



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1652

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

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**
- State Agency contacted? Yes No

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

Type of Funding	Amount
Operations	<input style="width: 80px;" type="text" value="150,000"/>
Fixed Capital Outlay	<input style="width: 80px;" type="text" value="000"/>
Total State Funds Requested	150,000

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

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 80px;" type="text" value="150,000"/>	<input style="width: 60px;" type="text" value="100.0"/> %
Matching Funds		
Federal	<input style="width: 60px;" type="text" value="00"/>	<input style="width: 60px;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 60px;" type="text" value="00"/>	<input style="width: 60px;" type="text" value="0"/> %
Local	<input style="width: 60px;" type="text" value="00"/>	<input style="width: 60px;" type="text" value="0"/> %
Other	<input style="width: 60px;" type="text" value="00"/>	<input style="width: 60px;" type="text" value="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:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 80px;" type="text" value="2019-20"/>	<input style="width: 60px;" type="text" value="00"/>	<input style="width: 80px;" type="text" value="100,000"/>	<input style="width: 60px;" type="text" value="523"/>	<input type="text" value="No"/>

9. **Is future-year funding likely to be requested?** Yes No

If yes, indicate nonrecurring amount per year.



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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		<input style="width: 100%; height: 20px;" type="text"/>
Other Salary and Benefits		<input style="width: 100%; height: 20px;" type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input style="width: 100%; height: 20px;" type="text"/>
Consultants/Contracted Services/Study		<input style="width: 100%; height: 20px;" type="text"/>
Operational Costs: Other		
Salary and Benefits	1.0 FTE Community Practice Liaison .5 FTE Nurse Care Coordinator	150,000
Expense/Equipment/Travel/Supplies/Other		<input style="width: 100%; height: 20px;" type="text"/>
Consultants/Contracted Services/Study		<input style="width: 100%; height: 20px;" type="text"/>
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		<input style="width: 100%; height: 20px;" type="text"/>
Total State Funds Requested (must equal total from question #6)		150,000



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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.



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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 Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **Recipient Contact Information**

- a. Organization
- b. Municipality and County
- 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 Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.