

## The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

LFIR # 3471

- 1. Project Title David Lawrence Center's Wraparound Collier (WRAP)
- 2. Senate Sponsor Kathleen Passidomo
- **3. Date of Request** 01/09/2024

#### 4. Project/Program Description

Since 2012, David Lawrence Centers' (DLC) Wraparound Collier program (WRAP) has provided specialty mental health services to hundreds of high-risk, uninsured children and adolescents in Collier County who have severe to moderate problems in functioning across settings, and for whom funding for an appropriate level of care does not otherwise exist. DLC provides individualized services in the home, school and community-based settings. Services provided include mental health assessment, diagnosis, intervention, treatment and case management services for children and adolescents with either a mental health diagnosis or co-occurring mental health and substance use diagnoses.

5. State Agency to receive requested funds

Department of Children and Families

State Agency contacted? Yes

#### 6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	279,112
Fixed Capital Outlay	0
Total State Funds Requested	279,112

#### 7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	279,112	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	279,112	100%

#### 8. Has this project previously received state funding? Yes

Fiscal Year	cal Year Amount		Specific	Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	
023-24	0	279,112	378	No

#### 9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

#### b. Describe the source of funding that can be used in lieu of state funding.

None identified.

#### 10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

Yes

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Yes

279,112



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

FY 21-22 - \$18,624 in ARP Rural and \$430,142 in Provider Relief Phase 4. FY 20-21 - \$61,765 for FFCRA by reduction in payroll taxes for wages paid to staff. FY 19-20 - Provider Relief Funds - \$441,538 for technology, PPE, cleaning, contract labor.

### **Complete questions 11 and 12 for Fixed Capital Outlay Projects**

#### 11. Status of Construction

a. What is the current phase of the project?

🔘 Planning	🔘 Design	Construction	🔘 N/A

- b. Is the project "shovel ready" (i.e permitted)?
- c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List 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.

#### 13. 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		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Clinical Director (0.1 FTE) Clinical Supervisor (0.45 FTE) Clinicians (2.0 FTE) Case Manager (1.0 FTE) Practice Manager (0.10 FTE) Program Support Specialist (0.20 FTE) Practice Manager (0.10 FTE)	251,374
Expense/Equipment/Travel/Supplies/ Other	Travel, Client incidentals, Staff Education, Occupancy, Communications, Insurance Communications \$500	27,738
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

#### 14. Program Performance



The Florida Senate Local Funding Initiative Request **Fiscal Year 2024-2025** 

#### 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?

Multidisciplinary, 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 6 to 9 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 is 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 expected benefits of a Mobile Response Team dedicated exclusively to Collier includes improved health outcomes for individuals in a mental health crisis, improved coordination with the Collier County Sheriff's Office Mental Health Intervention Team, assurance of a less than 60 minute response time to mental health crises occurring in the community, and an increase in the number of diversions from involuntary commitments to behavioral health treatment under chapter 394, Florida Statutes, or arrest.

#### 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 deliverables.

#### **15. Requester 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.	
16. Recipient Contact Information			

a. Organization David Lawrence Mental Health Center, Inc.

**b. Municipality and County** Collier



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### c. Organization Type

□For Profit Entity				
☑Non Profit 501(c	☑Non Profit 501(c)(3)			
□Non Profit 501(c	□Non Profit 501(c)(4)			
□Local Entity	□Local Entity			
□University or Co	□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			
17. Lobbyist Contact Information				
a. Name	None			
h Firm Norra				

b. Firm Name	
1	
c. E-mail Address	
-	
d. Phone Number	