

AGENDA

SCHOOL BOARD WORKSHOP

GADSDEN COUNTY SCHOOL BOARD  
MAX D. WALKER ADMINISTRATION BUILDING  
35 MARTIN LUTHER KING, JR. BLVD.  
QUINCY, FLORIDA

October 25, 2011

4:30 P.M.

THIS WORKSHOP IS OPEN TO THE PUBLIC

1. CALL TO ORDER
2. HAVANA HEALTH AND WELLNESS SERVICE AND TRAINING CENTER, INC.
3. FINANCIAL DATA REPORT
4. ITEMS BY THE SUPERINTENDENT
5. SCHOOL BOARD REQUESTS AND CONCERNS
6. ADJOURNMENT

# Havana Health and Wellness Service and Training Center, Inc.

## BUSINESS PLAN



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**A Healthy Family is a Learning Family**

**Prepared by:**

**Havana Health and Wellness Training and Service Center, Inc.**  
(With the assistance of Disability Advocates of North Florida.)  
**1210 Kemp Road**  
**Havana, FL 32333**

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## EXECUTIVE SUMMARY

The Havana Health and Wellness Service and Training Center, Inc., Steering Committee is proposing that an unused 4,000 square foot building (Bldg. 9) at the Havana Middle School be renovated to house its health services. The Steering Committee is composed of a mixture of community members, county and local school educators, higher education health services and related disciplines personnel, faith-based and other concerned individuals. This group recognizes how fundamental good health is, not only to a child's ability to learn, but to the learning family's role in help its children to realize their potential.

We are asking the School Board to fund this renovation by partially matching the \$207,387.00 that Center partners will have expended this year to provide health services to Gadsden County public school children at four school sites—two in Havana and two in Quincy.

This health services expansion is necessary because even those parents who badly want to obtain medical treatment for their children and themselves are often thwarted because Havana's only practicing medical provider does not accept Medicaid or uninsured patients. Close to 85% of Havana's public school students qualify for free or reduced-price lunches, indicating high rates of poverty among these children. Overall, 16.3% of Havana's population lives on income less than 100% of the Federal Poverty Level.

The only reasonably accessible service for Medicaid patients in the Havana area is a Federally Qualified Health Center (FQHC) located at the local health department in Quincy and administered by North Florida Medical Centers, Inc. The Gadsden County Health Department (GCDOH) operates a small clinic in Havana, but this clinic only provides vaccinations, and is open on a sporadic basis. Because many low-income Havana residents lack transportation to Quincy and face other related accessibility problems, it is obvious that additional health services infrastructure is required in Havana to meet this dire need.

The FAMU School of Architecture has developed three alternative floor plans for the renovated facility. Wayne Shepard, GCSD Director of Facilities, analyzed these floor plans and produced a revised floor plan that addresses Center space needs in the most practical, cost-effective way given economic constraints. Mr. Shepard has estimated that the renovation cost will be approximately \$150,000.00.

These renovation funds will be used to transform this building into a site that provides expanded team-based health services for school children, their parents, and other community members that presently have little access to adequate health care. Specifically, the Center will concentrate on an increased quality of care including improved screening, point of service care, chronic disease and behavioral health management, and dental care. The “Student Health Services” section of the Gadsden County Public Schools’ Strategic Plan 2007-2012 provides a framework and impetus for Center priorities and objectives related to school children.

This Center will also be utilized as a training center for health care professionals interested in learning how to provide effective rural health care services.

Initially, the proposed Center will serve four school based sites—Havana Elementary and Middle Schools, George Munroe, and Shanks—a total of approximately 2600 students. By August 2012 the Center will begin to expand into a full-scale community health center serving under and unserved community members from the whole of Gadsden County. This will add at least 700 patients to the patient load and allow the Center to achieve the critical mass necessary to fund a robust practice based on an average of 3.5 visits per patient per year. A combination of volunteers, paid professionals, paraprofessionals, and clerical staff will constitute the core staff for the Center system of sites.

Already, the FSU College of Nursing(CON) is providing Nurse Practitioners that are offering services to the Havana Elementary and Middle Schools. The FSU College of Medicine(COM) has also allocated a ½ time nurse practitioner to serve these sites. In addition, the COM is providing a full time nurse practitioner serving the two Quincy sites in the Center system. Ultimately, the Center plans to provide pharmacy services to system sites.

A 330 certification will be obtained in the near future to promote Center sustainability and contribute to better health services at the school sites in its system. This certification allows for cost-based reimbursement for health services rendered.

## **1.0 HISTORY AND OPERATIONS**

The following sub-topics outline the Center's history, describe its mission and strategic direction, and provide information about the Center's present and proposed programs and directions.

### **1.1 Center History**

The initial impetus for this Center grew out of the alarm felt by ICAN volunteers who went into Havana homes to teach parents how to teach their failing children. Often these parents were experiencing debilitating medical or dental problems that severely limited their ability to become a positive force in their children's learning. In addition, the children participating in the ICAN program sometimes had physical and psychological problems that were treated sporadically or not at all. Windows of medical opportunity closed on a number of these children and it became much harder for them to realize their potential.

Even those parents who badly wanted to obtain medical treatment for their children and themselves were often thwarted because Havana's only practicing medical provider does not accept Medicaid or uninsured patients. Close to 85% of Havana's public school students qualify for free or reduced-price lunches, indicating high rates of poverty among these children. Overall, 16.3% of Havana's population lives on income less than 100% of the Federal Poverty Level.

The only reasonably accessible service for Medicaid patients in the Havana area is a Federally Qualified Health Center (FQHC) located at the local health department in Quincy and administered by North Florida Medical Centers, Inc. The FQHC in Quincy is already at capacity in terms of serving its existing patients. The Gadsden County Health Department(GCDOH) operates a small clinic in Havana, but this clinic only provides vaccinations, and is open on a sporadic basis. Because many low-income Havana residents lack transportation to Quincy and face other related accessibility problems, it became obvious that additional health services infrastructure is required in Havana to meet this dire need.

At a Gadsden County School Board meeting in approximately 2008, the Director of Rural Health from the Florida State University(FSU) College of Medicine(COM) gave a status report on two school-based health centers in Quincy. The COM was offering medical services at these sites in conjunction with the Gadsden County Department of Health. After that meeting the Director of the ICAN program approached the FSU Director of Rural Health requesting that a school-based health center be located at the Havana Elementary School with services also

offered to Havana Middle School students. The FSU Director of Rural Health attempted to get funds to provide this service, but was initially unsuccessful because of budget constraints within the COM.

Consequently, the Director of Rural Health and the ICAN Director explored other avenues to address the dire health services needs in the Havana area. During a subsequent meeting they and the Director of the Blue Cross and Blue Shield of Florida Center for Rural Health Research and Policy, FSU COM, concluded that a school-based health center would only partially address the health needs problem. They proposed an innovative team-based, interdisciplinary approach to health services offered through a local health and wellness center for under and unserved community members. It also became apparent to them that the university/community involvement in this project could benefit local higher education institutions in an important way. It could give area universities and other higher education institutions another readily accessible rural area where health services professionals could receive training in the provision of innovative team-based interdisciplinary health services.

With these objectives in mind the two FSU COM faculty members and the ICAN Director started to organize a Steering Committee to guide the development of a sustainable health services center for the Havana area. The Steering Committee is composed of a mix of community members, county and local school educators, higher education health services and related disciplines personnel, faith-based and other concerned individuals. (A list of current members of the Steering Committee is included in Appendix A) The first meeting of the Steering Committee was held on September 21<sup>st</sup>, 2010.

The principal of the Havana Middle School recognized the great need for expanded health services for school children as well as Havana area community members. With the Superintendent's approval and support the Havana Health and Wellness Steering Committee met in an unused building(Bldg. 9) on the Havana Middle School campus. From the inception of this initiative, the principal was a strong advocate for placing the Health and Wellness Center at the Havana Middle School in Bldg. 9.

**ON AUGUST 22<sup>ND</sup>, 2011, HAVANA PUBLIC SCHOOL CHILDREN GAINED ACCESS TO EXPANDED HEALTH SERVICES AT LEAST 4 DAYS PER WEEK AS A RESULT OF PERSONNEL PROVIDED BY FSU COM AND FSU COLLEGE OF NURSING(CON) WORKING IN CONJUNCTION WITH THE GCDOH.** These services are presently being provided in the school health clinics

and include behavioral as well as physical health services. **It is proposed that these services plus dental services will be offered in the Center's renovated building at the Havana Middle School and its satellite sites in Quincy at George Munroe and Shanks.**

## 1.2 Mission

The vision of the Center is to empower underserved and unserved Havana community members, public school students and Gadsden School System staff members to achieve and maintain good health....

The mission of the Center is:

- a) To provide high quality, team-based, multi-disciplinary health services focused on advancing a healthy sustainable lifestyle;
- b) To provide interdisciplinary practice and educational opportunities for those entering or continuing their training in health services;
- c) To partner with those conducting community-based participatory research and other types of evaluative studies to further the ability of health services personnel to eliminate health disparities, provide high quality health care, and promote optimal health.

## 1.3 Objectives

For the first school year, the Center has twelve financial objectives:

- To raise adequate funding for start-up;
- To ensure that the school-based health centers in Havana have a solid sustainable foundation and that all sites in our system have an improved quality of care including improved screening, point of service care, chronic disease and behavioral health management, and dental care;
- To plan for effective coordination of the sites within the Center system;
- To gain School Board approval to house the Center in the unused building where the Steering Committee has been meeting at the Havana Middle School;
- To obtain the funds necessary to renovate the unused building to carry out the mission of the Center.;



## Havana Health and Wellness Service and Training Center

- To secure a 330 certification for the Center that will allow cost-based reimbursement for health services rendered;
- To aim toward achieving a yearly average of 3.5 visits per patient for the populations included in the Center's system of sites;
- To identify and start to put technology in place that will allow for systematic sharing of electronic health care records, centralized billing for all of the Center's sites, electronic appointment making and reminders, team access to health records, financial and administrative automated tasks, training updates, etc.
- To move the school-based health center services into the renovated building and start to plan for offering under and unserved community members health services ;
- To begin to develop training activities that will allow health care providers in the Center to embrace and practice the team based, interdisciplinary approach to health services;
- To start to explore the requirements to be met to make the Center a training site for beginning and continuing health services professionals;
- To develop a public relations initiative that will encourage maximum use of services.

The **non-financial objectives** of the Center for the first year are:

- To provide health services in a culturally respectful and inclusive way;
- To focus on early intervention and detection of diseases that are debilitating and sometimes deadly to our patients;
- To empower community members, including school children, to make good health related decisions leading to healthy lifestyles for themselves and their families;
- To evaluate Center services on an on-going basis to be sure that excellent health services are offered in a way that empowers patients;

- To provide adequate training, mentoring, and other incentives to health services staff to create job satisfaction.

## 1.4 Strategic Direction

The “Student Health Services” section of the Gadsden County Public Schools Strategic Plan 2007-2012 provides a framework and sense of direction for Center priorities and objectives. The Standard of Excellence identified in the plan is:

“The district will ensure that all students receive adequate health services that will increase health awareness, promote positive life styles, decrease the risk of diseases, and enhance the life of all students. It will provide the leadership, professional development and effective practices to facilitate the attainment of this standard.”

To meet this standard of excellence and accomplish the Center’s mission, a well-equipped building dedicated to excellent health services is necessary. This is especially true since a team of health services personnel will be focusing on each patient’s journey to gaining and maintaining good health.

The many dimensions of service that result in continuing health for school children as well as other parts of the population at our four sites will include dental services, behavioral health services and a full range of other health services. All require allocated physical space beyond what the traditional nurses’ clinic can offer.

