

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: FIU Nursing Health Center Clinics and Community Health Initiative
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Roy Hardemon
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 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
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 plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					1,000,000	1,000,000

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.
Remaining funds will be returned if the project is not fully implemented.

6. Requester:

- a. Name: Dr. Ora Strickland
- b. Organization: Florida International University, Nicole Wertheim College of Nursing and Health Sciences
- c. Email: ora.strickland@fiu.edu
- d. Phone #: (404)918-5567

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

- a. Name: Dr. Ora Strickland
- b. Organization: Florida International University, Nicole Wertheim College of Nursing and Health Sciences
- c. Email: ora.strickland@fiu.edu
- d. Phone #: (404)918-5567

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

- a. Name: Christopher Cantens
- b. Firm: Florida International University
- c. Email: christopher.cantens1@fiu.edu
- d. Phone #: (305)348-3505

9. Organization or Name of entity receiving funds:

- a. Name: Florida International University College of Nursing
- b. County (County where funds are to be expended): Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding): Miami-Dade

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?

Delivery of primary care health services and patient outreach to under-served populations in the Liberty City and Miami Gardens communities in collaboration with existing clinics such as the John H. Peavy Health Center located at the Miami Northwestern High School.

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 checked="" type="checkbox"/> e. Salaries and Benefits	3X - Nurse Practitioners, 1X - Health Sciences position, 1X - Front Desk Patient Scheduler, 1X - Lab Technician, 3X - Peer Navigators and 1X Security Personnel.	871,647
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	\$84.1K for medical/educational/program supplies \$11.2K for medical clean-up / waste management \$24K marketing and advertising \$9K general office materials and supplies/telecommunications	128,353
<input type="checkbox"/> g. Consultants/Contracted Services/Study		

Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		1,000,000

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)

N/A

14. Is the project request an information technology project?

No

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?

No

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:

The neighborhoods of interest have high rates of teen truancy, obesity, HIV and STDs, infant mortality, low birth weight neonates, and a plethora of acute and chronic health conditions with limited or no access to primary health care services (Professional Research Consultants, Inc., 2013). According to this community health assessment report, the leading causes of death included: heart disease, cancer, stroke, chronic respiratory diseases, injuries, diabetes, Alzheimer's, and kidney disease.

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?

Health services will be provided by Nurse Practitioners, Physical Therapist, Occupational Therapist, Speech Language Pathologist, Athletic Trainers and by Peer Navigator outreach and education.

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

Primary health care services, community outreach and health care screening and education.

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	<p>Number of patient lives served with physical problems -Number of patient encounters -Number/percentage of patients with multiple chronic physical disorders served -</p> <p>Number/percentage of patients with common physical problems served including: asthma, heart disease, stroke, high blood pressure, diabetes, prostate cancer, breast cancer, cervical cancer, drug addiction, STDs and HIV/AIDS, chronic lung disease, overweight/obesity, and low birthweight infants served.</p>	<p>-Client satisfaction surveys -</p> <p>Frequency and percentages of patients with physical conditions diagnosed and treated -Number of individuals screened for common physical health problems in the community -Number of individuals receiving health education about physical health needs and self-care issues -Miami-Dade County health statistics reports</p>
<input checked="" type="checkbox"/> Improve mental health	<p>Number of patient lives served with mental health problems -Number of mental health patient encounters -</p> <p>Number/percentage of patients with co-existing mental health problems with chronic physical disorders served -Number/percentage of patients with common mental health problems served including: depression, anxiety, drug addiction, ADD, Alzheimer's disease, dementia, etc.</p>	<p>-Frequency and percentages of patients with mental health conditions diagnosed and treated -Number of individuals screened for common mental health problems in the community -Number of individuals receiving health education about mental health needs and issues -</p> <p>Client satisfaction surveys -Miami-Dade County health statistics reports</p>
<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 Project Request:	1,000,000	100.0%	N/A

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	1,000,000	100%	

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

Yes

20a. How much state funding would be requested after 2018-19 over the next 5 years?

- <1M
- 1-3M
- >3-10M
- >10M

20b. How many additional years of state support do you expect to need for this project?

- 1 year
- 2 years
- 3 years
- 4 years
- >= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select ?ongoing activity?.

- Ongoing activity ? no total cost
- <1M
- 1-3M
- >3-10M
- >10M