



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 1374

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

**4. Project/Program Description**

Memorial is requesting \$500,000 in funding to conduct their inclusive program: Healthy Neighbors. Memorial will purchase a mobile health center and provide a diverse healthcare team to serve West Park residents. The unit will travel right into the heart of underserved neighborhoods to provide routine exams, immunizations, and preventive health screenings for adults 5 days per week, including alternating weekends. With a goal of having residents establish a medical home for ongoing, coordinated care, staff will use an on-site lab to perform hemoglobin A1C testing, urinalysis, cholesterol monitoring, pregnancy testing and exams, rapid HIV screening, along with health education and links to valuable community resources for stress management, nutrition, exercise, and smoking cessation. Mobilize West Park Health will support Memorial's mission of taking care of the "whole" patient, healing the body, mind and spirit of all served.

5. **State Agency to receive requested funds**
- State Agency contacted?**  No

**6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023**

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

**7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	94%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	34,521	6%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>534,521</b>	<b>100%</b>

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
>5 years		500,000	466	No

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.**

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



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Yes

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

Memorial has received \$184,232,763 in federal CARES Act funding to prevent, prepare for and respond to the pandemic; to maintain service capacity; to convert and upgrade space for surge capacity; to provide skilled nursing facility infection control; for PPE/testing/telehealth support for patients with HIV; and for assistance in serving uninsured patients. This includes \$183,220,609 in HHS CARES Relief; \$128,281 in HHS/HRSA/Ryan White; \$236,873 in HHS/ASPR; and \$647,000 in HHS/HRSA/Uninsured.

**11. 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	PA/APRN APP \$117,312 Medical Assistant 1 \$48,921 Medical Assistant 2 \$38,438 MSW \$79,872	284,544
Expense/Equipment/Travel/Supplies/Other	25 foot Sprinter model Mobile Unit with equipment \$199,456 Fuel (12 months) \$13,000 Maintenance (12 months) \$3,000	215,456
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>500,000</b>

**12. Program Performance**

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

With a goal of having West Park residents establish a medical home for ongoing, coordinated care, Memorial will use a mobile health center to engage residents in crucial health promotion and education efforts to combat disparate and alarming health indicators and connect them with available resources. Community partnerships will drive citywide efforts that measurably improve selected health outcomes as well as improve the community's overall Social Vulnerability Index.

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

Memorial will provide culturally competent health promotion and education, expanded access to primary care medical services, and linkage to socioeconomic resources to address social determinants of health (SDOH) challenges.

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

Preventive health screenings, immunizations/vaccinations, physical exams, chronic disease management, pregnancy testing, family planning and counseling, and health education and healthy lifestyle (nutrition, exercise, smoking cessation) assistance.

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



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Memorial expects to engage residents ages 18-64 of the City of West Park, FL through a minimum of 3,500 patient encounters.

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

The major outcome for this program is improved physical health for West Park residents indicated by?  
(A) # persons enrolled in Memorial's Primary Care for medical home;  
(B) # pregnant women linked to prenatal and obstetrical care;  
(C) # persons screened and treated for COVID-19;  
(D) # persons screened and treated for infectious diseases;  
(E) # persons screened and treated for chronic/co-morbid conditions;  
(F) # babies born at low birthweight; and  
(G) # persons connected to SDOH community resources.  
As measured by: Electronic Health Record (EHR) and Clinical Documentation.

**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?**

Restitution of funding awarded. Memorial Healthcare System is willing to discuss additional penalties with the contracting agency as part of the contract negotiation process.

**13. 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.**

Memorial Healthcare System, a special district tax unit and 501(c)(3) was created by the Florida Legislature as the safety-net provider in southern Broward County. Memorial Healthcare System opened its first hospital in 1953. Today it is a premiere public non-profit healthcare system dedicated to its mission of healing the body, mind and spirit of all served through its network of six hospitals, outpatient facilities, and mobile units.



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#### 14. Requestor Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 15. 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) Special Tax District

d. First Name  Last Name

e. E-mail Address

f. Phone Number

#### 16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number