



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 1128

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

**4. Project/Program Description**

St. John Bosco Clinic is a free clinic providing primary and preventive care and some specialty care services to individuals living in Miami-Dade County who are uninsured and below the 200% Federal Poverty Level. As a free clinic, St. John Bosco Clinic, relies on the support of volunteers, licensed healthcare providers and support staff to meet the needs of the clinic patients. The clinic provides primary care to adults and children through a model of care that primarily uses Advance Practice Registered Nurses with the support of volunteer physicians, many of who are specialists that see patients in their private office pro-bono. Patients who have medical needs beyond the scope of the clinic are referred to other community programs better suited for their needs. The clinic works with these patients to ensure a transition of care. The clinic offers screening, diagnostics, treatment and follow up for the most prevalent chronic conditions.

5. State Agency to receive requested funds
- State Agency contacted?  No

**6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023**

Type of Funding	Amount
Operations	300,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>300,000</b>

**7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	300,000	50%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	85,000	14%
Local	0	0%
Other	215,000	36%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>600,000</b>	<b>100%</b>

8. Has this project previously received state funding?  Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2021-22	0	300,000	444	No

9. Is future funding likely to be requested?  Yes
- 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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The clinic receives private donations and grants which cover part of the annual operating budget needs. These grants include from the Florida Association of Free and Charitable Clinics which is a recipient of State funds for the purpose of then issuing grants to member clinics; usually between \$70,000-\$90,000. In addition, the SSJ Health Foundation which serves to raise funds for the clinic contributes to the financial support to ensure all clinic service needs are met.

**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.**

\$90,002 received May 2020 and used for payroll expenses. This loan has been forgiven. No other federal or state assistance has been requested specific to COVID-19.

**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	Executive Director 1.0 FTE - The Executive Director of St. John Bosco Clinic is directly involved with the daily operations and oversight of all clinic activities. The Executive Director is responsible to ensure compliance with all Florida DOH guidelines under the Volunteer Healthcare Provider Program and assists and supervises non-clinical patient related activities such as registration, eligibility review and management of complex cases.	65,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	APRNs and support staff salaries to include - 1.3 APRN salaries and benefits. The APRNs see over 80% of patients. 1.0 Medical Assistant - the Medical Assistant supports the licensed healthcare providers in the direct delivery of patient care. 1.0 Clinic Support Assistant who provides the clerical support for clinic activities such as referrals, registration, etc.	110,000
Expense/Equipment/Travel/Supplies/Other	Support for the expenses that include services related to patient care (i.e., labs, medical supplies, pharmaceuticals, purchased services, equipment, etc.) and for the operating expenses (i.e., utilities, janitorial services, medical waste management, office supplies, etc.).	125,000
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>300,000</b>

**12. Program Performance**

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



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This project will provide comprehensive primary care services by ensuring access to a free clinic for the underserved and uninsured of Miami-Dade County. The clinic services will identify, prevent and treat most prevalent diseases by providing access to primary and preventive care. Access to this level of healthcare will give individuals the ability to care for their health before conditions lead to complicating disabilities, loss of productivity and even preventable deaths. Healthier individuals will be strengthened in their ability to care for themselves and provide for their families. Primary preventive care impacts a reduction in over utilization of hospital emergency rooms and unnecessary admissions. Uninsured and underserved of Miami-Dade County will have access to healthcare through the services of the clinic.

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

Chronic disease management is key to maintaining a healthy community, as such, patients will be supported through access to medications, health education and tools necessary to manage conditions. Outreach efforts in the community through social media, newspaper articles and information made available to community agencies, churches and hospitals, and through word of mouth from family and friends. Activities that support facilitating access to the targeted population (those who are uninsured, underserved and living below the 200% federal poverty level). All these activities will inform individuals of the services available at the clinic and encourage preventive care.

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

Primary and preventive care. Referrals to a network of volunteer specialists and navigation to other programs when the care needed is outside the scope of clinic services. Prescription assistance program and navigation to low cost medications. Assistance with supplies and tools necessary to self-manage conditions such as diabetes; diabetic patients receive blood glucose testing, supplies and syringes for insulin. Laboratory and diagnostic exams, that include routine and diagnostic tests. Health education and cancer screenings.

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

Uninsured individuals (children and adults) who live in Miami-Dade County and who are living at or below the 200% Federal Poverty Level. We project approximately 1,200 unduplicated individuals and over 4,000 clinic encounters. An additional estimated 400+ appointments will be offered to patients for specialty care through our network of volunteer specialists.

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

Outcomes:

1. Reduction in uncontrolled diabetes A1C levels and hypertension.
2. 1,000+ unduplicated individuals will have access to healthcare.
3. 4,000+ clinic encounters for initial and follow up care.
4. 700 individuals screened for cancer (cervical, breast, colorectal)

Measurement Methodology:

1. At time of first visit for new patients and follow up at regular intervals with demonstrated improvement at 12 months in the % of patients who show improvement from baseline.
2. # of unduplicated patients who are seen at the clinic in a year.
3. # of clinic encounters for initial and followup care (continuity of care).
4. # of individuals complying with recommended cancer screenings.

**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?**

We consider a prorated reduction to the cost reimbursement based on the variance from the established measures or unmet deliverables to be a fair penalty. As is in the current FY Contract.

**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.**

No capital outlay funds are requested.



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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