request)  for Fiscal Year 2023-2024  riously received state funding  Amount  Recurring Nonrecu	ırring	0 0 0 850,000 1,700,000	0% 0% 0% 50% <b>100%</b>	
Matching Funds Federal State (excluding the a Local Other Total Project Costs f  8. Has this project prev Fiscal Year (yyyy-yy)  9. Is future funding like a. If yes, indicate nor	mount of this request)  for Fiscal Year 2023-2024  riously received state funding  Amount  Recurring Nonrecu	urring	0 0 850,000 1,700,000 No Specific Appropriation #	0% 0% 0% 50% <b>100%</b>	



14. Program Performance

Yes

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

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If yes, indicate the amount	of funds received and what the	funds were used for.	
\$8.7 million has been receiv protective equipment, mobile expenditures.	ed in Covid related funding to supper unit for testing, staff overtime, and	port testing, vaccines, personal dother pandemic related	
Complete questions 1	1 and 12 for Fixed Cap	ital Outlay Projects	
11. Status of Construction			
a. What is the current phas	e of the project?		
	Construction		
b. Is the project "shovel rea	ady" (i.e permitted)?	No	
c. What is the estimated sta	art date of construction?		
d. What is the estimated co	mpletion date of construction?		
	ted 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/Supporter	Advanced mammography di	iagnostic equipment	850,000
Consultants/Contracted Services/Study			0
<b>Operational Costs: Other</b>			
Salary and Benefits			0
Expense/Equipment/Travel/Supporter	plies/		0
Consultants/Contracted Services/Study			0
Fixed Capital Construction	Major Renovation:		
Construction/Renovation/Land/ Planning Engineering			0
Total State Funds Requeste	ed (must equal total from questic	on #6)	850.000

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



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Banyan Health seeks capital support to obtain advanced mammography diagnostic equipment for its new flagship Little Havana Health Center that provides primary care, mental health and substance use disorder treatment to low-income and under-insured individuals and families, regardless of ability to pay. The goal achieved will be expanded operational capacity afforded to vulnerable populations in desperate need of preventive women's health services.

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

The advanced diagnostic mammography equipment support requested will primarily serve under-insured low-income residents of Miami-Dade County with obtaining vital preventive screenings for breast health. It will also enable the provision of preventive screenings to those suffering mental health &/or substance use, who normally do not prioritize these services.

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

The direct services provided to citizens will include expanded access to obtain essential preventive pre-cancer screenings among populations who suffer disproportionately higher rates of breast cancer including Hispanic, low-income women and those experiencing mental health &/or substance use disorder issues.

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

The target population will include multi-generational women from within the Little Havana community and surrounding areas, as well as, those in treatment for mental health & substance use disorder. This population is largely Hispanic and low-income & under-insured. The area is HRSA designated as both a Medically Under served Area (MUA) and a Health Professionals Shortage Area (HIPSA) for both medical and dental. It has been well-documented that Hispanic women disproportionately do not obtain preventive women's health screenings at the same rate as other populations, which makes access to these services an urgent imperative.

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

The anticipated outcome of this request is to obtain the needed funding to enable the purchase of direly needed mammography diagnostic equipment for the new Banyan Health Little Havana Health Center. Once completed, this new facility will more than double capacity for direct services staffing and unduplicated patient counts consisting of low income individuals, families and seniors as well as those suffering mental health &/or substance use disorder. The methodology undertaken will include quarterly reconciliation of detailed budgets in alignment with stated time line(s) identifying milestones and responsible parties. Once operational, established clinical and financial measures and evaluation methodologies in accordance with HRSA 330 requirements will be adhered to in measuring outcomes.

## 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?

Banyan Health has tremendous experience in successfully managing complex federal, state and local agency grants and sponsored programs. Currently, it responsibly manages a diverse portfolio of federal and state funding and has strict managerial controls and processes in place to assure award compliance. In the unlikely event that Banyan Health fails to meet deliverable or performance measures, we would be prepared to offer full restitution of the amount awarded.

15. Requester Contact	Informati	ion			
a. First Name	Ileana		Last Name	Garcia	
b. Organization	Banyan C	Community Healtl	h Center, Inc		
c. E-mail Address	igarcia@l	oanyanhealth.org	)		
d. Phone Number	(305)398-	-6132	Ext.		
16. Recipient Contact	Informatio	on			
a. Organization	Banyan C	Community Healtl	h, Inc.		
b. Municipality and County Miami-Dade					



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c. Organization Ty	pe			
□For Profit Entity				
☑Non Profit 501(c	e)(3)			
□Non Profit 501(c	<del>(</del> )(4)			
□Local Entity				
□University or Co	llege			
□Other (please sp	pecify)			
d. First Name	Vincent	Last Name	Carrodeguas	
e. E-mail Address	vcarrodeguas@banyanhealth.org			
f. Phone Number	(305)398-6100			
17. Lobbyist Contact Information				
a. Name	Kelly C. Mallette			
b. Firm Name	Ronald L. Book PA			
c. E-mail Address	kelly@rlbookpa.com			