

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Calhoun-Liberty Hospital Association, Inc. - Facility Replacement
2. Date of Submission: 11/01/2019
3. House Member Sponsor: Jason Shoaf
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
If answer to 4a is "No" skip 4b and 4c and proceed to 4d, Col. E
- b. What is the most recent fiscal year the project was funded? 2019-20
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		3,000,000	3,000,000		12,000,000	12,000,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? Yes
 - 5a. If yes, which state agency? Department of Health
 - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
 - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No
 - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.
Fines

6. Requester:

- a. Name: Janet H. Kinney
- b. Organization: Calhoun Liberty Hospital
- c. Email: janetkinney@calhounlibertyhospital.com
- d. Phone #: (850)625-3001

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Janet H. Kinney
- b. Organization: Calhoun Liberty Hospital
- c. Email: janetkinney@calhounlibertyhospital.com
- d. Phone #: (850)625-3001

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Patrick Bell
- b. Firm: Capitol Solutions
- c. Email: pbell@capitolsolutions.biz
- d. Phone #: (850)544-0784

9. Organization or Name of entity receiving funds:

- a. Name: Calhoun-Liberty Hospital Association, Inc.
- b. County (County where funds are to be expended): Calhoun
- c. Service Area (Counties being served by the service(s) provided with funding): Bay, Calhoun, Franklin, Jackson, Liberty

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

To fund a new rural critical access hospital that services Calhoun and Liberty County.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter "0" if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Replacement for hospital structure, new build	12,000,000
TOTAL		12,000,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category "h. Fixed Capital Outlay" was selected), what type of ownership will the facility be under when complete? (Select one correct option)

For Profit

Non Profit 501(c) (3)

- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

Letter from Building and code inspector stating that the damaged building must be brought to current building code of repaired. Letters of support from Commissioner chair for Calhoun and Liberty County, Blountstown Mayor, City Manager, Chief of Police, Fire Chief, Calhoun Sheriff, School Superintendent, Property Appraiser, Tax Collector, all stating importance of this facility to save lives, as well as maintain economy. More than 2300 additional letters from churches businesses & residents.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

Damage assessment completed by CRA Architects, completed September 2019. Damage value at greater than 50%.

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

Provide adequate healthcare facility to continue to provide quality healthcare services to the residents of two counties. This hospital is life saving care to those who may not be able to drive to another facility, that maybe cannot afford to drive, may not have a vehicle, or gas. Unfortunately, without this hospital, many in this impoverished, medically under served community will simply go without care.

17b. Describe the direct services to be provided to the citizens by the funding requested.

Services include Emergency Room, EMS services, Outpatient ancillary services (lab, xray, CT, hospital owned primary care clinic, therapy), and Inpatient services. It supports 4 private clinics with multiple providers with lab xray and CT. It supports 2 nursing homes, 2 prison

systems, local law enforcement/jail inmates, Baker Act clearance, more than 20 Assisted living facilities in the 2 counties, students in the school system, and multiple businesses who depend on the health coverage.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups").

Select all that apply to the target population:

- 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
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe)

17d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	Increased Access to primary care in clinics , emergency care and Ambulance services	Increased patient appointments in the primary care clinics, availability and timeliness of emergency room care and ambulance runs
<input checked="" type="checkbox"/> Improve mental health	Increase access to mental health providers, decrease patients presenting to clinics and emergency room with mental health conditions, reduce attempted suicides, reduce Baker and Marchman Act presenting to the emergency room.	Community Assessment of Baker Act, Marchman Act, overdose and suicide attempts in the communities
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Provide primary and emergent care to increase number of Healthy children attending school, decrease number of absenteeism and decrease length of absence due to illness.	School attendance records and reason for absence
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Increase access to provide medical services to residents with health or mental conditions that encourage criminal activity, domestic violence, self harm.	Reduced crimes, domestic violence and self harm calls to law enforcement
<input type="checkbox"/> Improve transportation conditions		

<input checked="" type="checkbox"/> Increase or improve economic activity	Provide healthcare to the community, as availability of healthcare increases the interest for business to consider these two counties for economic growth and development	Community wide viability and sustainability
<input checked="" type="checkbox"/> Increase tourism	Increased tourism as businesses develop in the communities served, offering increased interest in visiting this area.	Revenue generated for businesses and reduced businesses going out of business.
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Provide moderate paying jobs requiring license or certification in healthcare, or non licensed jobs. Increase services that will require additional job opportunities	Unemployment rate in area and/or reduced open position in nursing and other technical health jobs.
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Provide moderate paying jobs requiring license or certification in healthcare, or non licensed jobs. Increase services that will require additional job opportunities	Reduced Unemployment rate and reduced persons/families requiring public assistance
<input checked="" type="checkbox"/> Reduce recidivism	Increase sociological economic factors by providing jobs, offering services that improve lifestyle options, i.e. smoking cessation, diabetes education, and other health factors.	Reduced criminal behavior due to available jobs, stronger economy, healthy lifestyle to increase socio-economic stability
<input checked="" type="checkbox"/> Reduce substance abuse	Increase education on signs, symptoms and health factors of substance abuse. Increase primary care and specialty care available to evaluate, identify and treat persons with abuse tendencies.	Monitor community substance abuse activities, monitor emergent patients presenting with abuse diagnosis

<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2020-21 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	12,000,000	80.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	3,000,000	20.0%	Yes
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	15,000,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

No