



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Hurricane and Natural Disaster Preparedness for Lakeland Regional Medical 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?

Agency for Health Care Administration

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
	9,000,000	9,000,000

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):** 9,000,000

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?



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- d. Were the funds provided in the most recent fiscal year subsequently vetoed?  
e. Complete the following Worksheet.

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

**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?**

LRMC is requesting funding for an updated cooling tower. The current towers have exceeded life expectancy (1996) and leave the hospital vulnerable to hurricane conditions. In addition, LRMC is requesting funding for a new generator. The existing cooling tower generator is not designed with redundancy leaving the hospital HVAC system vulnerable. During the H. Irma LRMC had a census of 796 while over 550 team members slept over in the hospital to ensure continual operations.

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

LRHMC was the safety net for Polk County during Hurricane Irma. During the peak of the storm LRHMC was open, ready, and served as the place of last resort for many citizens who had nowhere else to go. During storms such as Irma, LRHMC must keep its services safe and available to everyone in need. Closing our doors during a storm such as Hurricane Irma is not an option and LRHMC must be ready for the next storm. Without the funding to update LRHMC's capital needs for hurricane preparedness it places a 842-bed hospital at-risk for having to close and evacuate. At the height of Hurricane Irma LRHMC had 796 patients. The current capacity of this region could not have accommodated such a massive evacuation.

**c. How will the funds be expended?**

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		



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<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 type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	engineering, planning, and construction	9,000,000
TOTAL		9,000,000

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

Without the funding to update LRHMC's capital needs for hurricane preparedness it places a 842-bed hospital at-risk for having to close and evacuate. At the height of Hurricane Irma LRHMC had 796 patients. The current capacity of this region could not have accommodated such a massive evacuation.

**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?**

AHCA requires all hospitals to have a Level 1 Emergency Power Supply System(EPSS). In addition, it is a CMS Conditions of Participation require that hospitals develop and maintain an emergency preparedness plan that includes alternate energy sources to maintain temperatures to protect patient health and safety and for the safe and sanitary storage of provisions, emergency lighting, fire detection, extinguishing, and alarm systems and sewage and waste disposal.

**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?**

AHCA requires all hospitals to have a Level 1 Emergency Power Supply System(EPSS). In addition, it is a CMS Conditions of Participation require that hospitals develop and maintain an emergency preparedness plan that includes alternate energy sources to maintain temperatures to protect patient health and safety and for the safe and sanitary storage of provisions, emergency lighting, fire detection, extinguishing, and alarm systems



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and sewage and waste disposal. Hospitals such as LRHMC that do not comply with CMS Conditions of Participation risk losing the Medicare licensure.

**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 that is owned by the City of Lakeland and operated by Lakeland Regional.

**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
- 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