



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** St. Joseph's Children's Hospital Chronic-Complex Clinic

2. **Senate Sponsor:** Kelli Stargel

3. **Date of Submission:** 01/18/2018

4. **Project/Program Description:**

St. Joseph's Children's Hospital Chronic-Complex Clinic

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Health

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
1,098,000		1,098,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	36,500	3.2%
Local	0	0.0%
Other	0	0.0%
TOTAL	36,500	3.2 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,134,500

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 5

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18
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	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		1,000,000	1,000,000

10. Is future-year funding likely to be requested?

No

11. Program Performance:

a. What is the specific purpose or goal that will be achieved by the funds 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, child-friendly 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 700 pediatric patients with complex medical conditions. The CCC manages the care coordination for multiple pediatric specialists, psychosocial needs, dietary needs, home care and durable medical equipment, and continuity of care in the case of hospitalization. This care coordination occurs in one physical space, steps away from St. Joseph's Children's emergency/trauma center and the Children's Hospital.

b. What are the activities and services that will be provided to meet the intended purpose of these funds?

The CCC offers a wide range of services necessary to meet the needs of the patients served by our patient-centered medical home. By keeping this population healthy and out of the hospital (95% of the CCC children are covered by Medicaid) the CCC is significantly reducing state Medicaid costs. CCC has helped our patients avoid almost 400 ER visits in 2016, but if not managed well, this population can be a large contributor to Medicaid expenditures. With the advancement of medicine and neonatal care, significantly more premature and medically complex newborns are surviving. These vulnerable children need the appropriate care to transition from neonatal intensive care units to home with their families. Moreover, our patients have demonstrated a growing need for behavioral health and neurodevelopmental services. Through proper care coordination of the most expensive Medicaid recipients, reduced in-patient utilization has resulted in significant Medicaid savings.

c. How will the funds be expended?

Spending Category	Description	Amount
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Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Salaries and benefits for operations of clinic and providing medical and psychosocial care to patients	447,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Support for EMR maintenance, office supplies, other supplies, staff education and training/travel	26,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Services for neurodevelopmental pediatric sub-specialist and continuation of Applied Behavioral Analyst (ABA) therapies	625,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		1,098,000

d. What are the direct services to be provided to citizens by the appropriations project?

Financial support will allow the CCC to continue providing uninterrupted clinical and psychosocial services as well as the ability to continue adding new medically complex children into the practice. In addition the CCC will be allowed the opportunity to continue developmental/behavioral and mental health services to patients, which have shown further enhancements in the already comprehensive care medical home model. Our patients disproportionately suffer from autism and other behavioral conditions and often lack access to appropriate specialists and therapies to address these issues and concerns. This funding will allow us to



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continue helping these patients specifically by offering them direct access to these needed services directly in the Chronic-Complex Clinic and/or home setting.

e. Who is the target population served by this project? How many individuals are expected to be served?

Population served includes approximately 700 pediatric patients from across the state of Florida that have multiple chronic-complex medical conditions.

f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

Anticipated Results: Continue to monitor/track patient satisfaction to maintain > 85% rating; continue to increase the average number of emergency room saves; monitor the number of CCC patients transitioned to other medical home providers due to either improvement in medical condition or aging out of CCC; psychosocial services will be provided during clinic visit to an average of 100 patients monthly; developmental/behavioral and mental health services will be provided to an average of 30 patients monthly. Measurements Include: 1. Patient/family satisfaction 2. Number of emergency room saves (a save is defined as a patient coming to the CCC for medical evaluation when they are sick or in medical crisis vs. going to the emergency room for care) 3. Number of pediatric patients that have become healthy enough to transition out of the CCC 4. Number of CCC patients over 21 years of age that must transition to adult care 5. Increase access to psychosocial care, etc.

g. 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 in the contract?

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

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

not applicable

13. Requestor Contact Information:

- a. **Name:** Clint Shouppe
- b. **Organization:** St. Joseph's Children's Hospital
- c. **Email:** clint.shouppe@baycare.org
- d. **Phone Number:** (727)519-1885

14. Recipient Contact Information:

- a. **Organization:** St. Joseph's Children's Hospital
- b. **County:** Hillsborough
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)



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- Local Entity
- University or College
- Other (Please specify)

d. Contact Name: Stefanie Alt

e. E-mail Address: stefanie.alt@baycare.org

f. Phone Number: (813)870-4549

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

a. Name: Travis Blanton

b. Firm: Johnson and Blanton

c. Email: travis@teamjb.com

d. Phone Number: (850)224-1900