

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Healthcare Network of Southwest Florida - Community Primary Care
2. Date of Submission: 10/16/2019
3. House Member Sponsor: Ana Rodriguez
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>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					2,750,000	2,750,000

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.

Additional information on what standard penalties, deliverables, and performance measures will be included in the contract is necessary to answer this question fully.

6. Requester:

- a. Name: John Fletcher
- b. Organization: Collier Health Services, Inc., d/b/a Healthcare Network of Southwest Florida
- c. Email: JFletcher@HealthcareSWFL.org
- d. Phone #: (239)658-3060

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

- a. Name: John Fletcher
- b. Organization: Collier Health Services, Inc., d/b/a Healthcare Network of Southwest Florida
- c. Email: JFletcher@HealthcareSWFL.org
- d. Phone #: (239)658-3060

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

- a. Name: J. Keith Arnold
- b. Firm: Buchanan Ingersoll, & Rooney
- c. Email: Keith.Arnold@bipc.com
- d. Phone #: (239)985-4837

9. Organization or Name of entity receiving funds:

- a. Name: Collier Health Services, Inc., d/b/a Healthcare Network of S
- b. County (County where funds are to be expended): Collier
- c. Service Area (Counties being served by the service(s) provided with funding): Collier, Hendry, Lee

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?

By increasing funding for primary care services emergency room visits and unnecessary hospital stays are avoided. Healthcare Network's community-wide practices offer increased access and significant cost savings to the under-served populations in Collier County. We know that many patients with chronic diseases such as diabetes or dental needs avoid seeking care due to cost or access concerns.

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 checked="" type="checkbox"/> e. Salaries and Benefits	The funds will go towards provider salaries to ensure the availability of primary care providers in the community. The full spectrum of primary health care services will be provided; internal medicine, pediatrics, OB/GYN, behavioral health, pharmacy, dental, and senior care.	2,750,000
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		

Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		2,750,000

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:

Healthcare Network of Southwest Florida receives significant community support for its mission, services, and projects and continues to do so. Healthcare Network works corroboratively with numerous community providers to ensure the needs of the community. Specific documentation of community support is available upon request.

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:

Healthcare Network of Southwest Florida performs a third-party needs assessment every three years to determine the needs of the community. The results of those needs assessments consistently show a need in the community for the expansion of Healthcare Network's services.

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?

The full spectrum of primary health care services will be provided; internal medicine, pediatrics, OB/GYN, behavioral health, pharmacy, and senior care.

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

The appropriation project will directly support the delivery of much need primary health care services, including behavioral health.

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): the under and un-insured

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	Increased access to health services.	Total patents seen as well as health quality indicators from Healthcare Network's electronic health record.
<input checked="" type="checkbox"/> Improve mental health	Increased access to health services.	Total patents seen as well as health quality indicators from Healthcare Network's 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 checked="" type="checkbox"/> Increase or improve economic activity	Emergency room diversion.	Total number of patients under managed care that decrease their use of the ER for primary care services.

<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	Increased access to behavioral health services.	Total patents seen as well as health quality indicators from Healthcare Network's electronic health record.
<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 type="checkbox"/> Other (Please describe):		

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?
1. Amount Requested from the State in this Appropriations Project Request:	2,750,000	100.0%	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:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	2,750,000	100%	

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

No