

1. Project Title

The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

LFIR # 1082

2. Senate Sponsor	Ileana Garcia
3. Date of Request	10/31/2023
4. Project/Program De	escription
living in Miami-Dade Bosco Clinic, relies of clinic patients. The of Practice Registered private office pro-bo	sic is a free clinic providing primary and preventive care and some specialty care services to individuals a County who are uninsured and below the 200% Federal Poverty Level. As a free clinic, St. John on the support of volunteers, licensed healthcare providers and support staff to meet the needs of the clinic provides primary care to adults and children through a model of care that primarily uses Advance Nurses with the support of volunteer physicians, many of who are specialists that see patients in their no. Patients who have medical needs beyond the scope of the clinic are referred to other community red for their needs. The clinic works with these patients to ensure a transition of care. The clinic offers

5. State Agency to receive requested funds		Department of Health
State Agency contacted?	No	

screening, diagnostics, treatment and follow up for the most prevalent chronic conditions.

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

St. John Bosco Clinic

Type of Funding	Amount
Operations	500,000
Fixed Capital Outlay	0
Total State Funds Requested	500,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	71%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	200,000	29%
Total Project Costs for Fiscal Year 2024-2025	700,000	100%

8. Has this project previously received state funding?

Fiscal Year	Amo	ount	Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
2022-23	0	500,000	458	Nο	

9. Is future funding likely to be requested?

Yes

Yes

a. If yes, indicate nonrecurring amount per year.

500,000

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

Other sources of funding include grants from the United Way Miami, the Florida association of Free and Charitable Clinics, and fundraising efforts made by the ADOM Health Foundation, Inc.



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

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	Yes				
	If yes, indicate the amou	unt of funds received and v	what the funds were used for.		
	\$90,002 received May 20 other federal or state assis	020 and used for payroll expe istance has been requested s	enses. This loan has been forgiv specific to COVID-19.	en. No	
C	omplete questions	s 11 and 12 for Fixe	ed Capital Outlay Proj	ects	
11	. Status of Construction				
	a. What is the current ph	nase of the project?			
	O Planning O De	esign Construction	○ N/A		
	b. Is the project "shovel	ready" (i.e permitted)?			
	c. What is the estimated	start date of construction?	?		
	d. What is the estimated	completion date of constr	uction?		
12		facility to receive, directly on the owners of the facility and	or indirectly, any fixed capital d the entity.	outlay funding. Incl	ude the
13	. Details on how the requ	uested state funds will be e	xpended		
	Spending Category		Description		Amount
	Administrative Costs:				
	Executive Director/Project He Salary and Benefits	Bosco Clinic is dire oversight of all clini to ensure complian Volunteer Healthca non-clinical patient	1.0 FTE - The Executive Director involved with the daily operatic activities. The Executive Director with all Florida DOH guideling are Provider Program and assist related activities such as registrement of complex cases.	ations and ctor is responsible es under the s and supervises	75,000

Salary and Benefits	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.	73,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	The Nurse Practitioner position at SJBC includes 1.3 FTE (one full-time, one part-time) to meet the needs of the patient volume at this time. They are responsible for approximately 80% of total patients seen with the rest of the patients being seen by volunteer physicians. The Volunteer & Patient Services Coordinator is a 1.0 full time position that is responsible for the coordination of all non-clinical volunteer assignments, training and supervision.	285,000
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.).	140,000



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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)		500,000	

14. Program Performance

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

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 Methedology:

- 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?



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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.

15.	Requester Contact	Information				
	a. First Name	Anthony	Last Name	Pinto		
	b. Organization	ADOM Health Foundation	, Inc. dba SS	J Health Foundation		
	c. E-mail Address	anthony.pinto@ssjhealthfoundation.org				
	d. Phone Number	(305)854-0533	Ext.			
16.	Recipient Contact	Information				
	a. Organization	St. John Bosco Clinic, Inc.				
	b. Municipality and	d County Miami-Dade				
	c. Organization Ty	pe				
	□For Profit Entity					
	☑Non Profit 501(c	:)(3)				
	□Non Profit 501(d	01(c)(4)				
	□Local Entity					
	□University or College					
	□Other (please specify)					
	d. First Name	Luz	Last Name	Gallardo		
	e. E-mail Address	luz.gallardo@sjbclinic.org				
	f. Phone Number	(305)815-7012				
17.	Lobbyist Contact I	nformation				
	a. Name	J. Keith Arnold				
	b. Firm Name	J. Keith Arnold & Associa	tes			
	c. E-mail Address	keith@jkarnold.com				
	d. Phone Number	(239)560-4731				