

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 2289

1. Project Title	Madison County Hospital Hea Center Parking Request	Ith Sys	stems, Inc: Madison	Health & Wellness	
2. Senate Sponsor	Corey Simon				
3. Date of Request	02/27/2023				
4. Project/Program De	escription				
outmigration of health Florida. Since rural p improve/increase par giving, private founda being addressed is a mental health 1,700	lealth & Wellness Center will increases access to satients are older, poorer, and les rking and covered walkways. This ations, USDA Federal Funding a high ratio of residents to physic to 1) with 17% uninsured. This wealthcare & improve health outcome.	o ments mot s required Ma ian (1 vellnes	tal health, wellness, a bile than those in met lest supplements fun dison County Hospit to 9,250) and a lack s center connects a	and other health spetropolitan areas, the ding acquired and/cal Health Systems rof specialty health specialth special specialth special spec	ecialists in north central are is a need to br allocated through local match. The need that is services (including ecialists in order to
5. State Agency to rec	ceive requested funds De	partme	ent of Health		
State Agency conta	cted? Yes				
6. Amount of the Nonr	ecurring Request for Fiscal Ye	ear 20	23-2024		
Type of Funding			Amo	ount	
Operations			0		
Fixed Capital Outlay		600,000			
Total State Funds R	Requested			600,000	
7. Total Project Cost fo	or Fiscal Year 2023-2024 (inclu	ding ı	natching funds ava	ilable for this proj	ect)
7. Total Project Cost fo	or Fiscal Year 2023-2024 (inclu	ding ı	natching funds ava	ilable for this proje Percentage	ect)
Type of Funding Total State Funds Re	or Fiscal Year 2023-2024 (inclu	ding I		• •	ect)
Type of Funding Total State Funds Re	·	ding	Amount 600,000	Percentage 7%	ect)
Type of Funding Total State Funds Re Matching Funds Federal	equested (from question #6)	ding i	Amount 600,000 5,011,500	Percentage 7%	ect)
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the	·	ding I	Amount 600,000 5,011,500 0	Percentage 7% 68% 0%	ect)
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local	equested (from question #6)	ding	Amount 600,000 5,011,500 0 59,000	Percentage 7% 68% 0% 1%	ect)
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other	equested (from question #6) amount of this request)	ding	5,011,500 0 59,000 1,750,000	Percentage 7% 68% 0% 1% 24%	ect)
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other	equested (from question #6)	ding	Amount 600,000 5,011,500 0 59,000	Percentage 7% 68% 0% 1%	ect)
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs	equested (from question #6) amount of this request)		5,011,500 0 59,000 1,750,000	Percentage 7% 68% 0% 1% 24%	ect)
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs	equested (from question #6) amount of this request) for Fiscal Year 2023-2024	1?	5,011,500 0 59,000 1,750,000 7,420,500	Percentage 7% 68% 0% 1% 24%	ect)
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pre	equested (from question #6) amount of this request) for Fiscal Year 2023-2024 eviously received state funding	1?	Amount 600,000 5,011,500 0 59,000 1,750,000 7,420,500 No Specific	Percentage 7% 68% 0% 1% 24% 100%	ect)
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pre	equested (from question #6) amount of this request) for Fiscal Year 2023-2024 eviously received state funding Amount Recurring Nonrecurr	1?	Amount 600,000 5,011,500 0 59,000 1,750,000 7,420,500 No Specific	Percentage 7% 68% 0% 1% 24% 100%	ect)
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pre Fiscal Year (yyyy-yy) 9. Is future funding like	equested (from question #6) amount of this request) for Fiscal Year 2023-2024 eviously received state funding Amount Recurring Nonrecurr	1?	Amount 600,000 5,011,500 0 59,000 1,750,000 7,420,500 No Specific Appropriation #	Percentage 7% 68% 0% 1% 24% 100%	ect)
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pre Fiscal Year (уууу-уу) 9. Is future funding lik a. If yes, indicate no	amount of this request) for Fiscal Year 2023-2024 eviously received state funding Amount Recurring Nonrecurr tely to be requested? conrecurring amount per year.	j?	Amount 600,000 5,011,500 0 59,000 1,750,000 7,420,500 No Specific Appropriation #	Percentage 7% 68% 0% 1% 24% 100% Vetoed	ect)
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pre Fiscal Year (уууу-уу) 9. Is future funding lik a. If yes, indicate no	equested (from question #6) amount of this request) for Fiscal Year 2023-2024 eviously received state funding Amount Recurring Nonrecurr tely to be requested?	j?	Amount 600,000 5,011,500 0 59,000 1,750,000 7,420,500 No Specific Appropriation #	Percentage 7% 68% 0% 1% 24% 100% Vetoed	ect)



of MHWC construction project).

11. Status of Construction

Yes

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

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

Hospital Staff, Infection Control Supplies/Equipment/Building Adjustments (Plexiglass

Complete questions 11 and 12 for Fixed Capital Outlay Projects

\$4,659,483.37 has been received and the funds were used for Personal Protective Equipment for

installations, HVAC filtration upgrades, isolation rooms, sanitizers, sanitizer dispensers, and cleaning supplies) and Hospital Staffing hours to prevent, prepare for, and respond to the COVID. A total of 64,600 of materials/supplies purchased for Emergency Response Facility ERF (Bldg. 1

