

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: South Broward Community Health Services ? Adult Mobile Health Center
2. Date of Submission: 12/10/2015
3. House Member Sponsor(s): Manny Diaz

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:					0	500,000	500,000

- 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: Shane Strum
- b. Organization: South Broward Hospital District, d/b/a Memorial Healthcare System
- c. Email: sstrum@mhs.net
- d. Phone #: (954)265-3451

6. Organization or Name of Entity Receiving Funds:

- a. Name: South Broward Hospital District, d/b/a Memorial Healthcare S
- b. County (County where funds are to be expended) Broward
- c. Service Area (Counties being served by the service(s) provided with funding) Broward

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.)

Memorial Healthcare System (MHS) will purchase a new 37-foot, diesel powered mobile medical unit that will be equipped with 2 patient exam rooms. This unit will feature an ADA approved wheelchair lift, an exterior awning, and customized medical equipment. The unit will also include a patient education area. The computer equipment, printers and telecommunications equipment will be linked to the hospital's electronic medical record (EMR) system. The Adult Mobile Health Center will allow MHS to expand its service delivery model by minimizing barriers to access and allowing individuals to seek care in their community. This supports the patient-centered medical home system of care. The mobile unit will also break down the barriers of language and culture by providing bilingual and culturally diverse clinical and outreach personnel.

Managed by an on-site physician, the Adult Mobile Health Center will travel right into the heart of underserved neighborhoods to provide primary care, immunizations and health screenings. The health screenings will assist in the early detection of cancer and other chronic diseases. The mobile unit will also provide immediate treatment of patients as needed to avoid emergency room visits.

To support the Adult Mobile Health Center, a three member Health Intervention with Targeted Services (HITS) Team will work closely with community and faith-based agencies within targeted underserved neighborhoods to provide marketing, outreach, education and eligibility screening for local, state and federal programs. The HITS Team will explain the importance of obtaining services on the mobile unit and in establishing a medical home at one of the clinics operated by Memorial Healthcare System or in the local community.

Funds Requested. MHS requests \$375,000 in capital funding to purchase and equip an Adult Mobile Health Center and \$125,000 in staffing to support the HITS Outreach Team for a total request of \$500,000. The capital funding includes \$250,000 for the basic mobile unit and \$125,000 for customized equipment. The equipment includes a wheelchair lift, an exterior awning, audio/video equipment, medical grade cabinetry, plumbing, appliances, exterior graphics, medical

equipment and delivery/training. The HITS Team consists of 3 staff members who receive \$41,666 in salary and benefits per year for a total of \$125,000. Local Funding. Memorial Healthcare System commits to \$124,800 in funding to provide clinical staffing for the mobile van. This includes \$106,080 for a Physician and \$18,720 for a Medical Assistant.

Need for the Program. Since 2012, Memorial Healthcare System (MHS) has experienced a geographic shift in the number of uncompensated care cases coming from the western portion of its service area, which includes zip codes 33027, 33028, 33029, 33330, 33331 and 33332. Based on 2014 data from these zip codes, MHS served 15,000 uninsured persons which resulted in nearly \$83 million in uncompensated care costs. This includes inpatient hospitalizations and emergency department visits that may have been avoided if these patients had access to a primary care provider where they could obtain ongoing, coordinated care in an outpatient setting.

Target Audience. The target audience for the West Pembroke Pines Clinic is uninsured and underinsured persons from 18 to 64 years of age who reside in the western portion of MHS's designated service area in southern Broward County. This includes persons from the western sections of the municipalities of Miramar, Pembroke Pines, Davie and Southwest Ranches. The new clinic will improve population health by minimizing the barriers to obtaining routine care and also in accessing follow-up care after inpatient hospitalizations and emergency department visits. These barriers include lack of insurance, financial difficulties, language and cultural challenges and the lack of transportation. Within southwest Broward County, more than 30% of adults are uninsured. The population is diverse; 45% are Hispanic and more than 52% speak a language other than English in their home. These significant challenges make ongoing health management extremely challenging.

Type and Amount of Services. The Adult Mobile Health Center will travel throughout southern Broward County to accomplish the following: 1) 2,000 patient visits for an initial health screening; 2) 12 Health Education lectures per year to reach 400 persons in conjunction with community-based and faith-based partner agencies; 3) 75% of uninsured and underinsured persons will receive an eligibility appointment referral for primary care services at MHS's clinics; and 4) 50% of eligible persons will enroll in the MHS's clinics. This addition of this mobile unit is one of the highest priorities that MHS has to improve the health of the local population.

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: 124,800

Other: 0

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

No