

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 1084

| a. If yes, indicate n | | | lieu of state funding. | | | | |
|---|---|--|--|---|---------------|--|--|
| | onrecurring amou | nt per year. | | | | | |
| Is future funding lik | cely to be requeste | ed? | No | | | | |
| | | | | | | | |
| (уууу-уу) | Recurring | Nonrecurring | Appropriation # | veloeu | | | |
| Fiscal Year | • | ount | Specific | Vetoed | | | |
| Has this project pro | | · | No | 10070 | | | |
| Total Project Costs | s for Fiscal Year 20 | 023-2024 | 871,516 | 100% | | | |
| Other | | | 50,000 | 6% | | | |
| State (excluding the Local | amount of this requ | JESI) | 0 | 0% 0% | | | |
| Federal State (evaluding the | amount of this reser | uoot) | 0 | 0% | | | |
| Matching Funds | | | 2 | 001 | | | |
| Total State Funds R | equested (from que | estion #6) | 821,516 | 94% | | | |
| Type of Funding | | | Amount | Percentage | | | |
| Total Project Cost f | or Fiscal Year 202 | 3-2024 (including | g matching funds avai | lable for this proje | ct) | | |
| Total State Funds I | Requested | | | 821,516 | | | |
| Fixed Capital Outlay | | | | 0 | | | |
| Operations | | | | 821,516 | | | |
| Type of Funding | | | Amou | Amount | | | |
| Amount of the Noni | recurring Request | for Fiscal Year 2 | 2023-2024 | | | | |
| State Agency conta | ncted? No | | | | | | |
| State Agency to red | ceive requested fu | nds Departi | ment of Children and Fa | amilies | | | |
| recommendations to include transitioning | address inefficiend systems to cloud b | cies in the compar ased operations, i | ogy infrastructure, conn ny's information systems increased cybersecurity rade of our phone syste | s due to aging equip through Multi Facto | oment. Improv | | |
| Project/Program De | • | form of on took of | :- fun oturretrum | | ait laanalaa | | |
| Date of Request | 01/25/2023 | | | | | | |
| | Colleen Burton | | | | | | |
| Senate Sponsor | Callaga Duntan | | | | | | |



11. Status of Construction

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

Paycheck Protection Program funds of \$3,655,580 was used to pay for salary expenses of staff. Funding of \$157,466 was also provided by the U.S. Department of Health & Human Services for lost program service revenues.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

| | a. What is the c | current phase of | of the project? | | |
|----|------------------|------------------|---|-----------------------------|--|
| | OPlanning | ODesign | Construction | | |
| | b. Is the projec | t "shovel ready | y" (i.e permitted)? | | |
| | c. What is the e | estimated start | date of construction? | | |
| | d. What is the e | estimated com | pletion date of construction? | | |
| 12 | | | y to receive, directly or indirect mers of the facility and the enti | outlay funding. Include the | |
| | | | | | |

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 | Operational Costs: Other | | | | | |
| Salary and Benefits | | 0 | | | | |
| Expense/Equipment/Travel/Supplies/ Other | The acquisition of information technology and phone system infrastructure hardware and services to strengthen connectivity and cybersecurity. To include installation, configuration, and integration costs. This transition will allow Peace River Center to operate with less network interruption and more productive uptime in a more secure environment. | 821,516 | | | | |
| Consultants/Contracted Services/Study | | 0 | | | | |
| Fixed Capital Construction/Major Renovation: | | | | | | |
| Construction/Renovation/Land/ Planning Engineering | | 0 | | | | |
| Total State Funds Requested (must equal total from question #6) 821,51 | | | | | | |

14. Program Performance

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



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Peace River Center has experienced a substantial amount of downtime due to information technology infrastructure inefficiencies and spamming. Lack of proper equipment and network instability have also caused telephone communication downtime. This causes major disruption to client services and business administration. The new infrastructure will allow Peace River Center to operate with less downtime and disruption to our clients.

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

With these funds, Peace River Center will be able to better serve our clients through crisis support, our various hotlines for crisis and domestic violence, connectivity to our cloud based clinical information system, as well as continue to offer telehealth via Zoom.

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

Peace River Center has three 24-hour hotlines for citizens to utilize when they are experiencing a mental health crisis or looking for assistance with domestic violence and sexual assault. Improving the reliability and security of the information technology infrastructure ensures the safety and confidentiality of behavioral health engagement allowing us to provide services more effectively and efficiently.

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

Peace River Center serves individuals of all ages who are in crisis or require follow up from a recent crisis situation. Population benefitting from these IT improvements include all PRC clients, including persons with poor mental health, substance abuse problems, at risk youth, victims of domestic violence and sexual assault victims. More than 23,000 constituents in Polk, Highlands and Hardee counties would be better served with an improved IT infrastructure.

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

Peace River Center will provide efficient and effective mental health care and increase mental health crisis support, as well as reduce Crisis Stabilization Unit (CSU) admissions. Measure the stability and uptime of our information technology platforms that manage client appointments, registration and data. Additionally, we will measure the number of telehealth appointments conducted and mental health services provided.

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?

Failure to meet deliverables outlined in this request would result in the return of funds.

| 15. Requester Contact Information | | | | | | | |
|-----------------------------------|--------------------|---|------|-----------|----------|--|--|
| a. I | First Name | Larry | | Last Name | Williams | | |
| b. (| Organization | Peace River Center for Personal Development, Inc. | | | | | |
| c. I | E-mail Address | larry.williams@peacerivercenter.org | | | | | |
| d. l | Phone Number | (863)519- | 0575 | Ext. | | | |
| 16. Recipient Contact Information | | | | | | | |
| a. (| Organization | Peace River Center for Personal Development, Inc. | | | | | |
| b. Municipality and County Polk | | | | | | | |
| c. Organization Type | | | | | | | |
| | □For Profit Entity | | | | | | |
| ☑ | Non Profit 501(c | :)(3) | | | | | |
| | | | | | | | |



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| □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 | David | Last Name | Tournade | | | |
| e. E-mail Address | Address david.tournade@peacerivercenter.org | | | | | |
| f. Phone Number | (863)519-0575 | | | | | |
| 17. Lobbyist Contact Information | | | | | | |
| a. Name | David A. Shepp | | | | | |
| b. Firm Name | The Southern Group | | | | | |
| c. E-mail Address | shepp@thesoutherngroup.com | | | | | |
| d Phone Number | (850)671-4401 | | | | | |