

Application Guidelines

Please include the following:

1. Applicant: Jessie Trice Community Health Centers, inc.
2. Medicaid Provider Number: 029541808
3. Provider Type: Federally Qualified Health Center
4. Amount applying for: \$3,177,060.00
5. Identify as a new or enhanced program: Enhanced Program
6. Description of the delivery system and affiliations with other health care service providers:

The Jessie Trice Community Health Centers, inc. (JTCHC) has implemented the Primary Care Medical Home Model as its service delivery system, with an emphasis on patient-centeredness and care-coordination. Beginning with empanelment (patients choose and are assigned a personal provider), various disciplines and levels of providers such as physicians, advanced registered nurse practitioners, dentists, registered dental hygienists, nutritionist, nurses and medical assistants, as well as licensed mental health and substance abuse counselors are all part of a patient's Care Team and provide required, preventative, enabling and other health services as appropriate. JTCHC utilizes an electronic health record (Intergy) that supports evidenced-based practices, and management of patient populations such as diabetes, hypertension, high-risk, etc. Patients also have access to their Care Teams and their personal medical information 24/7 through a Patient Portal. Referral specialists coordinate external referrals with other providers/facilities, and track results. Support for Patient Self-Management is provided through nurse case-management, a free Health & Wellness program held 2x a month at the JTCHC Main Center, and referrals to a variety of community resources, such as smoking cessation programs, Enhanced Fitness for seniors, etc. Patient satisfaction and patient/family experience is measured by Client IQ, a computer terminal with a software program that immediately alerts site managers of any responses that are unsatisfactory, so they can be addressed before the patient leaves the site.

Each component of service delivery is closely aligned and highly integrated with the other components. For example, a patient with HIV/AIDS may receive testing, treatment, counseling, case management, mental health, addictions treatment, pharmacy assistance and transportation. If that patient happens to be pregnant, she may also receive primary care services, WIC, OB/GYN services and pediatric care for her newborn.

JTCHC service delivery sites include six (6) community based primary care sites, twenty-three (23) school health sites, a medical mobile unit for outreach services, and a 30 bed women's substance-abuse 24 hour residential treatment facility.

The scope of services includes family medicine, internal medicine, obstetrics, gynecology, pediatrics, oral health, behavioral health, and substance abuse services. Additional services include podiatry, infectious disease care, nutrition, radiology, laboratory, case management, and health education. JTCHC employs a professional staff of drivers to provide non-emergency transportation services for patients to their medical appointments and to increase access for elderly and disabled residents of Miami-Dade County. The transportation system is integrated with the patient appointment scheduling system in order to automate the route scheduling based on location and appointment times.

Affiliation agreements with Jackson Memorial Hospital (JMH) and North Shore Hospital (NSH) assure that patients/clients are referred and have access to diagnostic testing, 24-hour crisis intervention counseling, occupational and physical therapy, specialty care, and hospitalization. JTCHC has access to the computer systems of both hospitals to track results and schedule appointments with specialists. In addition, JTCHC maintains many long-standing collaborative agreements with a variety of community organizations/health care providers such as the Miami Dade County Healthy Start Coalition, Camillus Health Concerns, New Horizons Mental Health, Miami-Dade County public schools, Miami Dade County Public Health Department, Miami Urban League, Miami Rescue Mission, Salvation Army, Florida Heart Research Institute, University of Miami Medical Center, NOVA Southeastern University Medical School, Walgreens as the provider for 340b pharmacy, and many more.

7. Service Area:

The service area for the proposed project includes residents of the City of Miami Gardens and surrounding areas. The City of Miami Gardens was incorporated on May 12, 2003, as the 33rd city and the 3rd largest in Miami Dade County. It is located at the north-west corner of the Jessie Trice Community Health Centers, inc. catchment area. The city has a population of 107,167, based on the 2010 Census. The land for the new facility is centrally located in Miami Gardens, off 183rd street and 12th avenue.

8. Service Area characteristics (including demographics or population served and distribution of current population served by funding source, e.g., Medicaid, Medicare, Uninsured, Commercial insurance, etc.):

The City of Miami Gardens has a population of 107,167 of which thirty percent (30,656) is over the age of 50, and 22% of the population is 55 or older. Another 27% per cent of the population (28,232) is under the age of 18, and the median age is 33.5 years. Data indicates that about 9.9% of families and 14.0% of the population were living below the poverty line, including 15.2% of those under age 18. Using the current UDS data from the Norland Center as an indicator, 72% of our patient base is uninsured, 26% covered by Medicaid/care, and only 2% have private insurance

The Unmet Needs Study, conducted by the Alliance for Aging (2007) found a high growth rate in the Black Senior population in the City of Miami Gardens. The study also found that the Median Family Income (\$36,786) falls off dramatically for the 65 to 74 and 75+ age groups (\$30,045 to \$20,682 and \$10,542 respectively). The per capita income was \$11,688. The Alliance statistics for the elderly in the population show a higher number of seniors 65+ who had two disabilities, including challenges with self-care. The study also indicated that a high number of seniors 65+ with 1 disability, with income below federal poverty level, had unmet needs (2,637 out of 28,972 (9.1%); For seniors age 75+ below the poverty level, 18.8% demonstrated unmet needs. (A special note: This study was completed prior to the current economic recession). Additional information suggests that a disproportional number of seniors raise their grandchildren.

