

The Florida House of Representatives
Appropriations Project Request - Fiscal Year 2022-23
For projects meeting the definition of House Rule 5.14

1. Title of Project: Polk County - Community Paramedicine Program Expansion
2. Date of Submission: 10/14/2021
3. House Member Sponsor: Colleen Burton

4. Details of Amount Requested:

- a. Has funding been provided in a previous state budget for this activity? No
- 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 2021-22 <i>(If appropriated in 2021-22 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2022-23 <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	Recurring Base Budget	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds
Input Amounts:					450,000	450,000

- e. Provide the total cost of the project for FY 2022-23 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	450,000	65.0%	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	92,731	13.4%	Yes

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5. Other	150,000	21.7%	Yes
TOTAL	692,731	100%	

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

Yes

a. How much state funding would be requested after 2022-23 over the next 5 years?

- <1M
- 1-3M
- >3-10M
- >10M

b. How many additional years of state support do you expect to need for this project?

- 1 year
- 2 years
- 3 years
- 4 years
- >= 5 years

c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select “ongoing activity”.

- ongoing activity – no total cost
- <1M
- 1-3M
- >3-10M
- >10M

6. Which is the most appropriate state agency to place an appropriation for the issue requested? Department of Health

a. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes

b. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

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This appropriation should result in a cost reimbursement contract for the funding of the Community Paramedic Program. Should Polk County fail to complete the expansion of our Community Paramedic Program, the funds in this appropriation should be withheld.

7. Requester:

- a. Name: Ryan Taylor
- b. Organization: Polk County BoCC
- c. Email: ryantaylor@polk-county.net
- d. Phone #: (863)534-6475

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

- a. Name: Robert Weech
- b. Organization: Polk County Fire Rescue
- c. Email: robertweech@polk-county.net
- d. Phone #: (863)519-7362

9. Registered lobbyist working to secure funding for this project.

- a. Name: Frank S. Bernardino
- b. Firm: Anfield Consulting
- c. Email: noreen@anfieldflorida.com
- d. Phone #: (866)960-5939

10. Organization or Name of entity receiving funds:

- a. Name: Polk County BoCC
- b. County (County where funds are to be expended): Polk
- c. Service Area (Counties being served by the service(s) provided with funding): Polk

11. What type of organization is the entity that will receive the funds?

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

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

Polk County Fire Rescue is aggressively taking strategic steps to improve the overall health status of our citizens. The cost of the requested project is \$450,000 and will expand of the Community Paramedic Program that will reduce the 30-day hospital readmissions within our population of individuals with chronic medical conditions. We are requesting funding to expand the scope of our current Community Paramedicine Program.

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

Spending Category	Description	Amount Requested (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	Add 3 additional personnel with Salary, Benefits and overtime (if necessary).	306,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Purchase of 1 additional vehicle, daily operational expenses including fuel, equipment for new vehicle, 3 cells phones, computers/tablets.	144,000

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<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		450,000

14. For Fixed Capital Costs requested in Question 13, what type of ownership will the facility be under when complete?
- 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)
15. Is the project request an information technology project?
No
16. 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
- a. Please Describe:
This request was discussed at a public hearing of the Board of County Commissioners and at the Polk County Delegation meeting held on Oct. 26th, 2021. It is also supported by local hospitals.
17. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?
Yes
- a. Please Describe:

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PCFR has conducted preliminary meetings with 2 major Polk County hospitals have resulted in identifying current areas of need. Both hospitals have identified significant issues in managing individuals with chronic medical conditions such as CHF, COPD, Diabetes, Hypertension and Heart Disease and want to work towards finding a solution to reduce the 30 day hospital readmissions.

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

Yes

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

Reduction of the 30 day hospital readmissions within the Polk County population with chronic medical conditions such as CHF, COPD, Diabetes, Hypertension and Heart Disease.

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

Ensuring the linkage to follow-up medical appointments; provisions of in-home assessments and disease management care; education on medication, diet and healthy lifestyle habits, medication compliance monitoring and transportation to medical appointments as needed.

c. 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

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- General (The majority of the funds will benefit no specific group)
- Other (Please describe)

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

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

19. 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 or outcome
<input checked="" type="checkbox"/> Improve physical health	This project will result in the expansion of the Community Paramedic Program that will result in working towards reducing 30 day hospital readmissions within the population with chronic medical conditions such as CHF, COPD, Diabetes, Hypertension and Heart Disease. Historically, Polk County has a high rate of recurrence of readmissions due to not following up with doctor appointments.	The Community Paramedics will provide the post-discharge follow up services to help ensure medications are administered correctly and follow up appointments are meet. Patient tracking of recurring hospital visits and check list credited to track follow-up appointments and medication compliance.
<input type="checkbox"/> Improve mental health		

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<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 type="checkbox"/> Reduce substance abuse		
<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		

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<input type="checkbox"/> Other (Please describe):		
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