



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1088

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

4. Project/Program Description

St. John Bosco Clinic is a free clinic providing primary and preventive care and some specialty care to individuals living in Miami-Dade County who are uninsured and below the 200% Federal Poverty Level. As a free clinic, St. John Bosco Clinic, relies on the support of volunteers, licensed healthcare providers and support staff to meet the needs of the clinic patients. The clinic provides primary care to adults and children through a model of care that primarily uses Advance Practice Registered Nurses with the support of volunteer physicians, many of who are specialists that see patients in their private office pro-bono. Patients who have medical needs beyond the scope of the clinic are referred to other community programs better suited for their needs. The clinic works with these patients to ensure a transition of care. The clinic offers screening, diagnostics, treatment and follow up for the most prevalent chronic conditions.

5. State Agency to receive requested funds
- State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022

Type of Funding	Amount
Operations	300,000
Fixed Capital Outlay	0
Total State Funds Requested	300,000

7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	300,000	47%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	338,000	53%
Total Project Costs for Fiscal Year 2021-2022	638,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2020-21	0	300,000	452	No

9. Is future funding likely to be requested?
- a. If yes, indicate nonrecurring amount per year.
- b. Describe the source of funding that can be used in lieu of state funding.



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The clinic receives private donations and grants which cover part of the annual operating budget needs. These grants include from the Florida Association of Free and Charitable Clinics which is a recipient of State funds for the purpose of then issuing grants to member clinics; usually between \$70,000-\$100,000. In addition, the SSJ Health Foundation which serves to raise funds for the charitable works of the Sisters of St. Joseph of St. Augustine, Florida contributes to the financial support.

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

Yes

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

\$90,002 received in May for payroll protection and was used for salaries.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	APRNs and support staff - 1.5 FTE APRN salaries and benefits, 1.0 FTE Clinic Supervisor, 1.0 FTE Medical Assistant. The APRNs see approximately 90% of primary care adult patients. The Supervisor is responsible for the daily operations and to ensure compliance with all Florida DOH guidelines under the Volunteer Healthcare Provider Program. The Medical Assistant supports the licensed healthcare providers in the direct delivery of patient care.	200,000
Expense/Equipment/Travel/Supplies/Other	Support for the expenses that include services related to patient care (i.e., labs, medical supplies, pharmaceuticals, purchased services, equipment, etc.) and for the operating expenses (i.e., utilities, janitorial services, medical waste management, office supplies, etc.).	100,000
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)		300,000

12. Program Performance

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

This project will provide comprehensive primary care services by ensuring access to a free clinic for the underserved and uninsured of Miami-Dade County. The clinic services will identify, prevent and treat most prevalent diseases by providing access to primary and preventive care. Access to this level of healthcare will give individuals the ability to care for their health before conditions lead to complicating disabilities, loss of productivity and even preventable deaths. Healthier individuals will be strengthened in their ability to care for themselves and provide for their families. Primary preventive care impacts a reduction in over utilization of hospital emergency rooms and unnecessary admissions.

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



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Outreach efforts in the community will inform individuals of the services available at the clinic and encourage preventive care.

Activities that support facilitating access to the targeted population (those who are uninsured, underserved and living below the 200% federal poverty level) will include healthcare examinations, evaluations, diagnosis, treatment and follow up. Routine screenings for breast, cervical and colo-rectal cancer, diabetes, hypertension and other prevalent conditions will be provided.

Chronic disease management is key to maintaining a healthy community, as such, patients will be supported through access to medications, health education and tools necessary to manage conditions. Laboratory and diagnostic exams.

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

Primary and preventive care. Prescription assistance program and navigation to low cost medications. Assistance with supplies and tools necessary to self-manage conditions such as diabetes; diabetic patients receive blood glucose testing supplies and syringes for insulin. Laboratory and diagnostic exams, that include routine and diagnostic tests. Health education, cancer screenings, referrals to specialists and, as appropriate, other community programs that can best meet their healthcare needs. The uninsured and underserved of Miami-Dade County will have access to healthcare through the services of the clinic.

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

Uninsured individuals (children and adults) who live in Miami-Dade County and who are living at or below the 200% Federal Poverty Level. We project approximately 1,200 unduplicated individuals and over 4,000 clinic encounters. An additional estimated 500 appointments will be offered to patients for specialty care through our network of volunteer specialists.

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

Approximately 1,200 individuals will receive access to preventive and primary health care through St. John Bosco Clinic 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 such as reduction in elevated cholesterol and blood glucose A1C levels, two of the most prevalent conditions seen at the clinic. Volume of services will be measured: unduplicated patients, medical and non-medical encounters, primary and specialty care visits, prescription assistance applications, laboratory and diagnostic exams and compliance with cancer screenings, patient satisfaction surveys.

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?

We consider a prorated reduction to the cost reimbursement based on the variance from the established measures or unmet deliverables to be a fair penalty.

13. 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.

None



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14. Requestor Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

15. 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

16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number