The Florida Public Health Institute found that a significant proportion of county residents (52%) are unable to access routine dental care. Only 7% of adults and 18% of children with Medicaid coverage utilize dental services. The only dental care option for many is the hospital emergency room, and the number of dental Emergency Room visits at Jackson North Medical Center (the hospital that serves the Miami Gardens area) rose from 366 in 2008, to 431 in 2010.

Miami-Gardens is also designated as both a Health Provider Shortage Area and Medically Under-served Area (HPSA/MUA).

9. Organizational Chart and point of contact: see attachment

Point of contact: Annie R. Neasman
President & CEO
Jessie Trice Community Health Centers, inc.
5607 NW 27th avenue
Miami, Fl 33142
(305) 805-1700
aneasman@hcnetwork.org

10. Proposed budget for funding detailing the request:

The projected construction cost of the building including all site work and furnishing/equipment comes to a total of \$3,177,060 broken down by the State's share of our local match of \$1,300,000 and a Federal match of \$1,877,060. See attached budget for further detail.

11. Provide a brief summary of your proposed project:

This application is for a capital development project to increase access to comprehensive services for families and seniors in the Miami-Gardens community. Funding for this project will build a new facility (Jessie Trice

Community Health and Wellness Center at Miami Gardens) designed to replace the current Norland Medical Center – which is too small to meet the needs of the target population. The new 8,500 sq ft center will be located inside the city limits of Miami Gardens at Miami Gardens Drive and 12th Avenue. This will be a unique facility to provide children, adults, and seniors with medical, dental and Behavioral Health services.

12. Describe plan for identification of participants for inclusion in the population to be served in the project:

JTCHC has partnered with the city of Miami Gardens on this project and has their support in planning community outreach to include all residents of Miami Gardens. The city has conducted its own assessment of residents needs and identified the populations in need of a medical home to be served by the new facility. JTCHC will work with the 24 Elementary schools in the city to inform children and families of the services available. JTCHC will also work with the Jackson North Medical Center hospital to develop an ER diversion program that will identify those who do not have a primary care provider and are using the Emergency Room for non-emergency visits.

13. How will access to primary care access system services be enhanced by this project?

The current JTCHC Norland center is a small center located at the back end of a shopping plaza. Construction on the road adjacent to the Norland Center over the last 3 years has frequently blocked the main entrance and makes it very difficult to find the front of the clinic. One physician and one dentist provide services utilizing 3 exam rooms and 2 operatories, respectively. Demand for services is increasing and will soon exceed capacity. Last year 2,765 patients were seen and 8,261 visits were provided. The proposed new facility will be centrally located within Miami-Gardens, and at the cross roads of a major avenue, allowing for easy access. A larger facility will allow for the expansion of the primary care infrastructure in an area designated as both a Health Provider Shortage Area and Medically Under-Served Area (HPSA/MUA).

The new facility will increase the capacity of adult medical and dental services from 2,000 sq ft to 8,500 sq ft, with 12 exam rooms and 4 dental operatories, and allow for the addition of pediatric and OB/GYN services which is currently not available at the Norland center, but much needed by the community. An estimated additional 3,800 patients and 13,400 visits will be provided to the community.

A major consideration in the project design is the service accommodations for seniors, adults, and children in need of a comprehensive medical home. The unique design of the center creates separate units and lobbies that can be tailored to age-specific needs and preferences, i.e. a children's unit, an adult unit and one for seniors, further enhancing access and the likelihood of the target population seeking health care in a consistent manner, increasing the probability of a successful health outcome.

Additionally, the close proximity of the new facility to the hospital serving the Miami-Gardens area, Jackson North Medical Center, allows for an effective ER diversion program. This, along with the extended hours, will assist in reducing the amount of unnecessary emergency room visits and preventable hospitalizations, as residents are encouraged and educated to come to the center for non-emergency events.

14. Does the enhancement include hours of operation after 5:00 pm and/or on weekends at existing sites, or the establishment of a new clinic site?

The enhancements include both the establishment of a new facility and extended hours at that facility from 8am -8pm during the week and 10am-2pm on Saturdays.

