



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1128

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

**4. Project/Program Description**

In an effort to replace services the community lost from the 2010 closure of UF Community Oral Health Program that provided access to dental services for under served populations. This funding will allow Agape Community Health Center to establish a Mobile Dental Program in conjunction with the Hospital Emergency Departments. Medicaid & Uninsured patients who need dental care would be referred to Agape, who will schedule them within five (5) days to be seen on the mobile unit.

In 2010, 4,395 Duval County Residents sought emergency room treatment for dental conditions typically considered avoidable with appropriate preventive and restorative care, including total charges of \$6,905,664. Of the total, \$2,431,617 was paid by Florida Medicaid.

This project will create access at the appropriate point and result in a reduction of cost.

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

**6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022**

Type of Funding	Amount
Operations	750,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>750,000</b>

**7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	750,000	60%
<b>Matching Funds</b>		
Federal	250,000	20%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	250,000	20%
<b>Total Project Costs for Fiscal Year 2021-2022</b>	<b>1,250,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2020-21	0	750,000	452	Yes

9. **Is future 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.**
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**10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**

Yes

**If yes, indicate the amount of funds received and what the funds were used for.**

\$760,000 COVID Testing to include lab processing, PPE and staffing.

**11. 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	Dental Director	150,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Electronic Dental Records System	50,000
Consultants/Contracted Services/Study	Consultant	50,000
<b>Operational Costs: Other</b>		
Salary and Benefits	Dentist, Hygenist and Dental Assistant	350,000
Expense/Equipment/Travel/Supplies/Other	Dental Equipment, supplies, and unit maintenance	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>750,000</b>

**12. Program Performance**

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

The allocation of these funds will help to reduce the number of emergency department visits by Medicaid and uninsured patients having dental problems while also reducing the prescribing of opioids.

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

Preventive, Restorative, Emergent and Urgent Dental services will be provided to adults and children throughout Duval County.

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

Dental Services provided to Medicaid and uninsured patients that cannot be addressed in the Emergency Room or by another provider. These will include examinations, cleanings, fillings, extractions, and preventive dental care. Root canal therapies and crowns are also provided as a way to restore severely decayed or fractured teeth.

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

The target population is under served adults and children within Duval County who continue to access the Emergency Department for Dental services, where they receive an antibiotic and opioid for pain. This does not cure the issue, but it simply places a bandage on it temporarily.

**e. 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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Recognition that oral health and general health are interlinked is essential for determining appropriate oral health care programs and strategies at both individual and community care levels. Common Risk Factor Approach to measuring outcomes, address the underlying social determinants for oral health promotion. Ultimately we will increase access and reduce cost of preventive dental services.

**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 the contract?**

As long as the funds are used to provide dental services, hire dental staff and improve access to dental services for children and adults, no penalties should be assessed.

**13. 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.**

The mobile dental unit is owned by Agape Community Health Center, Inc.



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#### 14. Requestor Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 15. 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
- University or College
- Other (please specify)

d. First Name  Last Name

e. E-mail Address

f. Phone Number

#### 16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number