



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 2096

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

4. **Project/Program Description**

The Waypoint Foundation is partnering with the Keys Area Health Education Center (AHEC) to create a school-based Mobile Dental Program to address the critical need for oral health care for underserved youth in the Florida Keys. This Program will require a one-time expenditure for the purchase of a used mobile dental unit. Subsequently, it will be self-sustaining through medicaid reimbursement opportunities. This will build upon a program currently operated by AHEC that provides dental care to children at 6 school locations in the Keys. In that in-school program, provided at no cost to the parents, 2nd and 7th grade students receive oral exams and sealants. The program reaches approximately 700 students annually. Of these students, 90 will require urgent care and another 300 will need follow-on treatment. A mobile dental clinic is the missing link that will enable AHEC to provide care for those students, as well as students at other locations who are currently not seen.

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 style="width: 80%;" type="text" value="125,000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
<b>Total State Funds Requested</b>	<b>125,000</b>

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 style="width: 80%;" type="text" value="125000"/>	<input style="width: 80%;" type="text" value="93.0"/> %
<b>Matching Funds</b>		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="10,000"/>	<input style="width: 80%;" type="text" value="7"/> %
Other	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>135,000</b>	<b>100</b> %

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 style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>

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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	NONE	0
Other Salary and Benefits	NONE	0
Expense/Equipment/Travel/Supplies/Other	NONE	0
Consultants/Contracted Services/Study	NONE	0
<b>Operational Costs: Other</b>		
Salary and Benefits	NONE	0
Expense/Equipment/Travel/Supplies/Other	ONE-TIME EXPENDITURE TO PURCHASE A USED / REFURBISHED 2-CHAIR, MOBILE DENTAL UNIT.	125,000
Consultants/Contracted Services/Study	NONE	0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>125,000</b>



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#### 11. Program Performance

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

Comprehensive dental care for underserved children in the Florida Keys. This program will enable AHEC to expand its existing program to care for children who will be reached by a mobile dental unit.

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

The Mobile Dental Unit (MDU) will visit schools and other youth centers on a regular schedule.

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

Follow-on treatment for students currently served by AHEC's existing program, as well as exams, sealants and follow-on care for students at schools not served by AHEC.

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

The target population are 2nd and 7th grade children. AHEC will continue to provide exams and sealants to 2nd and 7th grade students at the same six school locations. As of this fall, there are 769 students in those grades in the AHEC schools. Throughout the Keys, however, there are 585 students in those grades at schools not seen by AHEC. The MDU will enable AHEC to reach those children with its program of oral exams and sealants. The MDU will also enable AHEC to provide treatment for students needing additional care. If the same proportion of students need follow-on care as in the past, the number of children potentially served by having a Mobile Dental Unit would be 1165.

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

The immediate outcome will be acquisition of the MDU. The ultimate impact will be improved oral hygiene, reduced dental decay and loss of teeth among children who otherwise would not receive the care and instruction they need. Good oral hygiene and regular dental care, beginning at an early age, are important for long-term health and well being. Quarterly performance evaluations will be performed by an advisory team.

- 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?

If the contracting agency quarterly performance evaluations determine that insufficient numbers of patients are provided necessary care, then Medicaid reimbursements will not be adequate to meet ongoing operational expenses.



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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.**

A Memorandum of Understanding has been signed between the Waypoint Foundation and AHEC. AHEC will be responsible for operating the mobile dental unit, with the Waypoint Foundation playing a supporting role for education. AHEC provides community-based health education and medical services throughout the Florida Keys, including primary health care to youth in Monroe County schools. All programs are provided at no cost to the families.

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.