

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Florida Keys Area Health Education Center
2. Date of Submission: 11/01/2019
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? 2019-20
- 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 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <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:		200,000	200,000		500,000	500,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? 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 Holdbacks for each deliverable not met as detailed in the Contract.

6. Requester:

- a. Name: Michael Cunningham
- b. Organization: Florida Keys Area Health Education Center, Inc.
- c. Email: Michael@keysahcec.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: Florida Keys Area Health Education Center, Inc.
- c. Email: Michael@keysahcec.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: Metx, 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 goal of the program is to provide full time comprehensive direct primary care medical services for medically vulnerable school aged children through 8 clinical sites. Having primary, oral and mental health care services available in the school during school hours will improve the health of identified medically underserved families through direct care and early identification/treatment of disease. Results of the program are that children will have ongoing access to quality medical care.

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	Financial, Contract and Operational Mgt	15,500
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Taxes/Fringe	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 Ins. (Providers-\$290,000, RN-\$24000, 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,	90,500

	Oral Health Supplies/Materials-30500	
<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)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

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:

Formal support has been given by Monroe County, Monroe County School Board, City of Key West, Florida Blue, Ocean Reef Foundation, United Way, Health Foundation of South Florida, Monroe County Health Dept., Sheriff's Dept., 3 Local Hospitals and the Guidance Care Center (WestCare)

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:

While there has been no formal 3rd party study. Monroe County Government, the Monroe County Health Dept. and Monroe County School District have produced Community Health profiles and utilized the ALICE report from the United Way to document basic primary care needs for children within the County. This is further supported through the Health Dept.'s School Health Program, School Health Advisory Committee and the lack of Medicaid and Pediatric providers in Monroe.

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?

Specific to this project the School Health Center Sites will bridge a significant gap in service to care for medically vulnerable children in Monroe County. Outside of the Keys AHEC school based medical clinic there are no comprehensive care program in the schools for students. Providing school based health services in an easily accessible location has created new access points for children so that they have a medical home and can avoid other costly alternatives or receive no care at all.

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

Services Include: School Health Physicals & Health Assessments Sick & Well Child Visits Chronic Disease Management (Asthma and Diabetes) Prescriptions Treatment of Minor Injuries Strep, Urine Dipstick & Glucose Testing Vision/Hearing Tests Pregnancy Testing, Referral for Full Labs/Specialty Services, Oral Health & Dental Sealants as well as Mental Health Counseling and Treatment

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/oral 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 and acute illnesses.	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 its team based Mental Health Counselors.	Mental Health Counselors will track patient visits, diagnosis, treatment plans and outcomes.
<input type="checkbox"/> Enrich cultural experience		

<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Students that are well and free from illness attend more school days leading to a fuller educational experience where illness and pain do not distract from educational activities	Monroe County School District tracks attendance days annually. In FY 18/19 they were working on documenting reasons for absenteeism.
<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 2020-21 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	61.7%	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	25.9%	Yes
5. Other:	100,000	12.3%	Yes
<b>TOTAL</b>	<b>810,000</b>	<b>100%</b>	

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 2020-21 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