



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 3096

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This project will fund capital costs for space renovations that will expand Lakeview Center, Inc.'s Short-term Residential Treatment (SRT) capacity. Space has been identified for renovation and will accommodate citizens in need of short term, intensive psychiatric treatment after an initial Baker Act admission. This program serves as an integral part of the community's overall continuum of behavioral healthcare.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	2,150,000
<b>Total State Funds Requested</b>	<b>2,150,000</b>

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2,150,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>2,150,000</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?

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



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2020 - \$38,762 – provider relief funding due to lost revenue  
 2021 - \$896,064 - provider relief funding due to lost revenue  
     - \$459,814 – source of funds in existing contracts that have historically been funded with other sources of revenue  
 2022 - \$193,803 - source of funds in existing contracts that have historically been funded with other sources of revenue

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

### 11. Status of Construction

a. What is the current phase of the project?

- Planning    
  Design    
  Construction

b. Is the project "shovel ready" (i.e permitted)?

No

c. What is the estimated start date of construction?

July 2023

d. What is the estimated completion date of construction?

September 2023

12. List 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.

Building and property owned by Lakeview Center, Inc., an affiliate of LifeView Group, Inc.

### 13. 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	Construction costs to convert existing space into residential capacity to allow for a 24-bed Short-term Residential Treatment (SRT) facility	2,150,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>2,150,000</b>

### 14. Program Performance

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

The purpose of these funds will be to expand Lakeview Center, Inc.'s SRT bed capacity by 20%, from 20 beds to 24. This will be accomplished by relocating the SRT from it's current space to a larger space. This will also allow for an improved, updated treatment setting for persons served through increased overall square footage.



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

Lakeview Center, Inc. will engage design and construction firms that have background in development of behavioral health treatment settings, while ensuring that all costs are reasonable, allowable, and necessary.

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

Short-term Residential Treatment services will be provided to citizens as outlined in Florida Statute and regulatory requirements. The average length of stay in Lakeview Center's SRT is roughly 60 days, where psychiatric and clinical services are provided to promote therapeutic stabilization and allow for transition to community settings.

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

Patients are referred to the SRT by area receiving facilities after an initial Baker Act admission. These patients are identified as needing further intensive treatment before release back into the community. Patients may be court ordered or voluntary. Based upon a 60 day average length of stay and a capacity of 24 beds, the SRT will serve 146 persons annually.

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

The expected benefits of this project are:  
 Increased availability of SRT services, measured by daily census and annual number of persons served.  
 Increased stabilization of persons in need of acute behavioral health services, measured by decrease in repeat Baker Act admissions and ER utilization by persons served in the program.  
 Increase satisfaction with SRT by persons served, measured by customer satisfaction ratings.  
 Increased effectiveness of therapeutic setting, measured by improved Functional Assessment Rating Scale (FARS) scores for persons served at time of discharge.

**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?**

Unearned / unspent funds to be returned to State.

**15. Requester Contact Information**

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

**16. 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



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University or College

Other (please specify)

**d. First Name**  **Last Name**

**e. E-mail Address**

**f. Phone Number**

#### 17. Lobbyist Contact Information

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**