



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Johns Hopkins All Children's Hospital Medical Foster Home

2. **Senate Sponsor:** Rene Garcia

3. **Date of Submission:** 12/01/2017

4. **Project/Program Description:**

Development of a more appropriate temporary placement for children, who no longer need to be hospitalized at Johns Hopkins All Children's Hospital (JHACH), but are awaiting medical foster children placement.

5. **State Agency Contacted?** No

a. If yes, which state agency?

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

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
420,891		420,891

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)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 420,891

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

FY:	Input Prior FY Appropriation for this project for FY 2017-18 (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:			

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

Yes

a. If yes, indicate non-recurring amount per year.

\$420,000

11. Program Performance:

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

Since Jan. 1, 2017 – Jul. 31, 2017, 94 children have had 688 days in the hospital when they no longer met the medical criteria to be there. There are 16 children a month, or 4 children a week, who are in need of a medical foster home or temporary housing while awaiting placement. The requested funds will allow foster care children to have a better alternative and safer place to live and thrive in a home environment, rather than in the hospital. JHACH can become a temporary medical foster home for medically complex children under the age of 21 while they await placement.

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

Medical foster children will be placed in a medical foster home with Licensed Practical Nurses (LPNs) that provide 24 hour oversight, direct patient care, and interact with the DCF system for short-term care coordination while they are awaiting a long-term medical foster home. The LPNs along with volunteers will also assist in transporting children to their doctors appointments and schools. The medical foster home will act as a bridge between the community agencies and a child's future permanent home.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Senior Director of Kids Home Care	45,000



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

<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	6.7 FTE LPNs who will provide 24 hour oversight	345,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Travel expenses associated with transporting children to doctor appointments and schools, with reimbursement of \$0.54 per mile. Three additional cribs. \$15,891 Handicap ramp and any minor renovations needed \$15,000.	30,891
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		420,891

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

We would offer services received in medical foster care, including any ordered medical treatments, medication administration and assist with daily living activities.

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

Children up to age 21, in the foster care system, and with special healthcare needs are the primary target population for this program. Children placed in the medical foster home must be identified as patients who no longer need inpatient medical services at JHACH, be in custody of DCF, and be medically stable for care in a home setting and awaiting placement in a medical foster care home.

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

The expected benefits of this project are to reduce unnecessary costs incurred when a child is in a hospital and no longer needs to be. The quality of life of these children being in a home like environment versus in a hospital



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

will include their ability to be in school; their development and social skills. Length of stay will be measured along with number of days a child is in school and development screening.

- 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?**

The suggested penalty would be requiring any funds associated with the unmet deliverables to be returned.

- 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.**

N/A

- 13. Requestor Contact Information:**

- a. Name:** Cindy Driscoll
- b. Organization:** Johns Hopkins All Children's Hospital
- c. Email:** Cdrisco2@jhmi.edu
- d. Phone Number:** (727)767-4110

- 14. Recipient Contact Information:**

- a. Organization:** Johns Hopkins All Children's Hospital
- b. County:** Pinellas
- c. Organization Type:**
 - ☐ For Profit
 - ☒ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)
 - ☐ Local Entity
 - ☐ University or College
 - ☐ Other (Please specify)
- d. Contact Name:** Cindy Driscoll
- e. E-mail Address:** Cdrisco2@jhmi.edu
- f. Phone Number:** (727)767-4110

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

- a. Name:** Anita Berry
- b. Firm:** Corcoran & Johnston
- c. Email:** anita@corcoranfirm.com
- d. Phone Number:** (305)524-0172