



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 2378

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Peace River Center (PRC) requests funding to rehabilitate the PRC Bartow Crisis Campus composed of the 31-year old Inpatient Crisis Stabilization Unit (CSU) and 26-year old Short Term Residential Treatment Center (SRT), the only public receiving CSU facilities and the only SRT in Polk, Highlands and Hardee Counties. In their 30-year history these psychiatric and substance use disorder facilities have served more than 120,000 Floridians. Rehabilitation of this campus will enable PRC to better care for individuals in crisis. This is an exciting project that will provide a major upgrade to our mental health service aging infrastructure and facilities, update our outdated and tired facility to improve the therapeutic environment, improve overall usability, reduce long-term maintenance issues and add more safety features, enhance the patient care and experience through improved facilities, and ensure high quality, contemporary and accessible services.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	2,400,000
<b>Total State Funds Requested</b>	<b>2,400,000</b>

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2,400,000	80%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	600,000	20%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>3,000,000</b>	<b>100%</b>

8. Has this project previously received state funding?

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

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.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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Yes

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

Paycheck Protection Program funds (\$3,655,580) used to pay for salary expense for staff. Department of Health and Human Services (\$157,466) for lost program service revenue used to pay for operating expenses.

#### 11. 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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Renovation and replacement of aging roofing, flooring and wall surfaces, as well as HVAC system.	2,400,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>2,400,000</b>

#### 12. Program Performance

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

Replacing our aging crisis campus facilities (two 30-bed facilities) was projected to cost in the area of \$8.7 million per facility or \$17.4 million. We are requesting \$2.4 million in funding to rehabilitate these two facilities. Rehabilitation of this campus will enable PRC to better care for individuals in crisis. This is an exciting project that will provide a major upgrade to our mental health service aging infrastructure and facilities, update our outdated and tired facility to improve the therapeutic environment, improve overall usability, reduce long-term maintenance issues and add more safety features, enhance the patient care and experience through improved facilities, and ensure high quality, contemporary and accessible services.

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

1. Replace all crisis campus facility flooring and wall surfaces
2. Replace all crisis campus facility counter top surfaces
3. Install upgraded filters and air ionizers in all HVAC units on the crisis campus
4. Install barriers in all staff and patient care areas to improve ability to observe and treat patients while protecting staff
5. Replace all desks and tables in treatment areas with disease resistant materials
6. Improve safety features including replacing all door hinges, door knobs, faucets, shower heads, vent-covers, and grab bars
7. Replace facility furniture including patient beds, bedroom furniture, common area seating and tables
8. Replace camera and security system
9. Upgrade fire suppression system
10. Repair/replace facility roofs
11. Replace 31 year old HVAC Unit
12. Re-plumb facility
13. Upgrade the facility technology capability to support patient safety monitoring
14. Upgrade lobby waiting areas



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

Peace River Center operates the only public baker act receiving facilities and the only Short term residential treatment center (SRT) in Polk, Highlands and Hardee Counties. As public Baker Act Receiving Facilities we serve all people regardless of their ability to pay. These facilities serve people in crisis 24/7/365, divert individuals from our area emergency departments as well as divert individuals from the state psychiatric hospital, and we believe, with the proposed rehabilitation, can be here to serve our community for another 30 years.

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

PRC serves individuals of all ages who are in crisis or require follow up from a recent crisis situation. There are no restrictions on access to the services so there are no barriers in terms of appropriate and equal access to care. There were 7,648 Baker Acts (BA) in Polk County with 22.75% associated with children for FY17/18 according the State Baker Act Annual Report (most recent published data). From FY11 to FY18 the total population of Polk County has grown by 9.89% while the growth in BA's for all ages has grown by approximately 109%. The number of Baker Acts associated with children (ages <18) has grown by approximately 139.5% (from 726 per year to 1,739 per year) with the adult population Baker Acts growing approximately 101.5% (from 2,932 per year to 5,909 per year). Involuntary examinations of individuals of all ages and specifically for minors have increased more rapidly than the population.

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

This is an exciting project that will provide a major upgrade to our mental health service aging infrastructure and facilities, update our outdated and tired facility to improve the therapeutic environment, improve overall usability, reduce long-term maintenance issues and add more safety features, enhance the patient care and experience through improved facilities, and ensure high quality, contemporary and accessible services. Completion of the renovations and rehabilitation while continuing to provide crisis stabilization services to the community will indicate met outcomes.

**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?**

If awarded funding, Peace River Center will work with our Managing Entity and DCF to develop any necessary and appropriate penalties if performance measures are not achieved.

**13. 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.**

Peace River Center is a not-for-profit corporation. There are no owners. There is no request for any capital outlay funding.



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#### 14. Requestor Contact Information

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

#### 15. 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

#### 16. Lobbyist Contact Information

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