



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2357

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

2. **Senate Sponsor** Bill Montford

3. **Date of Request** 12/19/2019

4. **Project/Program Description**

To provide integrated obstetric, pediatric, dental, and behavioral health care to under-served 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

State Agency contacted? ☐ Yes ☒ No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

| Type of Funding | Amount |
|------------------------------------|----------------|
| Operations | 634,000 |
| Fixed Capital Outlay | 216,000 |
| Total State Funds Requested | 850,000 |

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

| Type of Funding | Amount | Percentage |
|--|----------------|--------------|
| Total State Funds Requested (from question #6) | 850000 | 100.0 % |
| Matching Funds | | |
| Federal | 00 | 0 % |
| State (excluding the amount of this request) | 00 | 0 % |
| Local | 00 | 0 % |
| Other | 00 | 0 % |
| Total Project Costs for Fiscal Year 2020-2021 | 850,000 | 100 % |

8. **Has this project previously received state funding?** ☒ Yes ☐ No

If yes, provide the most recent instance:

| Fiscal Year (yyyy-yy) | Amount | | Specific Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
| | Recurring | Nonrecurring | | |
| 2018-19 | 00 | 340,000 | 451 | Yes |

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

If yes, indicate nonrecurring amount per year.



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

| Spending Category | Description | Amount |
|--|---|---------|
| Administrative Costs: | | |
| 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. | 20,000 |
| Consultants/Contracted Services/Study | Contracted pharmacist 0.1 FTE. | 20,000 |
| Operational Costs: Other | | |
| Salary and Benefits | Start-up (6 month salaries) Physicians, Nursing, and Medical Support Staff. | 305,500 |
| Expense/Equipment/Travel/Supplies/Other | Seven treatment rooms, Medical Equipment, Medical Supplies, Travel, and Training. | 218,000 |
| Consultants/Contracted Services/Study | IT Consultant. | 35,000 |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | Interior renovations, plumbing, removal of concrete walls, etc. | 216,000 |
| Total State Funds Requested (must equal total from question #6) | | 850,000 |



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11. Program Performance

- a. What specific purpose or goal 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 activities and services 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 direct services will be provided to citizens by the appropriation 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?

Under-served 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.



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

Bond Community Health Center, Inc.

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **Recipient Contact Information**

- a. Organization
- b. Municipality and County
- c. Organization Type
- ☐ For-profit Entity
 - ☒ Non-Profit 501(c) (3)
 - ☐ Non-Profit 501(c) (4)
 - ☐ Local Entity
 - ☐ University or College
 - ☐ Other (please specify)
- d. First Name Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.