



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 3125

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Florida Community Health Centers, Inc. (FCHC) is seeking assistance to address an obstetric care public health emergency affecting the service area of St Lucie, Martin, and Okeechobee counties. FCHC is the predominant provider of OBGYN services to the underserved, underinsured, and uninsured population of these counties. This public health emergency is a result of a combination of workforce shortage issues combined with increased labor cost to secure contracted and temporary professional coverage for obstetrical care. These factors have caused significant obstetrical deficits which endanger our ability to continuing providing medical, dental, behavioral health, care management, and enrollment services. Prenatal care is already becoming harder to access by pregnant women. If a solution is not achieved soon, the community is at risk of devastating maternal and infant morbidity and mortality. This program will address access to quality prenatal, obstetrical, and postpartum care.

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	1,249,467
Fixed Capital Outlay	0
Total State Funds Requested	1,249,467

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)	1,249,467	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 2023-2024	1,249,467	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.



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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.

In the last 12 months, Florida Community Health Centers, Inc. received \$6M in federal assistance to: expand COVID medical services to under served populations including COVID testing, evaluation and treatment.

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)?

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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Salaries and fringe benefits (21.3%) of OBGYN Services Staff. This includes OBGYN MDs, Certified Nurse Midwives, APRNs, Medical Assistants, Patient Service Representatives and Laboratory Technicians.	749,680
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	OB Hospitalists, Locum Tenens and Per Diem OB Clinicians.	499,787
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		1,249,467

14. Program Performance



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

To ensure the viability of the only obstetrical program that provides prenatal care to underserved and underinsured women in St Lucie, Martin, and Okeechobee counties. A significant portion of these women are experiencing multiple chronic health conditions including diabetes, hypertension, obesity, and tobacco use.

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

To fund direct expenses, generated by a program burdened by sky-rocketing costs associated with providing intrapartum, prenatal, delivery, and postpartum care.

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

Direct services include prenatal, intrapartum, obstetrical, and postpartum care to pregnant women in St Lucie, Martin, and Okeechobee counties.

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

Population includes uninsured and under insured pregnant women in St Lucie, Martin, and Okeechobee counties. A total of 2,772 patients.

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 or outcome for this project includes ensuring prenatal, obstetrical, and delivery services to improve health outcomes of mothers and infants. To decrease the risk for maternal and infant mortality and avoiding the increased cost to the health care system for treatment of high risk populations with poor health outcomes that will result in: increased emergency room utilization, longer hospital stays, higher neonatal intensive care unit utilization, and a higher number of children with long term needs for ongoing medical support services.

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?

Return of funds if deliverables are not met.

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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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