

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Florida Senate Local Funding Initiative Request Fiscal Year 2021-2022

David Lawrence Center Wraparound Collier Program (WRAP)

Kathleen Passidomo

01/29/2021

LFIR # 1273

	services to hundred problems in function provides individualiz	s of high-risk, unins ning across settings zed, direct services i	ured children a and for whom t n the home, so	nd ad fundi chool	dolescents in Collier ng for an appropriate and community-base	County who have s level of care does ed settings. Service	not otherwise exist. DLC s provided include		
	with either a mental	health diagnosis or	co-occurring m	nenta	I health and substan	ce use diagnoses. I	hildren and adolescents In FY 2019-20, DLC ve more than 75 children		
5.	State Agency to re	ceive requested fu	nds Depa	rtmeı	nt of Children and Fa	milies			
	State Agency conta	acted? No							
6.	Amount of the Non	recurring Request	for Fiscal Yea	ır 202	21-2022				
	Type of Funding	Type of Funding				Amount			
	Operations				7	279,112			
Fixed Capital Outlay					0				
	Total State Funds	Requested				279,112			
7.	-	for Fiscal Year 202	1-2022 (includ	ling r	natching funds ava	ilable for this proj	ect)		
	Type of Funding Total State Funds Requested (from question #6)				279,112	100%			
Matching Funds Matching Funds					10070				
	Federal				0	0%			
	State (excluding the	State (excluding the amount of this request)			0	0%	1		
	Local	` '			0	0%			
	Other				0	0%			
	Total Project Costs	s for Fiscal Year 20	21-2022		279,112	100%			
8.	Has this project pr	eviously received	state funding?	?	Yes		_		
	Fiscal Year	Amount			Specific "	Vetoed			
	(уууу-уу)	Recurring	Nonrecurrir		Appropriation #				
	2020-21	0	279	,112	376	No			
9.	Is future funding li	kely to be requeste	ed?		Yes				
	a. If yes, indicate nonrecurring amount per year.				279,112				
	b. Describe the so	urce of funding tha	t can be used	l in li	eu of state funding.				
	None identified.								
10	Has the entity rea	upsting this project	et received an	v fad	oral assistance rola	ated to the COVID	.19 nandemic?		



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Yes

If yes, indicate the amount of funds received and what the funds were used for.

1) Provider relief funds of \$441,538 for technology, PPE, sanitization, contract labor, lost revenue, and capital. 2) Paycheck Protection Program Loan funds of \$3,247,000 to keep staff employed. 3) CARES (Collier) Funding of \$631,769, but have only expended \$447,613 towards PPE, sanitization, technology, staffing, community education, and capital. 4) Family First Coronavirus Response Act funds of \$96,761 for wages paid to staff that the Center received credit back for as a reduction in payroll taxes.

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

Spending Category	Description	Amount			
Administrative Costs:					
Executive Director/Project Head Salary and Benefits		0			
Other Salary and Benefits	Allocation of compensation and benefits for compliance and reporting specialist	10,500			
Expense/Equipment/Travel/Supplies/ Other		0			
Consultants/Contracted Services/Study		0			
Operational Costs: Other					
Salary and Benefits	Clinical Director (0.1 FTE); Clinical Supervisor (0.35 FTE); Clinicians (2.0 FTE); Case Managers (1.20 FTE); Program Support Specialist (0.20 FTE); Practice Manager (0.10 FTE)	226,915			
Expense/Equipment/Travel/Supplies/ Other	Travel \$5,000; Client incidentals (including medicine) \$26,357; Staff education \$2,000; Occupancy costs \$2,840; Communications \$2,000; Insurance \$3,500.	41,697			
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) 279,112					

12. Program Performance

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

The overarching goal of WRAP is to partner with the child and his/her family to provide the mental health services needed to help each child with serious mental health issues to live at home, do well in school, and to live productive lives in our community. Research has shown that children who participate in wrap-around programs are (a) hospitalized less often, (b) have fewer arrests and stays in detention, (c) sustain their mental health improvements, (d) have less suicidal behavior, and (e) have better school attendance and achievement.

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

Mulitidisciplinary, interagency, coordinated, wraparound services are provided including: mental health assessment, diagnosis, individual and family therapy, psychiatric evaluation and medication management, case management/care coordination, crisis support for children with mental health diagnoses or co-occurring mental health and substance use diagnoses. Service delivery is individualized and tailored to meet the needs of the child and family. Generally, services are provided two times per week with services tapered over time as the child and family prepare for discharge. The length of the program is from six to nine months.

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



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Mental health assessment, diagnosis, individual and family therapy, psychiatric evaluation and medication management, case management services, crisis support and related supportive services for children. The majority of the services will be community-based and provided in the home or school setting, as appropriate.

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

This program fills a gap by providing a more intensive alternative to traditional outpatient care yet less restrictive than residential programs and juvenile justice commitment that has traditionally been used for children with serious emotional, behavioral and mental health disorders. Eligibility criteria for this program include: 1) Child is a resident of Collier County; 2) Family is without health insurance; 3) Child is between ages 5 and 18; 4) Child requires a level of care not otherwise available; 5) Child is expected to show improvement for the program; 6) The family is willing to participate in the assessment, treatment planning and therapy process. Expected number of individuals to be served is between 51 and 100 children and adolescents.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

The impact on the vast majority of youth and families participating in WRAP has been very positive, as seen in fewer hospitalizations, fewer arrests or stays in detention, less destructive or suicidal behavior, and greater school attendance and achievement. In terms of measurement, costs of the program are compared to avoidance of cost and are measured on a quarterly basis. We are confident the cost savings will continue to far outweigh the cost.

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?

Return of funding on a pro rata basis for not meeting expectations related to the number of children and adolescents participating in the program.

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.

I N/A		



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14	14. Requestor Contact Information						
	a. First Name	Scott		Last Name	Burgess		
	b. Organization	David Lawrence Mental Health Center, Inc.					
	c. E-mail Address	scottb@dlcmhc.com					
	d. Phone Number	(239)354-1424 Ext.					
15. Recipient Contact Information							
	a. Organization	Organization David Lawrence Mental Health Center, Inc.					
	b. Municipality and County Collier						
	c. Organization Type						
	□For Profit Entity	For Profit Entity					
	☑Non Profit 501(c	☑Non Profit 501(c)(3)					
	□Non Profit 501(c)(4)						
	□Local Entity						
	□University or College						
	□Other (please specify)						
	d. First Name	Scott		Last Name	Burgess		
	e. E-mail Address	scottb@dlcmhc.com					
	f. Phone Number	(239)354-1424					
16	16. Lobbyist Contact Information						
	a. Name	None					
	b. Firm Name	None					
	c. E-mail Address	ess					
	d. Phone Number						