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

2. **Senate Sponsor**: Aaron Bean

3. **Date of Request**: 12/07/2019

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 Health
   **State Agency contacted?**  
   - Yes  
   - No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>150,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td>000</td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td><strong>150,000</strong></td>
</tr>
</tbody>
</table>

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>150000</td>
<td>100.0 %</td>
</tr>
</tbody>
</table>
   **Matching Funds**                             |        |            |
   Federal                                        | 00     | 0 %        |
   State (excluding the amount of this request)  | 00     | 0 %        |
   Local                                          | 00     | 0 %        |
   Other                                          | 00     | 0 %        |
   **Total Project Costs for Fiscal Year 2020-2021** | **150,000** | **100 %** |

8. **Has this project previously received state funding?**  
   - Yes  
   - No
   **If yes, provide the most recent instance:**

<table>
<thead>
<tr>
<th>Fiscal Year (yyyy-yyyy)</th>
<th>Recurring</th>
<th>Nonrecurring</th>
<th>Specific Appropriation #</th>
<th>Vetted</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019-20</td>
<td>00</td>
<td>100,000</td>
<td>523</td>
<td>No</td>
</tr>
</tbody>
</table>

9. **Is future-year funding likely to be requested?**  
   - Yes  
   - No
   **If yes, indicate nonrecurring amount per year.**  
   150,000
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>
<tbody>
<tr>
<td><strong>Administrative Costs:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Executive Director/Project Head Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Operational Costs: Other</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salary and Benefits</td>
<td>1.0 FTE Community Practice Liaison</td>
<td>150,000</td>
</tr>
<tr>
<td></td>
<td>.5 FTE Nurse Care Coordinator</td>
<td></td>
</tr>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fixed Capital Construction/Major Renovation:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Construction/Renovation/Land/Planning/Engineering</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total State Funds Requested (must equal total from question #6)</strong></td>
<td></td>
<td>150,000</td>
</tr>
</tbody>
</table>
11. **Program Performance**

a. **What specific purpose or goal 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 activities and services 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 direct services will be provided to citizens by the appropriation 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+ of 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?**

   Improved mental, physical and behavioral health and well-being and functioning
   Reduction in youth psychiatric hospitalizations
   Reduction in Baker Acts
   Reduction in youth recidivism
   Increased stability in school
   Expanded access to care through a Medical Home
   Expanded training of pediatricians with respect to complex health and mental health conditions

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.
The Florida Senate
Local Funding Initiative Request
Fiscal Year 2020-2021

12. **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.**

Agency will not receive any capital outlay funding.

13. **Requestor Contact Information**
   a. First Name: Vicki  Last Name: 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  Ext.: 

14. **Recipient Contact Information**
   a. Organization: Managed Access to Child Health, Inc. dba Partnership for Child Health
   b. Municipality and County: Duval
   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: Vicki  Last Name: Waytowich
   e. E-mail Address: vickiw@coj.net
   f. Phone Number: (904)8608530

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

Page 4 of 4