

**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: Premier Community HealthCare Group - Facility Renovation & Construction
2. Date of Submission: 11/15/2021
3. House Member Sponsor: Blaise Ingoglia

**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	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>
Input Amounts:					2,000,000	2,000,000

- 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	2,000,000	57.1%	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

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5. Other	1,500,000	42.9%	Yes
<b>TOTAL</b>	<b>3,500,000</b>	<b>100%</b>	

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

No

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

a. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No

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.

Will not receive fundss

7. Requester:

a. Name: Joseph Resnick

b. Organization: Premier Community HealthCare Group, Inc.

c. Email: JResnick@HCNetwork.org

d. Phone #: (813)484-9431

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

a. Name: Joseph Resnick

b. Organization: Premier Community HealthCare Group, Inc.

c. Email: JResnick@HCNetwork.org

d. Phone #: (813)484-9431

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

a. Name: Ronald Pierce

b. Firm: RSA Consulting Group LLC

c. Email: ron@rsaconsultingllc.com

d. Phone #: (813)777-5578

10. Organization or Name of entity receiving funds:

a. Name: Premier community HealthCare Group, Inc.

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b. County (County where funds are to be expended): Hernando

c. Service Area (Counties being served by the service(s) provided with funding): Hernando

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)

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

The specific purpose that will be achieved by the funds requested is an integrated care in Hernando County. The capital improvements will add examination rooms for medical, dental, behavioral health, SUD, a Telehealth Hub as well as offices, healthcare support functions, and technological spaces. The completely renovated facility will result in expanded patient access to integrated behavioral health services for over 2,000 Hernando County area residents of all ages.

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:		

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<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	The proposed construction project will support capital improvements, equipment, including the renovation of an existing facility.	2,000,000
<b>TOTAL</b>		<b>2,000,000</b>

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:

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Premier documents its show of support from state and local entities, social services and programs serving similar patient populations in the service area. While all documented collaborations are unable to be included due to space, Premier has many collaborative letters of commitment and community support for the requested project to address community needs through integrated services.

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:

A critical need identified is 'access to care'. Increasing access to primary care, dental care, behavioral health care and substance use disorder services identified as priorities. WellFlorida Council is the statutorily designated (F.S. 408.033) health council that serves Hernando County and was engaged by the Department of Health Hernando County to conduct the needs assessment.

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?

The funding request seeks to create an integrated health care model through a construction and renovation project in which primary care providers and dental professionals are embedded in a behavioral health care site to improve access to care and improve health outcomes for people with mental illness and substance use disorders.

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

Direct services to citizens would use a variety of treatment modalities, such as universal screenings, self-management, and treatment by a coordinated care team that uses shared language, both verbal and non-verbal. In addition to primary health care and dental care, services by the behavioral health team will include medication management, psychotherapy, behavioral therapy and group counseling.

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

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- 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): Veterans, Agricultural Workers, Victims of Trauma, Sex Crimes, Domestic Violence...

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	improve clinical outcomes and reduce health disparities within the patient population by improving overall health status of the citizens served in the health	Method of measuring level of benefit is tracked through electronic health records.

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	center facility. Example #1: Diabetic patients 18-75 will have an HbA1C level of 9% or less Example #2: Patients 18085 whose blood pressure at their most recent visit will be adequately controlled SBP <140 and DBP <90	
<input checked="" type="checkbox"/> Improve mental health	The target is goal 81% of all primary care patients 12 years and older will be screened for depression using PHQ-2 with a follow up plan documented.	Method of measuring level of benefit is tracked through electronic health records.
<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 checked="" type="checkbox"/> Create specific immediate job opportunities	Hire healthcare professionals to deliver integrated primary and	Method of measuring benefit is tracked through human resources

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	behavioral health services.	PayCom software.
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input checked="" type="checkbox"/> Reduce substance abuse	Provide integrated substance use disorder services to 300 community members.	Method of measuring level of benefit is tracked through electronic health records.
<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): box to right	Provide continuity of care for 800+ medically under-served and/or uninsured patients without a medical home through referrals from the local free clinics, hospitals emergency and inpatient departments and social service agencies.	The method of measurement will be tracked through the electronic health records system.