



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

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

2. **Senate Sponsor:** Rene Garcia

3. **Date of Submission:** 11/14/2017

4. **Project/Program Description:**

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

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
Department of Health

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

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

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	298,000	49.8%
TOTAL	298,000	49.8 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 598,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 3

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		300,000	300,000

10. Is future-year funding likely to be requested?

Yes

a. If yes, indicate non-recurring amount per year.

Yes. \$300,000.00

11. Program Performance:

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

The Program will provide comprehensive primary care services by maintaining a 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 their families. Preventive care will impact reduction of the over utilization of hospital emergency rooms 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?

Health care examinations, 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. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and		



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Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	ARNP and Support Staff	165,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Medical equipment and supplies, pharmaceuticals, education, purchased services (i.e., janitorial, medical waste management, utilities, etc.)	135,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		300,000

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

Access to primary and preventive healthcare. Medication assistance and supplies to self-manage chronic conditions such as diabetes and hypertension. Laboratory and diagnostic exams. Health education. Screening of the most prevalent diseases. Referral to community services and programs.

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

Children and adults living in Miami-Dade County who are uninsured and with incomes below 200% FPL. Expected to reach over 1,000 unduplicated patients and offer over 4,000 encounters during the year.

f. 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 have access to healthcare and be supported in education and disease management in an effort to improve overall health outcomes at the individual and community level and thus also impact a reduction in overutilization of tertiary services. Outcomes for the impact of this program will be measured through Patient Volume/encounters: unduplicated patients served, medical and non-medical encounters, primary care encounters, specialty care encounters, and case management encounters. We will also measure the Prescription assistance processed, Labs & Diagnostics and patient compliance with preventive services such



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as breast and colorectal screenings. Community outreach and the number of individuals involved in health education including health education topics/sessions conducted. Patient satisfaction surveys will be issued to gain patient input and develop process and service improvement opportunities.

g. 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 meeting our obligations under this appropriation. We would consider that failure to meet the deliverables could lead to a prorated reduction to 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.

None

13. Requestor Contact Information:

- a. **Name:** Berta Cabrera
- b. **Organization:** SSJ Health Foundation, Inc.
- c. **Email:** 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)
 - 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. If there is a registered lobbyist, fill out the lobbyist information below.

- a. **Name:** None
- b. **Firm:** None
- c. **Email:**
- d. **Phone Number:**