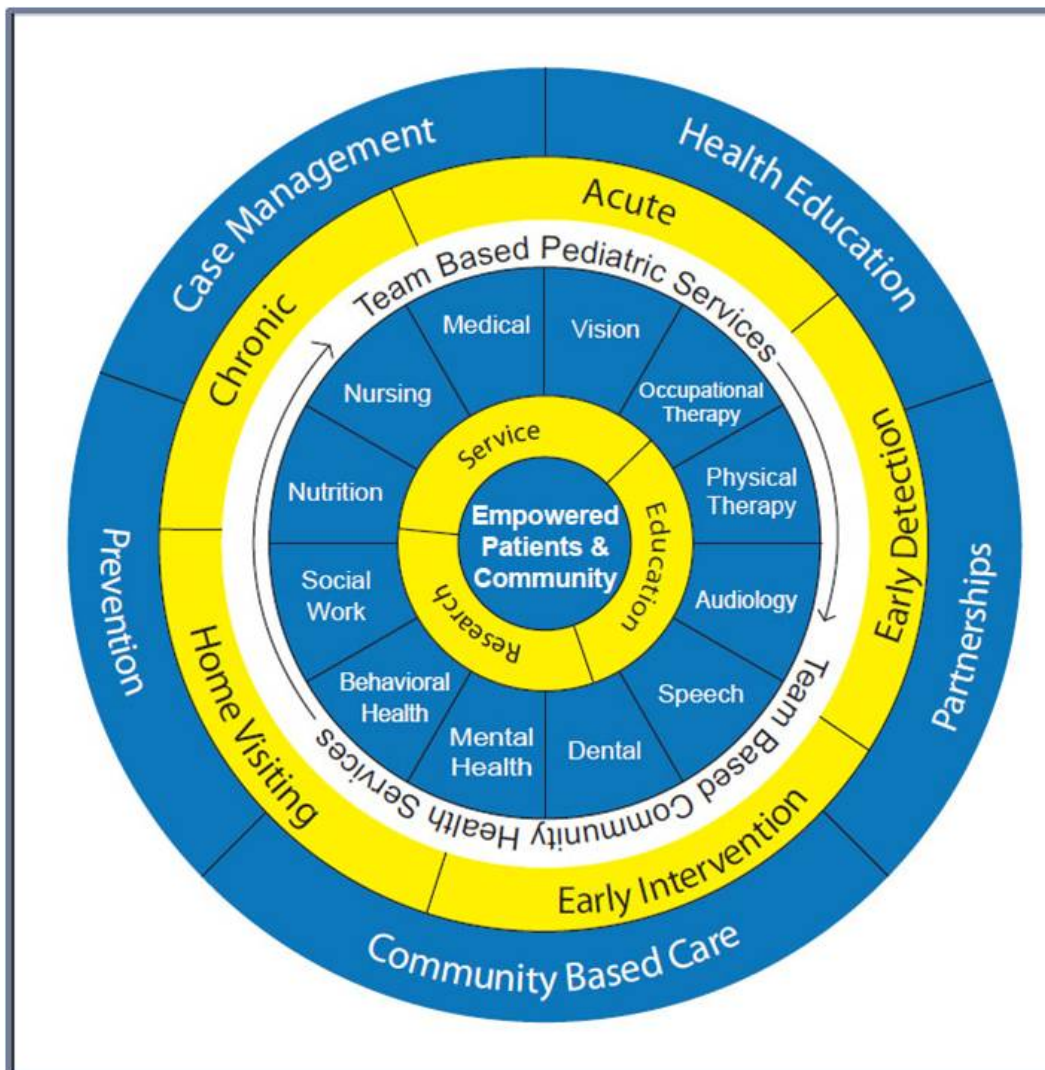
In addition, provision of excellent health services requires a well trained-coordinated staff dedicated to quality improvement. The training center aspect of our program will concentrate on promoting excellence as it addresses beginning and continuing educational training for health services personnel. This initiative also requires dedicated space that will be available at our principal site. All sites in our system will benefit from the continuing flow of trained personnel.

The renovated building will represent a tangible sign of the community and School Board’s recognition that good health is the foundation for a learning family whose children realize their potential. It will also have a positive economic impact in Havana as well as the rest of Gadsden County since it is anticipated that a part of the core Center staff will be filled by people from Gadsden County. Further

economic impact will be felt from those drawn to the sites in our system as they pursue their training programs.

## 1.5 Programs and Services

The Havana Health and Wellness Training and Service Center is incorporated under the laws of the State of Florida and is a 501(c)(3) not-for-profit organization. The Service Delivery Model below identifies the services provided and the Center's approach.



Key Points related to this service delivery model include:

- Team-based health service delivery
- Community lead decision making
- Patient Centered

## Havana Health and Wellness Service and Training Center

- Multi-disciplinary team-based education for health professions personnel
- A sustainable service delivery model for the County, State, and beyond
- Developing healthy people in healthy communities, focused on health promotion and disease prevention (Healthy People 2020).

These services will be provided in part by partners of the Center from FSU, FAMU, Tallahassee Community College(TCC), and the GCDOH. Already, the FSU College of Nursing(CON) is providing Nurse Practitioners that are offering services to the Havana Elementary and Middle Schools. The COM has also allocated a ½ time nurse practitioner to serve these sites. In addition, the COM is also providing a full time nurse practitioner serving the two Quincy sites in the Center system. Ultimately, the Center also plans to provide pharmacy services to system sites.

Dr. Maggie Blackburn, M.D., Director of Rural Health, FSU COM, is medical director for the four school-based sites. She offers medical services on a regular basis. It is projected that within the next year the Center will achieve a 330 designation that will allow cost-based reimbursement for patients' treatment.

The authorization to offer these services grows out of two documents. First, is the Memorandum of Understanding between the Board of Trustees of FSU for and on behalf of the FSU COM and the GCDOH. Second, is the understanding established on Friday, April 22<sup>nd</sup>, 2011, during a meeting with the Administrator of the GCDOH, the Director of Nursing, the Havana Town Manager (who is also the head of the GC Health Council), and the Chair of the Center Steering Committee. The April 22<sup>nd</sup> agreement indicated that the GCDOH supports the Center project 100% and wants to see the Center provide the full range of services to underserved community members and school children. Further, it was agreed that the GCDOH and the Center will complement each other whenever possible and beneficial and will attempt to work collaboratively where appropriate to achieve joint objectives.

As indicated by the table on the next page, during the 2011-2012 school year the Center's COM and CON partners will have contributed \$207,387 towards personnel costs for health services at the four sites in our Center system.

Havana Health and Wellness Service and Training Center

BUDGET CATEGORY (Personnel)	COST	COM FOUNDATION	COLLEGE OF NURSING	GC DEPT. OF HEALTH	GC SCHOOLS
<b>GEORGE MUNROE ELEM.</b>					
Cert. Nurse Asst. (1.0 FTE)	\$25,000			\$25,000	
Lic. Pract. Nurse (.5FTE)	\$20,000			\$20,000	
Advanced Registered Nurse Practitioner(.5FTE)	\$37,500	\$37,500			
Mental Health Pro. (.2)	\$5,000	\$5,000			
<b>SHANKS MIDDLE SCH.</b>					
Cert. Nurse Asst. (1.0 FTE)	\$25,000			\$25,000	
Lic. Pract. Nurse (.5FTE)	\$20,000			\$20,000	
Advanced Registered Nurse Practitioner(.5FTE)	\$37,500	\$37,500			
Mental Health Pro. (.2)	\$5,000	\$5,000			
<b>HAVANA ELEM. SCH.</b>					
Lic. Pract. Nurse (.5FTE)	\$20,000			\$20,000	
Advanced Registered Nurse Practitioner(.5FTE)	\$37,500		\$16,750		
<b>HAVANA MIDDLE SCH.</b>					
Cert. Nurse Asst. (.8 FTE)	\$20,000			\$20,000	
Advanced Registered Nurse Practitioner(.5FTE)	\$37,500	\$37,500	\$16,250		
Mental HealthPro. (.2FTE)	\$5,000	\$5,000			
Medical Director (.2FTE)	\$28,800	\$28,800			
Medicare tax on Mental Health personnel	\$2,175	\$2,175			
Benefits to Medical Director & ARNP	\$15,912	\$15,912			
<b>TOTAL PERSONNEL COSTS</b>	<b>\$341,887</b>	<b>\$174,387</b>	<b>\$33,000</b>	<b>\$130,000</b>	

An additional \$7,000 in operational costs and travel has been paid by the COM. Present operational costs for system sites as well as total costs are reflected in the following table.

BUDGET CATEGORY (Operational Costs for all four sites)	COST	COM FOUNDATION	COLLEGE OF NURSING	GC DEPT. OF HEALTH	GC SCHOOLS
Medical Equipment	\$27,000	\$2,000		\$25,000	
Space	\$40,000				\$40,000
Janitorial/Maintenance	\$10,000				\$10,000
Utilities	\$12,000				\$12,000
Materials/Office Supplies	\$8,000			\$8,000	
Telephones	\$10,000				\$10,000
Office Equipment	\$20,000				\$20,000
<b>(Miscellaneous Expenses)</b>					
Fees/Licensing	\$5,000			\$5,000	
Insurance	\$8,000				\$8,000
Travel	\$5,000	\$5,000			
<b>TOTAL OPERATIONAL COSTS</b>	<b>\$145,000</b>	<b>\$7,000</b>		<b>\$38,000</b>	<b>\$100,00</b>
<b>TOTAL PERSONNEL COSTS</b>	<b>\$341,887</b>	<b>\$174,387</b>	<b>\$33,000</b>	<b>\$130,000</b>	
<b>TOTAL COSTS</b>	<b>\$486,887</b>	<b>\$181,387</b>	<b>\$33,000</b>	<b>\$168,000</b>	<b>\$100,000</b>

Aggregated indirect services hours donated by Steering Committee members and others to implement the health services programs in the Havana schools and plan services for community members equal approximately 2600 hours. Some of the contributed indirect services include ongoing financial and administrative advice and activities; development of infrastructure documents, such as the health services model; creating focus group protocols; leading strategic planning activities; producing a business plan and governance documents; developing preliminary floor plans for the proposed building; and producing grant applications for various center functions and facilities.

## 1.6 Review of Operations

Initially, the proposed Center will serve four school based sites—Havana Elementary and Middle Schools, George Munroe, and Shanks—a total of approximately 2600 students. By August 2012, working with its partners, the Center will begin to expand into a full-scale community health center serving under and unserved community members from the whole of Gadsden County. This will add at least 700 patients to the patient load and allow the Center to achieve the critical mass necessary to fund a robust practice based on an average of 3.5 visits per patient per year. A combination of volunteers, paid professionals, paraprofessionals, and clerical staff will constitute the core staff for the Center system of sites.

The Center intends to apply for section HRSA 330 support within the first year of operation. For New Starts (organizations receiving Federal section 330 support for the first time), which may or may not have been operating a primary care clinic prior to grant award, it is HRSA's expectation that two major things related to operations will occur. First, HRSA expects that full operational capacity, in terms of the projected staffing, sites, services and patient levels presented in the New Access Point application, will be achieved within 2 years of receiving Federal section 330 support. Second, by the third year of funding the project will be at full operational capacity for a 12-month period.

Full operational capacity for a center will be determined using the projected provider levels required by the center to operate at its full level of services (ie., at the full-range of services required by section 330 statute, regulations and Health Center Program Requirements). In general, a physician to population ratio of 1: 1,500 may be used as a guide to calculate appropriate full operational patient

capacity. For other practitioners (e.g., nurse practitioners, physician assistants, and certified nurse midwives), a 1 :750 provider to patient ratio is suggested. For example, a practice with a team of two full-time physicians and a full-time nurse practitioner would have a full operational capacity of 3 full-time equivalent (FTE) providers and 3,750 patients. The Center would be obligated to provide all required primary, preventive, and enabling health services (defined in section 330(b)(1)(A) of the PHS Act) and provide additional health services (defined in section 330(b)(2)).

Initial planning for Center operation dealing with interdisciplinary practice and educational opportunities for those entering and continuing their training in health services will begin during the first year. The first step will be to examine the multidisciplinary team-based approach to service and to define the activities that must occur in the Center for this approach to be successful.

## **1.7 Facilities**

The primary location of the Center is proposed to be Bldg. 9 at the Havana Middle School at 1210 Kemp Road. This building has been used infrequently for the last few years. It was originally intended as a co-existing industrial arts area and a business education hub when the Havana Middle School was built in 1994. Soon after the school opened, both of these educational programs were eliminated from the middle school curriculum. Most vestiges of the former programs are no longer evident.

Renovation funds are required to make this building suitable to address the health services needs of the school children and other community members in the Havana area. The majority of the Center's resources will be devoted to the school-based health center programs. It is anticipated that the community based health center will initially be open one or two days a week when school is not in session.

## **2.0 MARKET DESCRIPTION AND ANALYSIS**

The main purpose of this section is to describe and analyze the Center's market. A second purpose is to make the connection between the trends in the Center's market and the need for a renovated Center building that will allow health services professionals to meet the needs of the populations served effectively. The results of a SWOT analysis have been included to indicate the bases for these connections.

## 2.1 Target Market

### 2.11 Geographic and Demographic Information

#### THE UNITED STATES

As reported by the October 2011 issue of *Health Affairs*, health disparities are a serious problem in the United States. The U.S. Dept. of Health and Human Services reported in April “that racial and ethnic minorities are less likely to get the preventive care they need to stay healthy, more likely to suffer from serious illnesses, and when they are sick, are less likely to have access to quality care.”

#### GADSDEN COUNTY

Gadsden County is located in the panhandle of Florida. The 2010 census reports the population as 46,389. Gadsden County is the only predominantly African-American county in Florida with 56% Black, 35.9% White, 9.5% Hispanic or Latino origin, and 1.11% other.

A recent report from the Robert Wood Johnson Foundation shows that Gadsden County ranks 62<sup>nd</sup> out of 67 Florida counties for health outcomes, and 64<sup>th</sup> out of 67 for overall health status. Low-income and medically underserved individuals bear a disproportionate amount of the burden of poor health in Gadsden County.

Gadsden County contains a Medically Underserved Area (MUA) as designated by the Health Resources and Services Administration (HRSA) in 1999. Havana lies within the geographic boundaries of this MUA (HRSA ID #00516). All of Gadsden County is also designated by HRSA as a Health Professional Shortage Area for all types of medical care.

#### HAVANA, FLORIDA

The estimated population count in the 32333 zip code of Havana in 2009 was 13,926. The median travel time to work for those living in the Havana area is





30.67 minutes. Very little public transportation exists for community members who have no access to a vehicle.

