

# Appropriations Project Request - Fiscal Year 2017-18

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Keys Area Health Education Center-Monroe County Children's Health Center

2. Date of Submission: 02/06/2017

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***

b. What is the most recent fiscal year the project was funded? 2016-17

c. Were the funds provided in the most recent fiscal year subsequently vetoed? Yes

d. Complete the following Project Request Worksheet to develop your request (Note that column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in column G):

FY:	Input Prior Year Appropriation for this project for FY 2016-17 <i>(If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2017-18 <i>(Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring .)</i>		
	Column:	A	B	C	D	E
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 Request</b> <i>(Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)</i>
Input Amounts:		100,000	100,000		500,000	500,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2017-18? 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? For example, if the requested issue pertains to services provided to inmates at correctional facilities, the Department of Corrections would be the most appropriate state agency. Department of Health

6. Requester:

- a. Name: Michael Cunningham
- b. Organization: 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 (Please retype if same as Requester):

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

8. If there is a registered lobbyist, fill out the lobbyist information below.

- 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(Please retype if same as Requestor or Contact):

- 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 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. Providing school based health services in an easily accessible location and manner creates new access points for children and their families so that they can avoid emergency room visits or other costly alternatives. This funding would establish one new part time school based clinic and increases services at existing clinics.

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) Enter ?0? if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<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.	364,800
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Partial support for medical supplies for clinics, medical malpractice insurance, dental sealant materials, oral health team and equipment.	128,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Partial support for contracted Medical	7,200

	Director as required by Florida statute to provide supervision to Mid-Level providers.	
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, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Fixed Capital Outlay? was not selected, question 13 is not applicable)

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:

Keys AHEC has formal support and organization backing from Monroe County School District, Monroe County BOCC and Human Services Advisory Board, Monroe County Health Dept., City of Key West, University of Miami Miller School of Medicine, City of Marathon, National Association of City and County Health Officials, Health Foundation of South Florida, Florida Blue Foundation, Community Health of South Florida, Guidance Care Center, and local hospitals and healthcare 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:

While there has been no formal 3rd party study, the Monroe County School District reports 10% of their student population misses 21 or more days of school due to illness and the State of Florida reports Monroe County has one of the highest rates of uninsured and underinsured individuals. The United Way ALICE Report also documents the basic primary care needs for children within the county. Keys AHEC has also collected 2.5 years of health/performance data on the children it has served.

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

Yes

17a. Describe the target population to be served. 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
- Other (Please describe)

17b. 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 all that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
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<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 for the management of chronic diseases.	Keys AHEC tracks all health service and patient information via an Electronic Health Record as well as performance numbers (Care Tracker 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 track patient care through the Electronic Health Records 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 2017-18 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total (Automatically Calculates)	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
<b>TOTAL</b>	<b>750,000</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 2017-18 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
- 1-2M
- >2-3M
- >3-10M
- >10M