

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Walton County Rural Health Expansion - Mossy Head Rural Medical Facility

2. Date of Submission: 02/07/2017

3. House Member Sponsor: Brad Drake

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- Has funding been provided in a previous state budget for this activity? No
If answer to 4a is ?NO? skip 4b and 4c and proceed to 4d
- 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 Project Request Worksheet to develop your request (Note that column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in column G):

FY:	Input Prior Year Appropriation for this project for FY 2016-17 <i>(If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2017-18 <i>(Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring .)</i>		
	Column:	A	B	C	D	E
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring Request <i>(Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)</i>
Input Amounts:					2,500,000	2,500,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2017-18? No

5a. If yes, which state agency?

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? For example, if the requested issue pertains to services provided to inmates at correctional facilities, the Department of Corrections would be the most appropriate state agency. Department of Health

6. Requester:

- a. Name: Cecelia Jones
- b. Organization: Walton County Board of County Commissioners
- c. Email: joncecelia@co.walton.fl.us
- d. Phone #: (850)892-8155

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: Dede Hinote
- b. Organization: Walton Board of County Commissioners
- c. Email: hindede@co.walton.fl.us
- d. Phone #: (850)892-8155

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

- a. Name: Kelly Horton
- b. Firm: Heffley Associates
- c. Email: Kelly@heffleyassociates.com
- d. Phone #: (850)251-8400

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

- a. Name: Walton Board of County Commissioners
- b. County (County where funds are to be expended): Walton
- c. Service Area (Counties being served by the service(s) provided with funding): Okeechobee, Walton

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government

- University or College
- Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

Expand and increase access to health care services in the Mossy Head area to include primary care, prevention, health education, disease management to the uninsured/underinsured population as well as to the general population to enhance quality of life.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) Enter ?0? if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Furniture & Medical Equipment	100,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Electronic Health Record Enhancements	100,000
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Mossy Head Rural Medical Facility	2,300,000
TOTAL		2,500,000

13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Fixed Capital Outlay? was not selected, question 13 is not applicable)

For Profit

Non Profit 501(c) (3)

Non Profit 501(c) (4)

Local Government (e.g., police, fire or local government buildings, local roads, etc.)

State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)

Other (Please describe)

14. Is the project request an information technology project?

Yes

14a. Will this information technology project be managed within a state agency to support state agency program goals?

Yes

14b. What is the total cost (all years) to design and build the project?

100,000

14c. What are the ongoing (annual recurring) maintenance and operation costs once the project is completed?

None, one time investment

14d. Can the state agency fund the ongoing annual recurring costs within its current operating budget?

Yes

14e. What are the specific business objectives or needs the IT project is intended to address?

Current Electronic Health Record (HER) requires entering data multiple time during a client visit, EHR enhancements will create a more efficient EHR and cut down on the amount of time a provider has to document services.

14f. Based upon the identified business objectives or needs, what are the success factors that must be realized in order for the state agency to consider the proposed IT project a success?

Current cycle time to process a client through clinic is 1.50 hours, enchantments will increase clinic efficiency and decrease redundant tasks, capability to review population health in clinic.

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

Approved by the Walton Board of County Commissioners as a Legislative Priority, Walton Community Health Center Board, Walton Community Health Improvement Project Committee, Superintendent of Schools, Chautauqua Health Services (Mental/Behavioral Health)

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

: Roberts Woods Johnson Foundation County Health Ranking and Roadmaps, 2015 Community Health Assessment, Florida Scorecard Metrics to Health Secure Florida's Future, 2016 Louisiana Public Health Institute Clinic Efficiency Study

17. Will the requested funds be used directly for services to citizens?

Yes

17a. Describe the target population to be served. Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)

- Victims of crime
- Other (Please describe)

17b. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select all that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	Increase Access to Medical Services - # of visits, # of unduplicated clients served	HMS Client Summary Report compared to prior year data
<input checked="" type="checkbox"/> Improve mental health	Screening for Clinical Depression and Follow-Up	Percentage of patients aged 12 and older who were screened for depression with a standardized tool and if screening was positive had a follow-up plan documented
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		

<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2017-18 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total (Automatically Calculates)	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	2,500,000	94.7%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d,	0	0.0%	No

Column F)			
4. Local:	139,280	5.3%	Yes
5. Other:	0	0.0%	No
TOTAL	2,639,280	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

No