

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Integrated Care and Coordination for Youth (ICCY)

2. Date of Submission: 10/08/2019

3. House Member Sponsor: Chris Latvala

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
If answer to 4a is "No" skip 4b and 4c and proceed to 4d, Col. E
- b. What is the most recent fiscal year the project was funded? 2019-20
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		100,000	100,000		825,000	825,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? No

5a. If yes, which state agency?

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Juvenile Justice

5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes

5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

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

6. Requester:

- a. Name: Doug Leonardo
- b. Organization: Chrysalis Health
- c. Email: dleonardo@chrysalishealth.com
- d. Phone #: (727)580-1223

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Doug Leonardo
- b. Organization: Chrysalis Health
- c. Email: dleonardo@chrysalishealth.com
- d. Phone #: (727)580-1223

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Darrick McGhee
- b. Firm: Johnson & Blanton
- c. Email: darrick@teamjb.com
- d. Phone #: (850)224-1900

9. Organization or Name of entity receiving funds:

- a. Name: Chrysalis Health
- b. County (County where funds are to be expended): Broward, Duval, Escambia, Hillsborough, Miami-Dade, Orange, Pasco, Pinellas
- c. Service Area (Counties being served by the service(s) provided with funding): Broward, Duval, Escambia, Hillsborough, Miami-Dade, Orange, Pasco, Pinellas

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being 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.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter "0" if request is zero for the category
Administrative Costs:		
<input checked="" type="checkbox"/> a. 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	25,000
<input checked="" type="checkbox"/> b. 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.	40,000
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	15 FTE's to provide state wide services to youth. Individual/family outpatient services provided in the office, school & home. Training for JPO staff on behavioral health topics. Case management, navigation &	750,000

	linkage of behavioral health system	
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Computers, office supplies and travel reimbursement.	10,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		825,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category “h. Fixed Capital Outlay” was selected), what type of ownership will the facility be under when complete? (Select one correct option)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

Meetings with the DJJ Chiefs of Probation in circuits 13 and 6 expressed strong support. In addition the Pasco County Sheriff also has provided strong support for the project.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

No

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

15 Juvenile Probation Officer office-based clinicians will be placed in 3 DJJ regions of North, Central and South

17b. Describe the direct services to be provided to the citizens by the funding requested.

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.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe)

17d. How many in the target population are expected to be served?

< 25

- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input type="checkbox"/> Improve physical health		
<input checked="" type="checkbox"/> Improve mental health	Youth will demonstrate an improvement in their mental health symptoms	The DLA-20 is an evidenced based assessment tool that determines level of improvement in symptoms.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	100% of youth released from the program will not receive Offense During Service (ODS)	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)
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		

<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input checked="" type="checkbox"/> Reduce recidivism	90% of youth will not receive any additional charges while in the program	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 twelve (12) months of program completion that results in an adjudication, adjudication withheld, or an adult conviction for any new law violation.
<input type="checkbox"/> Reduce substance abuse		
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Youth will move deeper into the DJJ system as a result of the mental health issue	Youth who have remained on probation and not move to a higher level of custody within DJJ
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2020-21 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in
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			writing?
1. Amount Requested from the State in this Appropriations Project Request:	825,000	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	825,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

Yes

20a. How much state funding would be requested after 2020-21 over the next 5 years?

- <1M
- 1-3M
- >3-10M
- >10M

20b. How many additional years of state support do you expect to need for this project?

- 1 year
- 2 years
- 3 years
- 4 years
- >= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select "ongoing activity".

- ongoing activity – no total cost
- <1M
- 1-3M

>3-10M

>10M