



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Orange Park Medical Center Behavioral Health Indigent Care

2. **Senate Sponsor:** Anitere Flores

3. **Date of Submission:** 02/05/2018

4. **Project/Program Description:**

This project is to offset uncompensated care costs at Behavioral Health unit treating indigent Baker Act patients, and ensuring continued access to care in the community.

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 Children and Families

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
1,775,332		1,775,332

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):** 1,775,332

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- 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:			

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

No

### 11. Program Performance:

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

No

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

This project is to offset uncompensated care costs at Behavioral Health unit treating indigent Baker Act patients, and ensuring continued access to care in the community. Substance abuse and mental health.

#### 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 checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Funding to offset the cost of caring for uninsured patients treated in the behavioral	1,775,332



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	health unit to ensure continued access to care in the community	
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		1,775,332

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

Ensuring access to acute mental health services for individuals in crisis.

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

Persons with poor mental health and persons with poor physical health

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

Reduced co-morbidities in the behavioral health population. Current co-morbidity rates for an American adult with a mental health condition is 68%. The measuring level of benefit will be to compare co-morbidity rates from the region to the national average. The next benefit will be preventing baker act patients from causing harm to themselves or others, and treat the full array of patient needs in one setting. The measuring level of benefit will be to compare readmission rates among mental health patients against regional and national averages.

**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?**

Repayment of all funds if the hospital is to terminate serving as a baker act receiving facility.

**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.**

N/A

**13. Requestor Contact Information:**

- a. **Name:** Chad Patrick
- b. **Organization:** Orange Park Medical Center
- c. **Email:** chad.patrick@hcahealthcare.com
- d. **Phone Number:** (904)639-8769

**14. Recipient Contact Information:**



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## *Local Funding Initiative Request - Fiscal Year 2018-2019*

**a. Organization:** Orange Park Medical Center

**b. County:** Clay, Duval, Saint Johns

**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:** Chad Patrick

**e. E-mail Address:** chad.patrick@hcahealthcare.com

**f. Phone Number:** (904)639-8769

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

**a. Name:** Heather Turnbull

**b. Firm:** The Rubin Group

**c. Email:** turnbill@rubingroup.com

**d. Phone Number:** (954)467-3993