

LFIR # 2091

| 1 Project Title | Integrated Care and C | Coordination to | or Vouth (ICCV) | | |
|--|---|---|---|---|--|
| 1. Project Title | Integrated Care and C | Joordination 10 | ii Toulii (ICCT) | | |
| 2. Senate Sponsor | Jeff Brandes | | | | |
| 3. Date of Request | 03/22/2021 | | | | |
| 4. Project/Program De | escription | | | | |
| have a Chrysalis Hewith JPO's in the JPO The clinician would be youth in treatment, pother treatment service The goals would be the likelihood of more | grate our clinical services alth Master's level clinicial of offices. The available to immediate provide training to JPO's, ices when traditional out to prevent youths who stee severe behaviors manioned to be delinquent behaviors be altered. | an, who could ely assess the appear in cou patient and car ruggle with be ifesting and the | also provide system youth and determine rt with the youth and se management serv havioral health issue e need for deeper en | navigation services any mental health JPO as needed, ar rices were deemed s from slipping thro d services such as | concerns, engage the assist with finding insufficient. |
| 5. State Agency to rec | ceive requested funds | Departme | nt of Juvenile Justice | | |
| State Agency conta | <u>-</u> | | | | |
| 6. Amount of the Nonr | ecurring Request for F | iscal Year 20 | 21-2022 | | |
| Type of Funding | | | Amo | ount | |
| Operations | | | | 250,000 | |
| Fixed Capital Outlay | , | | | 0 | |
| Total State Funds Requested | | | | | 1 |
| Total State Funds F | Requested | | | 250,000 | |
| Total State Funds F | Requested | | | 250,000 | |
| | Requested or Fiscal Year 2021-202 | 22 (including ı | matching funds ava | • | • |
| 7. Total Project Cost fo | or Fiscal Year 2021-202 | | matching funds ava | • | • |
| 7. Total Project Cost for Type of Funding Total State Funds Re | • | | | ilable for this proj | ect) |
| 7. Total Project Cost for Type of Funding Total State Funds Remarks | or Fiscal Year 2021-202 | | Amount | Percentage | ect) |
| 7. Total Project Cost for Type of Funding Total State Funds Romatching Funds Federal | or Fiscal Year 2021-202 | | Amount 250,000 | Percentage 100% | ect) |
| 7. Total Project Cost for Type of Funding Total State Funds Remarks Matching Funds Federal State (excluding the | or Fiscal Year 2021-202 | | Amount 250,000 0 | Percentage 100% 0% | ect) |
| 7. Total Project Cost for Type of Funding Total State Funds Romatching Funds Federal State (excluding the Local | or Fiscal Year 2021-202 | | Amount 250,000 0 0 | Percentage 100% 0% 0% | ect) |
| 7. Total Project Cost for Type of Funding Total State Funds Remark Matching Funds Federal State (excluding the Local Other | equested (from question amount of this request) | #6) | Amount 250,000 0 0 0 | Percentage 100% 0% | ect) |
| 7. Total Project Cost for Type of Funding Total State Funds Remark Matching Funds Federal State (excluding the Local Other | or Fiscal Year 2021-202 | #6) | Amount 250,000 0 0 | Percentage 100% 0% 0% | ect) |
| 7. Total Project Cost for Type of Funding Total State Funds Remark Matching Funds Federal State (excluding the Local Other Total Project Costs | equested (from question amount of this request) | #6) | Amount 250,000 0 0 0 | Percentage 100% 0% 0% 0% | ect) |
| 7. Total Project Cost for Type of Funding Total State Funds Romatching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pressure of the project of | equested (from question amount of this request) for Fiscal Year 2021-2 eviously received state Amount | #6) 022 funding? | Amount 250,000 0 0 0 250,000 No Specific | Percentage 100% 0% 0% 0% | ect) |
| 7. Total Project Cost for Type of Funding Total State Funds Romatching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pressure of the | equested (from question amount of this request) for Fiscal Year 2021-2 eviously received state Amount | #6) | Amount 250,000 0 0 0 250,000 No Specific Appropriation # | Percentage 100% 0% 0% 0% 0% 100% | ect) |
| 7. Total Project Cost for Type of Funding Total State Funds Romatching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pressure of the project of | equested (from question amount of this request) for Fiscal Year 2021-2 eviously received state Amount | #6) 022 funding? | Amount 250,000 0 0 0 250,000 No Specific | Percentage 100% 0% 0% 0% 0% 100% | ect) |
| 7. Total Project Cost for Type of Funding Total State Funds Romatching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pressure of the project of | equested (from question amount of this request) for Fiscal Year 2021-2 eviously received state Amount Recurring No | #6) 022 funding? | Amount 250,000 0 0 0 250,000 No Specific Appropriation # | Percentage 100% 0% 0% 0% 0% 100% | ect) |
| 7. Total Project Cost for Type of Funding Total State Funds Romatching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project present (yyyy-yy) 9. Is future funding like | equested (from question amount of this request) for Fiscal Year 2021-2 eviously received state Amount Recurring No | #6) 022 funding? onrecurring | Amount 250,000 0 0 0 250,000 No Specific Appropriation # | Percentage 100% 0% 0% 0% 0% 100% | ect) |
| 7. Total Project Cost for Type of Funding Total State Funds Romatching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project prefered (yyyy-yy) 9. Is future funding like a. If yes, indicate not | equested (from question amount of this request) for Fiscal Year 2021-20 eviously received state Amount Recurring No cely to be requested? | #6) 022 funding? onrecurring | Amount 250,000 0 0 0 250,000 No Specific Appropriation # 1200 Yes 250,000 | Percentage 100% 0% 0% 0% 100% | ect) |



