

LFIR # 1270

1. Project Title	Grace Medical Home - Mobile Med	ical Van	
2. Senate Sponsor	Jason Brodeur		
3. Date of Request	11/12/2021		
4. Project/Program De	escription		
practice for the ongo comprehensive chro of providing primary unnecessary ER use Grace will purchase barriers. Services on medication drop off of the comprehensive control of the comprehensive chronical control of the	ing, primary and preventive care need nic disease management that demonstand preventive care with the goal of its. a fully-equipped, mobile medical van the van include physical exams, rector rechecks, blood pressure checks, nothan 25% of our patients lack transports.	ida's healthcare safety net by providing a ds of low-income, uninsured residents of strate improved clinical outcomes. We hamproving access to care and medications to allow for off-site appointments for patiencks, lab work, immunizations, telehealt nental health, patient enrollment, social stration and eliminating this barrier will im	Orange County, and live a proven track records, and reducing ents with transportation happointments, ervice or nutrition
5. State Agency to rec	eive requested funds Departm	nent of Health	
State Agency conta	cted? No		
6. Amount of the Nonr	ecurring Request for Fiscal Year 20	022-2023	
Type of Funding		Amount	
Operations		250,000	
Fixed Capital Outlay	·)
Total State Funds F	Requested	250,000	

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	250,000	31%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	555,497	69%
Total Project Costs for Fiscal Year 2022-2023	805,497	100%

8. Has this project previously received state funding?

Fiscal Year	Amount		Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		

9	Is future	funding	likely to	he	requested?
J.	15 IULUIE	Tullullu	IINCIV LO	ne	reduested:

No

- 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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Once the van is purchased and equipped for medical appointments, we will provide the clinical staff or volunteers through our ongoing operations, which is privately-funded as a 501c3.

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

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

We received \$154,821 in CARES Act funding through Orange County which paid for awnings to protect patients waiting to be screened outside, PPE, limited technology for telehealth appointments and limited, unbudgeted staff for covid testing. Those funds were expended by Dec. 2020.

We received \$296,689 in CARES Act funding through the City of Orlando which funded personnel to help care for, screen and vaccinate our patients for COVID-19, tests and PPE. These funds will be expended by Dec. 2021.

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	We will purchase a fully-equipped, mobile medical van. This van will allow for off-site patient appointments for patients with transportation barriers. Services include physical exams, rechecks, lab work, immunizations, telehealth appointments, medication drop off or rechecks, blood pressure checks, mental health, patient enrollment, social service or nutrition appointments.	250,000
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	250,000

12. Program Performance

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

The goal for the funds is to purchase and equip a mobile medical van that can be used for patient outreach/medical appointments for low-income, uninsured people. Transportation is a large barrier. More than 25% of our patients do not own a car and have to borrow one, take the bus, walk or ride a bike or pay someone to bring them to their medical appointments. Many appointments can be done in a mobile unit including follow-up visits, lab draws, vaccination, medication check-in or nurse visits. Roughly 60% of our patients work full-time in low-wage, service industries and a van would reduce the need for them to take off work for some appointments.

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



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The activity provided to meet the fund purpose will be to purchase and equip a mobile medical van to provide critical healthcare services to our patients with transportation barriers. Grace Medical Home only serves patients living at or below 200% of FPL and do not qualify for public insurance or cannot afford private insurance. A mobile van eliminates the need to take off work for routine appointments, encourages vaccinations by making them more convenient which encourages self-sufficiency. It also allows for more outreach and patient recruitment opportunities to serve more people.

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

The direct services include a physical exam with a health care provider, recheck appointments, lab work, telehealth appointments with a volunteer specialist, medication drop off or recheck, blood pressure checks, mental health, reregistration or enrollment appointments, social service consults or nutrition appointments. Grace has hundreds of volunteer clinicians who provide outstanding clinical services for free. Our patients have significant medical issues having neglected their health due to lack of access. They come to our clinic, on average, 11 times per year for a wide range of services. This one-time investment will allow us to leverage and utilize more volunteers to offer healthcare to patients in their communities which often lack the infrastructure and resources to comprehensively manage their health.

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

The target population to be served is Grace Medical Home patients who are uninsured adults or children in Orange County whose household income is 200% of the federal poverty level or below and who don't qualify for public benefits. We conduct a rigorous screening of our patients prior to enrollment and verify that they are not eligible for public benefits such as Medicaid, do not earn enough to afford insurance, and are not offered employer-sponsored insurance at work. We expect to serve between 400 and 800 Grace patients every year on the van.

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

We will improve physical health of our patients through increased monitoring of chronic health care conditions through blood pressure checks, labwork, and medication adherence and increased number of immunizations given that are recommended by the CDC. We will measure this by the number of patients seen on the van, the number of patients with a chronic disease who demonstrate improved health and the number of vaccinations given.

We will improve mental health by increasing access to mental health services and medications by eliminating transportation barriers and improving overall stress and anxiety levels by making it easier to obtain comprehensive health care services by our clinic. We will measure this by the number of mental health related appointments conducted in the van and a survey of patients served at the mobile van.

We will improve economic activity by decreasing the time taken taken off for patient appointments at our facility as measured by the number of van visits.

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?

If the mobile medical van is not purchased and outfitted for patient use during the 22-23 fiscal year, we will return the funds.

13.	. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Ir	iclude the
	relationship between the owners of the facility and the entity.	

NI/A		
N/A		



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14	14. Requestor Contact Information					
	a. First Name	Stephanie Last Name Garris				
	b. Organization	Grace Me	Grace Medical Home			
	c. E-mail Address	sgarris@	gracemedicalhor	ne.org		
	d. Phone Number	(407)615	-8040	Ext.		
15	. Recipient Contact	Informatio	on			
	a. Organization	Grace Me	edical Home			
	b. Municipality and	l County	Orange			
	c. Organization Ty	ре				
	□For Profit Entity					
	☑Non Profit 501(c	:)(3)				
	□Non Profit 501(c	c)(4)				
	□Local Entity					
	□University or Co	llege				
	□Other (please sp	ecify)				
	d. First Name	Stephanie	Э	Last Name	Garris	
	e. E-mail Address	sgarris@	gracemedicalhor	ne.org		
	f. Phone Number	per				
16	16. Lobbyist Contact Information					
	a. Name	None				
	b. Firm Name	None				
	c. E-mail Address					
	d. Phone Number					