



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 1154

1. Project Title Keys Area Health Education Center - Monroe County Children's Primary Care Center

2. Senate Sponsor Ana Maria Rodriguez

3. Date of Request 10/26/2021

4. Project/Program Description

Keys AHEC Health Centers, now in its 8th year of providing direct medical/oral health care, operates nine clinical locations in Monroe County with two additional satellite sites for Oral Health services. During the school year, Keys AHEC will deliver a countywide coordinated Primary Medical Care and a full service Oral Health Treatment Program for uninsured, Medicaid and Underinsured children within established school sites. Each clinical location has a licensed professional staff for medical and dentistry services. All health service programs additionally work during the summer months at clinical locations which house summer school and educational programs.

Keys AHEC welcomes all students regardless of their family's socio-economic status.

5. State Agency to receive requested funds Department of Health

State Agency contacted? Yes

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

Type of Funding	Amount
Operations	650,000
Fixed Capital Outlay	0
Total State Funds Requested	650,000

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)	650,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	430,000	34%
Other	200,000	16%
Total Project Costs for Fiscal Year 2022-2023	1,280,000	100%

8. Has this project previously received state funding? Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2021-22	0	500,000	515	No

9. Is future funding likely to be requested? Yes

a. If yes, indicate nonrecurring amount per year. 650,000

b. Describe the source of funding that can be used in lieu of state funding.

We have local support, but not to support the direct medical and dental services in whole.



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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.

Only funds from local gov't (CARES Act) and private foundations for COVID-19 Community Testing. \$153,000 from the City of Key West to be used only for testing of Key West residents. None of these funds supported the Children's Health Care initiative.

11. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Partial support of the CEO and Fiscal Mgr for overall management of the program, staff, finances, reporting and evaluation. Tax/Fringe	60,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Partial support of five FTE APRN/PA's, one MA, one RN, a .1 fte Medical Director, one Dentist, one Dental Hygienist, one Dental Assistant. Fringe/Tax associated with the positions.	440,000
Expense/Equipment/Travel/Supplies/Other	Partial support of Malpractice Insurance, Electronic Health Record systems, Dental and Medical Supplies used in treatment of patients. Support of Mobile Dental Unit operational expenses.	150,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		650,000

12. Program Performance

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

The overarching goal of the program is to provide full time comprehensive integrated direct primary care medical and oral health restorative care services to medically vulnerable children . Having these integrated services available in the school during school hours will reduce access to care issues and improve the health of medically vulnerable children through early identification and treatment. Anticipated results of the program are that students will have access to a full service healthcare program for non-emergency situations through qualified medical personnel.

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

The nine Health Center Sites along with the Mobile Dental Unit will bridge a significant gap in direct care for medically vulnerable children in Monroe County as well as provide access to Full Dental Treatment. Outside of Keys AHEC, there are no comprehensive care programs in the schools or community for children and students. Providing school based care in an easily accessible location creates new access points and a medical home.

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

Services Include: Full Health Physicals, COVID-19 Testing, Comprehensive Oral Health & Dental Treatment, Sick & Well Child Visits, Chronic Disease Management (Asthma and Diabetes), Prescriptions, Treatment of Minor Injuries, Strep throat, RSV, Flu and Glucose Testing, Vision/Hearing Tests, Telehealth visits as well as referrals/patient mgt for specialty and ancillary care.



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

With over 12,000 children in Monroe County with approximately 8,700 of them school aged, Keys AHEC Health Centers will provide up to 9,000 patient visits. The AHEC patient population currently is 36% Uninsured, 33% Medicaid with the other 31% having high deductible commercial insurance. The COVID-19 pandemic has increased the number of uninsured and Medicaid populations over the past 18 months.

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

The Keys AHEC program allows non-insured, Medicaid, and those considered medically vulnerable to have access to no cost health services that otherwise do not exist for students in Monroe County. Our goal is to increase access to quality medical and full service oral health services for targeted children's populations in Monroe County. AHEC will continue to utilize proven data collection systems, electronic medical records and patient results. Data outcomes are to be analyzed specific to each program's Outcome and Process Objectives as well as Outcome Measurements relating back to the program's ultimate goal.

Each component of the data collected will be stratified and analyzed through a previously tested data system that provided us our baseline information. Data from surveys and programmatic forms will be reviewed to determine where we are achieving successful outcomes on program delivery. A formal report outline depicting success and areas of improvement will be provided.

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?

In current and past year's contracts, Keys AHEC has had contractual financial penalties if it did not provide outlined services, had staff and sites in place, did not serve the number of patients agreed upon, and did not provide the number of services agreed upon. A report was provided to the Department of Health Quarterly on performance along with its financial expenditures. Keys AHEC has exceeded performance goals regularly and passed all financial and programmatic reviews.

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.

NA



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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