

Budget Detail Request - Fiscal Year 2016-17

Your request will not be officially submitted unless all questions and applicable sub parts are answered.

1. Title of Project: JTCHC WELL-YOU Project
2. Date of Submission: 01/20/2016
3. House Member Sponsor(s): Daphne Campbell

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
- 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? No
- d. 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 2015-16 (If appropriated in FY 2015-16 enter the appropriated amount, even if vetoed.) | | | Develop New Funds Request for FY 2016-17 (If no new Recurring or Nonrecurring funding is requested, enter zeros.) | | | |
|--------------------|--|-------------------------------|--|--|---|---|--|
| | Column: A | B | C | D | E | F | G |
| 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) | INCREASED or NEW Recurring Requested | TOTAL Nonrecurring Requested (Nonrecurring is one time funding & must be re-requested every year) | Total Funds Requested Over Base Funding (Recurring plus Nonrecurring: Column E + Column F) |
| Input Amounts: | | | | | 1,000,000 | 0 | 1,000,000 |

- e. New Nonrecurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs
- f. New Recurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs

5. Requester:

- a. Name: Annie Neasman
- b. Organization: Jessie Trice Community Health Center, Inc.
- c. Email: aneasman@jtchc.org
- d. Phone #: (305)805-1700

6. Organization or Name of Entity Receiving Funds:

- a. Name: Jessie Trice Community Health Center, Inc.
- 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

7. Write a project description that will serve as a stand-alone summary of the project for legislative review. The description should summarize the entire project's intended purpose, the purpose of the funds requested (if request is a sub-part of the entire project), and most importantly the detail on how the funds requested will be spent - for example how much will be spent on positions and associated salaries, specifics on capital costs, and detail of operational expenses. The summary must list what local, regional or statewide interests or areas are served. It should also document the need for the funds, the community support and expected results when applicable. Be sure to include the type and amount of services as well as the number of the specific target population that will be served (such as number of home health visits to X, # of elderly, # of school aged children to receive mentoring, # of violent crime victims to receive once a week counseling etc.)

Jessie Trice CHC, Inc. proposes a Mobile Van team screening for chronic diseases, HIV, Behavioral Health problems and provide health education. The goal of the MMU team is to identify patients facing these health conditions and link them to appropriate services.

JTCHC proposes to develop a state-of-the art WELL YOU center utilizing an Inter-Professional Team to provide comprehensive and coordinated care, combining existing specialties in Podiatry, Optometry, Dental, Nutrition and Mental Health. Individuals screened for chronic diseases or Behavioral Health problems will be referred to the WELL YOU center. Patients assessed as being Medium ? High Risk will be offered a tele-health home monitoring system to assist them in developing self-management skills. Technology and daily remote monitory allows for prevention, education and early intervention to bridge the gap between office visits and ultimately reduce the cost of care. The WELL YOU Center will assist approximately 2,000 patients in improving their health status, by accomplishing the following goals:

1. Provide comprehensive and coordinated care
2. Reduce costs by reducing Blood Pressure and Blood Glucose levels
3. Reduce Emergency Room visits and Hospitalizations
4. Teach Diabetes/Hypertension Self-Care at home
5. Increase Patients level of satisfaction with health care they are receiving

Mobile Unit & WELL YOU Center Staff salaries ? \$623,400

Program Expenses - \$376,600

LEGISLATIVE REQUEST GRAND TOTAL - \$1,000,000

8. Provide the total cost of the project for FY 2016-17 from all sources of funding:

Federal: 633,600

State: 0 (Excluding the requested Total Amount in #4d, Column G)

Local: 0

Other: 1,000,000

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

Yes