

LFIR # 2734

1. Project Title	Keys AHEC Health Centers-Primary Medical and Dental Services for Children				
2. Senate Sponsor	Ana Maria Rodriguez				
3. Date of Request	01/03/2024				
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4. Project/Program Description

Keys AHEC Health Center provides primary medical and general restorative dentistry services to medically vulnerable children in

Monroe County. Without Keys AHEC health services do not otherwise exist within our local health care community for this population. This gap in services is due to the lack of Medicaid providers, low cost options and families lacking financial resources where insurance is unattainable. Health Centers are located in ten school based locations through a professional team consisting of one Dentist, six APRNs, one Dental Hygienist, one Expanded Functions Dental Assistant, one Medical Assistant, Clinical Manager(LPN) and one part-time Medical Director.

Keys AHEC recently expanded health center operations where it increased access to dental services by 40% and medical services by 20%.

5. State Agency to receive requested funds		Department of Health
State Agency contacted?	Yes	

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

Type of Funding	Amount
Operations	975,000
Fixed Capital Outlay	0
Total State Funds Requested	975,000

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)	975,000	49%	
Matching Funds			
Federal	0	0%	
State (excluding the amount of this request)	0	0%	
Local	1,000,000	51%	
Other	0	0%	
Total Project Costs for Fiscal Year 2024-2025	1,975,000	100%	

8. Has this project previously received state funding? Yes

Fiscal Year	Amo	Amount		Vetoed	
(уууу-уу)	(уууу-уу) Recurring Nonrecurring		Appropriation #		
2023-24	0	975,000	539	No	

9. Is future funding likely to be requested?

Yes

a. If yes, indicate nonrecurring amount per year.

975,000

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

Keys AHEC secures local match from the County, Municipalities, the Health Dept, School District and local Foundations. This equates to approximately \$1,000,000.00



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

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No	
If yes, indicate the amount of funds received and what the	he funds were used for.
Complete questions 11 and 12 for Fixed Ca	apital Outlay Projects
11. Status of Construction	
a. What is the current phase of the project?	
OPlanning Opesign Construction ON	N/A
b. Is the project "shovel ready" (i.e permitted)?	No
c. What is the estimated start date of construction?	
d. What is the estimated completion date of construction?	1?
12. List the owners of the facility to receive, directly or indirectly relationship between the owners of the facility and the e	
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13. 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 Manager's Position. Duties include Program Management, Human Resources, Reporting, Billing Finanical Mgt and Evaluations. Expense included Salary, Taxes and Fringe.	100,000			
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 six APRN's, one Medical Director, one Dentist, one Dental Hygienist, one Dental Assistant, one Medical Assistant and one part-time Clinical Manager. This includes Tax and Fringe.	725,000			
Expense/Equipment/Travel/Supplies/ Other	Included are expenses for Medical and Dental supplies/equipment supporting patient care, Insurances, Electronic Health Records, IT/Communications and support of the Mobile Dental Unit's operations.	150,000			
Consultants/Contracted Services/Study		0			
Fixed Capital Construction/Majo	r Renovation:				
Construction/Renovation/Land/ Planning Engineering		0			
Total State Funds Requested (must equal total from question #6)					



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14. 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 medical/dental 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 ten Health Center Sites bridge a significant gap in direct care for 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 for 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, Flu, Strep and RSV Testing, Sick & Well Child Visits, Chronic Disease Management

(Asthma and Diabetes), Prescriptions, Treatment of Minor Injuries, Strep, as well as patient mgt for specialty and ancillary care. Dental includes exams, x-rays, fillings, extractions, sealants fluoride treatment, cleanings, treatment of gum disease and other.

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 9,700 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 Dental program serves as student population with 47% uninsured, 51% Medicaid and 2% Insured.

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.

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?

The Keys AHEC Health Centers have had financial penalties outlined in all past contracts with the Florida Department of Health should it not see a specific amount of patients and provide a specific amount of service per year. This number has been modified and increased over the past 10 years as the level of support has increased. To date Keys AHEC has not had

any penalty enforced due to not meeting a performance deliverable.

15. Requester Contact Information

a. First Name	Michael	Last Name	Cunningham
b. Organization	Florida Keys Area Health AHEC Health Centers	Education Co	enter, Inc. dba Keys
c. E-mail Address	michael@keysahec.org		
d. Phone Number	(305)743-7111	Ext.	202



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16.	16. Recipient Contact Information							
	a. Organization	Florida K Inc. dba K	Florida Keys Area Health Education Center, nc. dba Keys AHEC Health Centers					
	b. Municipality and	d County	Monroe					
	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	Michael		Last Name	Cunningham			
	e. E-mail Address	e. E-mail Address michael@keysahec.org						
	f. Phone Number	(305)743	-7111					
17.	Lobbyist Contact I	nformatio	n					
	a. Name	Amanda Stewart						
	b. Firm Name	Johnston & Stewart Government Strategies, LLC						
	c. E-mail Address	amanda@	amanda@johnstonstewart.com					
	d. Phone Number	(813)345-4104						