



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1168

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

Since 2012, The David Lawrence Center (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, direct 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. In FY 2018-19, DLC served over 60 children and adolescents in this program, along with their families, and we expect to serve more than 75 children during FY 2019-20.

5. **State Agency to receive requested funds**
- State Agency contacted? Yes No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 80%;" type="text" value="279,112"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
Total State Funds Requested	<input style="width: 80%;" type="text" value="279,112"/>

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 80%;" type="text" value="279,112"/>	<input style="width: 80%;" type="text" value="100.0"/> %
Matching Funds		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Other	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Total Project Costs for Fiscal Year 2020-2021	<input style="width: 80%;" type="text" value="279,112"/>	<input style="width: 80%;" type="text" value="100"/> %

8. **Has this project previously received state funding?** Yes No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 80%;" type="text" value="2019-20"/>	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="279,112"/>	<input style="width: 80%;" type="text" value="373"/>	<input type="text" value="No"/>

9. **Is future-year funding likely to be requested?** Yes No

If yes, indicate nonrecurring amount per year.



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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Allocation of CEO and COO compensation and benefits	7,413
Other Salary and Benefits	Allocation of compensation and benefits for compliance and reporting	24,712
Expense/Equipment/Travel/Supplies/Other	Project Support	17,298
Consultants/Contracted Services/Study		
Operational Costs: Other		
Salary and Benefits	Clinical Director (0.1 FTE) Clinical Supervisor (0.2 FTE) Clinicians (2 FTE) Case Manager (1 FTE) Program Support Specialist (0.2 FTE) Practice Manager (0.1 FTE)	187,625
Expense/Equipment/Travel/Supplies/Other	Travel \$5,000, Medicine \$16,000, Medical supplies \$1,000, Client incidentals \$5,000, Staff education \$2,000, Occupancy costs \$2,840, Communications \$2,000, Equipment \$4,724, Insurance \$3,500	42,064
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		279,112



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11. 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?

WRAP services may include: assessment, treatment planning, individual and family therapy, case management coordination, crisis intervention, and psychiatric services including medication management with direct access to pharmacy support. To support a child, DLC partners closely with psychiatric providers to prescribe lower cost medications to ensure affordability for families and works with patient assistance programs to reduce ongoing medication costs. 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?

Services include: assessment, in-home individual and family counseling, case management coordination, crisis support, and psychiatric services.

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

This program fills a gap, 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: Child is a resident of Collier County; Family is without health insurance of any kind; Child is between the ages of 5 and 18 years of age; and Requires a level of care not otherwise available. Expected to show improvement for the program. The family is willing to participate in the assessment, treatment planning and therapy process. Involvement of the family is essential to meeting treatment plan goals and the recovery and rebuilding process. In support of a family-centered approach, staff assist the child and family in viewing their roles as members of the treatment team.

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 in the contract?

Return of funding on a pro rata basis for not meeting expectations in (a) the number of children and adolescents participating in the program or (b) those successfully discharged from the program.



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12. **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.**

N/A

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **Recipient Contact Information**

- a. Organization
- b. Municipality and County
- c. Organization Type
- For-profit Entity
 - Non-Profit 501(c) (3)
 - Non-Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (please specify)
- d. First Name Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

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