



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 3006

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

**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**

**State Agency contacted?**

**6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024**

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

**7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	279,112	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>279,112</b>	<b>100%</b>

8. **Has this project previously received state funding?**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	279,112	372	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?**



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

FY21-22--\$18,624 in ARP Rural and \$430,142 in Provider Relief Phase 4. FY20-21--\$61,765 for FFCRA by reduction in payroll taxes for wages paid to staff. 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--\$447,613 towards PPE, cleaning, technology, staffing, community education, and capital. 4) FFCRA--\$96,761 credit in payroll taxes for staff wages.

## 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

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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	N/A	0
Other Salary and Benefits	N/A	0
Expense/Equipment/Travel/Supplies/Other	N/A	0
Consultants/Contracted Services/Study	N/A	0
<b>Operational Costs: Other</b>		
Salary and Benefits	Clinical Director (0.1FTE) Clinical Supervisor (0.45FTE) 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	N/A	0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	N/A	0



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<b>Total State Funds Requested (must equal total from question #6)</b>	<b>279,112</b>
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#### 14. 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?**

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 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 deliverables.

#### 15. Requester Contact Information

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

#### 16. Recipient Contact Information

**a. Organization**



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**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**

**17. Lobbyist Contact Information**

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**