



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 1846

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Rural areas in Florida, particularly those in the Bend Bend region, lack access to health education and screenings which often results in higher rates of disease and poorer health outcomes. The requested funds will support the purchase of a mobile unit and support staff to increase access to health screenings in rural areas to identify individuals at risk of disease or poor health outcomes, and provide education and referral to clinical and social services to improve health and well being. Efforts will focus on Madison County and surrounding rural areas that are designated Health Professional Shortage Areas. Standardized assessments will be used to assess health status and wellbeing and tailored education and referrals will be provided by health educators to connect individuals to appropriate resources.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operations	480,000
Fixed Capital Outlay	0
Total State Funds Requested	480,000

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)	480,000	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 2022-2023	480,000	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?



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No

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

11. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Salary and benefits for a Project Lead and administrative support to manage the administrative portions of the project and provide fiscal and operational oversight.	60,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Administrative expenses will include computers/tables, software, printers, office supplies, phones, and network access to manage client intake, services, and referrals, ensure privacy of protected health information, and monitor performance.	25,000
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Salaries and benefits to support patient navigators/health educators (3 Patient Navigators @ \$50,000 each) and a nurse, pharmacist, or other clinical professional (1 @ \$65,000).	215,000
Expense/Equipment/Travel/Supplies/Other	Operational expenses include: the purchase and outfitting of a mobile unit that will be used for health education, screenings, and consultation (1 @ \$150,000); \$10,000 for educational materials to promote health behaviors; and \$20,000 for health behavior support tools including, but not limited to, scales and blood pressure cuffs.	180,000
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)		480,000

12. Program Performance

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

Rural areas in Florida, particularly those in the Bend Bend region, lack access to health education and screenings which often results in higher rates of disease and poorer health outcomes. The requested funds will support the purchase of a mobile unit and support staff to increase access to health screenings in rural areas to identify individuals at risk of disease or poor health outcomes and provide education and referral to clinical and social services to improve health and well being.

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

A mobile unit will be purchased to facilitate bringing health education and screening services directly to people living in rural areas lacking access to such services. In addition to health education and screenings, a standardized social determinants of health screening tool will be used to identify pressing needs and referrals will be made to connect the individual to needed resources.

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

Health assessments, screenings, and education. Referral and navigation to clinical and social services and other community resources.

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



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Individuals living in Madison County and other rural areas in the Big Bend who are uninsured or under insured or lack access to health care services.

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

Improved physical health, mental health, and education. Individuals at risk of developing diabetes and heart disease and those needed referrals to mental health services will be identified through various health screenings. Patient navigators/health educators will document outreach efforts and screening results for all individuals at intake and provide education and referral as appropriate to improve physical and mental health outcomes. Number of individuals reached through community outreach and education efforts and number of referrals made and completed will be tracked to ensure individuals are being connected to needed 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?

Funds could be withheld until corrections are made.

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.

N/A



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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)

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