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

2. **Senate Sponsor**: Bill Montford

3. **Date of Submission**: 02/22/2019

4. **Project/Program Description**:
   To provide integrated obstetric, pediatric, dental, and behavioral health care to underserved families in Leon County and to expand the 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 to receive requested funds**: Department of Health

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>634,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td>216,000</td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td><strong>850,000</strong></td>
</tr>
</tbody>
</table>

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>850,000</td>
<td>78.13%</td>
</tr>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Local</td>
<td>238,000</td>
<td>21.88%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td><strong>1,088,000</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

8. **Has this project previously received state funding?** Yes

<table>
<thead>
<tr>
<th>Fiscal Year (yyyy-yy)</th>
<th>Recurring</th>
<th>Amount</th>
<th>NonRecurring</th>
<th>Specific Appropriation #</th>
<th>Vetoed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018-19</td>
<td></td>
<td>340,000</td>
<td></td>
<td>451</td>
<td>Yes</td>
</tr>
</tbody>
</table>

9. **Is future-year funding likely to be requested?** No

10. **Details on how the requested state funds will be expended**

    | Spending Category Administrative Costs: | Description                                                                 | Amount |
    |----------------------------------------|-----------------------------------------------------------------------------|--------|
    | Executive Director/Project Head Salary and Benefits | Start-up (6 months salary) - Site Administrator/Office Manager. | 35,500 |
    | Other Salary and Benefits               |                                                                             |        |
### Expense/Equipment/Travel/Supplies/Other
- Office equipment for administrative staff and providers; training - continuing education and professional development; travel - continuing education and professional development; and supplies - medical and office.  
- **Amount:** $20,000

### Consultants/Contracted Services/Study
- Contracted pharmacist 0.1 FTE.  
- **Amount:** $20,000

### Operational Costs:

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary and Benefits</td>
<td>Start-up (6 month salaries) Physicians, Nursing, and Medical Support Staff.</td>
<td>$305,500</td>
</tr>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td>Seven treatment rooms, Medical Equipment, Medical Supplies, Travel, and Training.</td>
<td>$218,000</td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td>IT Consultant.</td>
<td>$35,000</td>
</tr>
</tbody>
</table>

### Fixed Capital Construction/Major Renovation:
- Interior renovations, plumbing, removal of concrete walls, etc.  
- **Amount:** $216,000

**Total State Funds Requested (must equal total from question #6)**  
- **Amount:** $850,000

### 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 of high-risk children (medical and dental); improve birth outcomes of expectant mothers; and increase access to behavioral health services addressing family trauma associated with substance abuse, natural disasters, and domestic violence; 2) provide a practical ambulatory training ground for young physicians and medical students; and 3) increase the health literacy of the community by educating residents on the importance of prevention.

**b. What are the activities and services that will be provided to meet the intended purpose of these funds?**
Families will receive pediatric, obstetric, and dental care. Expectant parents will 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. At-risk families will receive mental health counseling on-site. 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. 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; Oral Health - screening and restorative; and Mental health - assessments, family counseling, and substance abuse counseling.

**d. Who is the target population served by this project? How many individuals are expected to be served?**
Underserved residents of Leon and Gadsden County. Approximately 3,000 children and 500 expectant mothers annually.
e. **What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**

   Improve birth outcomes (decrease infant mortality, decrease prematurity, decrease low birth-weight babies, and decrease maternal deaths); improve overall health of children by improving immunization rates, decreasing obesity, and encouraging adherence to well child check-ups; decreased lost work and school days due to tooth pain; and increased access to mental health and substance abuse counseling. Outcomes will be measured by reporting HEDIS measures and utilizing the federal Uniform Data System.

f. **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?**

   Restrictions on applying for future funding.

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.

   Bond Community Health Center, Inc.

13. **Requestor Contact Information:**
   a. **Name:** Temple Robinson
   b. **Organization:** Bond Community Health Center, Inc.
   c. **E-mail Address:** trobinson@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:** trobinson@bondchc.com
   f. **Phone Number:** (850)521-5111

15. **Lobbyist Contact Information**
   a. **Name:** Eric Prutsman
   b. **Firm Name:** Johnson and Blanton
c. E-mail Address: eric@teamjb.com
d. Phone Number: (850)224-1900