

Appropriations Project Request - Fiscal Year 2018-19

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: 11/12/2017

3. House Member Sponsor: Brad Drake

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

a. 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, Col. E

b. What is the most recent fiscal year the project was funded?

c. Were the funds provided in the most recent fiscal year subsequently vetoed?

d. Complete the following Project Request Worksheet to develop your request:

| FY: | Input Prior Year Appropriation for this project for FY 2017-18 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.) | | | Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.) | | |
|-----------------------|---|-------------------------------------|--|--|---------------------------------|--|
| Column: | A | B | C | D | E | F |
| Funds Description: | Prior Year Recurring Funds | Prior Year Nonrecurring Funds | Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B) | Recurring Base Budget (Will equal non- vetoed amounts provided in Column A) | Additional Nonrecurring Request | TOTAL Nonrecurring plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.) |
| 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 2018-19? 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? Department of Health

5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No

5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

TBD

6. Requester:

- a. Name: Cecilia Jones
- b. Organization: Walton County Board of County Commissioners
- c. Email: joncecilia@co.walton.fl.us
- d. Phone #: (850)892-8055

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Dede Hinote
- b. Organization: Walton County Administration
- c. Email: hindede@co.walton.fl.us
- d. Phone #: (850)892-8055

8. Is there a registered lobbyist working to secure funding for this project?

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

9. Organization or Name of entity receiving funds:

- a. Name: Walton County 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): Okaloosa, 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?

Funding will be used to support staffing and equipment; design and construction of a new Mossy Head Clinic to increase access to primary health care services for the underserved and Veterans in Walton County.

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

| Spending Category | Description | Nonrecurring (Should equal 4d, Col. E) 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 and 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 (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

☐ 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?

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 (EHR) requires entering data multiple times 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, enhancements 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 County 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. What are the activities and services that will be provided to meet the purpose of the funds?

Meet primary care needs to the underserved and Veterans of Walton County.

17b. Describe the direct services to be provided to the citizens by the funding requested.

Primary Care services to the underserved and Veterans of Walton County.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

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
- ☒General (The majority of the funds will benefit no specific group)
- ☐Other (Please describe)

17d. 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 each Benefit/Outcome 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 - number of visits, number 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 2018-19 from all sources of funding (Enter ?0? if amount is zero):

| Type of Funding | Amount | Percent of Total | Are the other sources of funds guaranteed in writing? |
|---|-----------|------------------|---|
| 1. Amount Requested from the State in this Appropriations | 2,500,000 | 100.0% | N/A |

| | | | |
|---|------------------|-------------|----|
| Project Request: | | | |
| 2. Federal: | 0 | 0.0% | No |
| 3. State: (Excluding the requested Total Amount in #4d, Column F) | 0 | 0.0% | No |
| 4. Local: | 0 | 0.0% | No |
| 5. Other: | 0 | 0.0% | No |
| TOTAL | 2,500,000 | 100% | |

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

No