

# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Florida Keys Area Health Education Center - Monroe County School Health Primary Care Centers
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Holly Raschein  
Members Copied:

### 4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes  
***If answer to 4a is ?No? skip 4b and 4c and proceed to 4d, Col. E***
- b. What is the most recent fiscal year the project was funded? 2017-18
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated  <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget  <i>(Will equal non-vetoed amounts provided in Column A)</i>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		250,000	250,000		500,000	500,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? No
  - 5a. If yes, which state agency?
  - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Health
  - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes
  - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.  
Financial hold-back for each specific deliverable not met each quarter.

6. Requester:

- a. Name: Michael Cunningham
- b. Organization: CEO, Florida Keys Area Health Education Center, Inc.
- c. Email: mcunningham@fkahec.org
- d. Phone #: (305)743-7111

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Michael Cunningham
- b. Organization: CEO, Florida Keys Area Health Education Center, Inc.
- c. Email: mcunningham@fkahec.org
- d. Phone #: (305)743-7111

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Andy Palmer
- b. Firm: Metz, Husband and Daughton, PA
- c. Email: andy.palmer@mhdfirm.com
- d. Phone #: (850)205-9000

9. Organization or Name of entity receiving funds:

- a. Name: Florida Keys Area Health Education Center, Inc.
- b. County (County where funds are to be expended): Monroe
- c. Service Area (Counties being served by the service(s) provided with funding): Monroe

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

The purpose of the program is to offer full time primary care medical services in 6 school based clinics to address the unmet health care needs of students and families of the uninsured, underinsured, Medicaid and at risk populations. The overarching goal of the program is to provide comprehensive integrated direct primary care medical services for school aged children and siblings in the school setting.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?0? if request is zero for the category
Administrative Costs:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Support of CEO, Financial Manager for reporting and management of program.	15,500
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Fringe benefits and taxes.	4,000
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Partial support of three ARNP's, one PA-C, and one RN plus FICA and health insurance (providers: \$290,000, RN: \$24,000, Tax/Fringe: \$61,000) and its Medical Director: \$15,000 (required for supervision).	390,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Partial support for medical supplies for clinics (\$30,000), medical malpractice insurance (\$15,000), electronic health record (\$15,000), oral health materials and supplies	90,500

	(\$30,500)	
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		500,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

N/A

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

Monroe County School District (Board and School Health Advisory Committee), Monroe County (Commissioner and Human Service Advisory Board), Monroe County Health Dept., City of Key West, University of Miami Miller School of Medicine, City of Marathon, Health Foundation of South Florida, Natl. Association of City and County Health Officials, Florida Blue Foundation, Community Health of South Florida, Guidance Care Center (West Care), Local hospitals and health providers.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

Community health profiles gathered by Monroe County (government and school district) as well as the ALICE report by the United Way show a need for basic primary care for children within the County. This is further supported by health department and school data showing the lack of Medicaid and pediatric providers in Monroe County.

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

School based medical clinics open to students as well as their siblings and families to provide services including basic primary care and care coordination for immunizations, mental health assessments and counseling, oral health services, prescriptions and laboratory services.

17b. Describe the direct services to be provided to the citizens by the funding requested.

Services include basic primary care and care coordination for immunizations, mental health assessments and counseling, oral health services, prescriptions and laboratory services.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe)

17d. How many in the target population are expected to be served?

- < 25
- 25-50

- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	Children of all ages will have access to primary care services in the school setting, eliminating any barriers to medical care, treatment, and follow-up services. Increased access allows patients to be seen prior to needing emergency care and allows us to manage chronic diseases.	Keys AHEC tracks all health service and patient information via an Electronic Health Record as well as performance numbers (CareTracker and Health Master).
<input checked="" type="checkbox"/> Improve mental health	Keys AHEC medical staff screens all patients for mental health needs and refers to the Guidance Care Center.	Medical staff tracks patient care through the EHR and through an agency health developed continuum of care.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		

<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2018-19 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	500,000	66.7%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No

4. Local:	210,000	28.0%	Yes
5. Other:	40,000	5.3%	Yes
TOTAL	750,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

Yes

20a. How much state funding would be requested after 2018-19 over the next 5 years?

<1M

1-3M

>3-10M

>10M

20b. How many additional years of state support do you expect to need for this project?

1 year

2 years

3 years

4 years

>= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select ?ongoing activity?.

ongoing activity ? no total cost

<1M

1-3M

>3-10M

>10M