



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1328

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The goal of this project is to construct an 18,000 square foot, state of the art outpatient clinic providing integrated behavioral and primary healthcare services for citizens who reside on the western side of Volusia County. The clinic will add Primary Care, Medication Assisted Treatment for Opioid Dependence, Pharmacy, and a Research Department to existing outpatient mental health and substance use services currently provided by SMA Healthcare in West Volusia, including the cities of DeBary, DeLand, DeLeon Springs, Deltona, Orange City, Pierson, and Seville. Completion of this project will enable SMA to meet demand for integrated behavioral and primary healthcare services over the next 30 years as the area population continues to grow.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	4,000,000
Total State Funds Requested	4,000,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	4,000,000	40%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	6,000,000	60%
Total Project Costs for Fiscal Year 2024-2025	10,000,000	100%

8. Has this project previously received state funding?

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

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



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Yes

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

\$270,521.20 was received through the CARES Act. The funds were used to cover direct COVID related costs and lost revenue associated with fewer outpatient visits.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List 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.

SMA Healthcare, Inc, a non-profit corporation governed by a volunteer Board of Directors, would own the facility.

13. 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	Architectural design, site development, permitting, construction, furniture/fixtures/equipment costs for state of art 18,000 square foot outpatient facility to increase services to West Volusia residents including Primary Care, Medication Assisted Treatment for Opioid Dependence, Pharmacy, and a Research Department.	4,000,000
Total State Funds Requested (must equal total from question #6)		4,000,000

14. Program Performance

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



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

This is a capital project that will enhance, not provide, direct services. The activities include architectural design, site development, permitting, construction, furniture/fixtures/equipment costs of a clinic that will provide integrated primary care and behavioral health services to the citizens of Volusia County.

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

This is a capital project that will enhance, not provide, direct services. As a result of the project, outpatient services will include substance use and mental health counseling, psychiatry, psychiatric medication management, case management, Medication Assisted Treatment for Opioid Dependence, Primary Care, Pharmacy, and Healthcare Research Services for Volusia County residents.

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

The Target populations to be served include: persons with poor physical health, persons with poor mental health, the economically disadvantaged, at risk youth, homeless, individuals abusing substances (in health services), currently or formerly incarcerated, drug offenders (in criminal justice) and persons of any age group or demographic in need of services for a behavioral illness. The total number to be served will be approximately 3,600 individuals annually.

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

The expected benefit is the completion of a state of the art integrated healthcare facility to meet community needs over the next 30 years. Obtaining the building occupancy certificate will be the methodology to demonstrate the completion of the capital construction project. Beyond construction of the clinic, there will be an increased capacity of physical, mental, and substance use treatment services for West Volusia residents. The total number of westside Volusia residents served will be the measure used to demonstrate increased capacity.

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?

Standard contract penalties should apply.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)



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- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number