The average per capita income is \$18,481 compared with a state average of \$21,557. 18.1% of the residents in the 32333 zip code have incomes below the poverty level as compared to 14.9% in the state. 8.1% of Havana area residents have incomes 50% below the poverty level.

Havana currently has only one practicing medical provider within its limits. The fact that this provider does not accept Medicaid or uninsured patients has a dramatic negative impact on the ability of many Havana residents to procure health services in the community. The only other reasonably accessible service for Medicaid patients in this part of Gadsden County is a Federally Qualified Health Center (FQHC) located in Quincy and administered by North Florida Medical Centers, Inc.

What the renovated Center and other sites in our system would offer is the best means to increase access to a broader scope of health care services to people who have little other realistic access to these services outside of hospital emergency rooms.

Nurse practitioners and other health services professionals will work with LPNs provided by the Department of Health to increase the range of needed services available to children in Havana public schools and 2 school based-health clinics in Quincy. In the school based population, over 80 % of Gadsden County public school students qualify for free or reduced-priced lunch from the district, indicating high rates of poverty among the students who will be using the renovated Center in its first years of operation. At the Havana Elementary School the number of children qualifying is closer to 90%. Many of the children in these schools often do not have any other realistic means of health care but the school-based health centers.

Those under and unserved community members in Havana are another major population group that can be best served by the renovated Center. In July, 2011, Center partners conducted a series of focus groups in Havana to examine the health and wellness needs of the underserved and unserved patient population from the perspective of the community, and to help identify candidates for the proposed Center's board. The ICAN/ICAN Too Organization, Inc., administered this grant that was funded by the FL Dept. of Health, Office of Minority Health.

Five focus groups were conducted. Each group represents one of the Center's target populations, specifically:

- Parents of students and other community members;
- Faculty and staff of the Gadsden County Schools;
- Havana Middle School students;
- Residents of low-income neighborhoods; and,
- Senior Citizens.

These five focus groups clearly demonstrated that residents and workers alike possess a high level of enthusiasm for having regular access to affordable, high-quality health care delivery and wellness education services in the Havana area... Focus group activities further revealed that the proposed center is both highly needed and highly desired by the community, and also that the Center has the potential to make a strong impact in a short amount of time given community members' enthusiasm for using the services it provides. (The final report of this project is contained in Appendix B )

In Gadsden County, a total of 11,567 individuals are eligible for health insurance coverage under Medicaid. A number of these live in the 32333 ZIP CODE area and will be included as potential patients as we attempt to amass a patient load of 3,000 to support the needs of our system of centers.

A management firm has done an estimate of the likely patient load. It includes an average of 3.5 visits yearly per patient with a population of approximately 2300 students, 700 community members, and various teachers and staff. Patients of the clinics will pay on a sliding scale and when the system of centers becomes a direct access point, the Center will be able to bill for the cost of the treatment as a certified Medicaid site.

## **2.2 Competitive Edge**

The renovated Center will have the ability to provide high quality, integrative health care services. These services will be offered in partnership with GCDOH at competitive pricing while making possible a desperately needed service to the County. This value can be provided because the Center workforce is composed partly of university health care professionals, and, in future instances, interns in various health service and dental disciplines.

When the interdisciplinary training component of the program is implemented, the Center anticipates also providing medical internships, which

will further boost the ability of the Center to provide a broad range of services that will complement those now being offered. This internship experience as well as other aspects of the training program has the potential to bring more badly needed health care professionals to Gadsden County and other areas of the Panhandle. The leadership and providers in this program are health services leaders, such as Maggie Blackburn, M.D., Director of Rural Health in the COM, who have had prior successful experience in staffing and managing school-based health clinics as well as community health centers.

Parts of the Center workforce will be constantly changing as interns complete their program and continuing health professionals finish their training. The challenge to the core staff will be to maintain the same high levels of service that students and community members deserve. Having the Center's planned higher education training program will facilitate excellence because of the many different supervised experiences offered throughout academic and/or continuing education programs.

From an economic perspective the Center has a competitive edge because it will need an office workforce and other personnel to run this system of sites. We are committed to hiring people from Gadsden County to fill these positions when possible. They will provide part of the permanent core and will be trained for positions that will allow them to get other jobs as their career aspirations change. When the Center gets funding for renovation and program operation, we will be ready to start meeting our commitment to provide services to community members and to hire local personnel.

### **2.2.1 Strengths, Weaknesses, Opportunities, Threats (SWOT) Analysis**

As part of the Center's strategic planning process to determine how to explore and maximize its competitive edge, a sub-committee employed the SWOT analysis. Because of this process we were able to begin to examine the internal strengths and weaknesses that the Center must address to reach its objectives and implement a strong marketing strategy.

Major items that were considered in each category are listed below:

#### **2.2.1.1 Strengths**

**The Center has a valuable inventory of strengths that will help the organization succeed. These strengths include:**

## Havana Health and Wellness Service and Training Center

- dynamic partners from the local school district, universities, a community college and the Gadsden County Department of Health, as well as a broad range of local and district elected officials and community leaders who are committed to providing excellent health services;
- experts in rural health care services offering leadership in planning and developing school-based and community health care services for the underserved and unserved in our area. Many are already involved with the two school-based health centers in Quincy run by the COM and the GCDOH;
- a 4,000 square foot building at the Havana Middle School that the Gadsden County School Board has preliminarily approved for Center use and renovation, an allocation strongly supported by the school's principal;
- cooperation from the FAMU School of Architecture in creating floor plans for the renovated building we plan to occupy, as well as on-going assistance from Gadsden County School District Director of Facilities, Wayne Shepard, in further adapting these floor plans and making sure that we meet the required building codes;
- nurse practitioner positions and a doctor provided by the COM and CON as well as potential positions from other health care disciplines, such as FAMU and FSU Social Work areas;
- the support of COM, CON, and other areas at FSU and FAMU to make this a training site for health care professionals and other individuals desiring training and internships in health care;
- the ability to bring FSU school-based health programs as well as a Havana community health center into a system under the Center umbrella to provide a sustainable program of improved health care and dental services for all four sites;
- the development of a marketing plan for the Center by the Marketing Department of the FSU College of Communication and Information (CCI) during the Spring 2012 semester.

### 2.2.1.2 Weaknesses

**The major weaknesses that the Center faces are the following:**

- a lack of legal expertise on the Center Steering Committee;
- a lack of data for the new Havana school-based health program, although the clinic, which began preliminary operations in the existing Havana Middle and Elementary School nurses' clinics in August 2011, is presently generating the needed statistics related to clinic operations and patient information. In addition, data from the other two Gadsden school based health clinics is available, but it is unknown how lessons learned from the Quincy sites will translate to Havana's unique population;
- a lack of financial resources. The majority of the resources received have been in-kind donations. Some major contributions include: the COM's funding of a 1/2 time nurse practitioner and the services of a doctor who supervises the medical staff and provides medical services for Center sites; the CON's donation of part-time nurse practitioners; the FAMU School of Architecture's development of preliminary floor plans for the Center site; and, the Gadsden County School System's provision of the services of the Director of Facilities as well as their preliminary approval of the use of an empty building at the Havana Middle School. An excellent grant writer has assumed responsibility for developing a robust grant application process. A retired CPA is assuming leadership for developing a sound financial system. Money from the Gadsden County Health Council, the ICAN/ICAN Too Organization, and the Minority Health Affairs Division of the Florida Department of Health funded the Center's Focus Group project completed in August, 2011.
- a lack of awareness among many community members of the dire health situation in Havana and surrounding areas; Newspaper articles in state, regional and local newspapers as well as the marketing campaign to be developed by the marketing department in the FSU CCI in Spring 2012 should partially address this problem;
- a lack of designation as a New Access Point or a Look Alike facility that would allow the Center to bill for the actual cost of treatment rendered to Medicaid eligible patients as a certified Medicaid facility. It is our intent to apply for this designation within the next six months since we will have data from all of our school-based clinics and will be in a position to meet the criteria for that application;

- a lack of access to transportation is an issue in Havana and despite being centrally located, every effort must be made to ensure that community members can access the facility;
- the size of the Steering Committee is both a strength and weakness. The weakness is that the large size could result in indecisive decision-making. We are attempting to address this problem by bringing together the Steering Committee each month, communicating with members between meetings, and providing administrative tools that will facilitate decision-making.

### 2.2.1.3 Opportunities

**The major opportunities available to the Havana Health and Wellness Service and Training Center, Inc. are exciting. They are:**

- the potential that this Center has to create jobs and add a training center of national importance that emphasizes an integrative approach to the delivery of health care services;
- a clear need for this type of organization since few health care resources currently exist in the Havana area for low-income/underserved persons who are in dire need of health care and dental services. Havana residents with Medicaid or no insurance must travel 18-20 miles to receive care and there is little public transportation. Adults in these categories must go to the Chattahoochee dental clinic or one of similar distance to obtain dental services;
- Increased inter-institutional and community collaboration resulting in better health services for Gadsden County;
- Increased outside support to develop an interdisciplinary training program that makes effective use of the skills of each person on the health services team;
- a large Medicaid eligible population that has the potential to create a steady hard-money stream for the Center and its other sites;
- the potential to improve health literacy and strengthen health-promoting habits in the served population;

- the need by the higher education institutions in our area to have additional excellent sites to train health care professionals in rural health care.

#### 2.2.1.4 Threats

**The major threats to the Center stem from constricting funding sources, changing partner priorities and staffing, lack of funds for facility renovation required to offer the health services and training needed by the Center's target population, spiraling health care costs, lack of sufficient data on the newest school-based health care effort in Havana, and, the challenge of maximizing the effectiveness of the partnerships between community and other partners in achieving Center objectives.**

The ways in which the Center is addressing these threats are the following:

- First, a wide range of partners from many different parts of the community and county as well as health care professionals and educators who are leaders and expert in the areas of Center concerns have collaborated. They provide information and direction based on current trends and happenings in the health services areas and in our geographical area that allow us to evaluate threats and address them effectively. In addition, the Center attempts to make sure that its partners have the information needed to make good decisions and the Center reaches out to potential partners as the need occurs. The Center currently has close to 30 partners.
- Second, the Center has a very strong grant-writing team and explores any avenues that seem appropriate to obtain the money necessary to get adequate funding for renovation and other needs of the Havana and Quincy sites. In addition, the Center has many in-kind donations of professional health care services that allow it to make funding go much further. Center partners function at a level at which they are able to bring in service providers for the center that are already greatly extending services to the school based population. We anticipate that this effort will increase as the rural training component of our program takes shape.
- Third, with the advent of the Havana school-based services from the Center, a software program has been implemented which allows us to collect patient data from Center sites in a much more effective way and to interface with other system information. The Center is currently working on getting another system that will be even more effective in gathering the needed data. The health services technology person in the CCI is working with us to move to the next

level of data collection and other technology based functions that will make center operations and services more effective.

- Fourth, personnel associated with the Center are very cognizant of the need to generate enough funds to sustain the program. The inclusion of the two Quincy school-based sites in a system with our Center gives us a base number that will allow us to generate sufficient funds to provide health and dental services at each site.

### **3.0 MANAGEMENT AND GOVERNANCE**

The two main purposes of this section are to identify the progress towards organizing a management team and to distinguish between the role of management and the Board of Directors.

#### **3.1 Management Team's Organization**

The Center Steering Committee composed of Center partners is presently acting as the governing body of the Havana Health and Wellness Service and Training Center, Inc. Recently, the Steering Committee approved Bylaws for the organization based on HRSA guidelines. These Bylaws establish a Board of Directors that will govern the organization when the Center moves into its renovated building .

The Steering Committee is in the process of considering the composition of the management team. The position of Center Director has already been approved. The Board of Directors will employ that person to administer the Center in accordance with board policies.

The **Center Director's responsibilities** are the following:

1. The Center Director shall be responsible for hiring, management, development and termination of employees in accordance with board personnel policies; however, no two persons shall be employed by the Center who are closely related by marriage or birth.
2. The Center Director shall be responsible for the preparation of operating budgets covering all activities of the Center; the establishment of proper fiscal procedures and implementation of these procedures; all expenditures within approved budget limits and board policies; preparation of reports related to activities and other aspects of budget operation and management.



## Havana Health and Wellness Service and Training Center

3. The Center Director shall serve as advisor to the President [of the Board] and to the Board's committees. The Center Director shall assemble information and data and prepare special reports as requested by the Board of Directors or by chairpersons.
4. The Center Director shall advise the Center Board of the disposition of all written complaints, including those of employment discrimination and harassment and the circumstances of all involuntary terminations.
5. The Center Director may be given other duties not covered or implied under the By Laws which duties will be determined by consultation with the Board of Directors and executed in writing.

