



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1774

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? Yes No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 80%;" type="text" value="000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="1,000,000"/>
Total State Funds Requested	1,000,000

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 80%;" type="text" value="1000000"/>	<input style="width: 80%;" type="text" value="100.0 %"/>
Matching Funds		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0 %"/>
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0 %"/>
Local	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0 %"/>
Other	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0 %"/>
Total Project Costs for Fiscal Year 2020-2021	1,000,000	100 %

8. **Has this project previously received state funding?** Yes No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 80%;" type="text" value="2018-19"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text" value="1,000,000"/>	<input style="width: 80%;" type="text" value="380B"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. **Is future-year funding likely to be requested?** Yes No

If yes, indicate nonrecurring amount per year.



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10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		<input style="width: 100%; height: 20px;" type="text"/>
Other Salary and Benefits		<input style="width: 100%; height: 20px;" type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input style="width: 100%; height: 20px;" type="text"/>
Consultants/Contracted Services/Study		<input style="width: 100%; height: 20px;" type="text"/>
Operational Costs: Other		
Salary and Benefits		<input style="width: 100%; height: 20px;" type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input style="width: 100%; height: 20px;" type="text"/>
Consultants/Contracted Services/Study		<input style="width: 100%; height: 20px;" type="text"/>
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Construction of a 96-bed acute care behavioral health hospital with accompanying outpatient centers.	1,000,000
Total State Funds Requested (must equal total from question #6)		1,000,000



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11. Program Performance

- a. What specific purpose or goal 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 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?

Suffering from a shortage of behavioral health acute care beds, outpatient programs, and physicians, this project will expand the current number of beds in Polk County, as well as, the number of outpatient programs and physicians trained in behavioral health.

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

Polk County, the greater Tampa Bay, and Central Florida.

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

A review of behavioral health emergency services and the connection to community based "primary" behavioral health services demonstrates that there is disconnect between Florida's emergency services and community-based care. Many high-risk, high need individuals cycle through jails, emergency rooms, and homeless facilities, leading to deterioration of the person's mental health and creating immense costs for multiple publicly funded systems. The facilities and programs that will be funded will significantly reduce costs to the State Medicaid Budget. A 2016 analysis of 85 million diagnostic and billing records from 302 Florida hospitals from all 67 counties found that costs linked to heroin-related overdoses, Hepatitis C, bacterial infections, and neonatal abstinence syndrome now exceed \$1.1 billion per year (or \$4.1 million per day).

- 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 in the contract?

LRHMC should have to repay the funded amount.



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12. **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 Medical Center is operated by Lakeland Regional Medical Center, Inc. and is an asset of the City of Lakeland.

13. **Requestor Contact Information**

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

14. **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

15. **Lobbyist Contact Information**

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