



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1005

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

St. John Bosco Clinic is a free clinic providing primary care and some specialty care to individuals living in Miami-Dade County who are uninsured and living at or below the 200% Federal Poverty Level. As a free clinic, St. John Bosco Clinic relies on the support of volunteers, licensed healthcare providers, and support staff to meet the needs of the over 5,000 visits provided annually. The clinic provides primary care for adults and children through a primarily Advanced Practice Registered Nurse staff model and supported by volunteer physicians, with the majority of those that are specialists seeing patients in their private offices pro-bono. Patients who have medical needs outside the scope of clinic services are referred to other community programs better suited to meet their particular needs. The clinic works with these patients to ensure they are properly referred and handed off to the next provider ensuring continuity of care.

5. **State Agency to receive requested funds**
- State Agency contacted? ☐ Yes ☒ No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input type="text" value="300,000"/>
Fixed Capital Outlay	<input type="text" value="000"/>
Total State Funds Requested	<input type="text" value="300,000"/>

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input type="text" value="300,000"/>	<input type="text" value="100.0"/> %
Matching Funds		
Federal	<input type="text" value="00"/>	<input type="text" value="0"/> %
State (excluding the amount of this request)	<input type="text" value="00"/>	<input type="text" value="0"/> %
Local	<input type="text" value="00"/>	<input type="text" value="0"/> %
Other	<input type="text" value="00"/>	<input type="text" value="0"/> %
Total Project Costs for Fiscal Year 2020-2021	<input type="text" value="300,000"/>	<input type="text" value="100"/> %

8. **Has this project previously received state funding?** ☒ Yes ☐ No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input type="text" value="2018-19"/>	<input type="text" value="00"/>	<input type="text" value="300,000"/>	<input type="text" value="451"/>	<input type="text" value="No"/>

9. **Is future-year funding likely to be requested?** ☐ Yes ☒ No

If yes, indicate nonrecurring amount per year.



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10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		<input style="width: 90%;" type="text"/>
Other Salary and Benefits		<input style="width: 90%;" type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input style="width: 90%;" type="text"/>
Consultants/Contracted Services/Study		<input style="width: 90%;" type="text"/>
Operational Costs: Other		
Salary and Benefits	APRNs and Support Staff - 1.5 FTE APRN salaries and 1.0 FTE Clinic Supervisor. The nurse practitioners see approximately 90% of all primary care patients. The Clinic Supervisor is responsible for daily operations and to ensure compliance with all Florida DOH guidelines under the Volunteer Healthcare Provider Program.	200,000
Expense/Equipment/Travel/Supplies/Other	Support for the operating expenses related to patient care and services, such as, medical supplies, pharmaceuticals, office supplies, medical equipment, janitorial services and supplies, utilities, medical waste management, laboratory and diagnostic services.	100,000
Consultants/Contracted Services/Study		<input style="width: 90%;" type="text"/>
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		<input style="width: 90%;" type="text"/>
Total State Funds Requested (must equal total from question #6)		300,000



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11. Program Performance

a. What specific purpose or goal will be achieved by the funds requested?

This project will provide comprehensive primary care services by ensuring access to a free clinic for the underserved and uninsured of Miami-Dade County. The clinic services will identify, prevent and treat most prevalent diseases by providing access to primary and preventive care. Access to this level of healthcare will give individuals the ability to care for their health before conditions lead to complicating disabilities, loss of productivity and even preventable deaths. Healthier individuals will be strengthened in their ability to care for themselves and provide for their families. Primary preventive care impacts a reduction in over utilization of hospital emergency rooms and unnecessary admissions.

b. What activities and services will be provided to meet the intended purpose of these funds?

Outreach efforts in the community will inform individuals of the services available at the clinic and encourage preventive care. Activities that support facilitating access to the targeted population will include healthcare examinations, evaluations, diagnosis treatment and follow up. Routine screenings for breast, cervical and colo-rectal cancer, diabetes, hypertension and other prevalent conditions will be provided. Chronic disease management is key to maintaining a healthy community, as such, patients will be supported through access to medications, health education and tools necessary to manage conditions. Laboratory and diagnostic exams. Secondary care referral to specialists and other community programs, as indicated.

c. What direct services will be provided to citizens by the appropriation project?

Primary Care. Preventive Care. Prescription Assistance Programs. Assistance with supplies and tools necessary to self-manage chronic conditions such as diabetes. Diabetic patients receive blood glucose testing supplies. Laboratory and Diagnostic exams. Health Education. Cancer Screenings. Referral to community healthcare providers and agencies.

d. Who is the target population served by this project? How many individuals are expected to be served?

Uninsured adults and children who live below 200% FPL in Miami-Dade County. It is projected that this program will reach over 1,200 unduplicated individuals and provide over 5,000 encounters during the fiscal year. In addition, approximately 500 specialty visits will be offered through the volunteer healthcare providers.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

Over 1,200 individuals will receive access to healthcare and be supported with education and disease management in an effort to improve overall health outcomes. Outcomes for the impact of this program will be measured through improved health such as reduction in elevated cholesterol and blood glucose A1C levels; two of the most prevalent conditions seen at the clinic. Volume of services will be measured: # of unduplicated patients, # of medical and non-medical encounters, # of primary and specialty care visits, # of prescription assistance applications, # of laboratory and diagnostic exams and compliance with cancer screenings. Community outreach efforts and number of individuals reached through education and resource opportunities.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?

We do not consider failure to meet the deliverables and obligations of the appropriation an option, but if it were to happen we accept a prorated reduction to the cost reimbursement based on the variance from the established measures or unmet deliverable. St. John Bosco Clinic is committed to our mission of providing access to healthcare for the underserved. Support from this appropriation is taken very seriously as it allows us to build capacity and provide quality care.



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12. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

no

13. Requestor Contact Information

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. Recipient Contact Information

- a. Organization
- b. Municipality and County
- c. Organization Type
- ☐ For-profit Entity
 - ☒ Non-Profit 501(c) (3)
 - ☐ Non-Profit 501(c) (4)
 - ☐ Local Entity
 - ☐ University or College
 - ☐ Other (please specify)
- d. First Name Last Name
- e. E-mail Address
- f. Phone Number

15. Lobbyist Contact Information

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.