The **Board of Directors' duties** differ from the management team's. According to the Bylaws the Center's Board of Directors maintains appropriate authority to oversee the operations of the center including:

1. Holding monthly meetings;
2. Approval of grant applications, fund raising proposals, budget and other similar activities;
3. Approval of any non-budgeted expenditures over \$500.00;
4. Selection/dismissal and performance evaluation of Center Director;
5. Selection of services to be provided and Center hours of operation;
6. Measurement and evaluation of the organization's progress in meeting its annual and long-term programmatic and financial goals;
7. Development of plans for the long-range viability of the organization by engaging in strategic planning, ongoing review of the organization's mission and bylaws, evaluating patient satisfaction and monitoring organizational assets and performance;
8. Establishment and approval of personnel and other policies for the Center;
9. Promotion of fund raising and public relations activities;
10. Review of By Laws at least annually and approve amendments as needed;

11. Conduct of such other business as necessary to carry out the purposes of the Center. **(A copy of the Center's bylaws is included in Appendix C )**

## 4.0 THE CAPITAL PROJECT

### A HEALTHY FAMILY IS A LEARNING FAMILY



The Center Steering Committee is proposing that the 4,000 square-foot building(Bldg. 9) at the Havana Middle School be renovated to house the Havana Health and Wellness Service and Training Center.

We are asking the School Board to match the funds that Center partners will have expended this year to provide needed health services for school children and their parents as well as other community members who have little access to adequate health care. These funds will be spent on renovating Bldg. 9.

Wayne Shepard, GCSD Director of Facilities, has indicated that the cost will be approximately \$150,000 to renovate the space that we are asking for.

### 4.1 What will the School District get for this investment?

We propose:

- Expanded behavioral health services;

- Expanded dental services;
- Expanded physical health services;
- More health services personnel in the School District;

#### **4.2 What guidance has the Center Steering Committee received in planning to renovate Bldg. 9? (Floor plans from the FAMU School of Architecture are available in Appendix D )**

In January 2011, FAMU School of Architecture agreed to develop an initial plan to help Steering Committee members interact effectively with an architect when planning renovations for the unused building at the Havana Middle School. The Gadsden County School District Director of Facilities worked closely with the Steering Committee throughout this process to make sure that all code restrictions related to facilities were observed. He also indicated that this project would be included in the school district's five year plan.

In May 2011 the FAMU School of Architecture presented the Steering Committee with three alternative floor plans for the Center facility. The Director of Facilities analyzed these floor plans, consulted Steering Committee members, and produced a revised floor plan that addressed Center space needs in the most practical, cost-effective way given economic constraints.

#### **4.3 What impact will the renovation have?**

- A health services staff that can provide increased services;
- A training and continuing ed. area for health care professionals;
- A space that will allow the center to generate funds that will benefit all sites in our system, leading to more and better services;
- An innovative team-based approach to health services that will result in a greater emphasis on promoting a healthy lifestyle;
- Better use of advanced technology to treat patients;
- Increased role models for children that might be interested in health services careers;
- A center of excellence that can be replicated;

- Economic stimulus for Gadsden County;
- A chance to get increased grant funds for an innovative program;
- A broader and more coordinated and integrated school health curriculum.

#### **4.4 How long will this renovation take?**

Approximately 5 months

#### **4.5 What elements were taken into consideration as the FAMU School of Architecture determined how to translate program into space?**

##### **Programmatic and Other Elements Related to Space Allocation and Use**

Developed for discussion by Wayne Shepard and Shirley Aaron

1. School children and community members must be served in separate areas during school hours.
2. Elements of the health and wellness program must complement and support the school program. School-related activities are the top priority during school hours. Principal's permission must be obtained to use other areas in the school for center-related activities.
3. Integrative medicine will be the method of delivering health services.
4. A health services team will provide integrative health services and coordinate their activities and records to follow patients throughout their journey to good health.
5. Major populations served will be children, unserved and underserved community members, and Gadsden County School District employees.
6. Educating health professionals to offer integrative health services requires an emphasis on this approach throughout their educational program.
7. Teachers and parents need to be an integral part of the integrative health services team.

8. A coordinated health program integrated throughout the school's curriculum and community is necessary to help children, parents, and other community members to become and/or remain healthy.
9. The Center should be a warm, nurturing, attractive, loving gathering place that treats all people with dignity and attempts to provide services in ways that remove barriers for those needing health services.
10. Sustainability should be emphasized in center operation and programming.
11. Program and facility should provide coordinated opportunities for observation and clinical experience as well as research for those being educated to become health professionals.
12. Since there is very little health infrastructure in the Havana community, the Center should be a key player in helping to build needed services.
13. A staff will be needed to administer the center and provide integrative health services.

#### **4.6 How else have we attempted to get this expenditure funded?**

During the second Steering Committee meeting in October, 2010, the group determined that in order for the Center to be sustainable, it needed to become a new access point, or, initially, a 330 look alike center. This certification would allow cost-based reimbursement for health services rendered.

With this certification in mind and the need for funds to renovate the facility, a grant writing sub-committee submitted grants in December, 2010, and January 2011, as well as later. These grants frequently included the two existing school-based health programs in Quincy and the proposed Havana school-based sites at the Havana Elementary and Middle Schools as a system of health services facilities. The grants submitted and their status are:

- New Access Point(NAP) application (response to HRSA-11-017, a HRSA competitive grant offering under the Health Center

Program. Grant 10750606 (Part 1) Affordable Care Act (ACA) Grants for School-Based Health Centers Capital (SBHCC) Program (Gadsden SBHC Capital Improvements) (not funded)

- Same (Part 2) (Gadsden SBHC Capital Improvements) \$499,974.00 (Applicant-ICAN/ICAN Too) pending
- Health Center New Access Points Funded Under the Affordable Care Act of 2010 (HRSA Grant #10742455 (ACA Grants for New and Expanded Services Under the Health Center program \$498,174.00 (Applicant-ICAN/ICAN Too) (not funded)
- A planning grant applied for through FSU sponsored Research for doing a needs assessment and similar activities to facilitate strategic planning for the Center. \$80,000.00 (funded)
- Havana Focus Group Project. Office of Minority Affairs, FL Department of Health. \$6,300.00. (funded) Completed August 15, 2011.
  1. The Gadsden County Health Council gave the Center \$500.00 to supplement the money provided by the Office of Minority Affairs.
- Health Smiles, Healthy Children. “Universal Access to ‘Center of Excellence’ Dental Services for Children in Havana, FL. (2011 Access to Care Letter of Intent has been submitted) ICAN/ICAN Too. \$20,000.00

It is the aim of this grant development committee to reapply for a 330 look alike certification by March 2012 when additional important usage and other statistics will have been gathered about the Havana school-based health centers as well as the two sites in Quincy. The new access point designation will be applied for at a later date after

the Center has been in operation a sufficient amount of time and meets the criteria required for this status .

This business plan has been approved by the Steering Committee subcommittee charged with developing it. Those parts that required editing will be presented at the Steering Committee's next meeting for final approval.



## APPENDIX A

### Health and Wellness Steering Committee Members

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Maggie Blackburn, MD FAAFP  
Director of Rural Health, Dept. of Family Medicine & Rural Health  
FSU College of Medicine

Gail R. Bellamy, PhD  
Professor and Director, Blue Cross and Blue Shield of Florida Center for Rural  
Health Research and Policy  
FSU College of Medicine

Cindy Lewis, MPH, MSN, RN  
Undergraduate Program Coordinator  
FSU College of Nursing

Xan Nowakowski, MPH  
Program Coordinator, FL CURED  
Research Consultant  
FSU College of Medicine

Major Willy Jackson, Principal  
Havana Middle School

Yvonne Nelson-Langley, MSW  
FAMU Community Health Alliance

Gary R. Heald, Ph.D.  
Associate Dean and Theodore Clevenger Professor of Communication  
FSU College of Communication and Information

Judge B. Helms, Jr.  
School Board Member, District 2  
The School Board of Gadsden County

T.J. Davis, Mayor  
Town of Havana

Howard McKinnon, Town Manager  
Town of Havana

Eric Hinson  
School Board Member, District 1  
The School Board of Gadsden County

Wayne Shepard  
Director of Facilities  
The School Board of Gadsden County

Susan LaJoie, ARNP  
Assistant in Medicine  
FSU Family Medicine & Rural Health  
FSU College of Medicine

Saleh M.M. Rahman, MBBS, Ph.D., MPH  
Associate Professor, FAMU Institute of Public Health  
Behavioral Sciences and Health Education,  
College of Pharmacy & Pharmaceutical Sciences

Morris Young  
Gadsden County Sheriff

Larry Dennis  
Dean, FSU College of Communication and Information

Shirley L. Aaron, Ph.D.  
Chair, Center Steering Committee, Community Volunteer

Annette Harris  
Principal, Havana Elementary School

Doris Hinson

Director of Nursing  
Gadsden County Health Department

Bishop Jerome Showers & Tynease Showers  
Body of Christ Church, Havana

Terri Menser  
Strategic Planning Consultant

Meg Baldwin, J.D.  
Executive Director, Refuge House

Sue Porterfield, Ph.D  
Asst. Professor & Coordinator of the Nurse Practitioner Program  
FSU College of Nursing

Mark Newberry, M.D.  
Family Medicine, Havana Medical Center

Jill Mercer  
ICAN Representative and Retired CPA

Lillian Johnson  
President/Director, Havana Community Technology & Learning Center, Inc.

Nancy Gee  
CEO of Gee Consultants & Development LLC

Leanne Little  
Agency Administrator and Client Representative  
Disability Advocates of North Florida

Charlie Little, Ret. Colonel, U.S. Army  
Disability Advocates of North Florida

Wayne Glover, Pharmacist  
Buy-Rite Drugs Havana

Kim Maddox, MSW

FSU College of Social Work

Selina Rahman, M.D., Ph.D., M.P.H.

Sherie Mixon  
FAMU Graduate Student

LaRhonda Larkins  
FAMU Graduate Student

## APPENDIX B

### **FINAL PROJECT REPORT: HAVANA HEALTH AND WELLNESS CENTER**

#### **COMMUNITY FOCUS GROUPS**

**Purpose and Background:** To support planning for the Havana Health & Wellness Service and Training Center, a series of focus groups were conducted in Havana, FL between July 18 and July 26, 2011. The purpose of these focus groups was to examine the health and wellness needs of the underserved and unserved patient population from the perspective of the community and to help identify candidates for the Center's board. The ICAN/ICAN Too Organization, Inc. administered this grant, which was provided by the Florida Department of Health, Office of Minority Health.

Five focus groups were conducted. Each group represents one of the Center's target populations, specifically:

- Parents of students and other community members;
- Faculty and staff of the Gadsden County Schools;
- Havana Middle School students;
- Residents of low-income neighborhoods; and,
- Senior citizens.

Focus group protocols were developed by Dr. Jay Rayburn, FSU College of Communication and Information, a nationally recognized focus group expert. Initially, questions for the protocols were submitted by the Health and Wellness Center Steering Committee. The focus group sub-committee then interacted with Dr. Rayburn to determine the questions ultimately used in the protocols. These questions probed participants about health issues as well as health care issues, and were intended to provide insights about ways in which the Health and Wellness Center could most effectively meet the needs of the populations served.

**Recruitment and Methodology:** The Center Steering Committee helped with participant recruitment. Various methods, such as enlisting the assistance of community leaders, were used to secure a broad range of involvement from representative parts of the community. Those helping to identify participants also assisted in selecting meeting places that were convenient for those participating. Transportation and child care services were provided as needed. Larhonda Larkins and Sherie Mixon, two graduate students in the FAMU School of Allied Health Sciences, assisted Xan Nowakowski (Research Consultant, FSU College of Medicine), Dr. Gail Bellamy (Professor, FSU College of Medicine), Ms. Yvonne Nelson-Langley (Office of the Provost, FAMU), Dr. Shirley Aaron (President, ICAN/ICAN-TOO) and others throughout this

project. This team was responsible for implementing various activities associated with organizing, implementing, and reporting the results from the focus groups.

Reports from the focus group meetings will be disseminated widely throughout the Havana community and among other project stakeholders. These reports will include a PowerPoint presentation that can be delivered to various community groups; and, a report that analyzes and summarizes the responses of the focus groups, including a demographic description of each group. The information contained in this document is also intended to provide a beginning guide for those rural communities that desire to seek similar data through focus groups for local projects. Work plans, protocols and logistical tools have been included to assist in this process.

Each focus group consisted of roughly 10 individuals, and was asked a series of questions designed to assess participants' knowledge of basic health concepts, perception of important health problems in the community, past experiences in seeking medical care, successes and setbacks in promoting good health at home, dietary practices, barriers encountered in seeking medical care, ideas for services that the Health and Wellness Center should provide, and suggestions for publicity strategies for the clinic. All protocols used are included as appendices with this report. Additional "probe questions" were also posed by facilitators as appropriate to obtain richer information about concepts discussed.

**Participant Demographics:** At the end of each group meeting, a simple demographic information form was distributed to all participants and collected as people left the meeting facility. The form asked participants to list their gender, age group (in increments of ten years), and racial background. Females outnumbered males by a significant margin in many of the groups. Participants ranged in age from 12 to 85+ (the highest age category on the demographic form), with a majority being middle-aged. Nearly all participants (about 98 percent) reported their racial background as "black" or "African-American".

