

The Florida Senate Local Funding Initiative Request Fiscal Year 2022-2023

LFIR # 1206

1. Project Title	Lakeland Region							
2. Senate Sponsor	Kelli Stargel							
3. Date of Request	11/04/2021							
4. Project/Program De	escription							
campus of Lakeland	l Regional Medical C	Center to provide	e coor	dinate	d and collab	orative care that im	Outpatient Center on the proves inpatients' apses and overdoses.	
5. State Agency to re-	ceive requested fu	n ds Depa	rtment	of Ch	ildren and Fa	amilies		
State Agency conta	acted? No							
6. Amount of the Noni	recurring Request	for Fiscal Year	· 2022·	-2023				
Type of Funding					Amo	unt		
Operations								
•	,			4 500 000				
Fixed Capital Outlay						1,500,000		
Total State Funds I	Requested					1,500,000		
7. Total Project Cost f	or Fiscal Year 2022	2-2023 (includi	ng ma	tchin	g funds ava	lable for this proj	ect)	
Type of Funding				Amo	unt	Percentage		
Total State Funds R	equested (from que	stion #6)			1,500,000	100%		
Matching Funds								
Federal					0	0%		
State (excluding the amount of this request)					0	0%		
Local					0	0%		
Other					0	0%		
Total Project Costs	s for Fiscal Year 20	22-2023			1,500,000	100%		
8. Has this project pro	eviously received s	state funding?	Υ	es				
Fiscal Year	. , . ,			e.	ecific	Vetoed		
(уууу-уу)	Recurring	Nonrecurrin	<u></u>		priation #	veloeu		
2021-22	0	1,000,	9	•	374F	No		
9. Is future funding lil	colu to bo vocusoto	.do	N	_				
•	•		N]	
a. If yes, indicate n	onrecurring amou	nt per year.	00)				
b. Describe the sou	urce of funding tha	t can be used	in lieu	of sta	ate funding.			
LRH plans to also u	use operating cash a	and philanthropi	ic dona	ations	to fund this p	project.		
10. Has the entity req	uesting this projec	t received anv	feder	al ass	istance rela	ted to the COVID-	19 pandemic?	
Yes	3 1, 3,00						•	
If yes, indicate the	amount of funds r	eceived and w	hat th	e fund	ds were use	d for.		



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Approximately, \$20 million in CARES Act funding for 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				
Administrative Costs:						
Executive Director/Project Head Salary and Benefits		0				
Other Salary and Benefits		0				
Expense/Equipment/Travel/Supplies/ Other		0				
Consultants/Contracted Services/Study		0				
Operational Costs: Other						
Salary and Benefits		0				
Expense/Equipment/Travel/Supplies/ Other		0				
Consultants/Contracted Services/Study		0				
Fixed Capital Construction/Major Renovation:						
Construction/Renovation/Land/ Planning Engineering	Construction of a \$46 million Behavioral Health Hospital and outpatient centers on the main campus of Lakeland Regional Medical Center.	1,500,000				
Total State Funds Requested (must equal total from question #6) 1,500,000						

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 requirements relating to performance and deliverables are adequate.



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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.

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



The Florida Senate

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14.	Requestor Contact	Information							
	a. First Name	Michael	Last Name	Spake					
	b. Organization	Lakeland Regional Health							
	c. E-mail Address	Michael.Spake@mylrh.org							
	d. Phone Number	(863)944-4996	Ext.						
15.	15. Recipient Contact Information								
	a. Organization	Lakeland Regional Medical Center, Inc.							
	b. Municipality and	nd County Polk							
	c. Organization Type								
	□For Profit Entity	y							
	☑Non Profit 501(c	(c)(3)							
	□Non Profit 501(c	c)(4)							
	□Local Entity								
	□University or Co	ollege							
	□Other (please sp	□Other (please specify)							
	d. First Name	Michael	Last Name	Spake					
	e. E-mail Address	Michael.Spake@mylrh.org							
	f. Phone Number								
16.	16. Lobbyist Contact Information								
	a. Name	Brian B. Jogerst							
	b. Firm Name	Waypoint Strategies, LLC							
	c. E-mail Address	brian@bhandassociates.com							
	d. Phone Number	(850)222-0191							