

The Florida Senate Local Funding Initiative Request Fiscal Year 2021-2022

LFIR # 1454

	a. If yes, indicate n				eu of state funding.		
). I	_	kely to be requeste			No		
	2020-21	0	3,000,	000	180A	Yes	
	(уууу-уу)	Recurring	Nonrecurrin	g	Appropriation #		
3. Has this project previously received state Fiscal Year Amount				Specific	Vetoed		
	'	s for Fiscal Year 20			16,000,000	100%	
Ī	Other		24 2225		3,000,000	19%	
	_ocal				0 0%		
		amount of this requ	lest)		0	0%	
	-ederal				10,000,000	62%	
	Matching Funds						
		equested (from que	stion #6)		3,000,000	19%	
	otal Project Cost f	or Fiscal Year 202	1-2022 (includi	ng m	natching funds avai	lable for this proj	
L	otal State Funds Requested				3,000,000		
	Fixed Capital Outlay				3,000,0		
	Operations				0		
г	Type of Funding				Amo		
		recurring Request	for Fiscal Yea	r 202	1-2022		
	State Agency conta	•	nus Ageno	,y 101	Tieaitii Care Adiiiiiii	Stration	
	rom Hurricane Mich	nael. ceive requested fu		•	Health Care Adminis		
4. I ☐	Project/Program De Replacement of hos	•	alhoun Libertv	Hosp	oital. This facility was	built in 1960 and r	
	Date of Request	02/05/2021					
2. \$	Senate Sponsor	Loranne Ausley					
	•						
	Project Title	Calhoun Liberty					



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Payroll Protection Payment - \$1.1 million used for Payroll 80% and 20% Utilities Cares Act Funding - \$3.6 million combined, lost revenues and COVID patient care related expenses

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

Spending Category	Description	Amount				
Administrative Costs:						
Executive Director/Project Head Salary and Benefits		0				
Other Salary and Benefits		0				
Expense/Equipment/Travel/Supplies/ Other		0				
Consultants/Contracted Services/Study		0				
Operational Costs: Other						
Salary and Benefits		0				
Expense/Equipment/Travel/Supplies/ Other		0				
Consultants/Contracted Services/Study		0				
Fixed Capital Construction/Major Renovation:						
Construction/Renovation/Land/ Planning Engineering	Capital Outlay - all construction	3,000,000				
Total State Funds Requested (must equal total from question #6) 3,000,						

12. Program Performance

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

Requested funds are needed facilitate replacement of the damaged hospital structure and critical diagnostic equipment 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 we serve. 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. Though we have been fortunate to receive FEMA funds of \$11.7, Federal funds from DEO (CDBG) at \$10 million and State funds of \$3 million, there is a gap in funds needed to complete this hospital project due to increased cost of contractors, subs and material cost increases due to supply and demand with Hurricane Michael.

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. Replace 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 Services (Ambulance). 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?



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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 dependent, mentally or physically disabled, and a large population of indigent. Annual visits to the ER averages about 12,000 with more than 38,000 total patient visits to the facility each year. Since Hurricane Michael with 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 County, and surrounding communities served. Saving Lives. Reduce 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 the contract?

Retract funds if project not completed.

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



d. Phone Number (850)544-0784

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14.	14. Requestor Contact Information							
	a. First Name	Janet		Last Name	Kinney			
	b. Organization	Calhoun Liberty Hospital						
	c. E-mail Address	jkinney@nfch.org						
	d. Phone Number	(850)625-3001 Ext.						
15. Recipient Contact Information								
	a. Organization	anization Calhoun Liberty Hospital cicipality and County Calhoun						
	b. Municipality and	l County	Calhoun					
	c. Organization Type							
	□For Profit Entity							
	☑Non Profit 501(c)(3)							
	□Non Profit 501(c)(4)							
	□Local Entity							
	□University or College							
	□Other (please sp	pecify)						
	d. First Name	Christinia	1	Last Name	Jepsen			
	e. E-mail Address	christiniajepsen@calhounlibertyhospital.com						
	f. Phone Number	er (850)674-5411						
16. Lobbyist Contact Information								
	a. Name	Patrick E	. Bell					
	b. Firm Name	Capitol S	Solutions LLC					
	c. E-mail Address	pebell@e	earthlink.net					