**Health Problems:** When asked to describe the most pervasive health problems faced by Havana residents, focus group participants frequently referenced the following issues: diabetes, obesity, poor nutrition, high blood pressure, heart disease, asthma, lack of regular exercise, behavioral health problems, abusive behavior in the home, teen pregnancy, sexually transmitted diseases, and insufficient personal hygiene. Issues related to nutritional health and physical activity generated much follow-up discussion during group sessions. Community members were largely quick to draw connections between challenges they face in their daily lives and their ability to prevent or delay the onset of chronic conditions or other adverse health events.

**Health Literacy:** Participants of all ages demonstrated a high level of consistency in their health literacy. For the most part, those participating articulated basic knowledge of

concepts such as nutrition, reading food labels, physical activity, reproductive wellness, diabetes management, asthma and allergy management, dental care, medical care, oral hygiene, general personal hygiene, cardiovascular health, reading food labels, taking medications properly, hydration, weight and body mass index (BMI), and emotional health—many of the same issues that emerged during discussion of the community’s most important health challenges. Group members generally demonstrated a solid understanding of these concepts, and an ability to understand and implement care instructions received during a provider visit.

**Access Barriers:** In addition, nearly all participants demonstrated a high level of motivation to use the proposed Health and Wellness Center to better their health. The most striking finding from all five focus groups was that for Havana residents, often it is not a lack of health literacy or self-motivation that causes persons in the community to experience poor health and significant burden of chronic disease, but rather a lack of access to health care resources. Specifically, community members cited insufficient health care delivery sites in Havana proper, lack of affordable transportation resources, difficulty signing up for Medicaid, and difficulty paying for services provided as the main challenges they encounter in obtaining health care.

**Health Promotion and Disease Prevention:** A similar constellation of barriers was also cited by participants as limiting their ability to promote good health at home, especially with respect to financial factors such as ability to purchase healthy foods, and transportation factors limiting access to the town’s one grocery store. Community members almost universally reported making an effort to use healthy cooking techniques at home, many of them in response to a recent diagnosis of diabetes for themselves or a family member. A large majority of participants described their favorite cuisine as “soul food” or reported enjoying specific dishes from this culinary tradition best of all. However, many participants also noted that they have made efforts to learn how to prepare their favorite dishes in healthful ways, generally by reducing their use of pork fat and salt, and using cooking techniques other than frying. Efforts to drink more water on a daily basis were also common among participants.

With respect to physical activity, walking was by far the most commonly reported form of regular exercise among residents, many of whom reported enjoying walking because of the potential to share this activity with friends and also because of increased energy levels afforded by regular walks. However, many participants reported difficulty with walking due to mobility impairments such as joint pain. The lack of a community park and lack of easy access to a swimming pool were also cited as barriers to frequent physical activity, especially for children. Older participants noted that children often do not go outside to play or do physical chores around the house, instead spending much of their leisure time on sedentary activities such as television viewing.

**Havana Health and Wellness Center Services:** Focus group participants generally agreed that for the Health and Wellness Center's first years of operation, diagnostic and screening services should be a priority. Participants reported a strong desire for mental and dental health services to be offered on an immediate basis, in addition to basic medical services such as checkups, vaccinations, and diabetes screenings. Reproductive wellness and health education were also frequently cited as top priorities for initial services offered by the clinic. Provider training was a primary concern for participants, many of whom expressed having had negative experiences when attempting to talk with health care providers at existing sites in Tallahassee and Quincy. Community members expressed a desire to work with providers who are friendly, respectful, and sensitive.

**Summary:** These five focus groups conducted with populations from within the Havana community that would be potential patients of the Center clearly demonstrated that residents and workers alike possess a high level of enthusiasm for having regular access to affordable, high-quality health care delivery and wellness education services in Havana proper. In addition, many residents already possess significant health literacy and are highly motivated to work actively with health care providers to manage their conditions. Focus group activities revealed that the proposed clinic is both highly needed and highly desired by the community, and also that the Center has the potential to make a strong impact in a short amount of time given community members' enthusiasm for using the services it provides.

In addition to this report, a more detailed analysis of the transcripts from each focus group will be provided to the Board of Directors for the Center and to the Office of Minority Health in the Florida Department of Health in Fall 2011. This report will provide direction for the Havana Health and Wellness Center's near-term and long-term strategic planning process. Data contained in this in-depth report will inform the evolution and augmentation of services offered during the clinic's initial operations, and will also provide a framework for an ongoing process of community-based, participatory needs assessment research.



## APPENDIX C

### BY LAWS

#### HAVANA HEALTH AND WELLNESS SERVICE AND TRAINING CENTER, INCORPORATED

##### **Article I: NAME**

Havana Health and Wellness Service and Training Center is incorporated under the laws of the State of Florida and is a 501 (c) (3) not-for-profit organization (hereinafter referred to as Center).

##### **Article II: PURPOSE**

The purposes of the Center are:

- a) To promote health and mitigate/eliminate sickness by providing high quality, collaborative integrative health services focused on advancing a healthy sustainable lifestyle;
- b) To provide interdisciplinary practice and educational opportunities for those entering or continuing their training in health services;
- c) To partner with those conducting community-based participatory research and other types of evaluative studies to further the ability of health services personnel to eliminate disparities, provide high quality health care, and promote optimal health.

##### **Article III: BOARD OF DIRECTORS**

###### **A. Composition of the Board of Directors**

1. The governing board shall serve without pay and will consist of 15 members, a majority of whom will be served by the Center. The remaining non-consumer members of the board shall be representative of the geographical area served by the Center and shall be selected for their expertise in community affairs, local government, finance and banking, legal affairs, and other commercial and industrial concerns, or social service agencies in the service area. The principal or his/her representative from each school in the Center's system, as well as the Center's director, are non-voting members of the board. No more than one half (50%) of the non-consumer board members may derive more than 10% of their annual income from the health care industry.
2. The initial board of directors will be appointed by the Center Steering Committee and will include members with two and three year terms to begin staggered terms.
3. When a vacancy occurs on the board any board member or other person in the Center service area may put forth a prospective member's name as long as the composition identified in Section A.1 of this article is maintained and other requirements in these bylaws are met. Current board members in good standing will vote on whether to accept or reject the nomination. A board member thus elected to fill any vacancies shall hold office for the unexpired term of his/her predecessor, and until a successor is elected and qualified. Vacancies on the board will be filled within sixty days.

4. As new members are elected to the board they will receive an orientation to the Center, including legal status and bylaws and other relevant information. Continuing board members will receive periodic training in areas pertinent to effective board participation throughout their term.
5. No member of the Board shall be an employee of the Center, or spouse, child, parent, brother, sister by blood or marriage of such employee.
6. A director shall serve a three year term that begins in January or, if filling an uncompleted term, in the month after she/he is appointed to the Board. After completing one term, a Director may be re-appointed by the board for an additional term. After one year of non-service as a director, former directors are eligible for appointment and shall be regarded as new directors.
7. Resignations from the board shall be in writing to the president of the board, who shall report the resignation to the board
8. Any director may be removed by the board for misfeasance, malfeasance, or nonfeasance as defined below, whenever, in the judgment of the board, the best interests of the Center shall be served. The removal shall be at a specially called meeting or a regular board meeting with written notification of the meeting and action proposed sent to the member to be removed at least two weeks prior to the meeting. If the board decides on removal of a director, the president of the board must request a new appointment by the board in accordance with Section A.3. of this article.
  - a. Misfeasance shall mean the director used his or her position wrongly.
  - b. Malfeasance shall mean that the director willfully abused the power and responsibilities of his or her position to adversely affect the work of the board and/or the contract affiliates of the board.
  - c. Nonfeasance shall mean that the director neglected the responsibilities of his or her election to the point that such dereliction adversely affected the efforts of the board.

#### **B. Election of Officers**

1. At the January or first board meeting of the year, the officers of the Board shall be elected by the Board from among the directors for a one-year term. Nominations will be made from the floor. If any officer's term as a director expires during the following fiscal year and such person is not reappointed as a director, another director will be elected to fill the vacant position for the term remaining.

#### **C. Duties of the Board of Directors**

The Center's Board of Directors maintains appropriate authority to oversee the operations of the center including:

12. Holding monthly meetings;
13. Approval of grant applications, fund raising proposals, budget and other similar activities;
14. Approval of any non-budgeted expenditures over \$500.00;
15. Selection/dismissal and performance evaluation of Center Director;
16. Selection of services to be provided and Center hours of operation;
17. Measurement and evaluation of the organization's progress in meeting its annual and long-term programmatic and financial goals;
18. Development of plans for the long-range viability of the organization by engaging in strategic planning, ongoing review of the organization's mission and bylaws, evaluating patient satisfaction and monitoring organizational assets and performance;
19. Establishment and approval of personnel and other policies for the Center;
20. Promotion of fund raising and public relations activities;
21. Review of By Laws at least annually and approve amendments as needed;
22. Conduct of such other business as necessary to carry out the purposes of the Center.

**D. Duties of the Officers of the Board**

1. The President

- a. Presides over the board meetings and may call and preside over special meetings of the board as circumstances warrant;
- b. Represents the board or delegates a director to represent the Center at meetings and other functions germane to effective operation of the Center;
- c. Regularly meets with the Center Director on program, financial and other issues of the Center;
- d. Appoints all committees and serves as ex-officio member of all committees;
- e. Is authorized to sign on behalf of the board contracts, agreements, checks or other documents consistent with plans and policies approved by the board.
- f. Is responsible for seeing that all board projects and tasks are completed in a timely fashion and that all work is progressing toward completion;
- g. Makes himself/herself knowledgeable about all programs of the Center.

2. The Vice-President

- a. Shall assume the office of the President if the office becomes vacant or if the President is otherwise unable to perform his/her duties;
- b. Shall perform all duties of the President when the President is absent;

- c. Is authorized to sign checks;
- d. Perform other duties as assigned by the President or board;
- e. Shall supervise the election process. These duties include, but are not limited to: chairing the nominations committee, appointing tellers, furnishing absentee ballots and instructions for submitting these ballots.

3. The Secretary

- a. Shall record and maintain accurate records of all meetings of the board of directors and shall send such minutes to the board at least one week before the next board meeting;
- b. Shall serve as custodian of board documents, including written reports of all committees;
- c. Shall notify directors of regular or special meetings at least (10) days prior to the meeting or, in the case of emergency meetings, as early as notice can be made;
- d. Shall coordinate board related communication between directors and shall maintain a calendar of board events;
- e. Shall maintain current director information and contact information for all committees
- f. Shall be kept informed by the president and all chairpersons of the attendance at board and committee meetings of all directors and shall keep a record of such attendance;
- g. Shall keep track of the terms of directors and inform the president of the board of term expirations three months prior to term expiration;
- h. Is authorized to sign checks.

4. The Treasurer

- a. Shall submit the proposed annual operating budget, prepared by the Center Director, covering all financial activities of the Center to the board for discussion and approval;
- b. Shall be responsible for oversight, with the president, for all income and expenditures and compliance with the budget as approved or as amended by the board;
- c. Shall provide financial updates to the board at each meeting,
- d. Shall be available to the Center Director for consultation and advice in the preparation of the budget or other fiscal matters;
- e. Shall review the annual reports and other financial documents as needed;
- f. Is authorized to sign checks;
- g. Shall evaluate and recommend the need for regular audits of the Center's finances when necessary.

**E. Board Meetings**

1. Quorum

A majority (51% or more) of current board of directors shall constitute a quorum. Voting at meetings shall be by simple majority of those present, except where indicated in these By Laws. The President shall vote only in case of a tie.

2. Meetings

The board shall meet monthly at such time and place as the president may direct. The committees of the board shall meet in the period between full board meetings

as needed. Special meetings may be called by the president or at the request of three directors. At least ten days notice of all regular and special meetings shall be given, except in the case of emergency meetings, in which event, notice shall be given as early as possible.

3. Attendance

Directors who miss more than two consecutive board meetings or a total of three meetings over a twelve month period without approval in advance by the president for valid reasons will be asked to resign from the board. Directors who miss more than two committee meetings without notification in advance to the committee chairperson may be asked to remove themselves from the committee. Directors who sustain an illness or medical condition and give prior notice to the president may be excused from attending board meetings for a period not to exceed six months.

4. Conflict of Interest

“Conflict of interest” is a situation where a director may be perceived as having private interest or multiple public agency duties and responsibilities which are in conflict with programs or services rendered to the Center.

Because of the potential of “conflict of interest,” the following minimum policies will be adhered to with regard to selection of the board of directors:

- a. The Center may not hire, in any capacity, any directors or any immediate family of a director;
- b. Directors may not use their position on the board to secure support for a political candidate or issue in a public election;
- c. Directors whose employment or business interest may cause a “conflict of interest” on issues being considered by the board must abstain from voting on and participating in discussion of the issue.

**Article IV: EMPLOYEES OF THE BOARD**

A. The Center Director

6. The Center Director is employed by the Board of Directors to administer the Center in accordance with board policies.
7. The Center Director shall be responsible for hiring, management, development and termination of employees in accordance with board personnel policies; however, no two persons shall be employed by the Center who are closely related by marriage or birth.
8. The Center Director shall be responsible for: the preparation of operating budgets covering all activities of the Center; the establishment of proper fiscal procedures and implementation of these procedures; all expenditures within approved budget limits and board policies; preparation reports related to activities and other aspects of budget operation and management.

