



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1749

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

**4. Project/Program Description**

Keys AHEC provides comprehensive, integrated primary care and oral health services to medically vulnerable children. By offering medical and dental services directly in schools during school hours, the program reduces barriers to care and improves health outcomes through early identification and treatment. The documented result is that students have access to a full-service healthcare program, enhancing their overall well-being with a medical and dental home.

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

**6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026**

Type of Funding	Amount
Operating	975,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>975,000</b>

**7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	975,000	49%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	1,000,000	51%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>1,975,000</b>	<b>100%</b>

8. Has this project previously received state funding?
- If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	355,110	2734	No

9. Is future-year 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.

Keys AHEC secures local match from the County, Municipalities, the Health Dept, School District and local Foundations. This equates to approximately \$1,000,000.00

**Complete questions 10 and 11 for Fixed Capital Outlay Projects**



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**10. Status of Construction**

**a. What is the current phase of the project?**

- Planning    
  Design    
  Construction    
  N/A

**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?**

**e. What funding stream will be used for ongoing operations and maintenance of the project?**

**11. 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.**

**12. 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	Partial Support of the CEO and Fiscal Manager's Position. Duties include Program Management, Human Resources, Reporting, Billing Financial Mgt and Evaluations. Expenses included Salary, Taxes and Fringe	100,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
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.	725,000
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.	150,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>975,000</b>

**13. Program Performance**

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



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

The eleven Health Center Sites in Monroe County continue to play a crucial role in providing direct care for vulnerable children, including full dental treatment. These centers are essential as they offer comprehensive care programs that are otherwise unavailable in schools outside of Keys AHEC. By providing school-based care in easily accessible locations, these sites create healthcare homes.

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

Keys AHEC provides comprehensive Primary Medical Care and Full Dental services including full health physicals, flu, strep testing, sick and well child visits, chronic disease management (asthma and diabetes), prescriptions, treatment of minor injuries, and patient management for specialty care. Dental services include exams, x-rays, fillings, extractions, sealants, fluoride treatment, cleanings, and treatment of oral health needs.

**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 9,700 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 Dental program serves as student population with 47% uninsured, 51% Medicaid and 2% Insured.

**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 provides for non-insured, Medicaid, and those considered medically vulnerable to have access to primary medical and oral 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 the program's ultimate goal.

**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?**

The Keys AHEC Health Centers have had financial penalties outlined in all past contracts with the Florida Department of Health should it not provide a specific amount of patient visits and provide a specific amount of direct medical/dental services per year. This number has been modified each of the past 11 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.

14. Is this project related to mitigation, response, or recovery from a natural disaster?  No

**a. If Yes, what phase best describes the project?**

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

**b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):**

15. Has the entity applied for or received federal assistance for this project?

- Yes, Applied



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LFIR # 1749

- Yes, Received
- No
- No, but intends to apply

**a. If yes, provide the FEMA project worksheet ID#:**

**b. Provide the total project cost listed on the FEMA project worksheet:**

**16. Has the entity applied for or received state assistance for this project (other than this request)?**

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

**a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):**

**17. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**18. 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



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University or College

Other (please specify)

d. First Name  Last Name

e. E-mail Address

f. Phone Number  Ext.

#### 19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number

*The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.*