LFIR # 2091

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 | .5 FTE Project Director to provide direct oversight of the program, ensure contract deliverables are being achieved, provide supervision of program staff | 20,000 |
| 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 |
| Consultants/Contracted Services/Study | | 0 |
| Operational Costs: Other | | |
| Salary and Benefits | 4 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 | 195,000 |
| Expense/Equipment/Travel/Supplies/ Other | Computers, office supplies and travel reimbursement. | 5,000 |
| Consultants/Contracted Services/Study | | 0 |
| Fixed Capital Construction/Majo | r Renovation: | |
| Construction/Renovation/Land/ Planning Engineering | | 0 |
| Total State Funds Requested (m | ust equal total from question #6) | 250,000 |

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?



LFIR # 2091

- 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 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.

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.

| NA | | |
|-----|--|--|
| INA | | |
| | | |



LFIR # 2091

| 14. | Requestor Contact | t Informat | ion | | | | |
|-----|------------------------------------|-------------------------------|----------------------------|-----------|----------|--|--|
| | a. First Name | Doug | | Last Name | Leonardo | | |
| | b. Organization | Chrysalis Health | | | | | |
| | c. E-mail Address | dleonard | o@chrysalishealt | h.com | | | |
| | d. Phone Number | (727)580 | (727)580-1223 Ext . | | | | |
| 15. | 15. Recipient Contact Information | | | | | | |
| | a. Organization | Chrysalis | Health | | | | |
| | b. Municipality and County Broward | | | | | | |
| | c. Organization Ty | ре | | | | | |
| | ☑For Profit Entity | ☑For Profit Entity | | | | | |
| | □Non Profit 501(c)(3) | | | | | | |
| | □Non Profit 501(c)(4) | | | | | | |
| | □Local Entity | | | | | | |
| | □University or College | | | | | | |
| | □Other (please specify) | | | | | | |
| | d. First Name | Doug | | Last Name | Leonardo | | |
| | e. E-mail Address | dleonardo@chrysalishealth.com | | | | | |
| | f. Phone Number | (727)580-1223 | | | | | |
| 16. | 16. Lobbyist Contact Information | | | | | | |
| | a. Name | | . Blanton | | | | |
| | b. Firm Name | Johnson | & Blanton | | | | |
| | c. E-mail Address | cheryl@teamjb.com | | | | | |
| | d. Phone Number | (850)224 | -1900 | | | | |