



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Medical Stabilization Services

2. **Senate Sponsor:** George Gainer

3. **Date of Submission:** 10/11/2017

4. **Project/Program Description:**

Doctors Memorial Hospital, Bonifay – request \$320,774 to provide medical stabilization services for uninsured patients recovering from alcohol, opiates and benzo addiction. One hundred percent of the funds will be used to provide medical stabilization (detox) services by licensed physicians to seven uninsured patients monthly who are suffering from alcohol, opiate, and/or benzo addiction. The medical stabilization (detox) service offered at Doctors Memorial Hospital in Bonifay, FL provides medical stabilization (detox) services to patients within a 75 mile radius. This targeted population includes patients in the following counties; Holmes, Washington, Jackson, Bay, Walton, Calhoun, Okaloosa, and Franklin counties. The inpatient stay includes the following aspects: •Pre-Screening •Assessment •Admission •Medical Stabilization •Appropriate Discharge Planning Treatment Cost Breakdown: •Average length of stay is three days •Average daily charge is \$1,272.91 - including the physician fee

5. **State Agency Contacted?** No

a. If yes, which state agency?

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

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
320,774		320,774

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	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 320,774



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9. Previous Year Funding Details:

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- 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?

Yes

- If yes, indicate non-recurring amount per year.

Subject to annual appropriation.

11. Program Performance:

- What is the specific purpose or goal that will be achieved by the funds requested?

To provide medical stabilization (detox) services in underserved rural counties by licensed physicians to uninsured patients who are suffering from alcohol, opiate, and/or benzo addiction. This treatment program has a 73% success rate with patients not being readmitted for drug addiction services since its inception at Doctors Memorial Hospital in August 2014.

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

Medical stabilization (detox) services.

- 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	Nursing Staff/ Med Stabilization	142,336
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Portion of Special Care Mthly Fee for uninsured patients	178,438
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		320,774

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

100% of the funding will be used for direct services to uninsured patients for medical stabilization (detox) services.

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

The medical stabilization (detox) service offered at Doctors Memorial Hospital in Bonifay, FL provides medical stabilization (detox) services to patients within a 75 mile radius. This targeted population includes patients in the following counties; Holmes, Washington, Jackson, Bay, Walton, Calhoun, Okaloosa, and Franklin counties.

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

This treatment program has a 73% success rate with patients not being readmitted for drug addiction services since its inception at Doctors Memorial Hospital in August 2014. Access to these services is limited for uninsured patients who lack the financial means to pay for the much needed services.

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?

The current standard penalties for noncompliance are adequate.



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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.

N/A

13. Requestor Contact Information:

- a. **Name:** JoAnn Baker
- b. **Organization:** Doctors Memorial Hospital, Bonifay
- c. **Email:** JoAnn.Baker@doctorsmemorial.org
- d. **Phone Number:** (850)487-8000

14. Recipient Contact Information:

- a. **Organization:** Doctors Memorial Hospital
- b. **County:** Holmes
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)
- d. **Contact Name:** JoAnn Baker
- e. **E-mail Address:** JoAnn.Baker@doctorsmemorial.org
- f. **Phone Number:** (850)487-8000

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

- a. **Name:** Bryan Cherry
- b. **Firm:** PinPoint Results
- c. **Email:** bryan@pinpointresults.com
- d. **Phone Number:** (850)544-5673