



# The Florida Senate

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

1. **Title of Project:** Federally Qualified Health Center in Urban West Palm Beach

2. **Senate Sponsor:** Daphne Campbell

3. **Date of Submission:** 01/12/2018

4. **Project/Program Description:**

The purpose of the project is to create a Federally Qualified Health Center site in Western West Palm Beach to provide quality healthcare in a well-equipped, modern facility, for uninsured and under insured individuals living in the western communities of Palm Beach County. FoundCare currently operates a Federally Qualified Health Center headquartered in West Palm Beach that offers pediatric and adult primary care, chronic disease management, behavioral health services, dentistry, laboratory services and X-rays, and a facility in North Palm Beach that offers adult primary care and chronic disease management. In 2017, FoundCare provided an estimated 53,250 visits to 16,300 unduplicated patients through these two offices, along with its two social services offices (in Boynton Beach and Belle Glade). Of those patients who reported their incomes, 89% were at or below 200% of the federal poverty level, and two-thirds of the patients seen were either covered by Medicaid or had no insurance.

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
650,000	700,000	1,350,000

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	48,420	3.6%
TOTAL	48,420	3.6 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,350,000



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### 9. Previous Year Funding Details:

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- 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?

The funds requested will be used to create and equip a facility that will be used as a Federally Qualified Health Center to serve residents of the communities in western Palm Beach County, and then to operate the health center while it becomes an established community entity and begins to generate revenue.

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

Initial activities will include securing a location for the new facility and making the necessary capital improvements to the building for it to include medical exam rooms, rooms to be utilized for therapy and other behavioral health services, administration offices for the providers, and a reception area/waiting room. During this phase, FoundCare will hire staff, conduct preliminary marketing activities and launch the practice. Upon completion, activities and services will entail continued marketing and building the practice to reach a patient base of approximately 1,500 unique patients during the first year, growing to 5,000 unique patients by the third full year of operation. Services provided to these patients will include primary medical care and behavioral health care, as well as case management and referral services.

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

Spending Category	Description	Amount



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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 checked="" type="checkbox"/> Salary and Benefits	1 FTE Nurse Practitioner, 1 FTE LCSW, .5 FTE Nurse, 2 FTE MAs, 2 FTE Patient Access Reps, .5 FTE Site Supervisor	362,400
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Computers, Office Equipment, Medical Equipment, Office Furniture Signage, Medical Supplies, Injectables, Facility Supplies, Office Supplies, Insurance, Postage, Utilities, Waste Services, Telecomm, Printing and Marketing, Indirect Costs	250,300
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Contracted Services: Lab Services, Janitorial Services, Centralized Billing Office and Integrated Delivery System (Health Choice Network)	37,300
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Modifications of existing edifice in order to create a medical practice, including examination rooms, therapy suites, administrative offices and reception/waiting area	700,000
<b>TOTAL</b>		<b>1,350,000</b>



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

The direct services to be provided include primary medical care and behavioral health care.

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

Approximately 1,500 uninsured and underinsured individuals are expected to be served the first year, expanding to 5,000 by the program's third year of operation

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

This project will provide individuals in the western communities of Palm Beach County with access to quality, affordable care. This will be measured by the number of patients served, the decrease in emergency room visits, and the improvement in health outcomes for the targeted communities

**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?**

If the proposed number of patients is not served, FoundCare could be asked to return a portion of the allocated 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.**

FoundCare, Inc. is the not-for-profit entity that will undertake the capital reconstruction of the facility and operate the proposed health center.

**13. Requestor Contact Information:**

- a. **Name:** Yolette Bonnet
- b. **Organization:** FoundCare, Inc.
- c. **Email:** ybonnet@foundcare.com
- d. **Phone Number:** (561)432-9700

**14. Recipient Contact Information:**

- a. **Organization:** FoundCare, Inc.
- b. **County:** Palm Beach
- 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:** Yolette Bonnet
- e. **E-mail Address:** ybonnet@foundcare.com
- f. **Phone Number:** (561)432-9700



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

**a. Name:** None

**b. Firm:** None

**c. Email:**

**d. Phone Number:**