



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** ACORN Clinic: Healthcare Safety Net in North Florida

2. **Senate Sponsor:** Keith Perry

3. **Date of Submission:** 12/14/2017

4. **Project/Program Description:**

Please support healthcare safety net clinics located in Alachua and Duval counties serving low-income residents from over eleven counties in north Florida. The clinics saw over 10,000 patients with 29,000 visits in CY 2016. These patients are tax payers we depend upon every day (e.g. store & office clerks, construction workers, housekeeping staff, groundskeepers, health aides, farmers, security guards, teaching aides, day care workers, and restaurant staff). Yet many do not have access to health insurance. The 2014, 2016, and 2017 Legislatures provided funding to assist in reinstatement of healthcare training programs in high need communities. This projects' safety net clinics provide medical, dental, and mental health services as well as social service referrals. The safety net clinics provide excellent learning experiences AND greater healthcare access for our citizens. They are critical in training future health care professionals through providing exposure to underserved citizens.

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
750,000		750,000

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	0	0.0%
TOTAL	0	0.0 %

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

9. **Previous Year Funding Details:**



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- 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.

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:		500,000	500,000

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

Yes

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

750,000

### 11. Program Performance:

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

The 2014, 2016, and 2017 Legislatures provided funding to assist in reinstatement of healthcare training programs in high need communities. This projects' safety net clinics provide healthcare training in medicine, dentistry, and mental health services as well as social service referrals. The safety net clinics provide excellent learning experiences AND greater healthcare access for our citizens. They are critical in training future health care professionals through providing exposure to underserved citizens. Studies show that students trained with underserved patients tend to work in these areas after graduation. The clinics are training the healthcare workforce of tomorrow! Without the safety net clinics, many would wait until their condition required emergency care. With meager resources, the clinics leverage volunteerism and donations to provide care. Thirty percent of safety net clinic patients said they would have gone to an emergency room if not for the clinic visit THAT DAY.

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

In each contract, we report the number of students & supervising faculty/staff, hours of student trainee time and hours of supervising time. There are measurable goals for each category. In 2014-15, we exceeded contact deliverables by over 65%; in CY 2016-17, we exceeded deliverables by 45%; and in the first quarter of 2017-18, we have exceeded deliverables by 53%.



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**c. How will the funds be expended?**

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Expense of time to supervise program implementation, conduct monitoring and prepare quarterly reporting.	15,500
<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	Expense of clinical time of faculty and staff training/supervising students in training rotations.	734,500
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
<b>TOTAL</b>		<b>750,000</b>

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

The safety net clinics provide healthcare training in medicine, dentistry, and mental health services as well as social service referrals. The safety net clinics provide excellent learning experiences AND greater healthcare access for our citizens with affordable, quality & comprehensive healthcare services.

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

Healthcare professional and pre-health students: 230+

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



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Project outputs are described in 11b above. A measurable benefit is reduced emergency room usage and the economic savings for the high-cost and low-effectiveness of primary healthcare delivered in an emergency room setting. Potential patient outcomes are not measured for this project.

**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?**

Our current DOH contract for this LFIR specifies six penalty conditions related to failure to meet contract requirements including: 1) annual minimum supervising clinical faculty/staff members; 2) minimum quarterly supervision hours at each safety net clinic; 3) annual minimum supervision hours at a safety net clinic ; 4) minimum quarterly hours of student healthcare training at each safety net clinic; 5) annual minimum hours of student healthcare training at each safety net clinic; 6) submitting the Faculty and Safety Net Clinic Staff Supervisory Student Health Care Service Unit Report and an additional one percent reduction will be assessed each quarter for every five business days the service unit report is not submitted timely.

**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.**

No Capital Outlay funding received.

**13. Requestor Contact Information:**

- a. **Name:** Candice King
- b. **Organization:** ACORN Clinic
- c. **Email:** cking@acornclinic.org
- d. **Phone Number:** (352)222-3766

**14. Recipient Contact Information:**

- a. **Organization:** ACORN Clinic
- b. **County:** Alachua, Bradford, Clay, Columbia, Duval, Gilchrist, Levy, Marion, Nassau, Saint Johns, Union
- 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:** Candice King
- e. **E-mail Address:** cking@acornclinic.org
- f. **Phone Number:** (352)222-3766

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

- a. **Name:** None
- b. **Firm:** None



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**c. Email:**

**d. Phone Number:**