



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1237

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

St. Joseph's Children's Hospital Chronic-Complex Clinic is an NCQA recognized patient-centered medical home for pediatric and young adult patients with multiple medical complexities designed to provide primary care and wrap around services for this vulnerable population of patients.

5. State Agency to receive requested funds

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	1,200,000
Fixed Capital Outlay	0
Total State Funds Requested	1,200,000

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,200,000	63%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	700,000	37%
Total Project Costs for Fiscal Year 2025-2026	1,900,000	100%

8. Has this project previously received state funding? Yes

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	1,200,000		No

9. Is future-year funding likely to be requested? Yes

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

If state funding is not received the program would face reduction in services offered for our patients to accommodate the funding amount available. Services that would be affected include: all behavioral/mental health services, psychology services, and transitional services

Complete questions 10 and 11 for Fixed Capital Outlay Projects



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Fiscal Year 2025-2026

LFIR # 1237

10. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

e. What funding stream will be used for ongoing operations and maintenance of the project?

11. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

12. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Funds requested will be used to support salaries and benefits for clinic staff in the following roles: RN, APRN admin, social work, mental health, child life, care coordination and transition coordination and other support services.	905,000
Expense/Equipment/Travel/Supplies/Other	Funds requested will be used to support operational expenses and supplies such as: printing, electronic health record maintenance, answering service, staff travel and education, medical subscriptions; Uber Health transportation services for patients; office/medical supplies and other supplies needed to support the psychosocial components of the program.	45,000
Consultants/Contracted Services/Study	Funds will be used to support Services for on-site psychology services, continuation of Applied Behavioral Analyst (ABA) therapies for patients as needed, pediatric medical director/admin support, and adult primary care medical director/admin support for the young adult clinic patients who require continued comprehensive primary care due to medical complexities.	250,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		1,200,000

13. Program Performance

a. What specific purpose or goal will be achieved by the funds requested?



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Local Funding Initiative Request

Fiscal Year 2025-2026

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St. Joseph's Children's Hospital (SJCH) is designed to meet the unique needs of children/young adults 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 and young adults with multiple life-threatening medical conditions. Through a comprehensive primary care approach, the CCC addresses the special health care needs of approximately 650 pediatric and young adult patients with complex medical conditions. The CCC manages the care coordination for multiple pediatric/adult 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, the Children's Hospital and adult hospital facility for the patients requiring adult care.

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

The Chronic-Complex Clinic (CCC) seeks to continue offering a wide range of services necessary to meet the varied 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 patients are covered by Medicaid due to their medical complexities) the CCC is significantly reducing state Medicaid costs. Specifically, the CCC has helped our patients avoid approx. 526 ER visits in 2023 and 2024, the financial benefit of which has accrued directly to the state. 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 patients are surviving and living much longer lives. For example, these vulnerable children need the appropriate care to transition from neonatal and cardiac intensive care units to home with their families.

c. What direct services will be provided to citizens by the appropriation project?

Financial support will allow the CCC to continue providing uninterrupted medical and psychosocial services as well as the ability to continue adding new medically complex patients into the practice. The CCC will be allowed the opportunity to continue developmental/behavioral, mental health, and psychology services for 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. We will be able to continue helping these patients specifically by offering them direct access to these needed services directly in the Chronic-Complex Clinic and/or home setting. Funding will also provide the CCC the ability to continue an adult version of the CCC for young adult patients who continue to require the same comprehensive medical care, but with age-appropriate Providers.

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

Population served includes approximately 650 pediatric and young adult patients from across the state of Florida that have multiple chronic-complex medical conditions.

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

Continue to monitor/track patient satisfaction to maintain > 85% rating; increase/maintain 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 reaching 18 years of age; 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: Patient/family satisfaction, # 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), # of CCC patients 18 years of age or older that must transition to adult care, Increase access to psychosocial care through monthly parent support groups, # of patients receiving psychology services, # of hours patients receive ABA therapies.

f. 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.

14. Is this project related to mitigation, response, or recovery from a natural disaster? No

a. If Yes, what phase best describes the project?

- Mitigation (reducing or eliminating potential loss of life or property)



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LFIR # 1237

- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

15. Has the entity applied for or received federal assistance for this project?

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

18. Recipient Contact Information

a. Organization

b. Municipality and County



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c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)

d. First Name Last Name

e. E-mail Address

f. Phone Number Ext.

19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.