



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 2562

**1. Title of Project:** Hurricane Michael - Calhoun Liberty Hospital Facility Replacement

**2. Senate Sponsor:** Bill Montford

**3. Date of Submission:** 03/15/2019

**4. Project/Program Description:**

Build a new hospital facility to replace the current structure of Calhoun Liberty Hospital. This facility was built in 1960, does not meet current patient care and safety codes, and received significant damage from Hurricane Michael. Adequate remediation would exceed current value of this structure and will not be able to meet code compliance. The damage was severe to the point that approximately 25% of the building is permanently closed and walled off, reducing inpatient capabilities to only 10 beds. This portion of the building cannot be utilized for future services as a health care facility.

**5. State Agency to receive requested funds :** Agency for Health Care Administration  
State Agency Contacted? No

**6. Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

| Type of Funding                    | Amount            |
|------------------------------------|-------------------|
| Operations                         |                   |
| Fixed Capital Outlay               | 15,000,000        |
| <b>Total State Funds Requested</b> | <b>15,000,000</b> |

**7. Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

| Type of Funding                                      | Amount            | Percent       |
|--|-------------------|---------------|
| Total State Funds Requested (from question #6)       | 15,000,000        | 100.00%       |
| Federal  | 0                 | 0.00%         |
| State (excluding the amount of this request)         | 0                 | 0.00%         |
| Local  | 0                 | 0.00%         |
| Other  | 0                 | 0.00%         |
| <b>Total Project Costs for Fiscal Year 2019-2020</b> | <b>15,000,000</b> | <b>100.0%</b> |

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

| Fiscal Year<br>(yyyy-yy) | Amount    |              | Specific<br>Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
|                          | Recurring | NonRecurring |                             |        |
|                          |           |              |                             |        |

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

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

| Spending Category            | Description | Amount |
|------------------------------|-------------|--------|
| <b>Administrative Costs:</b> |             |        |



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|  |   |                   |
|--|---|-------------------|
| Executive Director/Project Head Salary and Benefits                    |   |                   |
| Other Salary and Benefits  |   |                   |
| Expense/Equipment/Travel/Supplies/Other                                |   |                   |
| Consultants/Contracted Services/Study                                  |   |                   |
| <b>Operational Costs:</b>  |   |                   |
| Salary and Benefits  |   |                   |
| Expense/Equipment/Travel/Supplies/Other                                |   |                   |
| Consultants/Contracted Services/Study                                  |   |                   |
| <b>Fixed Capital Construction/Major Renovation:</b>                    |   |                   |
| Construction/Renovation/Land/Planning Engineering                      | Build a new hospital facility to replace the current structure of Calhoun Liberty Hospital. | 15,000,000        |
| <b>Total State Funds Requested (must equal total from question #6)</b> |   | <b>15,000,000</b> |

**11. Program Performance:**

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

Build a new hospital structure to replace existing sub standard building. This hospital received major damage during Hurricane Michael. Remediation would exceed the value of the current structure which was built in 1960. It will not be able to meet code compliance as would be required with full remediation. The new structure will allow health care services to remain viable in Calhoun and Liberty Counties and provide services from visiting providers, basic surgery, expanded ED and EMS services, outpatient therapy and rehabilitation, and wound care.

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

A larger structure will be required to maintain current hospital building codes. Additional specialty services can be offered: enhanced emergency life-saving services; Life Safety codes to current standard can be adhered to such as full facility generator operations to provide heated and cooled air to patient areas; electrical system brought to code; piped medical gases such as oxygen, medical air, patient suction capabilities; basic surgery operations; enhanced medical services that may currently require higher acuity patients to be transferred to neighboring facilities can be treated locally; and enhanced patient outcomes due to improved environment. We will have the ability to better serve patients with special needs and disabilities with current code ADA specified facilities. The new facility will be built to hurricane wind code.

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

Safe and appropriate medical care for those served. Emergency medical care, EMS transport, Inpatient hospitalization, Inpatient Rehabilitation (Swing bed), outpatient services, general surgery, physical/occupational and speech therapy, hospice care, wound care, and enhanced specialty provider services.

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

The residents of Calhoun and Liberty County, portions of Gulf and Jackson County in excess of 30,000 population. Emergency and Outpatient will exceed 42,000 visits and inpatient census will average 15-20 patients per day. This hospital will provide emergent life saving treatment for age ranges from neonates



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through geriatric. Several sub-groups of the population will benefit from this investment of Florida funds: private citizens, elderly in Nursing Home and Assisted Living Facilities, school population, employees of businesses, jail and prison inmates, accident victims, people with physical or mental disabilities or poor physical or mental health, and the general population. Approximately 20% of our patients are indigent and will benefit from local medical services that they may not be able to travel and access otherwise.

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

The counties served by Calhoun Liberty Hospital are Rural Areas of Critical Economic Concern, designated by the Governor. The requested funds will go entirely to replace the current structure, build a facility to code for patient care and to meet patient/life safety requirements. Benefits will be shown and can be documented by reduction in patient transfers to other facilities that are already taxed to provide services, by increased life saving measures to reduce chance of morbidity of patients who have to travel 50-65 miles to either Panama City (who will not be fully functional for a long period of time) or Tallahassee for advanced medical services. The source of the data will be the electronic health record, death records, EMS transport records, and increased patient stats who utilize additional services in our home counties.

**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?**

The Agency for Healthcare Administration regulates all hospitals in Florida. The AHCA conducts annual surveys to ensure compliance of patient care and safety regulations, and may impose fines or operational restrictions if compliance not met.

**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 is a non-profit, rural, critical access hospital owned by Calhoun Liberty Hospital Association, Inc.

**13. Requestor Contact Information:**

- a. **Name:** Janet Kinney
- b. **Organization:** Calhoun Liberty Hospital
- c. **E-mail Address:** janetkinney@calhounlibertyhospital.com
- d. **Phone Number:** (850)625-3001

**14. Recipient Contact Information:**

- a. **Organization:** Calhoun Liberty Hospital
- b. **County:** Calhoun
- c. **Organization Type:**
  - For Profit
  - Non Profit 501(c) (3)
  - Non Profit 501(c) (4)
  - Local Entity



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University or College

Other (Please specify)

**d. Contact Name:** Janet Kinney

**e. E-mail Address:** janetkinney@calhounlibertyhospital.com

**f. Phone Number:** (850)625-3001

#### 15. Lobbyist Contact Information

**a. Name:** Patrick Bell

**b. Firm Name:** Capitol Solutions

**c. E-mail Address:** pbell@capitolsolutions.biz

**d. Phone Number:** (850)544-0784