15. Describe your capability to serve minority and culturally diverse populations:

In 1967, community leaders and compassionate physicians from the University of Miami founded the organization to address the medical needs of African-Americans in Miami-Dade who were often relegated to the fringes of medicine and denied access to hospitals and physician services. Over the years, JTCHC has continued to address the barriers faced by all minorities (African Americans, Hispanics, Haitians and others) which are not solely racial, but also economic, cultural and educational. For 45 years, JTCHC has provided high quality medical, dental, mental health and substance abuse services to our patients without regard to socio-economic status, ethnic/ racial affiliation or insurance coverage. JTCHC has the distinction of being the 1st Community Health Center in the state of Florida and among the first 5 in the nation. In 2011, JTCHC also became the first center in Florida to receive the Joint Commission certification of a Primary Care Medical Home

JTCHC is one of the largest minority employers in Miami-Dade, and the multi-cultural, multi-lingual staff are representative of the community they serve. Employees receive training in cultural-competency skills and in cultural sensitivity. Signage and important information and educational materials are available in 3 languages (English/Spanish/Creole). JTCHC maintains a “language bank” that lists languages spoken by employees who can be utilized as translators, and subscribes to a translation service that can be accessed over the phone to communicate with patients in any language.

Furthermore, the JTCHC Board of Directors is composed of minorities, many of whom live in the community and access care at JTCHC.

16. Describe how you will identify and address health care diversity issues as well as health care literacy barriers:

JTCHC understands that it is critical to assess each patient individually and not make cultural assumptions about a patient's beliefs or health practices. All JTCHC

employees receive training in Cultural Competency as part of their initial orientation when hired. JTCHC Care Team members ask patients and the families to define what they perceive as the cause of illness and what health practices the patient continues to follow, such as the use of herbal/folk remedies. Assessment forms in the Electronic Health Record are used to document patients' preferred language, learning needs, and learning styles, and are utilized in the development of an individualized culturally- sensitive teaching plan. The patient's concept of the illness and its cause help the Care Team to assess and prioritize learning needs and to incorporate cultural beliefs into the plan of care. Educational materials in the patient's preferred language and teaching techniques that are culturally relevant for the patient and family are available.

JTCHC also understands that "Literacy matters in health care because life threatening or potentially harmful mistakes may happen when people cannot read or understand written information" (Osborne, 2005, p. 11). Patients with poor reading skills may have difficulty analyzing instructions or synthesizing new information into existing behavior patterns, resulting in non-adherence with the plan of care. To effectively facilitate learning, the JTCHC Care Team evaluates a patient's literacy level and learning needs and addresses these issues when planning and delivering instructions. Most of the print material distributed is at a fifth grade reading level, which is understandable to the greatest number of patients. Printed material in conjunction with other teaching strategies, are employed to enhance patient learning.

17. Describe measures and data sources that you will use to evaluate the effectiveness of each initiative comprising your project:

The new facility in Miami-Gardens will be incorporated into the existing financial and clinical performance measures at JTCHC that are used to assess both the Quality and Quantity of care. These include the following:

- Number of patients and patient visits
- Patient demographics and payor source
- Preventive services (percent immunized, cancer screenings, oral health screenings, well-child visits, etc.)
- Chronic disease management (number with controlled BP, number of diabetics with A1c below 9, asthmatics, etc.)
- Diagnostic and treatment services by ICD-9 and CPT codes, and by provider
- HEDIS measures
- Joint Commission and NCQA Primary Care Medical Home standards
- Pharmaceutical analysis by diagnoses, by provider and by utilization
- Service Utilization reports
- Patient satisfaction reports

Data sources that JTCHC uses are reports generated from our own EHR system (Intergy & Dentrix) and from Practice Analytics, a report writing tool that pulls data out of Intergy.

18. Describe data collection and reporting capabilities including systems and staffing resources, provide a reporting template:

JTCHC has the capability of collecting data from a comprehensive list of reporting systems that includes the following:

- Intergy/ Vitera Practice Management system reports (financial and clinical)
- Practice Analytics – a report writer that aggregates data from Intergy
- AMALGA- a health vault that collects patient information/data from various sources such as hospitals, specialists, school-based clinics, primary physician, etc.
- Dashboards on important clinical and financial measures
- Dentrix (oral Health Electronic Record)
- CareWare (HIV reporting tool for Ryan White programs)
- Meaningful Use reports
- Patient registries generated from Intergy or AMALGA

The federal Unified Data Set (UDS) is the major template used for reporting purposes.

