



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 2224

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This request is for funding supporting the procurement of a Mobile Health Services Unit for Lee Health to deliver healthcare services in the community for prevention and wellness education, referrals and support for behavioral health issues including mental health, substance use, and co-occurring disorders. The mobile healthcare unit will also increase access to care in neighborhoods hit hardest by natural disasters and emergencies like Hurricane Ian.

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	1,100,000
Total State Funds Requested	1,100,000

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)	1,100,000	37%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	1,900,000	63%
Total Project Costs for Fiscal Year 2023-2024	3,000,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific 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?

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



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\$84M used to cover additional labor, loss in revenues. \$7.5M used for supplies and equipment rentals.

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)?

Yes

c. What is the estimated start date of construction?

6/1/2024

d. What is the estimated completion date of construction?

3/1/2025

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.

CEO Larry Antonucci

13. Details on how the requested 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/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	This capital request will be used to purchase and equip a new mobile health services vehicle that will provide indoor space for testing, screening, counseling, referral and access to care.	1,100,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		1,100,000

14. Program Performance

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

This request is for funding supporting the procurement of a Mobile Health Services Unit for Lee Health to deliver healthcare services in the community for prevention and wellness education, referrals and support for behavioral health issues including mental health, substance use, and co-occurring disorders. The mobile healthcare unit will also increase access to care in neighborhoods hit hardest by natural disasters and emergencies like Hurricane Ian.

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



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The capital funding will go toward purchasing and equipping the Lee Health Mobile Health Services Unit to deliver services outside Lee Health's acute care hospital setting.

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

The Lee Health Mobile Health Services Unit will deliver health screening, primary care services, testing, mental health services and disaster response services to under-served and hurricane-impacted areas throughout Southwest Florida.

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

Elderly persons, persons with poor mental health, persons with poor physical health, jobless persons, economically disadvantaged persons, homeless, developmentally disabled, physically disabled, and drug users (in health services). Over 1,000 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?

(1) # of patients treated by mobile medical unit; (2) # of patients screened and treated for infectious diseases; (3) # of patients screened and treated for chronic/co-morbid conditions; # of patients presenting for behavioral health screenings; (4) # of persons referred to community resources. Electronic Health Records and Clinical Documentation will be the methodology by which this outcome will be measured.

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?

If the mobile unit is not purchased and outfitted for patient use by the 24-25 fiscal year, Lee Health will return state funds.

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



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f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number