

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 ? West Pembroke Pines Clinic
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	700,000	700,000

- 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
- 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 lease and construct 4,710 square feet of existing commercial space in western Pembroke Pines to create a new "walk in" and "by appointment" medical clinic to serve those persons eligible for MHS's charity care program and those who are not eligible for the ACA Health Insurance Exchange. The clinic will also serve persons enrolled in Medicaid HMOs and the ACA Health Insurance Exchange. The West Pembroke Pines Clinic will allow MHS to expand its service delivery model by minimizing barriers to access and allowing individuals to seek care in their community, which supports the patient-centered medical home system of care. The new clinic will enhance the level of service provided and address the value proposition of care delivery. Funds Requested. MHS requests \$700,000 in capital funding to construct 4,710 square feet of existing commercial space in West Pembroke Pines. Generally, construction activities will include: metal framing, acoustical ceilings, drywall, painting, floor finishes, cabinetry and mechanical, electrical, plumbing, fire sprinkler and fire alarm systems. The interior space design will consist of exam rooms, waiting rooms, x-ray room, conference room, physician and staff management offices, nurse management station, staff lounge, restrooms, storage closets and an Information Technology support closet. MHS will provide \$280,000 in local funding to support the total budget of \$980,000.

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 West Pembroke Pines Clinic will increase access to healthcare and improve the health of the target population of 18 to 64 year old persons. When fully operational, the new location will accomplish the following: 1) serve as a patient-centered medical home and an emergency department diversion program for 4,000 unduplicated patients; and 2) provide 9,500 medical encounters. The clinic will offer physician visits, specialist referrals, laboratory testing, health education, immunizations, HIV testing and counseling and social services. This location will also provide chronic disease management for patients with diabetes, hypertension or congestive heart failure. The addition of the West Pembroke Pines Clinic is one of the highest priorities that MHS has to improve population health

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: 280,000

Other: 0

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

No