



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Miami-Dade (Liberty City) CHD New Facility

2. **Senate Sponsor:** Rene Garcia

3. **Date of Submission:** 11/06/2017

4. **Project/Program Description:**

Miami-Dade (Liberty City) CHD New Facility

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Health

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
	13,370,100	13,370,100

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
<b>TOTAL</b>	<b>0</b>	<b>0.0 %</b>

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 13,370,100

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded? > 5 years

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.

<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY 2017-18</b>
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	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
<b>Column:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>Funds Description:</b>	<b>Prior Year Recurring Funds *</b>	<b>Prior Year Nonrecurring Funds *</b>	<b>Total Funds Appropriated (Column A + Column B)</b>
<b>Input Amounts:</b>			

**10. Is future-year funding likely to be requested?**

No

**11. Program Performance:**

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

Increasing healthcare access for the children of the Liberty City community.

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

Expansion of health clinic for the Liberty City community that will include pediatric medical and pediatric dental services.

**c. How will the funds be expended?**

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		



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Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	The new construction will allow for patients to be provided with various healthcare services in the same location.	13,370,100
TOTAL		13,370,100

**d. What are the direct services to be provided to citizens by the appropriations project?**

Pediatric medical and pediatric dental services.

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

Children with chronic diseases, including asthma, diabetes, sickle cell, obesity, et al.; children with low compliance rates for vaccinations and immunizations; children needing ongoing well-child visits; children needing oral health services to prevent and/or treat oral decay and oral infections. An estimated 500 children are expected to be served.

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

Benefits: Increase in well child visits, immunization compliance, chronic disease management, oral health services, and improved health outcomes.. i.e. asthma, childhood obesity, sickle cell disease, and diabetes. Measured by: Increase in pediatric encounter rates in the patient electronic health record system. Decrease in school days missed. Increase in compliance with vaccinations as measured by the Florida Shots database. Fewer local hospital emergency room visits and/or hospitalizations related to childhood chronic diseases. Decrease in the barriers to health & oral care, highlighting the need for service providers such as JTCHC who serve persons regardless of ability to pay. Decrease in the use of local hospital emergency departments for the treatment of unnecessary dental care in the proposed service area. Decrease in total oral health related charges billed to Medicaid or Medicare.

**g. 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 in the contract?**

No payment will be made for deliverables deemed unsatisfactory by the Agency.

**12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

Florida Department of Health and Miami-Dade County

**13. Requestor Contact Information:**

**a. Name:** Annie Neasman

**b. Organization:** Jessie Trice Community Health Center, Inc.



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## Local Funding Initiative Request - Fiscal Year 2018-2019

- c. **Email:** aneasman@jtchc.org
- d. **Phone Number:** (305)805-1700

### 14. Recipient Contact Information:

- a. **Organization:** Florida Department of Health
- b. **County:** Miami-Dade
- c. **Organization Type:**
  - For Profit
  - Non Profit 501(c) (3)
  - Non Profit 501(c) (4)
  - Local Entity
  - University or College
  - Other (Please specify) State Agency
- d. **Contact Name:** Annie Neasman
- e. **E-mail Address:** aneasman@jtchc.org
- f. **Phone Number:** (305)805-1700

### 15. If there is a registered lobbyist, fill out the lobbyist information below.

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