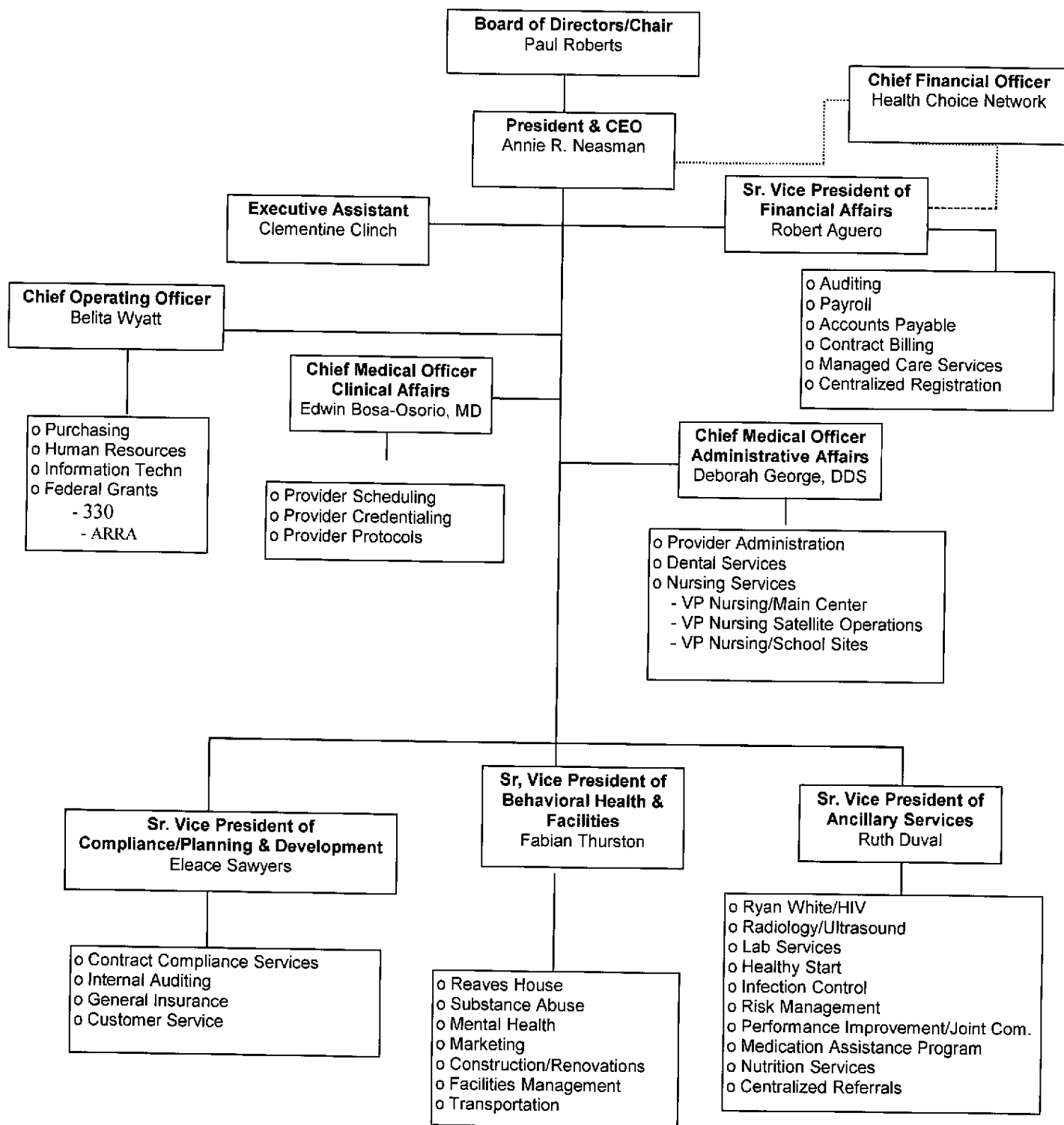
JTCHC staffing resources for reporting includes MIS personnel, a Data Analyst, and personnel at the Health Choice Network where the servers are housed and maintained.

19. Provide a letter of commitment from the local match fund source on that entity's letterhead: See attachment

Please attach an excel document with your itemized budget for your project. Keep in mind that if you are awarded a project grant, your financial reporting will be compared to this budget during the project period.

Selected entities will be required to complete required documentation needed for identification and payment processes for the Florida Medicaid Management Information System (FMMIS) if not a Medicaid provider at the time of selection.

**JESSIE TRICE COMMUNITY HEALTH CENTER, INC.
EXECUTIVE ORGANIZATIONAL CHART**



DATE: 07/31/12

Client Company: Jessie Trice Community Health Center, Inc.

Job Location: 18330 N.W. 12th Avenue Miami Gardens, FL 33169
 Notes: Estimated Cost based on conceptual drawings

