

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Florida Senate Local Funding Initiative Request Fiscal Year 2022-2023

David Lawrence Center Wraparound Collier Program (WRAP)

Kathleen Passidomo

10/25/2021

LFIR # 1138

services to hundred problems in functio provides individuali mental health asse with either a menta	ds of high-risk uninsuning across settings zed, direct services i ssment, diagnosis, ir I health diagnosis or	red children ar and for whom f n the home, sc ntervention, trea co-occurring m	nd adole funding hool an atment a nental h	escents in Collier Cofor an appropriate dommunity-base and case manager ealth and substance.	County who have se level of care does red settings. Services ment services for choce use diagnoses. In	not otherwise exist. DLC s provided include nildren and adolescents
5. State Agency to re State Agency cont	-	nds Depa	artment	of Children and F	amilies	
6. Amount of the Nor	nrecurring Request	for Fiscal Yea	r 2022-	2023		
Type of Funding				Amo	unt	
Operations					279,112	
Fixed Capital Outla	у				0	
Total State Funds	Requested				279,112	
7. Total Project Cost	for Fiscal Year 202	2-2023 (includ	ing ma	tching funds ava	ilable for this proje	ect)
Type of Funding				Amount	Percentage	
	Requested (from que	stion #6)		279,112	100%	
Matching Funds					201	
Federal		()		0	0%	
	State (excluding the amount of this request)			0	0%	
Local Other				0	0% 0%	
Total Project Costs for Fiscal Year 2022-2023						
Total Project Cost	S for Fiscal Year 20	122-2023		279,112	100%	
8. Has this project p	reviously received	state funding?	Y	es		
Fiscal Year	Amo	ount		Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurrir	ng P	Appropriation #		
2021-22	0	279	,112	367	No	
9. Is future funding I	ikely to be requeste	ed?	Ye	es		
a. If yes, indicate	nonrecurring amou	nt per year.	27	79,112		
b. Describe the so	ource of funding tha	nt can be used	in lieu	of state funding.		
None identified.						
10. Has the entity red	questing this projec	ct received any	y federa	al assistance rela	ited to the COVID-1	19 pandemic?



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Yes

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

In FY20-21--\$61,765 for Families First Coronavirus Response Act (FFCRA) by reduction in payroll taxes for wages paid to staff. In FY19-20--Provider Relief Funds-\$441,538 for technology, PPE, cleaning, contract labor, lost revenue, and capital. 2) PPP Loan--\$3,247,000 to keep staff employed. 3) CARES (Collier) Funding--Expended \$447,613 towards PPE, cleaning, technology, staffing, community education, and capital. 4) FFCRA--\$96,761 credit by reduction in payroll taxes for wages paid to staff.

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 (0.50 FTE) Clinicians (2.0 FTE) Case Managers (1.0 FTE) Program Support Specialist (0.20 FTE) Practice Manager (0.10 FTE)	237,846
Expense/Equipment/Travel/Supplies/ Other	Travel \$3000 Client Incidentals \$20,000 Staff Education/Training \$3000 Occupancy \$2266 Insurance \$2000 Communications \$500	30,766
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)	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?



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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 typically anywhere from six to nine months.

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

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 and/or school settings (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 5 and 18 years of age; 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 = 51-100.

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.

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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@dlcenters.org					
	d. Phone Number	(239)354-1424 Ext.					
15	15. Recipient Contact Information						
	a. Organization	David Lav	wrence Mental H	ealth Center,	Inc.		
	b. Municipality and County Collier						
	c. Organization Type						
	□For Profit Entity	or Profit Entity					
	☑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@dlcenters.org					
	f. Phone Number	(239)354-1424					
16	16. Lobbyist Contact Information						
	a. Name	None					
	b. Firm Name	None					
	c. E-mail Address						
	d. Phone Number						