



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1608

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

4. **Project/Program Description**

High unmet access to affordable dental care in Alachua County is seen in the rate of untreated cavities in young children (29.5%) and older adults (23%), higher than most of the nation. ER visits for avoidable dental conditions totaled \$5.3 million in one year in Alachua County; over half not covered by a payer source. Community Health Improvement Plans, studies by health planning councils, and national studies show the great need for affordable dental care. After 45 years, ACORN Clinic continues to be strongly supported in its mission by local governments, civic clubs, churches, United Way, foundations and private donors. They provide half of our operating budget. However, we often have hundreds on our Dental Clinic wait list due to limited capacity. Further, we are a community partner trusted to train many health professional students from UF and Santa Fe College. This project will allow us to expand our capacity to serve local residents without access to affordable dental 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 style="width: 80%;" type="text" value="150,000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
<b>Total State Funds Requested</b>	<b>150,000</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="150,000"/>	<input style="width: 80%;" type="text" value="100.0"/> %
<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="00"/>	<input style="width: 80%;" type="text" value="0"/> %
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>150,000</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	Grant administration	10,000
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs: Other</b>		
Salary and Benefits	Dentist (s), hygienist(s), dental assistants	140,000
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>150,000</b>



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#### 11. Program Performance

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

ACORN Dental Clinic provides low-income, uninsured or underinsured, primarily rural residents with affordable, comprehensive dental services. However, we often have a waiting list with hundreds of names. The requested grant will allow us to conduct a pilot to expand our capacity to serve low-income residents with affordable dental services using our sliding scale fee structure. Further, serving more uninsured patients will prevent costly visits to the ER for inappropriate dental issues.

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

The requested grant will allow us to conduct a pilot to expand our capacity to serve low-income residents with affordable dental services using our sliding scale fee structure. We will employ additional staff and/or hours to add treatment time and increase utilization of our 8 dental chairs. While conducting the pilot, we will perform financial analyses to determine if and how the expanded dental service hours can be maintained through ongoing fees and contributions.

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

Our Dental Clinic will continue to provide comprehensive dental services including, but not limited to: Dental exams and x-rays; Extractions; Preventative care (oral health education at each visit, cleanings and sealants); and Restorative care (fillings, crowns, dentures, root canals, implants). Since many of our patients have had limited or no access to dental care, they often require deep cleanings and have an extensive treatment plan for restorative care.

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

Target Population: Low income, uninsured, and largely rural residents. In 2018, the ACORN Dental Clinic served 1,894 unique patients with over 4,700 visits. Of these, 601 (32%) were new patents. Eighty-nine percent were at or below 150% of the Federal Poverty Level. During 2018, we had a wait list of up to 500 names. Seventy-eight percent of our dental patients were from Alachua (48%), Bradford (18%), and Union (12%) counties in north central FL. With this grant, we plan to pilot methods of expanding our capacity to serve more patients, especially those that need considerable restorative care and have extensive treatment plans. These patients often require four to ten visits to reach optimal dental health. We expect to increase the annual number of new patients by 50 to 100, as well as a larger increase in the number of visits.

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

With this grant, we will pilot methods of expanding our capacity to serve more patients, especially those that need considerable restorative care and have extensive treatment plans. These patients often require four to ten visits to reach optimal dental health. We expect to increase the annual number of new patients by 50 to 100, as well as a larger increase in the number of visits. These data will be available real-time from our Electronic Health Record system, Dentrix. We will also conduct a financial analysis to determine how and if we can sustain the increased capacity and productivity of our clinic enabled through this pilot project.

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?

Percentage reduction in contracted payment amount.



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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. Alachua County Organization for Rural Needs, Inc. (dba ACORN Clinic) is a 501 (c) (3) nonprofit organization governed by a Board of Directors.

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.