1. **Title of Project:** Pediatric Integrated Behavioral Health Services
2. **Senate Sponsor:** Aaron Bean
3. **Date of Submission:** 02/06/2019
4. **Project/Program Description:**
   Pediatric Integrated Behavioral Health Services -- a model program through the Partnership for Child Health that provides comprehensive integrated physical and behavioral support to children and youth in Northeast Florida who are living with complex mental health conditions so that they can achieve and maintain mind-body wellness and reduce psychiatric crisis hospitalizations.
5. **State Agency to receive requested funds:** Department of Children and Families
   State Agency Contacted? No
6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>299,798</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td></td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td>299,798</td>
</tr>
</tbody>
</table>

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>299,798</td>
<td>100.00%</td>
</tr>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Local</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td>299,798</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

8. **Has this project previously received state funding?**  No

9. **Is future-year funding likely to be requested?** Yes
   a. If yes, indicate non-recurring amount per year. 300,000

10. **Details on how the requested state funds will be expended**

<table>
<thead>
<tr>
<th>Spending Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
</table>
The Florida Senate  
Local Funding Initiative Request  
Fiscal Year 2019-2020

**Administrative Costs:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Director/Project Head Salary and Benefits</td>
<td></td>
</tr>
<tr>
<td>Other Salary and Benefits</td>
<td></td>
</tr>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td></td>
</tr>
</tbody>
</table>

**Operational Costs:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary and Benefits</td>
<td></td>
</tr>
<tr>
<td>1.0 FTE Pediatrician 1.0 FTE Behavioral Health Care Coordinator .5 FTE Licensed Clinical Social Worker</td>
<td>299,798</td>
</tr>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td></td>
</tr>
</tbody>
</table>

**Fixed Capital Construction/Major Renovation:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Construction/Renovation/Land/Planning Engineering</td>
<td></td>
</tr>
</tbody>
</table>

**Total State Funds Requested (must equal total from question #6)**

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>299,798</td>
</tr>
</tbody>
</table>

11. **Program Performance:**

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

   Pediatric Integrated Behavioral Health Services is a model program through the Partnership for Child Health that provides comprehensive integrated physical and behavioral support to children and youth in Northeast Florida who are living with complex mental health conditions so that they can achieve and maintain mind-body wellness and reduce psychiatric crisis 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 health care services through a Medical Home that includes a pediatrician, behavioral health care coordinator and licensed clinician who will coordinate the medical and mental health care including medication management and therapy to reduce incidences of psychiatric hospitalizations.

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

   Children and youth living with complex mental health conditions will receive integrated and coordinated health care services through a Medical Home that includes a pediatrician, behavioral health care coordinator and licensed clinician who will provide comprehensive care that includes complete primary health care, coordinated care with child and adolescent psychiatrists and therapists, medication management, referrals for specialty care and ongoing monitoring of growth and development.

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

   Youth and children with poor mental health. Youth and children with poor physical health. Economically disadvantaged persons. Youth and children in child welfare. At-risk youth and children including high school, grade school, and college students. We expect to serve 400+ individuals from the target population.

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

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?
Failure to consistently meet deliverables or performance measures will result in financial penalties.

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: Vicki Waytowich
b. Organization: Managed Access to Child Health, Inc. dba Partnership for Child Health
c. E-mail Address: vickiw@coj.net
d. Phone Number: (904)860-8530

14. Recipient Contact Information:
a. Organization: Managed Access to Child Health, Inc. dba Partnership for Child Health
b. County: Duval
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: Vicki Waytowich
e. E-mail Address: vickiw@coj.net
f. Phone Number: (904)860-8530

15. Lobbyist Contact Information
a. Name: None
b. Firm Name: None
c. E-mail Address:
d. Phone Number: