



# The Florida Senate

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

1. **Title of Project:** Bond Community Health Center Children and Women's Wellness Program

2. **Senate Sponsor:** Bill Montford

3. **Date of Submission:** 01/17/2018

4. **Project/Program Description:**

To provide integrated obstetric and pediatric care to underserved families in Leon County and to expand its training capacity for medical students and resident physicians of Tallahassee Memorial Healthcare by establishing a stand-alone health facility dedicated to children and women's health.

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
634,000	216,000	850,000

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	151,400	15.1%
Other	0	0.0%
TOTAL	151,400	15.1 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,001,400

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.



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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?

Bond's goal is to: 1) improve the overall health for high risk children and to improve birth outcomes of expectant mothers; 2) provide a practical ambulatory care training ground for young physicians and medical students; 3) improve the health literacy of the community (educating residents about the importance of wellness and preventive care) thus interrupting the pattern of seeking emergency room care for primary care services or seeing a medical provider for episodic care only. These patterns result in poor maintenance of chronic diseases and increased missed school and work days. It negatively affects the health and wealth of a community, overall. Bond's patient target is 3,000 children and 1,000 expectant mothers, annually.

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

Families will receive pediatric and obstetric care and benefit from a warm hand-off and continuity of care between expectant parents and the pediatric staff. Children at risk for obesity and families at risk for diabetes will benefit from the on-site cooking school and nutrition program. Bond will provide patient transportation, breast-feeding and parenting classes, and other patient education. Bond will extend its internet connectivity to Tallahassee Memorial Healthcare to assure prompt outpatient follow-up and decrease unnecessary hospitalizations and emergency room use.

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

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Start-up (6 months salary)-- Site Administrator/Office Manager	35,500



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<input type="checkbox"/> Other Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Office equipment, training, travel, and supplies	20,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Pharmacist 0.1 FTE	20,000
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Start-up (6 month salaries) Physicians, Nursing and Medical Support Staff	305,500
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Seven treatment rooms, Medical Equipment, Medical Supplies, Travel and Training \$218,000.00	218,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	IT Consultant	35,000
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Interior renovations, plumbing, removal of concrete walls, etc.	216,000
TOTAL		850,000

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

Primary and preventative medical care--pediatrics, prenatal, gynecology, diabetic education and nutrition services.

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

Underserved residents of Leon and Gadsden County. 3,000 children and 1,000 expectant mothers annually.

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

Improve the birth outcomes (decrease infant mortality, decrease prematurity, and decrease low birth-weight babies, decrease maternal deaths). Improve overall health of children by improving immunization rates, decreasing obesity, and encouraging adherence to well child check-ups. Outcomes will be measured by reporting HEDIS measures and utilizing the federal Uniform Data System.

**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?**



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Potential reduction in federal funding as a FQHC, reduction in managed care assignments and reimbursement, and inability to access new funding sources.

- 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:** Temple Robinson
- b. **Organization:** Bond Community Health Center, Inc.
- c. **Email:** trobenson@bondchc.com
- d. **Phone Number:** (850)521-5111

- 14. Recipient Contact Information:**

- a. **Organization:** Bond Community Health Center, Inc.
- b. **County:** Leon
- 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:** Temple Robinson
- e. **E-mail Address:** trobenson@bondchc.com
- f. **Phone Number:** (850)521-5111

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

- a. **Name:** Jon Johnson
- b. **Firm:** Johnson and Blanton
- c. **Email:** jon@teamjb.com
- d. **Phone Number:** (850)224-1900