

# 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: Mobile Medical Unit
2. Date of Submission: 12/23/2015
3. House Member Sponsor(s): Amanda Murphy

## 4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes  
***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? 2015-16
- 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 )	<b>INCREASED or NEW Recurring Requested</b>	<b>TOTAL Nonrecurring Requested</b>  (Nonrecurring is one time funding & must be re-requested every year)	<b>Total Funds Requested Over Base Funding</b>  (Recurring plus Nonrecurring: Column E + Column F)
Input Amounts:	160,000	150,000	310,000	160,000	150,000	0	150,000

- 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: Bob Dillinger
- b. Organization: Public Defender 6th Circuit
- c. Email: pd6@wearethehope.org
- d. Phone #: (727)424-7301

6. Organization or Name of Entity Receiving Funds:

- a. Name: Public Defender 6th Circuit
- b. County (County where funds are to be expended) Pasco
- c. Service Area (Counties being served by the service(s) provided with funding) Pasco

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.)

In the Spring of 2012 Pasco County purchased a 1998 mobile medical unit from Pinellas County utilizing donations from private organizations and residents. The Public Defender's Office took title to the unit, and with \$160,000 in recurring funding provided to its state budget for FY 2012-2013, staffed the unit with an outreach attorney and a part-time driver and part-time ARNP. The unit began operating as part of the Public Defender's homeless outreach efforts in Pasco County.

The mobile medical unit is a medical office on wheels. Pasco County residents that are uninsured and/or homeless can receive basic health care on the mobile medical unit at no charge. The unit travels to more than a dozen locations in Pasco County serving homeless residents who have no insurance. The medical unit offers treatment for a brief illness (strep throat and ear infections, for example), treatment for long-term illnesses that require ongoing medical care (high blood pressure and diabetes), treatment for temporary infection and pain (dental abscess), wound and derma care, school physicals, pregnancy testing, some prescription voucher assistance, and flu shots. Limited referrals are offered and can include dental, substance abuse, mental health, Premier Healthcare and Health Department services. The unit visits shelters, soup kitchens, drop-in centers and other places where the homeless gather.

We received \$150,000 in non-recurring funding in FY 2015-2016 to staff the unit with a full-time ARNP with state benefits, and to expand our driver position to full-time with benefits. This need existed due to the recent creation of walk-in clinics (i.e. Walgreens, CVS and others) which have greatly increased demand for ARNP's and made hiring and retaining a part-time ARNP virtually impossible. This has allowed us to increase services in Pasco County, which has a large unserved population where medical services are urgently needed.

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

Federal: 0

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

Local: 0

Other: 0

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

Yes