



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Lakeland Regional Medical Center – Freestanding Behavioral Health Hospital and Outpatient Center.
2. **Senate Sponsor:** Kelli Stargel
3. **Date of Submission:** 11/14/2017

4. **Project/Program Description:**

This project supports the construction of a modern Free-Standing Behavioral Health Hospital and Outpatient Center on the campus of Lakeland Regional Medical Center to provide coordinated and collaborative care that improves inpatients' transitions to outpatient care through evidence-based post-discharge care that ends the cycle of relapses and overdoses.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
Department of Children and Families

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
2,000,000	3,000,000	5,000,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 5,000,000

9. **Previous Year Funding Details:**

- a. Has funding been provided in a previous state budget for this activity? No
- b. In the previous 5 fiscal years, how many years was funding provided? (Optional)
- c. What is the most recent fiscal year the project was funded?



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

10. Is future-year funding likely to be requested?

No

11. Program Performance:

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

Development of acute and nonacute behavioral health facilities with complementing clinical programs aimed at coordinated and collaborative care that improves patients' transitions to outpatient care through evidence-based post-discharge care that ends the cycle of relapses and overdoses.

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

Coordinated clinical care aimed at reducing the relapse of behavioral health and substance abuse conditions.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Clinical Staff Salaries	1,250,000



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Clinical supplies and non-fixed capital items such as hospital beds.	750,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Construction of a 70-bed acute care behavioral health hospital with an adjoining outpatient center,	3,000,000
TOTAL		5,000,000

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

Coordinated clinical care aimed at reducing the relapse of behavioral health and substance abuse conditions.

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

Adolescent and Adult citizens suffering from a behavioral health or substance abuse condition.

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

By providing coordinated care that provides recovery that ends the cycle or relapses and overdoses, these funds will help reduce the costs of many state agencies in public health, child social services, and the criminal justice system.

g. 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?

The current standard penalties for noncompliance are adequate.

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.

LRHMC is an asset owned by the City of Lakeland and operated by Lakeland Regional Health

13. Requestor Contact Information:

- a. **Name:** Michael Spake
- b. **Organization:** Lakeland Regional Medical Center
- c. **Email:** Michael.Spake@mylrh.org
- d. **Phone Number:** (863)944-4996

14. Recipient Contact Information:

- a. **Organization:** Lakeland Regional Medical Center



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

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: Michael Spake

e. E-mail Address: Michael.Spake@mylrh.org

f. Phone Number: (863)944-4996

15. If there is a registered lobbyist, fill out the lobbyist information below.

a. Name: Brian Jogerst

b. Firm: BH & Associates, Inc.

c. Email: Brian@bhandassociates.com

d. Phone Number: (850)222-0191