



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 1370

1. **Title of Project:** Peace River Center Low Income Pool – Behavioral Health

2. **Senate Sponsor:** Kelli Stargel

3. **Date of Submission:** 02/10/2019

4. **Project/Program Description:**

Serving inhabitants of Polk County that are uninsured/under-insured individuals with behavioral health (substance use and mental health issues) that are in need of crisis services (Detox, Crisis Stabilization or rehabilitation services) in order to facilitate the person served transition back into a normal, productive life within the community. Also to recover the cost of providing services that were not funded.

5. **State Agency to receive requested funds :** Agency for Health Care Administration

State Agency Contacted? No

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	539,420
Fixed Capital Outlay	
<b>Total State Funds Requested</b>	<b>539,420</b>

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	539,420	38.53%
Federal	860,580	61.47%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
<b>Total Project Costs for Fiscal Year 2019-2020</b>	<b>1,400,000</b>	<b>100.0%</b>

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		

9. **Is future-year funding likely to be requested?** Yes

a. If yes, indicate non-recurring amount per year. \$539,420

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

Spending Category	Description	Amount
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<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	Provides reimbursement for the cost of the charity care provided by Peace River Center for the care and treatment to qualifying persons without coverage.	539,420
Consultants/Contracted Services/Study		
<b>Operational Costs:</b>		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>539,420</b>

**11. Program Performance:**

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

Serving inhabitants of Polk County that are uninsured/underinsured individuals with behavioral health (substance use and mental health issues) that are in need of crisis services (Detox, Crisis Stabilization or rehabilitation services) in order to facilitate the person served transition back into a normal, productive life within the community. Also to recover the cost of providing services that were not funded.

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

The funds will be used to support crisis stabilization services for residents who require treatment under the Florida Baker Act statutes. The services accommodate children, adolescents and adults and include voluntary walk-in crisis assessments and crisis counseling services, and mobile crisis assessments that are available to the community 24/7/365.

**c. What are the direct services to be provided to citizens by the appropriations project?**

Inpatient crisis stabilization beds and services for children, adolescents and adults for voluntary and involuntary psychiatric crisis assessment, evaluations and treatment intervention; mobile crisis response team services that include a psychiatric telephone crisis line, voluntary walk-in crisis assessments; brief crisis counseling services; outpatient counseling and therapy services and mobile community-wide assessments and referral to services.

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

Persons with poor mental health, Jobless persons, Economically disadvantaged persons, At-risk youth, Homeless, Drug users (in health services), Grade school students, High school students, University/college students, Currently or formerly incarcerated persons, Drug offenders (in criminal Justice), Victims of crime.

**e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome**



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#### **will be measured?**

Improve physical health. For performance measures: 1) blood pressure screening with referral, 2) screened for substance use and tested as appropriate. Improve mental health. For performance measures: Conduct screening and assessment tool. Protect the general public from harm. For performance measures: During screening, multiple assessments to assess impact in stability with employment. Enhance economic self sufficiency. For performance measures: Increase engagement, reduce non-medical emergency room readmission, reduce absence from work/school due to mental illness problems. Reduce recidivism. For performance measures: Reduce non-medical emergency room readmission for mental health assessments and referral to care by 25%. Reduce substance abuse. For performance measures: 1) 80% improved quality of life. 2) Days in school will be increased. Divert from Criminal/Juvenile justice system. For performance measures: Rate of arrests versus mobile crisis assessments.

**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?**

Citizens of Polk County that are uninsured/underinsured individuals with behavioral health (substance use and mental health issues) that are in need of crisis services (Detox, Crisis Stabilization or rehabilitation services) will not receive needed services in order to live a normal, productive life within the community.

**12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

Bill Gardam – Chief Executive Officer, Peace River Center for Personal Development, Inc. David Tournade – Chief Financial Officer, Peace River Center for Personal Development, Inc.

**13. Requestor Contact Information:**

- a. **Name:** Bill Gardam
- b. **Organization:** Peace River Center for Personal Development, Inc.
- c. **E-mail Address:** BGardam@peacrivercenter.org
- d. **Phone Number:** (863)519-0575 Ext. 6001

**14. Recipient Contact Information:**

- a. **Organization:** Peace River Center for Personal Development, Inc.
- b. **County:** Polk
- c. **Organization Type:**
  - For Profit
  - Non Profit 501(c) (3)
  - Non Profit 501(c) (4)
  - Local Entity
  - University or College
  - Other (Please specify)
- d. **Contact Name:** David Tournade



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e. **E-mail Address:** dtournade@peacrivercenter.org

f. **Phone Number:** (863)519-0575

#### 15. Lobbyist Contact Information

a. **Name:** Jan Gorrie

b. **Firm Name:** Ballard Partners

c. **E-mail Address:** jan@ballardfl.com

d. **Phone Number:** (813)334-5288