



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Pediatric Integrated Behavioral Health Services

2. **Senate Sponsor:** Aaron Bean

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

4. **Project/Program Description:**

The Pediatric Integrated Behavioral Health Services is a model program through the Partnership for Child Health that provides integrated physical and mental health care to children and youth in Northeast Florida that are living with complex mental health conditions by coordinating and managing their medical and mental health care through a pediatric practice that includes a pediatrician, clinical social worker and a behavioral healthcare worker. Through integrated medical and behavioral healthcare coordination, Baker Acts can be significantly reduced resulting in significant cost savings.

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
299,798		299,798

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

Type	Amount	Percent
Federal	300,000	50.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	300,000	50.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 599,798

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

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



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- c. What is the most recent fiscal year the project was funded?
- d. Were the funds provided in the most recent fiscal year subsequently vetoed?
- e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18 <i>(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)</i>		
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.

\$299,798

**11. Program Performance:**

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

This program will serve children and youth in Northeast Florida who have complex mental health conditions with the goal of reducing expensive out-of-home care that results from psychiatric hospitalizations.

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

Children and youth living with complex mental health conditions will receive integrated and coordinated healthcare services through a medical home that includes a pediatrician, licensed clinical social worker and a behavioral healthcare worker who will coordinate medical and mental healthcare, including medication management and therapy, to reduce the incidents of psychiatric hospitalizations.

- c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		



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<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	1.0 FTE Pediatrician, 1.0 FTE LCSW, 1.0 FTE Care Coordinator	299,798
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		299,798

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

Requested funds will be spent to support expanded access to integrated physical and behavioral healthcare for at-risk children and youth in Northeast Florida, to include children and youth in the child welfare system, juvenile justice system, mental health system and low-socioeconomic bracket. Children and youth living with complex mental health conditions will receive integrated and coordinated healthcare services through a medical home that includes a pediatrician, licensed clinical social worker and a behavioral healthcare worker.

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

In 2014, more than 800 children and youth were involuntarily hospitalized for a mental health crisis more than 1200 times. In addition, recent state reports found that youth involved in the juvenile justice and child welfare systems were lacking in regular preventive and intermediary healthcare. These funds will support the Pediatric Integrated Behavioral Health Services program to ensure coordinated physical and behavioral healthcare for at-risk children and youth resulting in improved child and adolescent health and wellbeing, and decreasing the costs of crisis care. This program will serve youth in Northeast Florida who have complex mental health conditions with the goal of reducing expensive out-of-home care as a result of psychiatric hospitalizations.

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

Increased access to integrated physical and behavioral health care will be measured by the number of children and youth served, the number of youth adhering to prescriptive medical and mental healthcare, the reduction of the number of children and youth involuntarily hospitalized for mental health crisis (Baker Acts), and the number of children and youth receiving regular preventive care. The Partnership for Child Health will provide



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the funder with quarterly progress reports documenting progress and outcomes to ensure quality performance is delivered.

- 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 current standard penalties for contract noncompliance are adequate.

- 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:**

- Name:** Vicki Waytowich, Ed.D Exec Dir
- Organization:** Managed Access to Child Health, Inc. dba Partnership for Child Health
- Email:** vickiw@coj.net
- Phone Number:** (904)860-8530

- 14. Recipient Contact Information:**

- Organization:** Managed Access to Child Health, Inc. dba Partnership for Chi
- County:** Duval
- Organization Type:**
  - For Profit
  - Non Profit 501(c) (3)
  - Non Profit 501(c) (4)
  - Local Entity
  - University or College
  - Other (Please specify)
- Contact Name:** Vicki Waytowich, Ed.D Exec Dir
- E-mail Address:** vickiw@coj.net
- Phone Number:** (904)860-8530

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

- Name:** None
- Firm:** None
- Email:**
- Phone Number:**