9. The Center Director shall serve as advisor to the President and to the committees. The Center Director shall assemble information and data and prepare special reports as requested by the board of directors or be chairpersons.
10. The Center Director shall advise the Center Committee of the disposition of all written complaints, including those of employment discrimination and harassment and the circumstances of all involuntary terminations.
11. The Center Director may be given other duties not covered or implied under the By Laws which duties will be determined by consultation with the board of directors and executed in writing.

**Article V: ANNUAL MEETING**

The Center Shall hold an annual meeting at a time and place determined by the Board of Directors. The purpose of the meeting shall be to present the annual report. Copies of the annual report shall be made available to the public.

**Article VI: FINANCES**

A. Funds

All funds received by the Center shall be deposited in financial institutions approved by the Board and shall be maintained in designated fund accounts. The financial records of the organization are public information and shall be made available to board members and the public.

B. Disbursements

1. Disbursements are to be in accordance with the budget.
2. The Center Director is authorized to approve expenditures outside budgeted amounts not to exceed \$500.00 after determining that sufficient funds are available.
3. Expenditures exceeding \$500.00 over budget shall require board approval.
4. Disbursement shall be by check, except that a petty cash fund not exceeding the amount of \$100.00 may be maintained.
5. Checks shall be signed by any of the following: president, vice-president, secretary or treasurer. Two signatures will be required.

C. Fiscal Year

The fiscal year shall open on January 1 and close on December 31.

**Article VII: COMMITTEES**

A. Committee Members

1. The board may create committees as needed. The board chair appoints all committee chairs. Directors may be asked to serve on committees but the board may also appoint any non-director members to these committees. Non-director members on these committees shall be approved annually by the board. Committees bring recommendations, and other products to the board. The board acts on these recommendations before they are implemented or distributed.

**B. Program Advisory Committees**

The Steering Committee, composed of Center partners, will act as an advisory committee to the board of directors. Their governing policies will not conflict with these By Laws and must be approved by the board. A director will serve as liaison to the Steering Committee. His/her term will be one year, but may be renewed. A member of the Steering Committee will serve as an ex officio, non-voting member of the board.

**C. Standing Committees**

1. The Finance Committee. The treasurer is the chair of the Finance Committee, which includes three other board members. The Finance Committee is responsible for developing and reviewing fiscal procedures, a fund raising plan, and annual budget with staff and other board members. Any major change in the budget must be approved by the board.
2. The Quality Assurance Committee shall review and make recommendations to the board for clinical services, monitor progress of Health Care Plan objectives, review clinical outcomes measures audits, monitor and review quality assurance and continuous quality improvement, principals of practice, credentialing, community needs survey data, patient satisfaction surveys, and recommend new clinical programs and other health related directions to the board.

**Article VIII: PARLIMENTARY AUTHORITY**

The current edition of Robert's Rules of Order and amendments thereto shall be the final source authority on all questions of parliamentary procedure when rules are not inconsistent with the Articles of Incorporation or Bylaws of the Center.

**Article IX: AMENDMENTS**

With ten (10) days advanced notice, these By Laws, once initially adopted by the Steering Committee, may be amended by a two-thirds majority vote of the board of Directors. Proposed amendments must be submitted to the Secretary to be sent out with regular board announcements.

Adopted by the Center Steering Committee on October 13, 2011

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Shirley L. Aaron  
Chair, Center Steering Committee