Estimate Detail - By Division

COST CODE ITEM DESCRIPTION	SINGLE BLDG QUANTITY	UNIT	1ST BLDG S/C	Federal 57.73%	State 42.27%	TOTAL
DIVISION: 01 GENERAL						
01	8,500	SF	\$ 75,570	\$ -	\$ 75,570	
TOTAL DIVISION - GENERAL CONDITIONS			\$ 75,570	\$ -	\$ 75,570	\$ 75,570
DIVISION: 02 SITE WORK						
02	8,500	SF	\$ 246,500	\$ -	\$ 246,500	
TOTAL DIVISION - SITE WORK & DEMOLITION			\$ 246,500	\$ -	\$ 246,500	\$ 246,500
DIVISION: 03 CONCRETE						
03	8,500	SF	\$ 206,130	\$ -	\$ 206,130	
TOTAL DIVISION - CONCRETE			\$ 206,130	\$ -	\$ 206,130	\$ 206,130
DIVISION: 04 MASONRY						
04	8,500	SF	\$ 173,660	\$ 100,250	\$ 73,410	
TOTAL DIVISION - MASONRY			\$ 173,660	\$ 100,250	\$ 73,410	\$ 173,660
DIVISION: 05 METALS						
05	8,500	SF	\$ 76,500	\$ 44,160	\$ 32,340	
TOTAL DIVISION - METALS			\$ 76,500	\$ 44,160	\$ 32,340	\$ 76,500
DIVISION: 06 WOOD AND PLASTICS						
06	8,500	SF	\$ 42,500	\$ 24,540	\$ 17,960	
TOTAL DIVISION - WOOD AND PLASTICS: CARPENTRY & MILLWORK			\$ 42,500	\$ 24,540	\$ 17,960	\$ 42,500
DIVISION: 07 THERMAL AND MOISTURE						
07	8,500	SF	\$ 42,500	\$ 24,540	\$ 17,960	
TOTAL DIVISION - THERMAL AND MOISTURE: ROOFING			\$ 42,500	\$ 24,540	\$ 17,960	\$ 42,500
DIVISION: 08 DOORS AND WINDOWS						
08	8,500	SF	\$ 114,750	\$ 66,250	\$ 48,500	
TOTAL DIVISION - DOORS AND WINDOWS			\$ 114,750	\$ 66,250	\$ 48,500	\$ 114,750

DATE: 07/31/12

Client Company: Jessie Trice Community Health Center, Inc.

Job Location: 18330 N.W. 12th Avenue Miami Gardens, FL 33169
 Notes: Estimated Cost based on conceptual drawings

Estimate Detail - By Division

COST CODE ITEM DESCRIPTION	SINGLE BLDG QUANTITY	UNIT	1ST BLDG S/C	Federal 57.73%	State 42.27%	TOTAL
DIVISION: 09 FINISHES						
09	8,500	SF	\$ 170,000	\$ 98,140	\$ 71,860	
TOTAL DIVISION - FINISHES			\$ 170,000	\$ 98,140	\$ 71,860	\$ 170,000
DIVISION: 10 SPECIALTIES						
10	8,500	SF	\$ 38,250	\$ 22,080	\$ 16,170	
TOTAL DIVISION - SPECIALTIES			\$ 38,250	\$ 22,080	\$ 16,170	\$ 38,250
DIVISION: 11 EQUIPMENT						
11	8,500	SF	\$ 17,000	\$ 9,810	\$ 7,190	
TOTAL DIVISION - EQUIPMENT			\$ 17,000	\$ 9,810	\$ 7,190	\$ 17,000
DIVISION: 12 FURNISHINGS						
12	8,500	SF	\$ 42,500	\$ 24,540	\$ 17,960	
TOTAL DIVISION - FURNISHINGS			\$ 42,500	\$ 24,540	\$ 17,960	\$ 42,500
DIVISION: 13 MECHANICAL						
PLUMBING						
13	8,500	SF	\$ 144,500	\$ 83,420	\$ 61,080	
MECHANICAL: HEATING AND VENTILATION						
13	8,500	SF	Excluded	Excluded	Excluded	
MECHANICAL: AIR CONDITIONING						
13	8,500	SF	\$ 110,080	\$ 63,550	\$ 46,530	
MECHANICAL: SPRINKLERS						
13	8,500	SF	\$ 58,230	\$ 33,620	\$ 24,610	
TOTAL DIVISION - MECHANICAL			\$ 312,810	\$ 180,590	\$ 132,220	\$ 312,810
DIVISION: 14 ELECTRICAL						
14	8,500	SF	\$ 182,750	\$ 104,950	\$ 77,800	
TOTAL DIVISION - ELECTRICAL			\$ 182,750	\$ 104,950	\$ 77,800	\$ 182,750
DIVISION: 15 CONTRACTORS SERVICES						
15	8,500	SF	\$ 140,250	\$ -	\$ 140,250	
TOTAL DIVISION - CONTRACTOR'S FEES			\$ 140,250	\$ -	\$ 140,250	\$ 140,250

DATE: 07/31/12

Client Company: Jessie Trice Community Health Center, Inc.

