

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: St. Joseph's Children's Hospital Chronic-Complex Clinic
2. Date of Submission: 11/15/2019
3. House Member Sponsor: Michael Grant
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>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		1,000,000	1,000,000		1,125,000	1,125,000

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.

We have worked collaboratively with Children's Medical Services in the past to ensure this project returned value to the state. We will continue to work with CMS work with CMS on any penalties, including additional penalties if needed, to ensure deliverables are met.

6. Requester:

- a. Name: Jason Rodriguez
- b. Organization: St. Joseph's Children's Hospital
- c. Email: Jason.Rodriguez@BayCare.org
- d. Phone #: (727)519-1885

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

- a. Name: Stefanie Alt
- b. Organization: St. Joseph's Children's Hospital, Children's Specialty Centers and Wellness & Safety Center
- c. Email: Stefanie.Alt@BayCare.org
- d. Phone #: (813)224-1900

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

- a. Name: Travis Blanton
- b. Firm: Johnson & Blanton
- c. Email: travis@teamjb.com
- d. Phone #: (850)224-1900

9. Organization or Name of entity receiving funds:

- a. Name: St. Joseph's Children's Hospital
- b. County (County where funds are to be expended): Hillsborough
- c. Service Area (Counties being served by the service(s) provided with funding): Hernando, Hillsborough, Pasco, Pinellas, Polk

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?

St. Joseph's Children's Hospital (SJCH) is designed to meet the unique needs of children and their families by providing high-tech pediatric health care in a family-centered environment. SJCH houses the Chronic-Complex Clinic (CCC), the only medical home in the state for children with multiple life-threatening medical conditions. Through a comprehensive primary care approach, the CCC addresses the special health care needs of approximately 600 pediatric patients with complex medical needs.

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 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	Salaries and benefits for operations of clinic and providing medical and psychosocial care to patients.	600,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Support for EMR maintenance, office supplies, other supplies, staff education and training/travel	31,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Services for Neurodevelopmental Pediatric sub-specialist and continuation of Applied Behavioral Analyst (ABA) therapies for patients.	494,000

	Also included here are funds to support physician services for adult primary care and physician admin time.	
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		1,125,000

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:

This project is actively supported by taxpaying families throughout West Central Florida whose children benefit from the services provided by the clinic. Letters of support available upon request.

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:

Independent Consultant Evaluator/USF Cost Effectiveness Study (2002-2004). The goal of the study was to determine whether there are significant differences in the number of emergency room visits, number of hospitalizations, and length of stay in the hospital among children who are not enrolled in the Center and those who are enrolled at the Center.

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?

By keeping this population healthy and out of the hospital (95% of the CCC children are covered by Medicaid due to their medical complexities) the CCC is significantly reducing state Medicaid costs. Advances in medicine have resulted in more premature and medically complex newborns surviving. Our patients demonstrate a growing need for behavioral health, neurodevelopmental services, and behavioral therapies. CCC provides these critical services which are unavailable elsewhere in the state.

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

Financial support will allow CCC to continue providing uninterrupted clinical and psychosocial services as well as the ability to add new medically complex children into the practice. Our patients, who suffer from autism and other behavioral conditions, often lack access to appropriate specialists and therapies to address these issues and concerns. Funding would allow CCC to pilot a part time adult provider, housed in our CCC, who would be licensed to care for adult patients.

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	1.) Decrease ER Visits and inpatient hospital days. 2.) Improve health status of pediatric patients enough to be managed by community Pediatricians.	1.) # of ER saves and # of inpatient days 2.) # pediatric patients healthy enough to transition to community pediatricians
<input checked="" type="checkbox"/> Improve mental health	1.) Increase access to behavioral/mental health services and therapies	1. # of patients receiving behavioral/mental health services in the CCC. 2.) # of patients receiving ABA therapies in the home. 3.) # of hours patients have received of ABA therapies in the home.
<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 checked="" type="checkbox"/> Other (Please describe): Improve health outcomes for children with medically complex conditions	Increase access to multiple services for CCC patients.	1.) # patients receiving all services through the CCC

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
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			funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	1,125,000	73.2%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	12,500	0.8%	No
4. Local:	0	0.0%	No
5. Other:	400,000	26.0%	No
TOTAL	1,537,500	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 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