



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1190

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Chrysalis Health (CH) would engage and embrace military members and their families impacted by behavioral health issues where they live. We propose to mitigate these problems such as attempted suicide, family violence, etc by dealing with the situations locally, in their own homes or at a location convenient for them to access.

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: 80%;" type="text" value="850,000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
Total State Funds Requested	850,000

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: 80%;" type="text" value="850000"/>	<input style="width: 80%;" type="text" value="100.0"/> %
Matching Funds		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Other	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Total Project Costs for Fiscal Year 2020-2021	850,000	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: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>

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	1 FTE Project Director to provide direct oversight of the program, ensure contract deliverables are being achieved, provide supervision of program staff	60,000
Other Salary and Benefits	1 FTE Data Specialist to ensure all program data is reported in an accurate and timely way. Provide data to program staff to ensure outcomes are being achieved	45,000
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs: Other		
Salary and Benefits	10 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	700,000
Expense/Equipment/Travel/Supplies/Other	Computers, office supplies, training and travel reimbursement	45,000
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		850,000



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11. Program Performance

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

Chrysalis Health (CH) would engage and embrace military members and their families impacted by behavioral health issues where they live. We propose to mitigate these problems such as attempted suicide, family violence, etc by dealing with the situations locally, in their own homes or at a location convenient for them to access

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

10 clinicians will work in partnership with FDVA staff across the state to deliver mental health and substance services to military members and their families who otherwise have no access to care.

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

Individual home based counseling, family home based counseling, tele behavioral health services, case management and care coordination

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

Target population includes Veterans, active duty members and their families. Approximately 300 individuals/families 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?

Improve daily living functions; reduce symptoms related to trauma; improve interpersonal relationships. The following evidenced based tools will be used to determine effectiveness of interventions: DLA 20 and the Military to Civilian Questionnaire.

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.



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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.**

N/A

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.