

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Community Health Centers, Inc. - Bithlo Community Health Center
2. Date of Submission: 11/12/2019
3. House Member Sponsor: Rene Plasencia  
Members Copied:

### 4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No  
*If answer to 4a is "No" skip 4b and 4c and proceed to 4d, Col. E*
- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated  <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget  <i>(Will equal non-vetoed amounts provided in Column A)</i>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					750,000	750,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? No
  - 5a. If yes, which state agency?
  - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Health
  - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No
  - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.  
Delay in the build out of the health center which includes critically needed primary care services for the Bithlo community.

6. Requester:

- a. Name: Molly Ferguson
- b. Organization: Community Health Centers, Inc.
- c. Email: m.ferguson@chcfl.org
- d. Phone #: (407)905-8827

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Mark Dickinson
- b. Organization: Community Health Centers, Inc.
- c. Email: m.dickinson@chcfl.org
- d. Phone #: (407)905-8827

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of entity receiving funds:

- a. Name: Community Health Centers, Inc.
- b. County (County where funds are to be expended): Orange
- c. Service Area (Counties being served by the service(s) provided with funding): Brevard, Orange, Seminole

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

This funding request is to provide non-recurring, one-time funding to build a new, 8,500 sq. ft. community health center for the high need Bithlo community in Orange County. The goal is to provide over 8,500 primary health care visitors annually resulting in healthier children and families, a more productive work force, reduction in non-urgent emergency department visits, preventable hospitalizations, and provide a long lasting and positive health impact for generations to come.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter "0" if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Community Health Centers, Inc. (CHC) is requesting partial costs to build and 8,500 sq. ft. community health center in Bithlo. CHC currently owns the land and has the infrastructure in place to support the	750,000

	building. Total cost are estimated at \$2 million	
TOTAL		750,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category “h. Fixed Capital Outlay” was selected), what type of ownership will the facility be under when complete? (Select one correct option)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

Letters of support have been received from Orange County Mayor's Office, Orange County Public Schools, Aspire Health Partners and Heart of Florida United Way. CHC has received a grant from AdventHealth for \$500,000 toward building costs. Preliminary approval from Orlando Health Foundation for \$50,000 toward building costs. This funding is pending HUD approval, expected early 2020.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

Health Resources and Services Administration (HRSA), Uniform Data System (UDS) Mapper

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

Affordable and convenient pediatric and adult primary health care services including dental and behavioral health care services, substance use counseling, pharmacy, laboratory, health education/promotion and enabling services. Services are available to all persons regardless of their ability to pay. A sliding discount program is offered to reduce the cost of care for uninsured patients or can be applied to high insurance deductibles or high co-payments for patients with insurance.

17b. Describe the direct services to be provided to the citizens by the funding requested.

Pediatric and adult primary care, pediatric and adult dental care, behavioral health including opioid substance use identification and counseling services pharmacy, laboratory, health promotion/education services and enabling services.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe)

17d. How many in the target population are expected to be served?

< 25

- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	1. Improve hemoglobin A1C levels of diabetic patients; 2. Decrease the percentage of adults diagnosed with hypertension; 3. Increase the percentage of patients that are screened for tobacco use and provided an intervention.	Electronic Health Record query: 1. Measure and monitor patients hemoglobin A1C levels during the measurement year. 2. Measure and monitor patients blood pressure during the measurement year; 3. Measure and monitor screening of patients for tobacco use and intervention.
<input checked="" type="checkbox"/> Improve mental health	Screen patients for depression, provide plan and/or referral for depressed patients and other co-morbidities	Evidence based questionnaire for depression and documented in electronic health record.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		

<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input checked="" type="checkbox"/> Reduce substance abuse	Screen for substance use/abuse and refer to appropriate treatment facility. Provide Licensed Clinical Social Worker counseling services to reduce recidivism, and awareness of opioid abuse	Within the electronic health record and within patients detailed history. Use of the following measurement tool: Functional Assessment Rating Scale.
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input checked="" type="checkbox"/> Other (Please describe): Reduce dental caries	Dental sealant for children 6-9 years old.	Measure percentage of children aged 6-9 years, at moderate to high risk of caries on a first permanent molar.

19. Provide the total cost of the project for FY 2020-21 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
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1. Amount Requested from the State in this Appropriations Project Request:	750,000	37.5%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	550,000	27.5%	No
5. Other:	700,000	35.0%	Yes
<b>TOTAL</b>	<b>2,000,000</b>	<b>100%</b>	

20. Is this a multi-year project requiring funding from the state for more than one year?

No