



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 2564

1. **Project Title** Keys Area Health Education Center Monroe County's Children's Primary Medical/Dental Health Centers

2. **Senate Sponsor** Ana Maria Rodriguez

3. **Date of Request** 03/03/2023

4. **Project/Program Description**

Keys AHEC Health Center provides primary medical and general dentistry services to medically vulnerable children in Monroe County that do not otherwise exist within our local health care community. Services provided focus on low/moderate income students and families that do not have access to medical care, a medical home or general dentistry services. This gap in services is due to the lack of Medicaid providers, low cost options and families lacking financial resources. Health Centers are located in ten school based locations through a professional team consisting of one Dentist, six APRNs, one Dental Hygienist, one Expanded Functions Dental Assistant, one Medical Assistant, Clinical Manager (LPN) and one part-time Medical Director.

5. **State Agency to receive requested funds** Department of Health

State Agency contacted? No

6. **Amount of the Nonrecurring Request for Fiscal Year 2023-2024**

Type of Funding	Amount
Operations	975,000
Fixed Capital Outlay	0
Total State Funds Requested	975,000

7. **Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	975,000	56%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	598,000	35%
Other	155,000	9%
Total Project Costs for Fiscal Year 2023-2024	1,728,000	100%

8. **Has this project previously received state funding?** Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2021-22	0	500,000	515	No

9. **Is future funding likely to be requested?** Yes

a. **If yes, indicate nonrecurring amount per year.** 975,000

b. **Describe the source of funding that can be used in lieu of state funding.**

Keys AHEC secures local match from the County, Municipalities, the Health Dept, School District and local Foundations.



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10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

No

If yes, indicate the amount of funds received and what the funds were used for.

The City of Key West utilized Cares Act funds to support specific projects in testing only within City limits.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

☐ Planning ☐ Design ☐ Construction

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List 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.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Partial Support of the CEO and Fiscal Manager's Position. Duties include Program Management, Human Resources, Reporting, Billing Financial Mgt and Evaluations. Expense included Salary, Taxes and Fringe.	90,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Partial support of six APRN's, one Medical Director, one Dentist, one Dental Hygienist, one Dental Assistant, one Medical Assistant and one part-time Clinical Manager. This includes Tax and Fringe.	700,000
Expense/Equipment/Travel/Supplies/Other	Included are expenses for Medical and Dental supplies/equipment supporting patient care, Insurances, Electronic Health Records, IT/Communications and support of the Mobile Dental Unit's operations.	185,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		975,000



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14. Program Performance

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

The overarching goal of the program is to provide full time comprehensive integrated direct primary care medical and oral health restorative care services to medically vulnerable children . Having medical/dental services available in the school during school hours will reduce access to care issues and improve the health of medically vulnerable children through early identification and treatment. Anticipated results of the program are that students will have access to a full service healthcare program for non-emergency situations through qualified medical personnel.

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

The ten Health Center Sites bridge a significant gap in direct care for vulnerable children in Monroe County as well as provide access to Full Dental Treatment. Outside of Keys AHEC there are no comprehensive care programs in the schools for students. Providing school based care in an easily accessible location creates new access points and a medical home.

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

Services Include: Full Health Physicals, COVID-19, Flu, Strep and RSV Testing, Sick & Well Child Visits, Chronic Disease Management (Asthma and Diabetes), Prescriptions, Treatment of Minor Injuries, Strep, as well as patient mgt for specialty and ancillary care. Dental includes exams, x-rays, fillings, extractions, sealants fluoride treatment, cleanings, treatment of gum disease and other.

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

With over 12,000 children in Monroe County with approximately 8,700 of them school aged, Keys AHEC Health Centers will provide up to 9,000 patient visits. The AHEC patient population currently is 36% Uninsured, 33% Medicaid with the other 31% having high deductible commercial insurance. The COVID-19 pandemic and rising housing costs (Inflation) has increased the number of uninsured and Medicaid populations over the past 24 months.

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

The Keys AHEC program allows non-insured, Medicaid, and those considered medically vulnerable to have access to no cost health services that otherwise do not exist for students in Monroe County. Our goal is to increase access to quality medical and full service oral health services for targeted children's populations in Monroe County. AHEC will continue to utilize proven data collection systems, electronic medical records and patient results. Data outcomes are to be analyzed specific to each program's Outcome and Process Objectives as well as Outcome Measurements relating back to program's ultimate goal.

Each component of the data collected will be stratified and analyzed through a previously tested data system that provided us our baseline information. Data from surveys and programmatic forms will be reviewed to determine where we are achieving successful outcomes on program delivery.

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 the contract?

The Keys AHEC Health Centers have had financial penalties outlined in all past contracts with the Florida Department of Health should it not see a specific amount of patients and provide a specific amount of service per year. This number has been modified and increased of the past 9 years as the level of support has increased. To date Keys AHEC has not had any penalty enforced due to not meeting a performance deliverable.

15. Requester Contact Information

a. First Name	Michael	Last Name	Cunningham
b. Organization	Florida Keys Area Health Education Center, Inc. (dba Keys AHEC Health Centers)		
c. E-mail Address	michael@keysahec.org		
d. Phone Number	(305)743-7111	Ext.	202



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16. 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

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number