Job Location: 18330 N.W. 12th Avenue Miami Gardens, FL 33169

Notes: Estimated Cost based on conceptual drawings

Estimate Detail - By Division

COST CODE ITEM DESCRIPTION	SINGLE BLDG <u>QUANTITY</u> <u>UNIT</u>	1ST BLDG <u>S/C</u>	Federal <u>57.73%</u>	State <u>42.27%</u>	<u>TOTAL</u>
DIVISION: 16 ARCHITECT'S FEES					
16	8,500 SF	\$ 119,000	\$ 119,000	\$ -	
TOTAL DIVISION - ARCHITECTS'S FEES		\$ 119,000	\$ 119,000	\$ -	\$ 119,000
TOTAL CONSTRUCTION COSTS		\$ 2,000,670	\$ 818,850	\$ 1,181,820	\$ 2,000,670
Contingencies (@ 10%)		\$ 200,070	\$ 81,890	\$ 118,180	\$ 200,070
		\$ 2,200,740	\$ 900,740	\$ 1,300,000	\$ 2,200,740
Equipment & Furniture		\$ 286,900	\$ 286,900	\$ -	\$ 286,900
Permit & Impact Fees		\$ 124,960	\$ 124,960	\$ -	\$ 124,960
Security & Low Voltage Wiring		\$ 20,000	\$ 20,000	\$ -	\$ 20,000
Soft Costs		\$ 244,120	\$ 244,120	\$ -	\$ 244,120
Administration & Legal		\$ 275,340	\$ 275,340	\$ -	\$ 275,340
Project Inspection Fees		\$ 25,000	\$ 25,000	\$ -	\$ 25,000
TOTAL PROJECT COST		\$ 3,177,060	\$ 1,877,060	\$ 1,300,000	\$ 3,177,060



miamidade.gov

Management and Budget
111 NW 1st Street • 22nd Floor
Miami, Florida 33128-1926
T 305-375-5143 F 305-375-5168

July 26, 2012

Annie R. Neasman
President/CEO
Jessie Trice Community Health Center, Inc.
5607 NW 27 Avenue, Suite #1
Miami, FL 33142

Dear Ms Neasman:

On November 2, 2004, Miami-Dade County voters approved the passage of all eight bond questions relating to the Building Better Communities General Obligation Bond (BBC-GOB) Program. The BBC-GOB includes a line item, Project No. 305 – Primary Health Care Facilities, with a total allocation equal to \$25 million.

On July 17, 2008, the Miami-Dade Board of County Commissioners approved Resolution No. R-855-08 allocating \$4 Million for Project No. 305 – Primary Health Facilities to Jessie Trice Community Health Center, Inc (Jessie Trice). A copy of Resolution No. R-855-08 is attached. This allocation was provided to Jessie Trice for the intended purpose of expanding healthcare facilities.

We understand that Jessie Trice is seeking to increase access to primary care services in Miami-Dade County by applying for Primary Care Low Income Pool (LIP) grant. Jessie Trice has a total of \$1,300,000 available for local match with \$422,700 available during this fiscal year (ending September 30, 2012) and \$877,300 available during the next fiscal year (FY 2013), which amounts, and the timing thereof, are subject to modification by the Board of County Commissioners, in its sole discretion, via budget amendments and by the Mayor and/or Mayor's designee, pursuant to Miami-Dade County Implementing Order 3-47, via cash-flow revisions for funding of the Project.

Jessie Trice continues to be an essential part of the County's network of Federally Qualified Health Centers (FQHC's) which provides critical primary care services to our most vulnerable residents. We support their efforts to expand healthcare services in our community.

Sincerely,

A handwritten signature in black ink, appearing to read "Jennifer Moon", written over a horizontal line.

Jennifer Moon, Director
Office of Management and Budget

Attachment

c: Janet Perkins, Executive Director, Office of Countywide Healthcare Planning

jgm06812

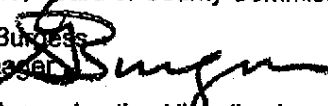
OFFICIAL FILE COPY
CLERK OF THE BOARD
OF COUNTY COMMISSIONERS
MIAMI-DADE COUNTY, FLORIDA

Memorandum



Date: July 17, 2008

To: Honorable Chairman Bruno A. Barreiro
and Members, Board of County Commissioners

From: George M. Burgess
County Manager 

Subject: Resolution Approving the Allocation in an amount equal to \$10 Million from Building Better Communities General Obligation Bond Program Project No. 305 – “Primary Health Care Facilities” to Borinquen Health Care Center, Inc.; Camillus Health Concern, Inc.; Helen B Bentley Family Health Center, Inc.; and Jessie Trice Community Health Center, Inc.

Amended
Agenda Item No. 9(A)(5)

Resolution No. R-855-08

#R-855-08

At the June 17, 2008 Board of County Commissioners (“Board”) meeting, the Board approved an allocation in an amount equal to \$2 million from the Building Better Communities General Obligation Bond Program (the “BBC Program”) Project No. 305 – “Primary Health Care Facilities” (the “Primary Health Care Facilities Fund”) to Citrus Health Network, Inc. (“Citrus Health Network”) for the purchase of a facility. This allocation was approved by the Board by motion due to time constraints associated with the negotiation and purchase of the facility. The remaining four community health centers are presented in this request.

