



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2174

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

**4. Project/Program Description**

We propose to integrate our clinical services with the Department of Juvenile Justice around the state. This integration includes a Chrysalis Health Master's level clinician and a Chrysalis case manager working side by side with Juvenile Probation Officers in their offices. The clinician is available to immediately assess the youth and determine any mental health concerns and engage the youth in treatment and the case manager will assist with linking the youth to other needed treatment programs and services in the community, provide training and support to JPOs, and appear in court with the youth and JPO as needed. The goals are to prevent youth who struggle with behavioral health issues from slipping through the cracks, reduce the likelihood of more severe behaviors manifesting and the need for deeper end services such as residential care, and decrease maladaptive delinquent behaviors by treating or linking the underlying psychological issues.

5. **State Agency to receive requested funds**
- State Agency contacted?**

**6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025**

Type of Funding	Amount
Operations	580,588
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>580,588</b>

**7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	580,588	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>580,588</b>	<b>100%</b>

8. **Has this project previously received state funding?**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	507,000	1159	No

9. **Is future funding likely to be requested?**
- a. **If yes, indicate nonrecurring amount per year.**
- b. **Describe the source of funding that can be used in lieu of state funding.**
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10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**



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Yes

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

We received \$6,115,500 from PPP (Paycheck Protection Program). Funds went to the allowable CARES Act expenditures for payroll.

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

### 11. Status of Construction

a. What is the current phase of the project?

- Planning    
  Design    
  Construction    
  N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List 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.

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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	.15 FTE Project Director to provide direct oversight of the program, ensure deliverables, goals and outcomes are being achieved, provide supervision of program staff.	16,945
Other Salary and Benefits	.15 FTE Accounting support to provide preparation of invoices and expenditure reports, audits and .20 FTE Contract Manager to provide CQI and contract management to ensure outcomes and deliverables are met.	20,988
Expense/Equipment/Travel/Supplies/Other	Insurance and rent for administrative office.	32,181
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	2 FTE Clinical Supervisors to ensure clinical quality oversight of the program, 3 FTE Therapists, 2 FTE Case Managers and 1 FTE Program Assistant/Data specialist to ensure all program data is reported in an accurate and timely way to DJJ.	498,190
Expense/Equipment/Travel/Supplies/Other	Rent, staff travel, phone, utilities, office supplies.	12,284
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>580,588</b>



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#### 14. Program Performance

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

The goals of the project are to prevent youth who struggle with behavioral health issues from slipping through the cracks, reduce the likelihood of more severe behaviors manifesting and the need for deeper end, more expensive services such as residential care, and decrease maladaptive delinquent behaviors by treating the underlying psychological issues.

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

We propose to integrate our clinical services with the Department of Juvenile Justice around the state. This integration includes a Chrysalis Health Master's level clinician and a Chrysalis case manager, serving as a therapist and system navigator, working side by side with Juvenile Probation Officers in their offices.

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

The clinician is available to immediately assess the youth and determine any mental health concerns and engage the youth in treatment and the case manager will assist with linking the youth to other needed treatment programs and services in the community, provide training and support to JPOs, and appear in court with the youth and JPO as needed. Services include a comprehensive assessment, treatment plan, therapy or linkage to an appropriate behavioral health service provider, case management, training/support for Juvenile Probation Officers, and appearance in court if needed.

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

The target population are DJJ youth who have an identified or suspected mental health or substance abuse problem. Approximately 150 kids will be served annually.

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

The following benefits and outcomes for this project are: 1) Youth will demonstrate an improvement in their mental health symptoms; measure is an evidenced based assessment tool (like the DLA-20 or CFARS) that determines improvement in symptoms. 2)100% of youth released from the program will not receive Offense During Service (ODS); measure is the percentage of youth released from the program that shall not receive ODS shall be at or above the last Comprehensive Accountability Report (CAR) of similarly classified services (greater or lesser depending on the measure) 3)90% of youth will not receive any additional charges while in the program; measure is This percentage is calculated by dividing the number of youth that did not recidivate by the total number of youth that completed program services. Recidivism is defined as an offense that occurs within 12 months of program completion that results in an adjudication, adjudication withheld, or an adult conviction for any new violation.

**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?**

Initially a Corrective action plan. If not corrected additional penalties could include partial to total loss of funding.

#### 15. Requester Contact Information

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

#### 16. Recipient Contact Information

**a. Organization**

**b. Municipality and County**



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#### 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

#### 17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number