

LFIR # 1646

- **Project Title** 1. Calhoun Liberty Hospital - Replacement Hospital
- 2. Senate Sponsor **Bill Montford**
- 3. **Date of Request** 10/30/2019

4. **Project/Program Description**

Replacement of the hospital structure for Calhoun Liberty Hospital. This facility was built in 1960 and received severe damage from Hurricane Michael. The Calhoun County Building Code Inspector provided a letter stating the requirement for the structure being brought to current code if repaired. The building is not capable of being brought to current code because of corridor width, ADA facilities, square footage for patient rooms and exam rooms, shared bathroom facilities in patient rooms, normal/critical electrical panels, switch gears that will not support adequate generator services to operate air conditioners and critical diagnostic equipment which would require complete rewiring of the entire facility, and abatement requirements due to the age of the structure to name a few reasons. The cost of remediation would surpass the value of the structure and would still have features from the 1960 building.

State Agency to receive requested funds Department of Economic Opportunity 5.

○ Yes ● No State Agency contacted?

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

Type of Funding	Amount
Operations	000
Fixed Capital Outlay	12,000,000
Total State Funds Requested	12,000,000

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)	12000000	100.0 %	
Matching Funds			
Federal	00	0 %	
State (excluding the amount of this request)	00	0 %	
Local	00	0 %	
Other	00	0 %	
Total Project Costs for Fiscal Year 2020-2021	12,000,000	100 %	

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

If yes, provide the most recent instance:

Fiscal Year	Amount Specifi		Specific	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	Vetoed
2019-20	00	3,000,000	2314A	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		
Other Salary and Benefits		
Expense/Equipment/ Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs: Oth	er	
Salary and Benefits		
Expense/Equipment/ Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construc	tion/Major Renovation: Replacement of the severely damaged hospital to allow safe, quality medical care for residents of	
Land/Planning Engineering	Calhoun and Liberty Counties.	12,000,000
Total State Funds Re	equested (must equal total from question #6)	12,000,000



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11. Program Performance

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

The requested funds are to facilitate the replacement of the damaged hospital structure to continue to provide emergent, life-saving medical treatment and primary healthcare to the citizens of Calhoun and Liberty Counties, as well as portions of other counties served. Access to healthcare is primary in sustaining economic status and additional economic growth to support these two counties. Socioeconomic values will lessen without communities that can support healthcare, education systems and jobs.

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

Replacement of the current hospital building will be required to continue medical services. The current building cannot be brought to current building code. The replaced structure will meet current life safety codes, with a full facility generator that will provide critical power for emergency services, diagnostic equipment, heat and air conditioning. A new facility will provide an adequate electrical system that will support the ability to function during disaster situations. It will provide piped-medical oxygen, medical air, and patient suction capabilities and additional enhanced medical services that currently require higher acuity patients to be transferred to facilities 50+ miles away. A replacement hospital will allow many patients to be treated locally without additional transfer, will enhance patient outcomes due to improved environment and medical services offered, and will better serve the special needs population by meeting ADA requirements.

c. What direct services will be provided to citizens by the appropriation project?

Emergent treatment, primary healthcare in clinics, and Emergency Medical (Ambulance) Services. EMS is operated by Calhoun Liberty Hospital.

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

Calhoun County (pop. 14,600), Liberty County (pop. 8,700), and portions of Jackson, Bay, Gadsden and Gulf Counties. Total service area population is approximately 35,000. This facility serves the entire spectrum of ages from birth to geriatric, including two nursing homes, more than 20 assisted living facilities, inmates, school students, employees of local businesses, accident/assault victims, drug dependant, mentally or physically disabled, and a large population of indigent. Annual visits to the ER average about 12,000 with more than 38,000 total patient visits to the facility each year. Since Hurricane Michael with the loss of jobs and industry, patients presenting to CLH without insurance exceeded 30%. Due to the population of aged, indigent, or lower income levels, many are not physically or financially capable to travel distances for healthcare services. Many will not receive life-saving or life-changing medical care.

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

Improve and enhance medical services provided to the residents of Calhoun and Liberty Counties and surrounding communities served. Save lives. Reduce the loss of life or harm to those seeking emergent care and primary medical treatment. Outcomes for saving lives and providing primary care may be measured by reduced death statistics, EMS reports, reduced chronic health concerns, i.e. cardiac health, diabetes, cancer, mental health. Reduction in patient transfers to tertiary facilities. Extending the health and quality of life for the citizens. Recognize the value of economic stability and growth for these two 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?

Retract funds if project not completed.



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.

Calhoun-Liberty Hospital Association, Inc., d/b/a Calhoun Liberty Hospital

13. Requestor Contact Information

J.	Requestor contact mornation				
	a. First Name	Janet	Last Name	Kinney	
	b. Organization	Calhoun-Liberty Hospital Associa	tion, Inc.		
	c. E-mail Address	janetkinney@calhounlibertyhospital.com			
	d. Phone Number	(850)625-3001	Ext.		
4.	Recipient Contact Information				
	a. Organization Calhoun-Liberty Hospital Association, Inc.				
	b. Municipality and County Calhoun]	
	c. Organization Typ	De			
	 For-profit E 	ntity			
	Non-Profit {	501(c) (3)			
	O Non-Profit s	501(c) (4)			
	 Local Entity 	1			
	 University of 	or College			
	 Other (plear) 	se specify)			
	d. First Name	Janet	Last Name	Kinney	
	e. E-mail Address	anetkinney@calhounlibertyhospita	al.com		
	f. Phone Number	(850)6253001			
15.	Lobbyist Contact I	Information			
10.	a. Name	Patrick E. Bell			
	b. Firm Name	Capitol Solutions			
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