



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Mobile Care - Assurances for Health Care Safety Net

2. **Senate Sponsor:** Darryl Rouson

3. **Date of Submission:** 01/10/2018

4. **Project/Program Description:**

The impact of Hurricane Irma demonstrated the vulnerabilities and limitations of the existing health care infrastructure. Community Health Centers of Pinellas (CHCP) proposes to utilize the requested funds to purchase a Mobile Health Bus. The Mobile Health Bus will assure provision of services in case of a disaster in Pinellas County or other parts of Florida. During non-emergency times the Mobile Health Bus will be utilized for health care education/treatment outreach.

5. **State Agency Contacted?** No

a. If yes, which state agency?

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

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
580,000		580,000

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%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 580,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

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?



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- d. Were the funds provided in the most recent fiscal year subsequently vetoed?
- e. Complete the following Worksheet.

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

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?

Community Health Centers of Pinellas (CHCP) proposes to utilize the requested funds to purchase a Mobile Health Bus. The Mobile Health Bus will assure provision of services in case of a disaster in Pinellas County or other parts of Florida.

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

The Mobile Health Bus will provide health care outreach, including treatment and educational services, to the residents of Pinellas County. In the case of an emergency, the Mobile Health Bus will be dispatched to the area of need to serve as a medical facility. During non-emergency times, the Mobile Health Bus will be utilized for health care education and treatment outreach to areas of high need.

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		



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Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Purchase a mobile Dental Bus	580,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		580,000

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

Health care and health education

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

The residents of high need areas of Pinellas County, Florida, including adult and pediatric patients. The project is set to serve 820 patients a year.

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

The proposed project will provide a variety of services to at least 820 patients a year. In addition, CHCP will have the ability to assure provision of healthcare services in case of natural or man-made disasters. CHCP will utilize the organization's state-of-the-art Electronic Health Records system to document all services provided. All of the project's outcomes will be reported within the framework of the Uniform Data System established by the Health Resources and Services Administration (HRSA).

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?

Reimbursement of funds

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.

N/A

13. Requestor Contact Information:

- a. **Name:** Pat Mabe, CEO
- b. **Organization:** Community Health Centers of Pinellas, Inc.
- c. **Email:** pmabe@hcnetwork.org
- d. **Phone Number:** (727)824-8100



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14. Recipient Contact Information:

a. **Organization:** Community Health Centers of Pinellas, Inc.

b. **County:** Pinellas

c. **Organization Type:**

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

d. **Contact Name:** Pat Mabe, CEO

e. **E-mail Address:** pmabe@hcnetwork.org

f. **Phone Number:** (727)824-8100

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

a. **Name:** Ron Pierce

b. **Firm:** RSA Consulting Group, LLC

c. **Email:** ron@rsaconsultingllc.com

d. **Phone Number:** (813)777-5578