



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 2327

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

**4. Project/Program Description**

By implementing an integrated care model in Calhoun county utilizing advanced paramedics, this project will increase the access to care. The CLH CP program's mission is to "identify unmet health care needs of the citizens of Calhoun County and provide a healthier and safer community by reducing the unnecessary accrual of healthcare costs, proactively providing support that aligns patients with their plan of care, and improving our patients' quality of life through positive and uplifting outreach."

-Integrating with the CLH healthcare system and identifying patients that are at-risk at the time of in- patient hospital discharge, and actively engaging with those patients to reduce readmissions.

-Integrating with CLH and other local primary care providers and identifying patients that are at-risk for decline or misalignment in their plan of care, and actively engaging with those patients to improve their outcomes.

-Provide education and monitoring resources for improved health outcomes.

5. **State Agency to receive requested funds**
- State Agency contacted?**

**6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023**

Type of Funding	Amount
Operations	184,100
Fixed Capital Outlay	315,900
<b>Total State Funds Requested</b>	<b>500,000</b>

**7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>500,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future funding likely to be requested?**
- a. **If yes, indicate nonrecurring amount per year.**
- b. **Describe the source of funding that can be used in lieu of state funding.**



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 2327

Calhoun Liberty Hospital is fiscally constrained and will not be able to move forward without this additional funding.

**10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**

Yes

**If yes, indicate the amount of funds received and what the funds were used for.**

Cares funds were received by Calhoun Liberty Hospital \$3,573,148.00 and a portion was utilized by EMS for equipment to aid in caring for Covid 19 patients which included 7 VHF radio's @ \$10,000, 3 Lucas devices @ \$37,000.00, 4 cardiac monitors/defibrillators @ \$115,000

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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits	Program Director Compensation-Based on market value	68,000
Expense/Equipment/Travel/Supplies/Other	Vehicle with emergency lighting, credentialing (ALS non-transport), decals, and communications equipment	60,000
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Technology: Program cellular phone \$600.00 Program laptop computer \$2,000.00 Medical Supplies ALS Bag and soft goods \$750.00 Medication Bag and medications \$250.00 Video laryngoscope \$2,500.00 Cardiac Monitor (EKG, NIBP, SPO2, ETOC2) \$40,000.00 Scales \$5,000.00 Glucometers \$5,000.00	56,100
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Construction/renovation of a physical plant to manage the program from	315,900
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>500,000</b>

**12. Program Performance**

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

1. Integrating with the CLH healthcare system and identifying patients that are at-risk at the time of in-patient hospital discharge, and actively engaging with those patients to reduce readmissions.
2. Integrating with CLH and other local primary care providers and identifying patients that are at-risk for decline or misalignment in their plan of care, and actively engaging with those patients to improve their outcomes.
3. Integrating with various civic and community partners and stakeholders and identifying target patient populations that are at-risk for injury or health decline and actively engaging in outreach projects to reduce those occurrences.

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



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 2327

The Calhoun-Liberty Hospital (CLH) Community Paramedicine (CP) program will be implemented in Calhoun County, Florida. By utilizing Community Paramedics in an expanded role but within their current scope of practice, they will provide non-emergent, low-acuity care that is consistent with the Mobile Integrated Healthcare model. CLH Community Paramedics, with a referral from the patient's primary care provider or in-patient CLH discharging physician, and patient's consent, will conduct home visits.

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

The CLH Community Paramedic program's mission is to "identify unmet health care needs of the citizens of Calhoun County and provide a healthier and safer community by reducing the unnecessary accrual of healthcare costs, proactively providing support that aligns patients with their plan of care, and improving our patients' quality of life through positive and uplifting outreach." This program is designed to identify social determinates of health and remove the barriers to care. The care can range for centrally monitored weights and VS to immediate telehealth visits arranged by the paramedic.

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

The targeted population will be those patients who are frequently hospitalized with chronic illnesses, the elderly and disabled. Integrating with various civic and community partners and stakeholders and identifying target patient populations that are at-risk for injury or health decline and actively engaging in outreach projects to reduce those occurrences.

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

The EMS director will measure progress through measurements garnered from the hospital EMR, decrease in EMS runs for the county and increase in clinic telehealth visits. The community health needs assessment CHNA will reflect effectiveness of the project in the 2024 assessment period. Recidivism rates will be monitored to and will reflect effectiveness.

**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?**

Failure to preform could result in fines or penalties. Prolonged non-compliance could result in funding being revoked in part or in whole.

**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.**

Calhoun Liberty Hospital is a independent 501C3 hospital in Blountstown FL which manages the EMS for Calhoun County. Calhoun county contributes a small subsidy to the program but equipment, land purchases and physical plant belong to Calhoun Liberty hospital. The Calhoun Liberty Hospital and RHC is an independent 501C3 that operates the county EMS. All assets purchased for the Comm Paramedic Program will be the property of Calhoun Liberty Hospital the operating entity of EMS and Comm Paramedics



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 2327

#### 14. Requestor Contact Information

a. **First Name**  **Last Name**

b. **Organization**

c. **E-mail Address**

d. **Phone Number**  **Ext.**

#### 15. Recipient Contact Information

a. **Organization**

b. **Municipality and County**

#### c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)

d. **First Name**  **Last Name**

e. **E-mail Address**

f. **Phone Number**

#### 16. Lobbyist Contact Information

a. **Name**

b. **Firm Name**

c. **E-mail Address**

d. **Phone Number**