



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1702

1. **Title of Project:** Florida Mission of Mercy

2. **Senate Sponsor:** Dennis Baxley

3. **Date of Submission:** 02/01/2019

4. **Project/Program Description:**

Florida Mission of Mercy (FLA-MOM) is a large-scale, two-day, professional dental clinic that provides care to any patient at no-cost them with the goal of serving the underserved and under-insured in Florida. Since 2014, FLA-MOM has provided \$7.37 million in donated care to 8,140 patients with the help of more than 6,800 volunteers. The 2020 FLA-MOM will be held April 24-25 in Jacksonville, with a goal of treating 2,000 patients.

5. **State Agency to receive requested funds :** Department of Health

State Agency Contacted? Yes

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	580,000
Fixed Capital Outlay	
Total State Funds Requested	580,000

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	580,000	100.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
Total Project Costs for Fiscal Year 2019-2020	580,000	100.0%

8. **Has this project previously received state funding?** No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		

9. **Is future-year funding likely to be requested?** Yes

a. If yes, indicate non-recurring amount per year. \$580,000

10. **Details on how the requested state funds will be expended**

Spending Category	Description	Amount
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Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study	Florida Mission of Mercy Impact Study - consultant fees for analysis of FLA-MOM Impact Study, which utilizes registration software written specifically for the FAL-MOM to collect patient demographic data, social service utilization, history of emergency department visits and treatment outcomes in order to measure FLA-MOM's effect on the communities it serves.	50,000
Operational Costs:		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	Venue; moving/storage; dental chairs/equipment; lighting; communications; dental supplies/materials; on-site oral health educational materials; oral health educational takeaways; technology; insurance; marketing/advertising; and security.	386,000
Consultants/Contracted Services/Study	On-site technicians to provide dental charting, patient check-in, and records; and after-care consulting for FLA-MOM patients with regional dental clinics.	144,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		580,000

11. Program Performance:

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

Funds requested will help fund the 2020 FLA-MOM which will be held April 24-25 in Jacksonville. The goal is to use funds to treat 2,000 patients in two days. FLA-MOM will provide dental care to any patient who attends at no cost to them, with the goal of serving the underserved and under-insured in Florida.

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

Services provided at FLA-MOM include oral health education, cleanings, fillings, extractions, limited root canal therapy, pediatric dentistry, and X-rays. Our program also successfully connects patients with options for a dental home by providing a resource guide of local community dental programs and clinics.

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

Each patient seeking treatment at FLA-MOM will receive oral health literacy education, which includes information about good dental hygiene practices, general wellness and nutrition, oral cancer and smoking cessation, opioid awareness, and resources for safe pain management. All patients will also receive oral cancer awareness information, oral cancer screenings, medical history review and blood pressure screening, a



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panoramic radiograph to identify dental disease and other head and neck pathology, a dental examination by a licensed dentist, and consultation prior to determining a custom treatment plan. Dental treatments performed include extractions, restorations, cleanings and fluoride, root canals on anterior teeth, and partial or full dentures. The following pediatric dental services will be available for children: sealants, cleanings, fluoride treatments, and fillings. Additionally, all patients will receive a resource guide with the area's available dental services and clinics.

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

Elderly persons, persons with poor physical health, jobless persons, economically disadvantaged persons, homeless persons, grade school students, high school students, university/college students, and uninsured persons.

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

Patients will improve their physical health, through relief of pain and infection, and provide oral prosthetics for edentulous patients. The data will be tracked using event software developed specifically for FLA-MOM. The FLA-MOM will also reduce the number of dental-related emergency department visits in Duval County and surrounding counties (reduce opioid abuse), and provide patients with options for a dental home to receive preventive care. The data will be tracked by FLA-MOM Impact Study and AHCA emergency department data, and by tracking the number of patients who visit partner providers for preventive care and maintenance.

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?

Revocation of funding based upon the percentage of the project not completed as specified based upon amount of funding received.

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:** Drew Eason
- b. **Organization:** Florida Dental Association
- c. **E-mail Address:** deason@floridadental.org
- d. **Phone Number:** (850)681-3629

14. Recipient Contact Information:

- a. **Organization:** Florida Dental Association Foundation
- b. **County:** Leon
- 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: Drew Eason

e. E-mail Address: deason@floridadental.org

f. Phone Number: (850)681-3629

15. Lobbyist Contact Information

a. Name: Joe Anne Hart

b. Firm Name: Florida Dental Association

c. E-mail Address: jahart@floridadental.org

d. Phone Number: (850)224-1089