



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Keys Area Health Education Center

2. **Senate Sponsor:** Anitere Flores

3. **Date of Submission:** 12/04/2017

4. **Project/Program Description:**

The purpose of the program is to offer full time primary care medical services in 6 school based clinics to address the unmet health care needs of students and families of the uninsured, underinsured, Medicaid and at risk populations.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Health

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

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
500,000		500,000

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	200,000	26.7%
Other	50,000	6.7%
TOTAL	250,000	33.4 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 750,000

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) 2

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:		250,000	250,000

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

Yes

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

\$500,000

11. Program Performance:

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

The goal of the program is to provide full time comprehensive direct primary care medical services for medically vulnerable school aged children through 8 clinical sites. Having primary care services available in the school during school hours will improve the health of identified medically underserved families through direct primary care and early identification/treatment of disease. Results of the program are that children will have ongoing access to quality medical care.

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

Specific to this project the School Health Center Sites will bridge a significant gap in service to care for medically vulnerable children in Monroe County. Outside of the Keys AHEC school based medical clinic there are no primary care programs in the schools for students. Providing school based health services in an easily accessible location has created new access points for children so that they have a medical home and can avoid the ER or other costly alternatives. Services Include: School Health Physicals & Health Assessments Sick & Well Child Visits Chronic Disease Management (Asthma and Diabetes) Prescriptions Treatment of Minor Injuries Strep, Urine Dipstick & Glucose Testing Vision/Hearing Tests Pregnancy Testing Referral for Full Labs, Specialty Services, Oral Health & Immunizations Nutrition & Weight Management Counseling Consultation & Collaboration with School Health & Psychology

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		



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<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Support of CEO, Fincial Mgr for reporting and mgt of program	15,500
<input checked="" type="checkbox"/> Other Salary and Benefits	Fringe and Taxes	4,000
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Partial support of three ARNP's, one PA-C and one RN plus FICA and Health Ins. (Providers-\$290,000, RN-\$24000, Tax/Fringe-\$61,000) and its Medical Director-\$15,000 (Required for Supervision)	390,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Partial support for Medical Supplies for Clinics-\$30,000, Medical Malpractice Insurance-\$15,000, Electronic Health Record-\$15,000, Oral Health Supplies/Materials-\$30,500	90,500
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		500,000

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

Services include basic primary care and care coordination for immunizations, mental health assessments and counseling, oral health services, prescriptions and laboratory services.

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



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Keys AHEC provides no cost primary care medical services for the most medically vulnerable students of the Monroe County through school based clinical locations within the County. Patients of these identified families have access to quality health care, timely medical care and be able to establish a medical home for ongoing care. Services Include: School Health Physicals & Health Assessments Sick & Well Child Visits Chronic Disease Management (Asthma and Diabetes) Prescriptions Treatment of Minor Injuries Strep, Urine Dipstick & Glucose Testing Vision/Hearing Tests Pregnancy Testing Referral for Full Labs, Specialty Services, Oral Health & Immunizations Nutrition & Weight Management Counseling Consultation & Collaboration with School Health & Psychology Services.

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

The overarching goal of the program is to provide full time comprehensive integrated direct primary care medical services for school aged children and siblings in the school setting. Having primary care services available in the school during school hours will reduce access to care issues and improve the health of identified needy and medically underserved families in the community through direct primary care and early identification/treatment of disease. Anticipated results of the program are that students and siblings will have access to primary care walk in services for non-emergency situations. Medical case management and treatment plans will be provided for those without a medical home while those with a physician or health insurance will have their info provided to their provider upon completion of initial treatment. Benefit is that these medically vulnerable at risk and non-insured children have access to no cost and low cost primary care services.

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?

The current DOH Contract has financial penalties established for each deliverable not met addressing every aspect of the program.

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.

N/A

13. Requestor Contact Information:

- a. **Name:** Michael Cunningham
- b. **Organization:** Florida Keys Area Health Education Center, Inc.
- c. **Email:** mcunningham@fkahec.org
- d. **Phone Number:** (305)743-7111

14. Recipient Contact Information:

- a. **Organization:** Florida Keys Area Health Education Center, Inc.
- b. **County:** Monroe
- c. **Organization Type:**
 - ☐ For Profit
 - ☒ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)



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- ☐ Local Entity
- ☐ University or College
- ☐ Other (Please specify)

d. Contact Name: Michael Cunningham

e. E-mail Address: mcunningham@fkahec.org

f. Phone Number: (305)743-7111

15. If there is a registered lobbyist, fill out the lobbyist information below.

a. Name: Andy Palmer

b. Firm: Metz, Husband and Daughton, PA

c. Email: Andy.palmer@mhdfirm.com

d. Phone Number: (850)205-9000