Recommendation

It is recommended that the Board approve the attached resolution authorizing the allocation in an amount not to exceed \$10 million from the BBC Program Primary Health Care Facilities Fund to Borinquen Health Care Center, Inc. (\$2.4 million); Camillus Health Concern, Inc. (\$.6 million); Helen B Bentley Family Health Center, Inc. (\$3 million); and Jessie Trice Community Health Center, Inc. (\$4 million) for the construction and expansion of their primary care facilities. It is anticipated that these facility expansions will result in an increase in available clinics, programs, services, patients served, visits and primary care facility capacity throughout Miami-Dade County. BBC Program Grant Agreements will be executed based on each community health center’s readiness to move forward and as funding permits. Borinquen Health Care Center’s construction of new site is tentatively proposed for either District 6 or District 10, and currently serves the residents of District 3; Camillus Health Concern’s proposed expansion of existing facility and possibly a mobile clinic is in District 3, and currently serves Districts 3, 5 and 7; Helen B. Bentley Family Health Center’s proposed expansion of existing facility is in District 7, and currently serves the residents of Districts 5, 6, 7 and 10; and Jessie Trice Community Health Center’s construction of new site is proposed for District 3, its proposed expansion is in District 2, and currently serves the residents of Districts 1, 2, 3 and 6.

Scope

The combined primary service areas of these four primary health care centers and their satellites, which are classified as Federally Qualified Health Centers (FQHCs), serve Commission Districts 1, 2, 3, 5, 6, 7, 10, and 11. The proposed expansion and planned improvements of the FQHCs will impact patients in the Commission Districts within this expansive service area. Three previously awarded FQHCs, Miami Beach Community Health Center, Community Health of South Florida, and Citrus Health Network, serve the remaining Commission Districts 4, 8, 9, 12, and 13. Collectively, the seven FQHCs serve the entire County.

Fiscal Impact/Funding Source

The fiscal impact of \$10 million will be funded by the BBC Program Primary Health Care Facilities Fund.

Track Record/Monitor

These four FQHCs have a long history of providing comprehensive, high quality and cost-efficient health care to the underserved communities of Miami-Dade County. These professionally recognized health centers are the primary medical home for tens of thousands of patients, serving as a dependable long-term solution to the growing shortage of affordable health care services. Monitoring of this BBC Program allocation will be handled jointly by the Office of Countywide Healthcare Planning (medical equipment and clinical facilities) and the Office of Capital Improvements (general structural and facilities improvements). Payments will be made on a reimbursement basis in accordance with the BBC Program Grant Agreements.

Background

On July 20, 2004, the Board approved eight resolutions to be placed on the ballot for the November 2, 2004 election. Resolution No. 916-04 provides funds to construct and improve emergency and healthcare facilities and includes a line item for BBC Program Project No. 305 - Primary Health Care Facilities with a total allocation equal to \$25 million.

The Office of Countywide Healthcare Planning (OCHP) has been tasked with leading the planning efforts and allocation recommendations for the Primary Health Care Facility Fund among the FQHCs. To date \$15 million has been allocated to FQHCs: \$8 million was allocated on December 20, 2005 for the purchase and renovation of the Miami Beach Community Health Center; \$5 million was allocated on November 6, 2007 for the construction and expansion of primary care facilities of Community Health of South Florida; and \$2 million was allocated on June 17, 2008 for the purchase of a new site for Citrus Health Network to provide primary care services.

The recommendation to allocate the remaining \$10 million in Primary Health Care Facilities Funds for these four FQHCs is projected to result in total improvements in the ability to serve approximately 9,000-15,000 additional patients at all 4 FQHCs in the first year of full operations after construction is completed at all four FQHCs, representing approximately 25,000-50,000 patient visits. It is estimated that this allocation will leverage between \$5 million to \$13 million in additional funds (combined operational and capital dollars). It is projected that a total increase of approximately 20,000 to 26,000 square feet of primary care space will result.

We recommend FQHCs receive the Primary Health Care Facilities Funds because they are designated by the federal Health Resources and Services Administration's Bureau of Primary Care to provide primary care services to the County's underserved and uninsured. Each FQHC receives federal funding to offset the cost of providing charity care including enhanced Medicaid and Medicare reimbursement rates. In Miami-Dade County, there are seven FQHCs operating twenty-two different clinic sites, providing services to residents in all thirteen Commission districts.

The existing County network of FQHCs serves diverse populations and provides the County with critical primary care services including chronic disease management. FQHCs are safety


net providers, serving the uninsured and low-income. Approximately 20% of the patients at the FQHCs are enrolled in Medicaid, with more than 60% of their patients uninsured. The FQHC patient population includes 35% Black and 53% Hispanic. In 2007, the four FQHCs served more than 60,000 patients, totaling more than 225,000 visits. These FQHCs offer comprehensive services to the uninsured, underserved, and low-income population. Primary care services include family health, pediatrics, OB/GYN, pharmacy, optometry, radiology, oral health, laboratory services, and immunizations.

The existing County network of FQHCs reaches a diverse element of the population and provides the County with increases in primary care services including chronic disease management. A multifaceted plan can reduce the physical and financial costs of chronic disease, through enhanced community health systems, self-management, delivery systems, and clinical information systems.

OCHP has worked collaboratively with the FQHCs to develop an allocation methodology that distributes the Primary Health Care Facilities Funds. These FQHCs represent the primary care providers who have the greatest opportunities to leverage this capital funding into an even greater amount of additional capital and more importantly, to generate the operating funds needed to turn these new facilities into functional clinical services.

