



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Calhoun Liberty Hospital - Building Improvement Project

2. **Senate Sponsor:** Bill Montford

3. **Date of Submission:** 01/26/2018

4. **Project/Program Description:**

Calhoun Liberty Hospital - Building Improvement Project

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?

Department of Health

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
	2,000,000	2,000,000

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):** 2,000,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 2

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		1,000,000	1,000,000

10. Is future-year funding likely to be requested?

Yes

a. If yes, indicate non-recurring amount per year.

No definite plans, but we have additional capital needs anticipated for future years that will require Fixed Capital funding once they are better defined. We need to continue to modernize a nearly 60 year old facility. The hospital needs to pay off approximately \$1.5 million in long-term debt. Until that happens we do not have the ability to generate funded reserves for our capital needs. The current structure is small at 23,000 sq. feet and does not allow service expansion such as for visiting specialty physicians, wound care, outpatient rehabilitation and non-invasive cardiac services. These will require additional square footage.

11. Program Performance:

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

Calhoun Liberty Hospital is a Non Profit 501(c) (3) facility located in Blountstown, FL. This request is to make several improvements and modernizations to our 1960 construction hospital building and systems: * Remaining costs to complete the ED Renovation Project funded with 2017 Legislative Grant (unknown at this time) * CT replacement and room upgrade (CT is at end of life) * Generator replacement and upgrade to carry Air Conditioning * Bulk liquid oxygen - to replace antiquated oxygen tank system * Building systems replacement, code compliance * Front entrance / Lobby renovation – including wheel chair accessible restrooms * Replacement of fire & smoke detection and alarm system – replacement parts for current system are not obtainable * Air Conditioning system – suboptimal in different parts of the building

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

Building renovation will improve our hospital and healthcare delivery capabilities. One example - current tank oxygen system does not provide line rates adequate to operate pressurized breathing support so we transport patients with Chronic Obstructive Pulmonary Disease to other hospitals when we should be able to keep them near home. A modern bulk oxygen system would create oxygen capacity and pressures needed to provide pressurized breathing support needed to allow patients to recover and their blood gas results to improve for discharge home. Our 45 kw emergency generator is of insufficient capacity to carry Air Conditioning. During a



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storm situation when our community needs us the most, we want to remain open and not have to transfer patients and close our facility due to a prolonged power outage and no air-conditioning. Our 16 slice CT scanner is at end of life; we have most of the funds necessary to purchase another refurbished CT from the 2014 Building Repair & Equipment

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<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	Construction/Renovation/Land /Planning/Engineering	2,000,000
TOTAL		2,000,000

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

Hospitals serve a special role during external crises, such as storms, and upgrading our Emergency Generator will allow the Air Conditioning systems to operate during power outages. This will help us insure continued operations and provision of emergency response capabilities during the greatest need that our communities might face.

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

The counties served by Calhoun Liberty Hospital are Rural Areas of Critical Economic Concern, designated by the Governor. All of the residents of our service area are eligible to be served and could be beneficiaries of receipt of State funds, indirectly through improvement of our building. Most of the component areas to be



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renovated will support or impact in some positive way the Emergency Department (ED). The ED serves the entire spectrum of the age ranges beginning with neonates through geriatric. Several sub-groups of the population will benefit from this investment of Florida funds: private citizens, school population, prison inmates, accident victims, people with physical or mental disabilities or poor physical or mental health and the general population. Many in these populations are seen in the hospital's Outpatient Services (approximately 12,000 visits annually) and part of these requested \$2 million in funds will go toward improving the experience of these patients.

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

The \$2 million requested will go entirely to Fixed Capital Outlay so measurement of benefit for various population groups mentioned in 11e is not practical. However, indirect measures can be utilized: Number of Chronic Obstructive Pulmonary or Congestive Heart Failure patients placed on pressurized breathing support due to upgrading of the oxygen delivery system will be one. The source of the data will be the electronic health record. Calhoun Liberty leaders are evaluating the costs and requirements of Patient Satisfaction surveys. If this is implemented, the ultimate measure of return on the state of Florida's investment will be improved Patient Engagement scores; the likelihood of someone to recommend our services to a friend or family.

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?

None.

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.

Calhoun-Liberty Hospital, Inc.

13. Requestor Contact Information:

- a. **Name:** Charles Durant
- b. **Organization:** Calhoun Liberty Hospital
- c. **Email:** charlesdurant@calhounlibertyhospital.com
- d. **Phone Number:** (850)674-5411

14. Recipient Contact Information:

- a. **Organization:** Calhoun Liberty Hospital
- b. **County:** Calhoun, Gadsden, Gulf, Liberty
- 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:** Charles Durant



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e. E-mail Address: charlesdurant@calhounlibertyhospital.com

f. Phone Number: (850)674-5411

15. If there is a registered lobbyist, fill out the lobbyist information below.

a. Name: Patrick Bell

b. Firm: Capitol Solutions

c. Email: pbell@capitolsolutions.biz

d. Phone Number: (840)544-0784