



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2561

1. **Project Title** Florida Keys Area Health Education Center2. **Senate Sponsor** Anitere Flores3. **Date of Request** 01/29/20204. **Project/Program Description**

The goal of the program is to provide full time comprehensive direct primary care medical services for medically vulnerable school-aged children through eight clinical sites. Having primary, oral and mental health care services available in the school during school hours will improve the health of identified medically underserved families through direct care and early identification/treatment of disease. Results of the program are that children will have ongoing access to quality medical care.

5. **State Agency to receive requested funds** Department of HealthState Agency contacted? ☒ Yes ☐ No6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	500,000
Fixed Capital Outlay	000
Total State Funds Requested	500,000

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)	500000	100.0 %
Matching Funds		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	00	0 %
Other	00	0 %
Total Project Costs for Fiscal Year 2020-2021	500,000	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		
2019-20	00	200,000	450	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	Financial, contract and operational management	15,500
Other Salary and Benefits	Taxes/fringe	4,000
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs: Other		
Salary and Benefits	Partial support of three ARNPs, one PA-C, one RN, FICA and health insurance, and medical director (required for supervision)	390,000
Expense/Equipment/Travel/Supplies/Other	Partial support for medical supplies for clinics, medical malpractice insurance, electronic health records	90,500
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		500,000



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11. Program Performance

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

The goal of the program is to provide full time comprehensive direct primary care medical services for medically vulnerable school aged children through eight clinical sites. Having primary, oral and mental health care services available in the school during school hours will improve the health of identified medically underserved families through direct care and early identification/treatment of disease. Results of the program are that children will have ongoing access to quality medical care.

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

The School Health Center Sites will bridge a significant gap in service to care for medically vulnerable children in Monroe County. Outside of the Keys AHEC school-based medical clinic there are no comprehensive care programs in the schools for students. Providing school-based health services in an easily accessible location has created new access points for children so they have a medical home and can avoid other costly alternatives or receive no care at all.

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

Services include: school health physicals and assessments, sick and well child visits, chronic disease management (asthma and diabetes), prescriptions, treatment of minor injuries, testing: strep, urine, and glucose, vision and hearing assessments, pregnancy testing, referral for full labs/specialty services, oral health and dental sealants, as well as mental health counseling and treatment.

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

Target population includes students with health issues, economically disadvantaged, homeless, developmentally disabled. Total individuals are greater than 800.

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

Improve physical and mental health, improve quality of education, preventative measures and early intervention.

- 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?

Financial holdbacks for each deliverable not met as detailed in contract.



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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.**

not applicable.

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.