



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1945

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The funds requested will update and retrofit a building in Pasco county to provide an integrated and expanded care model for medical services in Pasco County. The capital improvements will add examination rooms for medical, behavioral health, SUD, telehealth as well as offices, healthcare support functions, and technological spaces. The completely renovated facility will result in expanded patient access to integrated behavioral health services for over 2,000 Pasco County area residents of all ages.

5. **State Agency to receive requested funds**

**State Agency contacted?**

6. **Amount of the Nonrecurring Request for Fiscal Year 2023-2024**

| Type of Funding                    | Amount         |
|------------------------------------|----------------|
| Operations                         | 0              |
| Fixed Capital Outlay               | 500,000        |
| <b>Total State Funds Requested</b> | <b>500,000</b> |

7. **Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)**

| Type of Funding                                      | Amount           | Percentage  |
|--|------------------|-------------|
| Total State Funds Requested (from question #6)       | 500,000          | 40%         |
| <b>Matching Funds</b>                                |                  |             |
| Federal  | 0                | 0%          |
| State (excluding the amount of this request)         | 0                | 0%          |
| Local  | 0                | 0%          |
| Other  | 757,900          | 60%         |
| <b>Total Project Costs for Fiscal Year 2023-2024</b> | <b>1,257,900</b> | <b>100%</b> |

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

| Fiscal Year<br>(yyyy-yy) | Amount    |              | Specific<br>Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
|                          | Recurring | Nonrecurring |                             |        |
|                          |           |              |                             |        |

9. **Is future funding likely to be requested?**

a. **If yes, indicate nonrecurring amount per year.**

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

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.

Total funds equal \$15,960,124. The funds were used on a range of things including staffing, supplies and equipment for Covid-19 testing and vaccines; enhanced cleaning/sanitation; health center personnel; COVID-related equipment; community engagement/promotion for COVID-19 vaccine drives; infrastructure changes to adhere to social distancing; capital improvements to expand access to care; telehealth equipment, infrastructure and upgrades.

## 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

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

No

c. What is the estimated start date of construction?

12/1/2023

d. What is the estimated completion date of construction?

6/1/2024

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.

Premier Community HealthCare is the sole owner of the facility.

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

| Spending Category  | Description   | Amount         |
|--|---|----------------|
| <b>Administrative Costs:</b>   |   |                |
| Executive Director/Project Head Salary and Benefits                    |   | 0              |
| Other Salary and Benefits  |   | 0              |
| Expense/Equipment/Travel/Supplies/Other                                |   | 0              |
| Consultants/Contracted Services/Study                                  |   | 0              |
| <b>Operational Costs: Other</b>  |   |                |
| Salary and Benefits  |   | 0              |
| Expense/Equipment/Travel/Supplies/Other                                |   | 0              |
| Consultants/Contracted Services/Study                                  |   | 0              |
| <b>Fixed Capital Construction/Major Renovation:</b>                    |   |                |
| Construction/Renovation/Land/Planning Engineering                      | The proposed construction project will support capital improvements, equipment, including the renovation of an existing facility. | 500,000        |
| <b>Total State Funds Requested (must equal total from question #6)</b> |   | <b>500,000</b> |

### 14. Program Performance

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



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The specific purpose that will be achieved by the funds requested is an integrated and expanded care model for medical services in Pasco County. The capital improvements will add examination rooms for medical and telehealth as well as offices, healthcare support functions, and technological spaces. The completely renovated facility will result in expanded patient access to integrated primary and specialty health services for over 2,000 Pasco County area residents of all ages.

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

The funding request seeks to create an integrated health care model through a renovation project in which primary care providers and specialty professionals are embedded within the site to improve access to care and improve health outcomes for residents in Pasco County.

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

Direct services to citizens would use a variety of treatment modalities, such as universal screenings, self-management, and treatment by a coordinated care team that uses shared language, both verbal and non-verbal. In addition to primary health care, services for specialty health care will be provided to those who have no other options for medical care.

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

The completely renovated facility will result in expanded patient access to integrated behavioral health services for 2,000 Pasco County area residents of all ages, demographics, and especially the uninsured and underinsured.

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

The completely renovated facility will help improve physical health for Pasco citizens and create job opportunities. In addition, the facility will provide continuity of care for over 2,000 medically underserved and/or uninsured patients without a medical home through referrals from the local free clinics, hospitals emergency and inpatient departments and social service agencies. The method of measurement will be tracked through an electronic records 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 the contract?**

The monies will be returned to the state if recipient fails to meet deliverables or performance measures.

**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



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LFIR # 1945

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**