## APPENDIX D-FLOOR PLANS

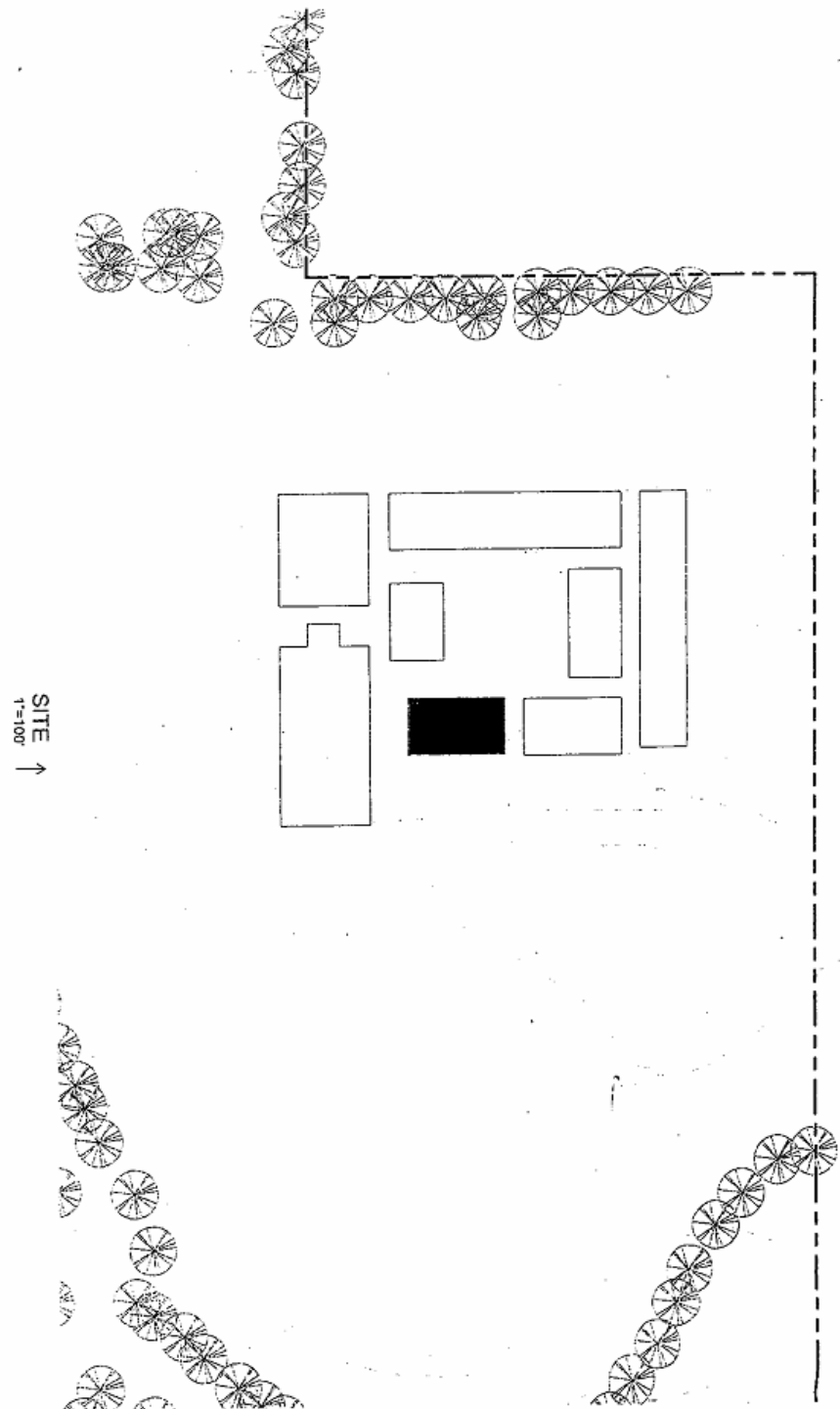


Figure 1- Bldg. 9-- Havana Middle School



Figure 2--FAMU SOA Floor Plan 1-

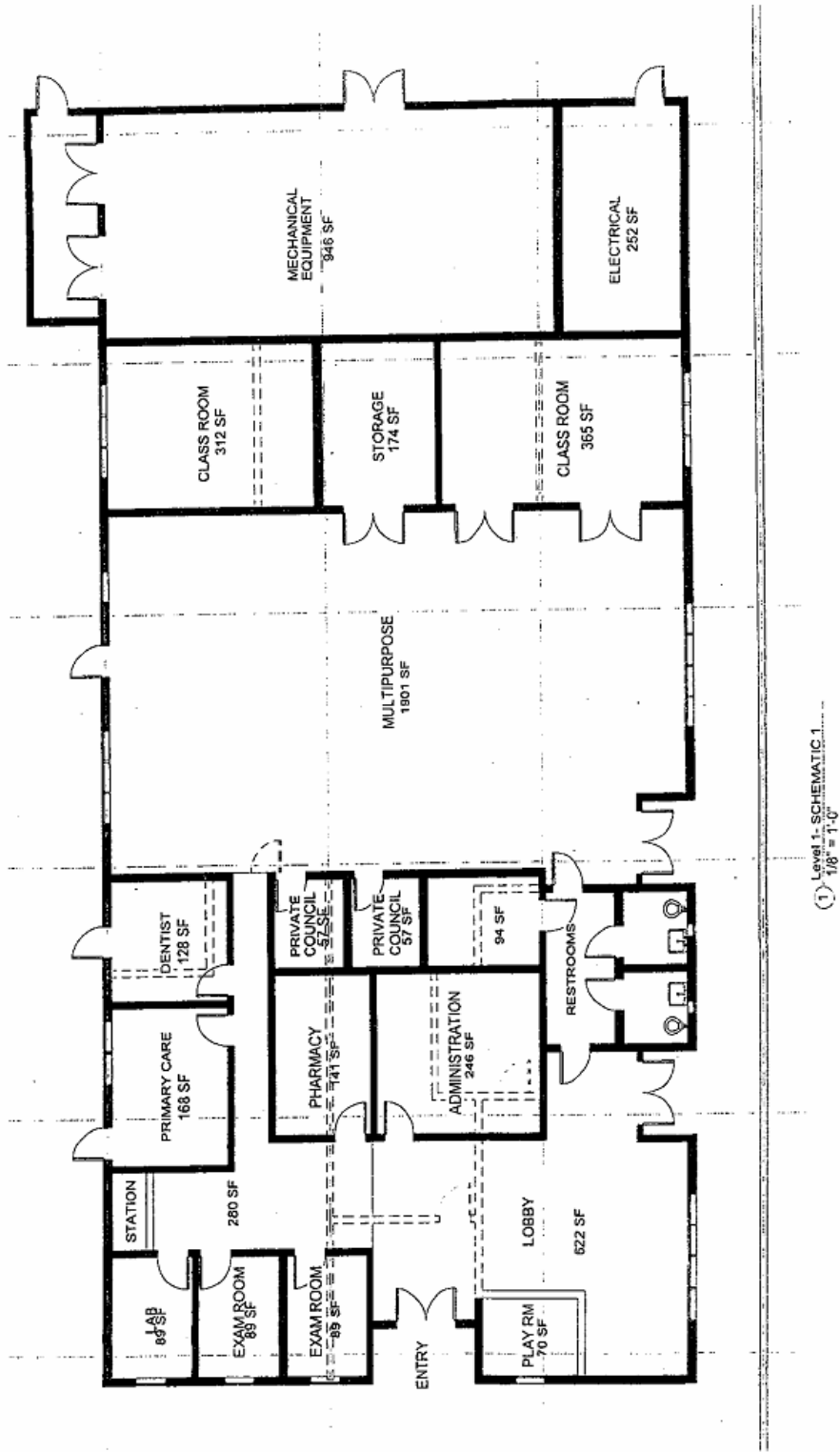


Figure 3—FAMU SOA Floor Plan 2

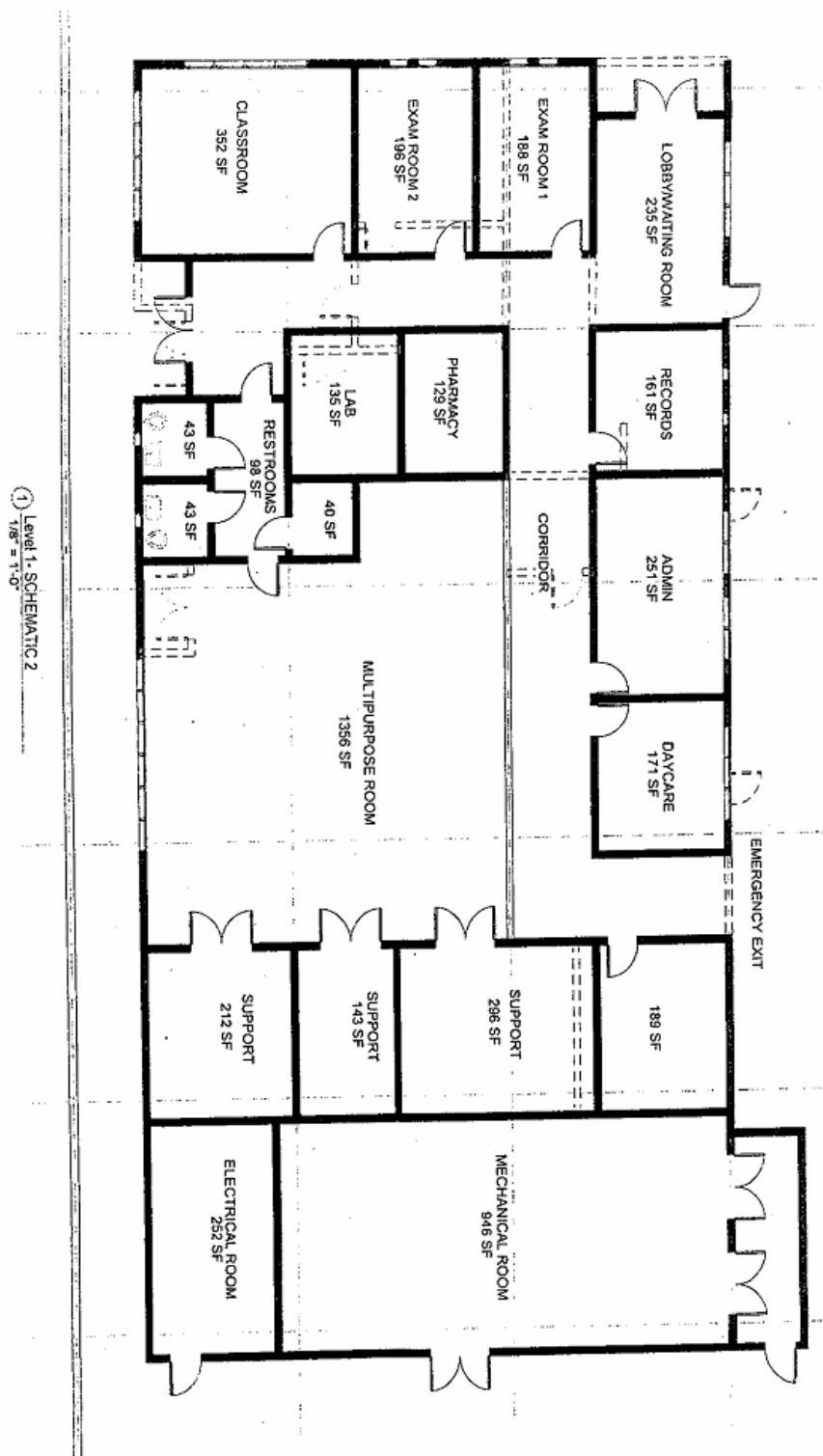
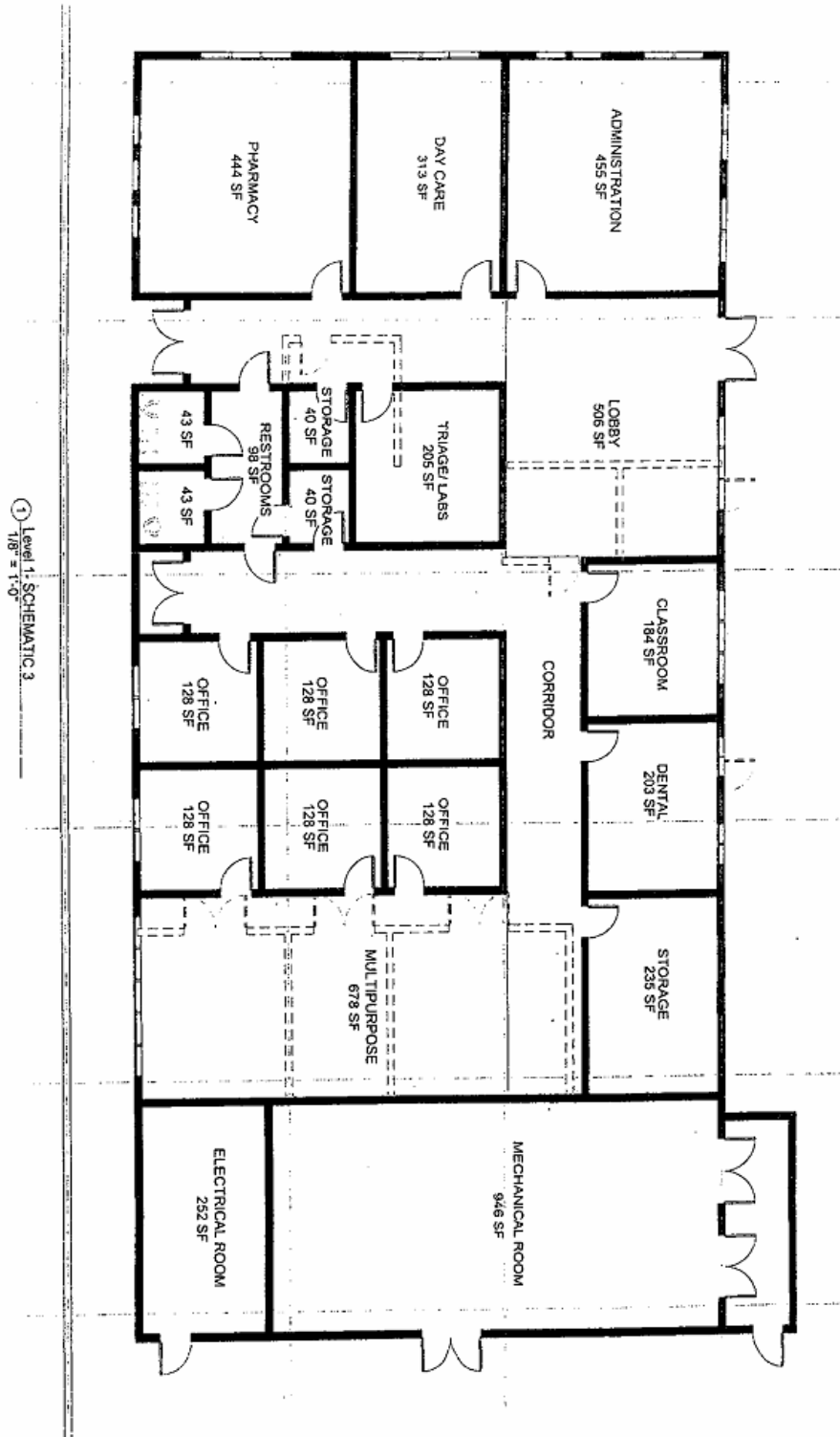


Figure 4--FAMU SOA Floor Plan 3



**BUDGET STATUS SUMMARY  
110 FUND**

**GENERAL FUND**

As of 10/20/11

FUNCTION	FUNCTION NAME	YTD			ASSIGNED/	BALANCE	PCT
		BUDGET	EXPENDED	COMMITTED	ENCUMBERED	AMOUNT	
5000	INSTRUCTION	23,424,217.36	4,421,004.02	14,567,743.14	3,261,131.53	1,174,338.67	5.0%
6100	PUPIL PERSONNEL SERVICE	1,592,644.19	306,441.03	1,061,277.91	427,757.95	(202,832.70)	-12.7%
6200	INSTRUCTIONAL MEDIA SERVICE	765,421.15	148,173.27	449,511.23	140,229.68	27,506.97	3.6%
6300	INSTRUCTIONAL/CURRICULUM DEV	1,024,266.71	274,711.40	767,454.04	91.05	(17,989.78)	-1.8%
6400	INSTRUCTIONAL STAFF TRAINING	35,074.50	68,149.97	9,500.00	1,250.00	(43,825.47)	-124.9%
6500	INSTRUCTION RELATED TECH.	115,369.40	11,018.29	33,572.26		70,778.85	61.3%
7100	BOARD OF EDUCATION	830,339.98	187,957.50	123,127.89	305,847.08	213,407.51	25.7%
7200	GENERAL ADMINISTRATION	411,813.30	136,696.59	210,627.68	30,266.45	34,222.58	8.3%
7300	SCHOOL ADMINISTRATION	3,433,332.18	713,492.90	2,447,087.54	5,794.67	266,957.07	7.8%
7400	FACILITIES ACQ & CONSTRUCTION	72,722.41	18,147.51	54,663.10		(88.20)	-0.1%
7500	FISCAL SERVICES	453,470.13	124,018.01	269,292.62	30,836.04	29,323.46	6.5%
7600	FOOD SERVICE	8,430.02	1,142.66			7,287.36	86.4%
7700	CENTRAL SERVICES	352,986.84	96,849.65	179,572.03	281,114.48	(204,549.32)	-57.9%
7800	PUPIL TRANSPORTATION SERVICES	3,609,455.46	798,594.32	1,544,756.10	880,194.69	385,910.35	10.7%
7900	OPERATION OF PLANT	5,519,746.84	1,376,421.16	1,210,076.86	2,289,035.11	644,213.71	11.7%
8100	MAINTENANCE OF PLANT	1,518,910.45	419,971.96	531,363.92	410,282.78	157,291.79	10.4%
8200	ADMIN. TECHNOLOGY SERVICES	420,508.29	223,880.40	153,477.51	127,871.03	(84,720.65)	-20.1%
9100	COMMUNITY SERVICES		49,010.62			(49,010.62)	#DIV/0!
9700	TRANSFER OF FUNDS					-	
<b>TOTAL</b>		<b>43,588,709.21</b>	<b>9,375,681.26</b>	<b>23,613,103.83</b>	<b>8,191,702.54</b>	<b>2,408,221.58</b>	<b>5.5%</b>

**BUDGET STATUS SUMMARY  
300 FUNDS**

**CAPITAL PROJECTS FUNDS**

As of 10/20/11

FUND #	FUND	BUDGET	YTD EXPENDED	COMMITTED	ASSIGNED/ ENCUMBERED	BALANCE AMOUNT	PCT
360	CO & DS FUND #360	40,000.00			40,000.00	0.00	0.00%
379	CAPITAL IMPROVEMENTS 10-11	2,600,000.00	164,840.44		2,435,159.56	0.00	0.00%
391	L.C.I. FUND #391	121,905.00	30,414.00		91,491.00	0.00	0.00%
394	F500 CLASS SIZE REDUCTION	648,585.51	303,582.28		345,003.23	0.00	0.00%
395	CLASSROOM FOR KIDS	43,023.59	5,502.31		37,521.28	0.00	0.00%
<b>TOTAL</b>		<b>3,453,514.10</b>	<b>504,339.03</b>	<b>0.00</b>	<b>2,949,175.07</b>	<b>0.00</b>	<b>0.00%</b>

RPRT- F2B31  
 DIST- 20 GADSDEN COUNTY SCHOOLS  
 FUND- 410 FOOD SERVICE FUND # 410

TERMS - FINANCIAL INFORMATION SERIES  
 BUDGET STATUS- SUMMARY  
 REQ-01 SEQ-S,F,O TOT-1 SRC-D

PROCESSED- 10/20/11 PAGE- 1  
 TIME- 15:26 FY- 12  
 MONTH- OCTOBER PRD- 04

NUMBER-----ACCOUNT-----DESCRIPTION	BUDGETED	--MTD---	--YTD---	COMMITTED	ENCUMBERED	-----BALANCE-----	
FUNC/OBJ		EXPENDED	EXPENDED			AMOUNT	PCT
7600 FOOD SERVICE							
110 ADMINISTRATION-REGULAR PAY	87,796.80	.00	20,904.00	62,712.00	.00	4,180.80	4
140 SUBSTITUTES	125,494.01	255.85	9,468.47	.00	.00	116,025.54	92
160 OTHER SUPPORT PERSONNEL-REG	965,577.69	.00	154,970.73	763,618.71	.00	46,988.25	4
161 OTHER SUPPORT-MISC EARNINGS	3,360.00	.00	10,372.60	.00	.00	7,012.60-	208-
162 OTHER SUPPORT PERSONL INSERV	1,938.69	.00	1,846.37	.00	.00	92.32	4
163 OTHER SUPPORT PERS-SUPPLEMEN	14,126.04	.00	4,096.59	11,454.55	.00	1,425.10-	10-
168 OTHER SUPPORT PERS-SUMMER SC	31,733.20	.00	30,222.09	.00	.00	1,511.11	4
210 RETIREMENT	53,678.65	.00	10,734.32	40,759.19	.00	2,185.14	4
220 SOCIAL SECURITY	83,667.35	19.57	15,982.58	64,090.47	.00	3,594.30	4
230 BOARD MEDICAL & DENTAL INS	217,215.34	.00	36,630.99	186,568.71	.00	5,984.36-	2-
232 BOARD TERM LIFE INSURANCE	3,914.52	.00	688.72	3,265.57	.00	39.77-	1-
240 WORKERS COMPENSATION	40,705.27	11.21	8,724.50	32,625.81	.00	645.04-	1-
310 PROFESSIONAL AND TECHNICAL	18,033.25	.00	20,107.41	.00	7,000.00	9,074.16-	50-
330 TRAVEL	671.11	91.67	762.78	.00	.00	91.67-	13-
350 REPAIRS AND MAINTENANCE	4,035.00	180.00	4,215.00	.00	.00	180.00-	4-
390 OTHER PURCHASED SERVICES	17,487.50	.00	5,200.00	.00	12,537.50	250.00-	1-
420 BOTTLED GAS	29,114.11	1,467.49	5,964.49	.00	24,349.62	1,200.00-	4-
450 GASOLINE	95.77	.00	95.77	.00	.00	.00	0
510 SUPPLIES	194,926.70	7,773.35	50,365.87	.00	145,543.05	982.22-	0
550 REPAIR PARTS	16,992.36	39.43	1,099.59	.00	.00	15,892.77	93
570 FOOD	1,616,510.52	150,302.11	477,817.94	.00	1,039,083.61	99,608.97	6
571 FOOD SERVICE W/H INVENTORY	.00	.00	1,250.00	.00	.00	1,250.00-	
580 COMMODITIES	177,570.00	577.79	3,325.60	.00	.00	174,244.40	98
641 FURN, FIXT, EQUIP-MORE THAN \$7	7,872.25	.00	.00	.00	.00	7,872.25	100
642 FURN, FIXT, EQUIP-LESS THAN \$7	10,000.00	.00	.00	.00	.00	10,000.00	100
643 COMPUTER EQUIP-MORE THAN \$75	12,000.00	16,551.02	16,551.02	.00	.00	4,551.02-	37-
644 COMPUTER EQUIP-LESS THAN \$75	12,000.00	.00	.00	.00	.00	12,000.00	100
730 DUES AND FEES	3,000.00	.00	2,750.00	.00	.00	250.00	8
790 MISCELLANEOUS	70,000.00	.00	.00	.00	.00	70,000.00	100
*	3,819,516.13	177,269.49	894,147.43	1,165,095.01	1,228,513.78	531,759.91	13

