

LFIR # 2417

1. Project Title	Integrated Care a	and Coordination	n for	Youth (ICCY)			
2. Senate Sponsor	Ed Hooper						
3. Date of Request	01/13/2022						
4. Project/Program De	escription						
have a Chrysalis He with JPO's in the JP The clinician would be youth in treatment, pother treatment serv The goals would be	alth Master's level of O offices. be available to imme provide training to JF rices when traditionate oprevent youths we severe behaviors.	ediately assess to a color of the color of t	uld a the yecourt court case beha the	couth and determine t with the youth and e management serv avioral health issue need for deeper en	navigation services any mental health JPO as needed, and ices were deemed s from slipping thro d services such as	c. This integration would s, working side by side concerns, engage the nd assist with finding insufficient. ugh the cracks, reduce residential care, and	
5. State Agency to red	•			nt of Juvenile Justic			
State Agency conta 6. Amount of the Noni	acted? Yes	•			<u> </u>		
Type of Funding				Amo	ount		
Operations					507,000		
Fixed Capital Outlay	1			0			
Total State Funds Requested				507,000			
	1090.00100				507,000		
7. Total Project Cost f	•	2-2023 (includi	ng m	atching funds ava	,	_	
	•	2-2023 (includii	ng m	atching funds ava	,	_	
7. Total Project Cost f	or Fiscal Year 2022		ng m		ilable for this pro	iect)	
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If yes, indicate the amount of funds received and what the funds were used for.

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

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	.75 FTE Project Director to provide direct oversight of the program, ensure contract deliverables are being achieved, provide supervision of program staff	30,000
Other Salary and Benefits	1 FTE Data Specialist to ensure all program data is reported in an accurate and timely way to DJJ. Provide data to program staff to ensure outcomes are being achieved.	30,000
Expense/Equipment/Travel/Supplies/Other	0	0
Consultants/Contracted Services/Study	0	0
Operational Costs: Other		
Salary and Benefits	9 FTE's to provide state wide services to youth in the ICCY program. Services include: • Individual/family outpatient services can be provided in the office, school or home • Training for JPO staff on a variety of behavioral health topics • Case Management of youth • Navigation and linkage of behavioral health system and services	438,000
Expense/Equipment/Travel/Supplies/ Other	Computers, office supplies and travel reimbursement.	9,000
Consultants/Contracted Services/Study	0	0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	0	0
Total State Funds Requested (m	ust equal total from question #6)	507,000

### 12. Program Performance

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

The goals of the project would be to prevent youths 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 disorder.

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

4 clinicians will be embedded in Juvenile Probation Offices in 2 circuit offices.

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



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- Individual/family outpatient services can be provided in the office, school or home
- Training for JPÓ staff on a variety of behavioral health topics
- Case Management of youth
- Navigation and linkage of behavioral health system and services
- Appearing in court as needed with the JPO
- 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 100 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 demonstarte an improvement in their mental health symptoms; measure is The DLA-20 is an evidenced based assessment tool that determines level of 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 violat

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.

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.



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14.	14. Requestor Contact Information							
	a. First Name	Leslie	Last Name	Lynch				
	b. Organization	Chrysalis Health						
	c. E-mail Address	llynch@chrysalishealth.com						
	d. Phone Number	(954)415-2952 <b>Ext.</b>						
15.	15. Recipient Contact Information							
	a. Organization	Chrysalis Health						
	b. Municipality and County Broward							
	c. Organization Type							
	☑For Profit Entity							
	□Non Profit 501(c	c)(3)						
	□Non Profit 501(c	c)(4)						
	□Local Entity							
	□University or College							
	□Other (please specify)							
	d. First Name	Leslie	Last Name	Lynch				
	e. E-mail Address	llynch@chrysalishealt	າ					
	f. Phone Number							
16.	16. Lobbyist Contact Information							
	a. Name	Eric D. Prutsman						
	b. Firm Name	Johnson & Blanton						
	c. E-mail Address	eric@prutsmanlaw.com						
	d. Phone Number	(850)894-6601						