



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1475

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

**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 to receive requested funds**
- State Agency contacted?**

**6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022**

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	1,000,000
<b>Total State Funds Requested</b>	<b>1,000,000</b>

**7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,000,000	2%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	45,000,000	98%
<b>Total Project Costs for Fiscal Year 2021-2022</b>	<b>46,000,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2020-21	0	250,000	383C	No

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.**

LRH plans to also use operating cash and philanthropic donations to fund this project.

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

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



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\$20 million in CARES Act funding for our COVID-19 response, i.e. PPE, capital costs, equipment, payroll, testing supplies, and purchased services. In addition, \$6 million in CARES Act funding through the Polk County Board of County Commissioners to offset the cost of operating community COVID-19 testing sites.

**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	Physical construction of the Behavioral Mental Health Facility.	1,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,000,000</b>

**12. Program Performance**

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

Development of acute and non-acute 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 activities and services 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. What direct services will be provided to citizens by the appropriation project?**

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

**d. 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.

**e. 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.

**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?**

The department's standard contract penalties for failure to meet deliverables or performance measures.



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- 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.**

Lakeland Regional Health Medical Center is an asset owned by the City of Lakeland and operated by Lakeland Regional Health.



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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