To ensure that Primary Health Care Facilities capital funding is invested in facilities that will provide a medical home for each patient, sustainable health services, and the ability to maximize leveraged funding and reimbursement, OCHP continues to work closely with the individual FQHCs and their administrative services organization, Health Choice Network, in developing a comprehensive plan, as well as streamlining the facility enhancements to ensure an increase in primary care facilities, services, visits and patients. OCHP's collaborative planning with each FQHC will result in additional capital and operational dollars as match funds for the Primary Health Care Facilities Fund. The Primary Health Care Facilities Funds will only be used for capital costs and not for working capital and operations.

This recommendation was presented to the Building Better Communities Citizens' Advisory Committee at their meeting of May 1, 2008. After hearing an explanation of the subject item at that meeting, there was a consensus among the members of the Committee that the item should be considered by the Board after committee review. It is recommended that the BCC approve the allocation to Borinquen Health Care Center, Inc.; Camillus Health Concern, Inc.; Helen B. Bentley Family Health Center, Inc.; and Jessie Trice Community Health Center, Inc. from the Primary Health Care Facilities Fund.


Assistant County Manager



MEMORANDUM

(Revised)

TO: Honorable Chairman Bruno A. Barreiro
and Members, Board of County Commissioners

DATE: July 17, 2008

FROM: 
R. A. Cuevas, Jr.
County Attorney

SUBJECT: Amended
Agenda Item No. 9(A)(5)

Please note any items checked.

- "4-Day Rule" ("3-Day Rule" for committees) applicable if raised
- 6 weeks required between first reading and public hearing
- 4 weeks notification to municipal officials required prior to public hearing
- Decreases revenues or increases expenditures without balancing budget
- Budget required
- Statement of fiscal impact required
- Bid waiver requiring County Manager's written recommendation
- Ordinance creating a new board requires detailed County Manager's report for public hearing
- Housekeeping item (no policy decision required)
- No committee review

Approved _____ Mayor
Veto _____
Override _____

Amended
Agenda Item No. 9(A)(5)
7-17-08

RESOLUTION NO. _____ R-855-08

RESOLUTION APPROVING ALLOCATIONS FROM BUILDING BETTER COMMUNITIES GENERAL OBLIGATION BOND PROGRAM PROJECT NO. 305 - "PRIMARY HEALTH CARE FACILITIES" TO BORINQUEN HEALTH CARE CENTER, INC. IN AN AMOUNT EQUAL TO \$2.4 MILLION, CAMILLUS HEALTH CONCERN, INC. IN AN AMOUNT EQUAL TO \$.6 MILLION, HELEN B. BENTLEY FAMILY HEALTH CENTER, INC. IN AN AMOUNT EQUAL TO \$3 MILLION, AND JESSIE TRICE COMMUNITY HEALTH CENTER, INC. IN AN AMOUNT EQUAL TO \$4 MILLION

WHEREAS, this Board desires to accomplish the purposes outlined in the accompanying memorandum, a copy of which is incorporated herein by this reference,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that:

Section 1. The foregoing recitals are incorporated in this resolution and are approved.

Section 2. This Board hereby approves an allocation from the Building Better Communities General Obligation Bond Program Project No. 305 - "Primary Health Care Facilities" to: (a) Borinquen Health Care Center, Inc. in an amount equal to \$2.4 million (with \$500,000 allocated to be used within the North Miami area and the balance to fund the construction of a new primary care facility in Commission District 6); (b) Camillus Health Concern, Inc. in an amount equal to \$.6 million; (c) Helen B. Bentley Family Health Center, Inc. in an amount equal to \$3 million; and (d) Jessie Trice Community Health Center, Inc. in an amount equal to \$4 million for the purpose of increasing health care facilities in our community.

The foregoing resolution was offered by Commissioner Audrey M. Edmonson who moved its adoption. The motion was seconded by Commissioner Rebeca Sosa and upon being put to a vote, the vote was as follows:

	Bruno A. Barreiro, Chairman	aye		
	Barbara J. Jordan, Vice-Chairwoman	absent		
Jose "Pepe" Diaz	aye	Audrey M. Edmonson	aye	
Carlos A. Gimenez	aye	Sally A. Heyman	aye	
Joe A. Martinez	absent	Dennis C. Moss	aye	
Dorrin D. Rolle	aye	Natacha Seijas	absent	
Katy Sorenson	aye	Rebeca Sosa	aye	
Sen. Javier D. Souto	nay			

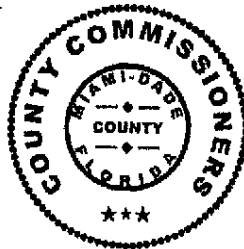
The Chairperson thereupon declared the resolution duly passed and adopted this 17th day of July, 2008. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

MIAMI-DADE COUNTY, FLORIDA
BY ITS BOARD OF
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By: Kay Sullivan

Deputy Clerk



Approved by County Attorney as
to form and legal sufficiency.

Geri Bonzon-Keenan