



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Regional All Hazards Response and Recovery System

2. **Senate Sponsor:** Lauren Book

3. **Date of Submission:** 12/29/2017

4. **Project/Program Description:**

Memorial Healthcare System will purchase and equip a multifaceted Regional All Hazards Response and Recovery System that will provide the swift deployment of a mobile response for public health emergencies and natural disasters. Consisting of a specially equipped Sport Utility Vehicle that connects with a 1,000 square foot Mobile Command Center and two, 26 foot Box Trucks specially equipped to store and deploy a 4,500 square foot modular Alternate Medical Care Area along with a water purification system and oxygen generation system, this system will save lives; improve the resiliency and sustainability of healthcare facilities in the region; and eliminate/reduce the need for state and federal resources.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Executive Office of the Governor

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

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
1,000,000		1,000,000

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	150,000	13.0%
Other	0	0.0%
TOTAL	150,000	13.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,150,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)



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- c. What is the most recent fiscal year the project was funded?
- d. Were the funds provided in the most recent fiscal year subsequently vetoed?
- e. Complete the following Worksheet.

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?

The Regional All Hazards Response and Recovery System will serve as a valuable regional asset by providing the following: swift deployment of a Mobile Command Center and Alternate Medical Care Area; rapid triaging of patients at the incident site; delivery of on-site, minor emergency treatment and discharge; provision for an evacuation staging area; ability to generate 1,500 gallons of purified drinking water on-site per hour; ability to generate oxygen and fill oxygen cylinders on-site; decompression of emergency departments; and the elimination or reduction of state and/or federal resources. This System supports the Hospital Incident Command System (HICS) goals and strategies to enhance hospital emergency preparedness and response capability and also to provide for nursing homes or other evacuation needs.

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

Through this deployable system, Memorial will provide the following on-site services: Mobile Command Center operations; medical triage; minor emergency care for infants, children, and adults; generation of purified water and oxygen; and evacuation services. In addition, Memorial's Project Coordinator and staff will participate in annual All Hazards Response and Recovery Incident Training.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and		



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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 checked="" type="checkbox"/> Salary and Benefits	Project Coordinator to oversee the purchase, delivery, storage, oversight, and routine maint. of vehicles and equip. The Project Coordinator will also schedule and oversee training exercises.	50,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	4X4 Sport Utility Vehicle @ \$50,000 that deploys with Modular Mobile Command Shelter @ \$12,000 and Incident Command Cart @ \$6,000); 2 Box Trucks @ \$90,000 each) with customized shelving that store and deploy modular shelters/medical equipment/supplies; Modular Shelters 4 @ \$85,000 each and Quad Interface Shelter 1 @ \$85,000; Mass Casualty Medical Equipment & Supplies (400 patients) = \$73,000; Generators - 6 @ \$3,500 each; 1 Water Purification System @ \$70,000; 1 Oxygen Generation Sys @ \$140,000.	950,000
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		



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TOTAL

1,000,000

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

On-site incident management; medical triage, minor emergency treatment and discharge; evacuation staging area with air conditioning and lighting; and access to purified drinking water and oxygen.

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

The target population is vulnerable Floridians and visitors (including infants, children, and adults) who are the victims of natural disasters, terrorist attacks, mass shootings, etc. The system may also be deployed to decompress emergency departments or to assist persons in need of immediate evaluation from facilities such as nursing homes. The system can provide 96 hours of triage and treatment and serve 400 persons.

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

Memorial will benefit the state by saving more than \$350,000 in Medicare expenses by providing an immediate response to a nursing home evacuation and medical triage per incident. Additionally, Memorial will provide a cost savings for the state by providing minor emergency department care for up to 400 persons at an average Medicaid rate of \$200 per person for a cost savings of \$80,000 per incident. The Regional All Hazards Response and Recovery System may result in an annual cost savings of \$430,000, which could result in a less than 3-year payoff for the resource.

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?

Full restitution of amount awarded

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.

South Broward Hospital District, d/b/a Memorial Healthcare System

13. Requestor Contact Information:

- a. **Name:** Shane Strum
- b. **Organization:** South Broward Hospital District, d/b/a Memorial Healthcare System
- c. **Email:** sstrum@mhs.net
- d. **Phone Number:** (954)265-3451

14. Recipient Contact Information:

- a. **Organization:** South Broward Hospital District, d/b/a Memorial Healthcare System
- b. **County:** Broward
- c. **Organization Type:**
 - ☐ For Profit
 - ☐ Non Profit 501(c) (3)



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- ☐ Non Profit 501(c) (4)
- ☐ Local Entity
- ☐ University or College
- ☒ Other (Please specify) Special Taxing District

d. Contact Name: David Dungan

e. E-mail Address: ddungan@mhs.net

f. Phone Number: (954)265-7108

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

a. Name: Kelly Mallette

b. Firm: Ronald L. Book, P.A.

c. Email: kelly@rlbookpa.com

d. Phone Number: (850)224-3427