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-	he project?			
○Planning	Construction			
b. Is the project "shovel ready" ((i.e permitted)?	No		
c. What is the estimated start da	te of construction?	05/01/2023		
d. What is the estimated comple	tion date of construction?	12/31/2026		
2. List the owners of the facility to relationship between the owne	o receive, directly or indirec rs of the facility and the ent	tly, any fixed capital ity.	outlay funding. Ind	clude the
Madison County Hospital Health Governor. The district-Madison C efforts to establish this Emergency where the parking lot and covere	County Health & Hospital Distr by Response Facility (ERF) ar	rict owns the buildings. nd Madison Health & V	These organization	s are leading the
Details on how the requested st	tate funds will be expended	Description		Amount
Spending Category	tate funds will be expended	Description		Amount
Spending Category Administrative Costs: Executive Director/Project Head	N/A	Description		
Spending Category Administrative Costs:		Description		C
Spending Category Administrative Costs: Executive Director/Project Head Salary and Benefits	N/A	Description		C
Spending Category Administrative Costs: Executive Director/Project Head Salary and Benefits Other Salary and Benefits Expense/Equipment/Travel/Supplies/	N/A N/A	Description		C C C
Spending Category Administrative Costs: Executive Director/Project Head Salary and Benefits Other Salary and Benefits Expense/Equipment/Travel/Supplies/ Other Consultants/Contracted	N/A N/A N/A	Description		(
Spending Category Administrative Costs: Executive Director/Project Head Salary and Benefits Other Salary and Benefits Expense/Equipment/Travel/Supplies/ Other Consultants/Contracted Services/Study	N/A N/A N/A	Description		
Spending Category Administrative Costs: Executive Director/Project Head Salary and Benefits Other Salary and Benefits Expense/Equipment/Travel/Supplies/ Other Consultants/Contracted Services/Study Operational Costs: Other	N/A N/A N/A N/A	Description		
Spending Category Administrative Costs: Executive Director/Project Head Salary and Benefits Other Salary and Benefits Expense/Equipment/Travel/Supplies/Other Consultants/Contracted Services/Study Operational Costs: Other Salary and Benefits Expense/Equipment/Travel/Supplies/	N/A N/A N/A N/A	Description		Amount



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Construction/Renovation/Land/ Planning Engineering	Renovation of existing parking lot and expansion of new parking. Moving of existing infrastructure, modification of terrain, covered walkways, supplies, materials, equipment rental, construction, engineering and architectural expertise.	600,000
Total State Funds Requested (must equal total from question #6)		

14. Program Performance

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

- -Enhance quality of life by continuously improving the health of the people in our community by providing diagnosis, prevention, treatment and management services to expand healthcare and wellness services.
- -Enhance quality of life by improving the mental wellbeing of adolescents, youth and adults.
 -Increase knowledge of community and agencies serving the area through a variety of health education programs.
- -Increase the economic impact in Madison County by minimizing outmigration for healthcare services and increase jobs. -Decrease stress, depression, and prescription drug use.

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

The purpose of the funds is a covered walkway and parking for the wellness center. The purpose of the wellness and emergency response is to enhance quality of life by continuously improving the health of the people in our community. The ultimate goal is to improve health outcomes for north Florida residents through emergency care, extended hospital stay, inpatient and outpatient services, surgery, diagnosis, prevention and treatment through a variety of health and wellness services, including mental health, art therapy, play therapy, etc.

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

The wellness center offers-Women's Health, Geriatric Medicine, Mental Health, Chronic Disease Prevention, Treatment and Management -Diabetes and Heart Disease, Orthopedic/Specialty Services, Wound Care, CardioPulmonary Services, Alternative Pain, Infusion, DEXA Scan, and a Retail Medical Equipment. Emergency Response Facilities is designed to respond to man-made/natural disasters, pandemics & emergencies.

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

The wellness center serves a five-county region of 100,000 residents an expected 800+ served annually-Elderly persons, Persons with poor mental health, Persons with poor physical health, Jobless persons, Economically disadvantaged persons, At-risk youth, Homeless, Developmentally disabled, Physically disabled, Drug users (in health services), Preschool students, Grade school students, High school students, University/College students, Currently or formerly incarcerated persons, Victims of crime.

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

As measured by the Community Health Needs Assessment (CHNA):

- -Decrease in the number of deaths due to Melanoma and a decrease in the percent of adults who have been told they have skin cancer.
- -Increase the types/number of providers serving Madison County.
- -Decrease in deaths due to cancer or heart disease.
- -Decrease in the number of deaths due to substance abuse, alcohol and/or mental health issues.
- -Increase the types/number of providers understanding and referring patients for mental health services.
- -As measured by pre and post test, number of individuals completing or certifying in diabetes management and mental health.

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?

There are no penalties for not meeting deliverables or performance measures. It's about the safety and convenience of additional funding in order to properly serve the expanded business lines. Hospital parking is at full capacity most days. Therefore there is a critical need to increase the number and improve the quality of existing parking to be able to increase healthcare services. Since COVID and storms-Florida's rising construction cost is making parking a challenge in the approved budget.



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15.	Requester Contact	Informat	ion			
	a. First Name	Tammy		Last Name	Stevens	
	b. Organization	Madison County Hospital Health Systems, Inc.				
	c. E-mail Address	tstevens@mcmh.us				
	d. Phone Number	(850)253-1969 Ext.				
16.	6. Recipient Contact Information					
	a. Organization	Madison County Hospital Health Systems, Inc.				
	b. Municipality and County Madison					
	c. Organization Type					
	□For Profit Entity	1				
	☑Non Profit 501(c	c)(3)				
	□Non Profit 501(c	c)(4)				
	□Local Entity	ity				
	□University or College					
	□Other (please specify)					
	d. First Name	Tammy		Last Name	Stevens	
	e. E-mail Address	tstevens@mcmh.us				
	f. Phone Number	(850)253-1969				
17.	17. Lobbyist Contact Information					
	a. Name	None				
	b. Firm Name	None				
	c. E-mail Address					
	d. Phone Number					