NUMBER-----ACCOUNT-----DESCRIPTION	BUDGETED	--MTD---	--YTD---	COMMITTED	ENCUMBERED	-----BALANCE-----	
PROJECT		EXPENDED	EXPENDED			AMOUNT	PCT
4210210 TITLE III ESOL 10-11	13,663.04	.00	1,692.46	.00	.00	11,970.58	87
4210220 TITLE III ESOL 11-12	64,480.00	.00	.00	.00	3,437.40	61,042.60	94
4210955 HEAD START 12/10-11/11	662,981.57	77,742.44	383,000.25	1,340,322.05	31,195.49	1,091,536.22	164-
4212210 EETT TITLE II PART D COMP.	154,842.00	1,900.00	86,778.00	1,679.65	19,057.47	47,326.88	30
4212610 SIG 1003G 11-12 CES/GWM	1,605,000.00	52,967.96	78,596.34	293,524.29	.00	1,232,879.37	76
4212692 TITLE I SCH IMPRVT 1003G 1	51,041.99	.00	49,129.67	.00	1,912.32	.00	0
4212693 TITLE I SCH IMPRVT 1003G 1	233,766.00	7,505.53	7,505.53	159,569.34	.00	66,691.13	28
4212710 TITLE X HOMELESS 10-11	6,717.82	.00	6,717.82	.00	.00	.00	0
4212720 TITLE X HOMELESS 11-12	70,000.00	2,518.97	16,134.43	.00	34,497.00	19,368.57	27
4216110 RURAL/SPARSE 10-11	3,184.67	.00	.00	.00	.00	3,184.67	100
4216111 PERKINS-SEC 10-11	1,649.05	.00	2,292.76	360.00-	.00	283.71-	17-
4216120 RURAL & SPARSE 11-12	76,041.00	.00	11,218.76	46,189.21	.00	18,633.03	24
4216121 PERKINS-SECONDARY 11-12	105,290.00	1,542.49	9,623.36	15,398.67	37,309.97	42,958.00	40
4219110 ADULT GEN ED/FAMILY LIT 10	26,719.73	.00	166.21-	6,393.65-	.00	33,279.59	124
4219112 ADULT EDUCATION CAREER PAT	64,595.00	1,953.47	3,479.20	.00	33,061.00	28,054.80	43
4221210 TITLE I PART A 10-11	830,026.88	85.84	57,518.84	.00	.00	772,508.04	93
4221212 TITLE I PARENT INVOLVMENT	78,265.13	.00	.00	.00	.00	78,265.13	100
4221213 TITLE I PRE-K 10-11	24,500.40	.00	.00	.00	18.51	24,481.89	99
4221214 TITLE I PART A HOMELESS 10	6,912.90	.00	.00	.00	.00	6,912.90	100
4221215 TITLE I PROF DEV/HIGH QUAL	339,284.04	.00	25,199.79	.00	.00	314,084.25	92
4221216 TITLE I DISTR WIDE SUM SCH	441,215.03	.00	.00	.00	.00	441,215.03	100
4221220 TITLE I PART A 11-12	.00	71,606.62	306,279.49	526,395.83	172,790.48	1,005,465.80-	
4221222 TITLE I PARENT INVOL. 11-1	.00	852.75	6,304.30	95.00	2,700.00	9,099.30-	
4221223 TITLE I PRE-K 11-12	.00	15,821.91	59,634.35	245,852.88	.00	305,487.23-	
4221225 TITLE I HIGHLY QUAL/PROF D	.00	.00	624.00	.00	.00	624.00-	
4221226 TITLE I SUMMER SCHOOL 11-1	.00	.00	24,693.79	.00	.00	24,693.79-	
4222210 TITLE I SES 10-11	73,573.15	.00	.00	.00	1,273.00	72,300.15	98
4222220 TITLE I CHOICE SES 11-12	917,126.00	.00	.00	.00	361,125.00	556,001.00	60
4222221 TITLE I CHOICE W/TRANSP 11	305,708.00	.00	.00	.00	.00	305,708.00	100
4222412 TITLE II PART A 10-11	138,559.32	.00	12,084.58	.00	.00	126,474.74	91
4222422 TITLE II PART A 11-12	592,667.00	32,386.70	127,274.37	369,303.33	2,900.00	93,189.30	15
4222611 SCH IMPVT 1003(A) 10-11	272,689.32	14,830.16	261,020.36	.00	2,111.14	9,557.82	3
4222612 SCH IMPRVT 1003(A) 11-12	.00	.00	.00	102,461.72	8,065.07	110,526.79-	
4222810 TITLE I REDIRECTION 10-11	35,160.81	.00	.00	.00	800.00	34,360.81	97
4224410 21ST CENTURY 10-11	99,172.32	.00	60,881.48	.00	540.00	37,750.84	38
4224420 21ST CENTURY 10-11	175,042.99	6,037.76-	90,486.69	.00	1,715.43	82,840.87	47
4224422 21ST CENT EGHS-GREEN 11-12	342,528.00	6,716.81	29,021.36	47,949.36	13,925.00	251,632.28	73
4224425 21ST CENT. HAV EL/ GWM 11	179,379.00	326.65	5,135.25	21,076.70	670.14	152,496.91	85
4224428 21ST CENT. GRET/ST JOHN 11	215,984.00	326.65	6,189.31	25,760.42	64.38	183,969.89	85
4226310 IDEA PART B 10-11	234,121.26	.00	.00	.00	34,336.27	199,784.99	85
4226320 ESE IDEA PART B 11-12	1,671,659.00	49,308.91	236,591.28	919,258.96	360,302.68	155,506.08	9
4226710 IDEA PRE-K 10-11	79,862.06	.00	36,359.37	.00	12,565.00	30,937.69	38
4226720 ESE PRE-K IDEA 11-12	81,241.00	.00	6,224.79	19,534.92	6,044.75	49,436.54	60
* -----	10,274,649.48	332,356.10	2,007,525.77	4,127,618.68	1,142,417.50	2,997,087.53	29

RPRT- F2B31 -  
 DIST- 20 GADSDEN COUNTY SCHOOLS  
 FUND- 432 TARGETED ARRA STIMULUS FUNDS

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NUMBER-----ACCOUNT-----DESCRIPTION	BUDGETED	--MTD--- EXPENDED	--YTD--- EXPENDED	COMMITTED	ENCUMBERED	-----BALANCE----- AMOUNT PCT	
PROJECT							
43120S0 TITLE I ARRA 09-11	137,846.62	15,031.08	207,873.86	.00	3,156.46	73,183.70-	53-
431262S TITLE I SIG ARRA 2011-12	1,284,820.00	35,049.11	59,166.12	373,836.46	66,088.74	785,728.68	61
4319112 CAPE 2011-12	.00	4,190.91-	.00	.00	.00	.00	
432261S TITLE I SCH IMPRVT ARRA 10	78,235.94	3,890.29	70,921.33	.00	6,250.00	1,064.61	1
43630S0 IDEA-ARRA TESTING MATERIAL	4,399.02	674.17	2,092.78	.00	662.84	1,643.40	37
43630S1 IDEA-ARRA TRANSITION TEACH	16,086.27	.00	25,789.89	.00	.00	9,703.62-	60-
43630S2 IDEA-ARRA EXTENDED SCHOOL	936.38	.00	1,049.75	.00	.00	113.37-	12-
43630S3 IDEA-ARRA SPECIALIZED CURR	41,306.79	11,157.06	31,638.69	.00	22,863.83	13,195.73-	31-
43630S4 IDEA-ARRA SPECIAL EQPT	3,710.35	172.00	1,180.93	.00	1,764.86	764.56	20
43630S5 IDEA-ARRA IEP EQUIPMENT	40,474.63	1,103.99	17,468.44	.00	36,824.34	13,818.15-	34-
43630S6 IDEA-ARRA STAFF DEVELOPMNT	32,456.08	3,472.89	10,918.36	.00	.00	21,537.72	66
43630S7 IDEA-ARRA RESPONSE TO INTE	9,072.55	.00	.00	.00	5,000.00	4,072.55	44
43630S8 IDEA-ARRA INDIRECT COSTS	3,136.04	.00	.00	.00	.00	3,136.04	100
43630S9 IDEA-ARRA ESE BUSES	5,550.74	.00	.00	.00	.00	5,550.74	100
43670S0 IDEA-ARRA PRESCHOOL	4,968.67	.00	2,479.94	.00	7,475.77	4,987.04-	100-
*	1,663,000.08	66,359.68	430,580.09	373,836.46	150,086.84	708,496.69	42



RPRT- F2B31  
 DIST- 20 GADSDEN COUNTY SCHOOLS  
 FUND- 434 ARRA RACE TO THE TOP

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NUMBER-----ACCOUNT-----DESCRIPTION

PROJECT	BUDGETED	--MTD--- EXPENDED	--YTD--- EXPENDED	COMMITTED	ENCUMBERED	-----BALANCE----- AMOUNT PCT	
434RD21 RTTT INSTRUCTIONAL IMPRVT	85,909.80	.00	.00	.00	.00	85,909.80	100
434RL11 ARRA RACE TO THE TOP	1,642,664.80	20,184.38	123,637.05	56,574.87	38,703.68	1,423,749.20	86
434RS61 CAPE EGHS 2011-12	372,386.00	6,544.62	6,544.62	32,951.19	.00	332,890.19	89
434RS62 CAPE WGHS 2011-12	372,386.00	8,389.69	8,389.69	42,185.16	.00	321,811.15	86
*	2,473,346.60	35,118.69	138,571.36	131,711.22	38,703.68	2,164,360.34	87

Gadsden County School District							
Contracted Services							
Object				Purchase			
Fund	#	Vendor	Description	Amount	Date	Order #	Department
110	390	Educational Mgt Conslt Servic	Updates for School Board Policies	\$5,000.00	9/23/2011	181484	Asst Supt Acad
420	390	Investing in Our Youth	Enrichment Activities for 21st Century	\$9,200.00	9/23/2011	181497	21st Century
420	390	Anne Radke	After School Karate/Martial Arts & Fitness	\$2,925.00	9/23/2011	181498	21st Century
110	390	Marlon M. Bridges	Tutoring for Americorps Gadsden Reads	\$904.00	9/26/2011	181534	Americorps
110	390	Mikal Bryant	Tutoring for Americorps Gadsden Reads	\$904.00	9/26/2011	181535	Americorps
110	390	Tyterria L. James	Tutoring for Americorps Gadsden Reads	\$904.00	9/26/2011	181536	Americorps
110	390	Raleen Williams	Tutoring for Americorps Gadsden Reads	\$904.00	9/26/2011	181537	Americorps
110	390	James Earl Stevens, Jr.	Contracted Services for Maintenance	\$1,680.00	9/27/2011	181551	Maintenance
420	390	Cecile Washington	Professional Development 21st Century	\$1,800.00	9/23/2011	181502	21st Century
110	390	James A. Southerland Sr.	On location video shoot for athletic dept.	\$2,200.00	10/4/2011	181607	WGHS
420	390	Monica Perez	Translation Services for Head Start	\$1,000.00	10/4/2011	181639	Head Start
420	390	Charles Crittenden	Maintenance Services at Head Start/Pre-K	\$800.00	10/4/2011	181640	Head Start
110	350	Grounds Maintenance Services	Mowing 3 new athletic fields weekly at WGHS	\$1,400.00	10/4/2011	181656	Maintenance
420	390	Frances Sansom	Provide Clerical and Services for ESE Dept	\$1,000.00	10/7/2011	181661	ESE Dept.
434	310	Tawainga Katswairo	Assist EGHS in developing plant Biotech Pro	\$7,000.00	10/10/2011	181668	Race To The Top
420	310	Eric B. Scott	Professional Training on 10/11/11	\$1,000.00	10/10/2011	181673	Head Start
420	390	Rosalilia Chavez-Garcia	Child Care Services for Parent Involvement	\$600.00	10/7/2011	181664	Head Start
110	390	Coseid Frank	Temporary Services for Sorting & Filing	\$584.80	10/14/2011	181741	Finance Dept.