

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

LFIR # 3475

I. Project Title	David Lawrence Center Access	and In	tegrated Care Cen	ter Construction		
2. Senate Sponsor	Kathleen Passidomo					
3. Date of Request	01/12/2024					
4. Project/Program D	escription					
appointment-require care programming,	cess and Integrated Care Center, pred, real-time behavioral health intervented on site and via telehealth; medicused therapy for veterans; and pre	ventior lication	n and assessment; -assisted treatment	integrated mental he t and associated the	ealth/physical primary erapies for opioid use	
5. State Agency to re	ceive requested funds Depa	artmen	t of Children and Fa	amilies		
State Agency conta	acted? No					
6. Amount of the Non	recurring Request for Fiscal Year	r 2024	-2025			
Type of Funding			Amo	unt		
Operations				0		
Fixed Capital Outlay	/		5,000,000			
Total State Funds	Requested		5,000,000			
•	or Fiscal Year 2024-2025 (includi	ing ma	atching funds avai		ect)	
Type of Funding			Amount	Percentage		
	equested (from question #6)		5,000,000	50%		
Matching Funds				00/		
Federal	amount of this required)		0	0%		
	amount of this request)		5,000,000	0% 50%		
Other	Local		5,000,000	0%		
	s for Fiscal Year 2024-2025		10,000,000	100%		
Total Floject Costs	5 101 1 13Cai 1 eai 2024-2023		10,000,000	100 /8		
3. Has this project pr	eviously received state funding?	N	lo			
Fiscal Year	Amount		Specific	Vetoed		
(уууу-уу)	Recurring Nonrecurrin	ng '	Appropriation #			
9. Is future funding li	kely to be requested?	N	0			
a. If yes, indicate n	onrecurring amount per year.					
b. Describe the so	urce of funding that can be used	in lieu	of state funding.			
	uesting this project received any	/ feder	al assistance rela	ted to the COVID-1	19 pandemic?	
Yes						



11. Status of Construction

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

FY 21-22 - \$18,624 ARPA Rural and \$4430,1442 in Provider Relief Phase 4.
FY 20-21 - \$61,765 in 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

	a. What is the current phase of the project?					
	Planning	Design	Construction	O N/A		
	b. Is the project	No				
c. What is the estimated start date of construction?					12/1/2024	

d. What is the estimated completion date of construction?

6/1/2026

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.

The facility owner will be David Lawrence Mental Health Center, Inc., a Florida 501(c)3 non-profit organization governed by a volunteer board of directors. In reference to question 11 above, the land for the project has been secured, as well as matching funds, but permitting is not yet complete.

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		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	Total cost of this project is \$10 million, including permitting, site development, construction, furnishings, fixtures, and equipment, professional fees and contingencies. DLC has sured private funding to provide a 1:1 match for the \$5 million in state funds requested.	5,000,000
Total State Funds Requested (m	ust equal total from question #6)	5,000,000

14. Program Performance

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



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The goal of the funds requested is to prepare David Lawrence Center to meet community demand for comprehensive community behavioral health services for the next 30 years.

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

Construction of the Access and Integrated Care Center will provide 13,500 square feet of clinical space including noappointment-required, real-time behavioral health intervention and assessment; integrated mental health/physical primary care programming, both on-site and via telehealth; medication-assisted treatment and associated therapies for opioid use disorder; trauma-focused therapy for veterans; and prevention/education programming for adults, children, families and the broader community.

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

Behavioral health direct services provided include primary medicine, psychiatry, addiction medicine, pharmacy, nursing, mental health counseling, social work, case management, care coordination, and primary, secondary, and tertiary prevention services.

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

The target population includes children and adults experiencing a range of physical and behavioral health issues, including, but not limited to, substance misuse, substance dependence, thought disorders, affective disorders, and depressive illnesses. 70% or more of the target population is indigent and unable to pay care. More than 800 individuals 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?

There are two primary outcomes expected from the project: 1. 60% of Children and adults served who present for services with a mental health disorder as their primary diagnosis will successfully complete an individualized treatment plan of care

- 2. 60% of Children and adults served who present for services with a substance use disorder as their primary diagnosis will successfully complete an individualized treatment plan of care. Each patient will be assessed and a plan of care developed. The plan of care is documented in the patient's chart and updated throughout the course of treatment. At the time of discharge from treatment the type of discharge is recorded so that benefit or outcome of treatment can be determined and measured.
- 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?

Given that this a proposal for capital funding, DLC would suggest that failure on its part to construct the facility and provide evidence that costs incurred in construction were equal to or greater than the amount appropriated would result in the repayment of any unexpended funds.

15. Requester Contact	Information					
a. First Name	Scott	Last Name	Burgess			
b. Organization	David Lawrence Centers for Behavioral Health					
c. E-mail Address	scottb@DLCenters.org					
d. Phone Number	(239)354-1424	Ext.				
16. Recipient Contact Information						
a. Organization David Lawrence Centers for Behavioral Health						
b. Municipality and County Collier						
c. Organization Type						



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