

Appropriations Project Request - Fiscal Year 2017-18

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: 01/27/2017

3. House Member Sponsor: Janet Cruz

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? No

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>	Additional Nonrecurring Request	TOTAL Nonrecurring Request <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:	98,000	1,000,000	1,098,000	98,000	850,000	850,000

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: Clint Shouppe
- b. Organization: St. Joseph's Children Hospital
- c. Email: Clint.Shouppe@baycare.org
- d. Phone #: (727)519-1885

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: Stefanie Alt
- b. Organization: St. Joseph's Children's Hospital
- c. Email: Stefanie.Ajb.comlt@baycare.org
- d. Phone #: (813)870-4549

8. 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 #: (850)224-1900

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

- a. Name: St. Joseph's Children 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?

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.

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	Salaries and benefits for operations of clinic and providing medical and psychosocial care to patients.	406,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Support EMR maintenance, office supplies, staff education and training/travel	27,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Services for developmental pediatrician/specialist, pediatric psychiatry services and continuation	515,000

	of Applied Behavioral Analyst (ABA) therapies	
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		948,000

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:

This project is actively supported by taxpaying families throughout West Central Florida whose children benefit from the services provided by the clinic. Letter 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:

Independen 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 hispital 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. 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): Children with special complex medical needs

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
<input checked="" type="checkbox"/> Improve physical health	Decrease of ER visits an inpatient days	Number of ER saves and number of inpatient days

<input checked="" type="checkbox"/> Improve mental health	Increase access to mental/behavioral health services and therapies	Number of patient receiving mental/behavioral health services and therapies
<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 in access to multiple services for CCC patients	Number of patients receiving all services through the CCC

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:	948,000	57.4%	N/A
2. Federal:	189,100	11.4%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	15,600	0.9%	Yes
4. Local:	0	0.0%	No
5. Other:	500,000	30.3%	No
TOTAL	1,652,700	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

No