



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 2169

1. **Title of Project:** St. John Bosco Clinic

2. **Senate Sponsor:** Debbie Mayfield

3. **Date of Submission:** 03/04/2019

4. **Project/Program Description:**

Free clinic providing health care to individuals in Miami-Dade County who are underserved, uninsured, and living below 200% Federal Poverty Level.

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

State Agency Contacted? No

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	300,000
Fixed Capital Outlay	
Total State Funds Requested	300,000

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	300,000	46.88%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	340,000	53.13%
Total Project Costs for Fiscal Year 2019-2020	640,000	100.0%

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		
2018-19		300,000	451	No

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

a. If yes, indicate non-recurring amount per year. \$300,000

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		



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Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits	APRNs and support staff.	200,000
Expense/Equipment/Travel/Supplies/Other	Medical equipment and supplies; pharmaceuticals; office supplies; and purchased services such as janitorial, utilities, medical waste management, record storage, pest control, laboratory and diagnostic services, etc.	100,000
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		300,000

11. Program Performance:

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

This project will provide comprehensive primary care services by maintaining a free clinic that provides access to the underserved and offers care that identifies, prevents, and treats the most prevalent diseases. By providing access to primary and preventive care, we will give individuals the ability to care for their health before conditions lead to complicating disabilities and loss of productivity, and strengthen their ability to care for themselves and their families. Primary preventive care will impact reduction in over utilization of hospital emergency rooms and unnecessary admissions for conditions that can be managed in an outpatient setting.

b. What are the activities and services that 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 will support facilitating access to the target population will include health care examinations, evaluations, diagnosis, treatment, and follow-up. Routine screenings for breast, cervical, and colorectal cancer; diabetes; hypertension; and other prevalent conditions. Well child visits. Screening for tobacco, drug, and alcohol use. Chronic disease management. Medication access and management. Laboratory and diagnostic exams. Secondary care referral management to specialists. Referral to hospitals, social service agencies, and other community resources, as indicated. Health education on topics such as nutrition, physical activity, and specific disease management.

c. What are the direct services to be provided to citizens by the appropriations project?

Access to primary and preventive healthcare. Prescription assistance programs and supplies to self-manage chronic conditions such as diabetes and hypertension. Laboratory and diagnostic exams, health education, screenings, treatment, and referrals to community providers of services when the need of the patient is outside the scope of services provided at the clinic.

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



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Adults and children living in Miami-Dade County who are uninsured and underserved and with incomes at or below 200% Federal Poverty Level. Expected to reach over 1,000 unduplicated patients and offer over 4,000 encounters during the year.

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

Over 1,000 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 Outcomes such as patients with elevated cholesterol and blood glucose showing improved cholesterol ratios and A1C levels. We will also measure volume of services such as # of unduplicated patients served, # of medical and non-medical encounters, and # of primary and specialty care visits. We will also measure the # of prescription assistance applications processed and other access to medications, # of labs and diagnostic, and patient compliance with screenings such as breast and colo-rectal cancer. Community outreach and number of individuals involved in health education including the # of health topics/sessions conducted. Patient satisfaction surveys will be issued to gain patient input and develop process and service improvement 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 are committed to our mission of providing access to healthcare for the underserved. The support from this appropriation is taken very seriously as it allows us to build capacity and provide quality care. 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 projected to actual of the specific deliverable not met.

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

N/A

13. Requestor Contact Information:

- a. **Name:** Berta Cabrera
- b. **Organization:** SSJ Health Foundation, Inc.
- c. **E-mail Address:** berta.cabrera@ssjhealthfoundation.org
- d. **Phone Number:** (305)854-0533

14. Recipient Contact Information:

- a. **Organization:** SSJ Health Foundation, Inc.
- b. **County:** Miami-Dade
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)



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- Local Entity
- University or College
- Other (Please specify)

d. Contact Name: Berta Cabrera

e. E-mail Address: berta.cabrera@ssjhealthfoundation.org

f. Phone Number: (305)854-0533

15. Lobbyist Contact Information

a. Name: Miguel Abad

b. Firm Name: New Century Partnership

c. E-mail Address: Miguel@nchdevelopment.com

d. Phone Number: (786)527-0084