



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1712

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 2026-2027

Type of Funding	Amount
Operating	678,602
Fixed Capital Outlay	0
Total State Funds Requested	678,602

7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	678,602	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2026-2027	678,602	100%

8. Has this project previously received state funding?

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2025-26	0	678,602	1176	No

9. Is future-year 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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Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. 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?

e. What funding stream will be used for ongoing operations and maintenance of the project?

11. 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.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	0.33 FTE Project Director to provide direct oversight of the program, ensure deliverables, goals and outcomes are being achieved, provide supervision of program staff.	37,278
Other Salary and Benefits	0.15 FTE Accounting support to provide preparation of invoices and expenditure reports, audits and .033 FTE Contract Manager to provide CQI and contract management to ensure outcomes and deliverables are met.	30,820
Expense/Equipment/Travel/Supplies/Other	Insurance and rent for administrative office and travel for admin staff	42,000
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	2 FTE Clinical Supervisors to ensure clinical quality oversight of the program, 4 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.	511,220
Expense/Equipment/Travel/Supplies/Other	Rent, staff travel, phone, utilities, office supplies.	57,284
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		678,602

13. Program Performance

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



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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 in the contract?

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

14. Is this project related to mitigation, response, or recovery from a natural disaster?

a. If Yes, what phase best describes the project?

- ☐ Mitigation (reducing or eliminating potential loss of life or property)
- ☐ Response (addressing the immediate and short-term effects of a natural disaster)
- ☐ Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

15. Has the entity applied for or received federal assistance for this project?

- ☐ Yes, Applied



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- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- ☐ Yes, Applied
- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

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

18. 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



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☐ Other (please specify)

d. First Name Last Name

e. E-mail Address

f. Phone Number Ext.

19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.