

LFIR # 1519

1. Project Title	Park Place Beh	avioral Health Care	- Electronic Health	Records	
2. Senate Sponsor	Victor Torres				
3. Date of Request	11/30/2021				
4. Project/Program D	escription				
Health Care to main	ntain health records rted to the State for	on the individuals Financial and Serv	we serve. The EHR	system will track the	or Park Place Behavioral outcome data that is ' ability to access their
5. State Agency to re	ceive requested fu	unds Departn	nent of Children and	Families	
State Agency conta	acted? No				
6. Amount of the Non	recurring Request	t for Fiscal Year 2	022-2023		
Type of Funding			Δι	mount]
Operations			A	529,956	
Fixed Capital Outla	M.			020,000	-
Total State Funds				529,956	
	•			,	
7. Total Project Cost	for Fiscal Year 202	22-2023 (including	matching funds a	vailable for this proj	ect)
Type of Funding			Amount	Percentage	
Total State Funds F	Requested (from que	estion #6)	529,95	6 73%	
Matching Funds					
Federal				0 0%	_
State (excluding the	amount of this req	uest)		0 0%	-
Local				0%	-
Other			200,00	0 27%	
Total Project Cost	s for Fiscal Year 2	022-2023	729,95	6 100%	
8. Has this project pr	eviously received	state funding?	No		
Fiscal Year	Am	ount	Specific	Vetoed]
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
9. Is future funding li	kely to be request	ed?	No		
a. If yes, indicate r	nonrecurring amou	ınt per year.			
b. Describe the so	urce of funding th	at can be used in	lieu of state fundir	ıa.	
				.9.	7
10. Has the entity rec	uesting this proje	ct received any fe	deral assistance r	elated to the COVID-	19 pandemic?
Yes		•			-
If yes, indicate the	amount of funds	received and wha	t the funds were u	sed for.	



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Payroll Protection - \$2,566,624.95 in salary support for the agency during the height of the pandemic. The loans were forgiven.

\$275,000 received from County government for:

Personal Protective Equipment for Staff

Increased Staff engaged in cleaning and sanitizing areas and waiting rooms

Telehealth equipment for the provision of care

Updated Keyless Entry System for our buildings

Sanitizing wands

11. 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	Electronic Health Record Software	320,956				
Consultants/Contracted Services/Study	Consultation for implementation	209,000				
Fixed Capital Construction/Major Renovation:						
Construction/Renovation/Land/ Planning Engineering		0				
Total State Funds Requested (must equal total from question #6)						

12. Program Performance

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

Implement a new Electronic Health Record system that will allow us to demonstrate meaningful use, upload data to the State Behavioral Health reporting system (FASMs), provide value-based care, improve administrative efficiencies, meet the record keeping demands in documentation for licensure and models of care in mobile crisis and telehealth environments, improve patient portal access, and share information across disciplines (i.e.; primary care and behavioral health).

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

We will purchase a new electronic health record system and ensure the smooth transition to the new system. We will build our EHR implementation team, prepare the software, address hardware upgrades and needs, create workflow and build portions of the records as needed to meet our current operations, transfer existing data to a test environment and trouble shoot any issues, train staff in the use of the new system, and launch the system.

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

The electronic health record system will allow our service providers to document interactions with those they serve, upload data to report to the State, prepare for Value Based Care, and ensure outcomes. For those we serve the new electronic health record system will provide improved patient access to health information through a patient portal. The improved records sharing will also enhance our ability for the individual to receive more fully integrated care across their health care provider teams.

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



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The EHR system will support the 230 clinical staff and team members of Park Place, and approximately 11,000 individuals Park Place serves (two thirds are adults, one third are children).

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

Improved operability using an electronic health record system. Measurement: successful implementation of the Electronic Health Record system at Park Place.

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 unused funds.

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relationship between the owners of the facility and the entity.					
relationiship between the	owners or the facility	and the chary.			

N/A



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14. Requestor Contac	t Informat	ion					
a. First Name	James A		Last Name	Shanks			
b. Organization	Osceola Mental Health, Inc. d.b.a. Park Place Behavioral Health Care						
c. E-mail Address	Jims@pp	Jims@ppbh.org					
d. Phone Number	(407)846	-0023	Ext.	1015			
15. Recipient Contact	Information	on					
a. Organization		Osceola Mental Health, Inc. d.b.a. Park Place Behavioral Health Care					
b. Municipality an	d County	Osceola					
c. Organization Ty	c. Organization Type						
□For Profit Entity	□For Profit Entity						
☑Non Profit 501(01(c)(3)						
□Non Profit 501(c)(4)						
□Local Entity							
□University or Co	or College						
□Other (please s	□Other (please specify)						
d. First Name	James A.		Last Name	Shanks			
e. E-mail Address	JimS@pp	obh.org					
f. Phone Number							
16. Lobbyist Contact Information							
a. Name	Kimberly	Case					
b. Firm Name	Holland 8	& Knight LLP					
c. E-mail Address	s kim.case@hklaw.com						
d. Phone Number	(850)425	-5603					