

LFIR # 1283

| 1. Project Title Integrated | Health Care for Justice-Involved Youth |
|-----------------------------|--|
|-----------------------------|--|

2. Senate Sponsor Aaron Bean

3. Date of Request 02/06/2021

#### 4. Project/Program Description

The Partnership for Child Health is asking for \$150,000 to develop and implement our successful medical/behavioral health home model within the Circuit 4 Diversion System of Care. In late 2020, The Partnership for Child Health through the Circuit 4 State Attorney's office and Kids Hope Alliance was awarded the Diversion System of Care to redesign the community-based diversion system for youth who have been referred by the State Attorney's Office. Because 75-85% of all delinquent youth meet the criteria for mental health issues and upwards of 98% of justice involved youth have experienced multiple trauma indicators, identifying, treating and managing these conditions significantly reduces their risk for subsequent offending. Subsequently, youth will be referred for integrated physical and behavioral health care with a pediatric practice that includes a pediatrician trained in the Collaborative Care mental/behavioral health model and receive medication management and therapeutic oversigh

#### 5. State Agency to receive requested funds

Department of Health

State Agency contacted? No

### 6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022

| Type of Funding             | Amount  |
|-----------------------------|---------|
| Operations                  | 150,000 |
| Fixed Capital Outlay        | 0       |
| Total State Funds Requested | 150,000 |

#### 7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

| Type of Funding                                | Amount    | Percentage |  |
|--|-----------|------------|--|
| Total State Funds Requested (from question #6) | 150,000   | 13%        |  |
| Matching Funds                                 |           |            |  |
| Federal  | 0         | 0%         |  |
| State (excluding the amount of this request)   | 0         | 0%         |  |
| Local  | 1,000,000 | 87%        |  |
| Other  | 0         | 0%         |  |
| Total Project Costs for Fiscal Year 2021-2022  | 1,150,000 | 100%       |  |

8. Has this project previously received state funding? Yes

| Fiscal Year | Amount    |              | Specific        | Vetoed |  |
|-------------|-----------|--------------|-----------------|--------|--|
| (уууу-уу)   | Recurring | Nonrecurring | Appropriation # |        |  |
| 2019-20     |           | 100,000      | 523             | No     |  |

#### 9. Is future funding likely to be requested?

Yes 150.000

a. If yes, indicate nonrecurring amount per year.

### b. Describe the source of funding that can be used in lieu of state funding.

Diversion System of Care Grant



### 10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

No

If yes, indicate the amount of funds received and what the funds were used for.

#### 11. Details on how the requested state funds will be expended

| Spending Category   | Description   | Amount  |  |  |
|---|---|---------|--|--|
| Administrative Costs:   |   |         |  |  |
| Executive Director/Project Head<br>Salary and Benefits                  |   | 0       |  |  |
| Other Salary and Benefits   |   | 0       |  |  |
| Expense/Equipment/Travel/Supplies/<br>Other                             |   | 0       |  |  |
| Consultants/Contracted<br>Services/Study                                |   | 0       |  |  |
| Operational Costs: Other  |   |         |  |  |
| Salary and Benefits   | 1.0 FTE Health Care Coordinator<br>.25 FTE Psychiatric Fellow<br>.25 FTE Licensed Clinician | 150,000 |  |  |
| Expense/Equipment/Travel/Supplies/<br>Other                             |   | 0       |  |  |
| Consultants/Contracted<br>Services/Study                                |   | 0       |  |  |
| Fixed Capital Construction/Major Renovation:                            |   |         |  |  |
| Construction/Renovation/Land/<br>Planning Engineering                   |   | 0       |  |  |
| Total State Funds Requested (must equal total from question #6) 150,000 |   |         |  |  |

#### 12. Program Performance

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

The goal of a successful system of care is to collaborate to redirect the community's efforts and resources with evidencebased services and supports under a comprehensive and trauma-informed Diversion System of Care (SOC). Because 75-85% of all delinquent youth meet the criteria for mental health issues and upwards of 98% of justice involved youth have experienced multiple trauma indicators, identifying, treating and managing these conditions significantly reduces their risk for subsequent offending. Subsequently, youth will be referred for integrated physical and behavioral health care with a pediatric practice that includes a pediatrician trained in the Collaborative Care mental/behavioral health model and receive medication management and therapeutic oversight through this integrated practice to ensure successful outcomes (reduction in recidivism, reduction in baker acts, academic success), medication follow up and continuity of care.

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

Justice-involved youth will be assigned an integrated behavioral and medical health team and will receive psychiatric and pediatric medical and mental health intervention including medication management, health care coordination and therapy.

#### c. What direct services will be provided to citizens by the appropriation project?

Justice-involved youth who qualify for the Diversion System of Care will receive: An integrated team of behavioral and medical health specialists; health care coordination; medication management; and therapeutic supports.

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



Youth up to 17-years-old who have been diverted from the Juvenile Justice System; Youth and children with mental health issues; Youth and children with poor physical health; Economically disadvantaged youth; Youth and children in child welfare; and At-risk youth including high school, middle school. 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?

Reduction in children and youth in the Juvenile Justice System; 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 the contract?

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

13. 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.



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### 14. Requestor Contact Information

|     | a. First Name                     | Vicki  |    | Last Nam | e 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)860-853   | 0  | Ex       | t.          |  |
| 15. | 15. Recipient Contact Information |  |    |          |             |  |
|     | a. Organization                   | Managed Access to Child Health, Inc. dba<br>Partnership for Child Health |    |          |             |  |
|     | b. Municipality and County Duval  |  |    |          |             |  |
|     | c. Organization Type              |  |    |          |             |  |
|     | □For Profit Entity                | tity   |    |          |             |  |
|     | ⊠Non Profit 501(c                 | 501(c)(3)  |    |          |             |  |
|     | □Non Profit 501(c                 | <sup>/</sup> c)(4)   |    |          |             |  |
|     | □Local Entity                     |  |    |          |             |  |
|     | □University or Co                 | ollege   |    |          |             |  |
|     | □Other (please sp                 | specify)   |    |          |             |  |
|     | d. First Name                     | Vicki  |    | Last Nam | e Waytowich |  |
|     | e. E-mail Address                 | vickiw@coj.ne  | et |          |             |  |
|     | f. Phone Number                   | (904)860-853   | 0  |          |             |  |
| 16. | 16. Lobbyist Contact Information  |  |    |          |             |  |
|     | a. Name                           | None   |    |          |             |  |
|     | b. Firm Name                      | None   |    |          |             |  |
|     | c. E-mail Address                 |  |    |          |             |  |
|     | d. Phone Number                   |  |    |          |             |  |