

LFIR # 1588

1.	Project Title	SMA Healthcare -	Central Receiv	ving Facility Construction		
2.	Senate Sponsor	Keith Perry				
3.	Date of Request	02/14/2023				
4.	Project/Program De	scription				
	Renovation of two by cinical efficacy. The retreatment areas for a public entry and waiting the two renovated by including inpatient cri	uildings on SMA's Ma'enovations will resuldults and childen, and ing areas.  uildings will comprise isis stabilization, inpalake services that wou	It in safe, comford an airlock for the Central Ratient addiction uld otherwise e	behavioral health campuortable, and clinically appur involuntary clients brouseceiving System, which in receiving and detoxificatexist separately and ensure	propriate facilities the ght by law enforced as a system of coordinate coordinate, and care coordinate coordinate.	nat include separate ment separate from dinated services, dination. Central
5.	State Agency to rec	•		tment of Children and Fa	milies	
	State Agency contact	-	Бора			
	Amount of the Nonre		or Fiscal Year	2023-2024		
٥.			or riscar rear	Amo:	ınt	
	Type of Funding			Amou	unt	
	Operations				1 222 222	
	Fixed Capital Outlay		1,200,000			
	Total State Funds R	Requested			1,200,000	
7.	Total Project Cost fo		2024 (includir	ng matching funds avai	lable for this proj	ect)
7.	Total Project Cost fo	or Fiscal Year 2023-		Amount	lable for this proj	ect)
7.	Total Project Cost for Type of Funding Total State Funds Re	or Fiscal Year 2023-			lable for this proj	ect)
7.	Total Project Cost for Type of Funding Total State Funds Rematching Funds	or Fiscal Year 2023-		Amount 1,200,000	lable for this proje Percentage 100%	ect)
7.	Total Project Cost for Type of Funding Total State Funds Remarks Matching Funds Federal	or Fiscal Year 2023- equested (from quest	tion #6)	Amount 1,200,000	Percentage 100%	ect)
7.	Total Project Cost for Type of Funding Total State Funds Remarkable Matching Funds Federal State (excluding the a	or Fiscal Year 2023- equested (from quest	tion #6)	Amount 1,200,000	Percentage 100% 0%	ect)
7.	Total Project Cost for Type of Funding Total State Funds Remarkable Matching Funds Federal State (excluding the a Local	or Fiscal Year 2023- equested (from quest	tion #6)	Amount 1,200,000 0 0 0	Percentage 100% 0% 0% 0%	ect)
7.	Total Project Cost for Type of Funding Total State Funds Remarkable Matching Funds Federal State (excluding the a	or Fiscal Year 2023- equested (from quest	tion #6)	Amount 1,200,000	Percentage 100% 0%	ect)
7.	Total Project Cost for Type of Funding Total State Funds Remarkable Matching Funds Federal State (excluding the a Local	equested (from quest	tion #6)	Amount 1,200,000 0 0 0	Percentage 100% 0% 0% 0%	ect)
	Total Project Cost for Type of Funding Total State Funds Remarks Matching Funds Federal State (excluding the allocal Other	equested (from quest amount of this reques	st) 3-2024	Amount 1,200,000	Percentage 100% 0% 0% 0% 0%	ect)
	Total Project Cost for Type of Funding Total State Funds Remarks Federal State (excluding the allocal Other Total Project Costs Has this project present the state of the stat	equested (from quest amount of this reques	st) 3-2024 ate funding?	Amount 1,200,000  0 0 0 1,200,000  No Specific	Percentage 100% 0% 0% 0% 0%	ect)
	Total Project Cost for Type of Funding Total State Funds Remarks Federal State (excluding the allocal Other Total Project Costs Has this project pre	equested (from quest amount of this request for Fiscal Year 2023	st) 3-2024 ate funding?	Amount 1,200,000  0 0 0 1,200,000  No Specific	Percentage	ect)
	Total Project Cost for Type of Funding Total State Funds Remarks Federal State (excluding the allocal Other Total Project Costs Has this project present the state of the stat	equested (from quest amount of this reques for Fiscal Year 202 viously received sta	st) 3-2024 ate funding?	Amount 1,200,000  0 0 0 1,200,000  No Specific	Percentage	ect)
8.	Total Project Cost for Type of Funding Total State Funds Remarks Federal State (excluding the allocal Other Total Project Costs Has this project present the state of the stat	equested (from quest amount of this request for Fiscal Year 202: viously received sta	st)  3-2024  ate funding?  Int  Nonrecurring	Amount 1,200,000  0 0 0 1,200,000  No Specific	Percentage	ect)
8.	Total Project Cost for Type of Funding Total State Funds Remarks Federal State (excluding the algorithm Local Other Total Project Costs Has this project present the state of	equested (from quest amount of this request for Fiscal Year 202 viously received sta	st)  3-2024  ate funding?  Int  Nonrecurring	Amount 1,200,000  0 0 0 1,200,000  No Specific Appropriation #	Percentage	ect)
8.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the a Local Other Total Project Costs  Has this project pre  Fiscal Year (yyyy-yy)  Is future funding like a. If yes, indicate no	equested (from quest equested (from quested) equ	st)  3-2024  ate funding?  Int  Nonrecurring  2?  t per year.	Amount 1,200,000  0 0 1,200,000  No Specific Appropriation #	Percentage	ect)
8.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the a Local Other Total Project Costs  Has this project pre  Fiscal Year (yyyy-yy)  Is future funding like a. If yes, indicate no	equested (from quest equested (from quested) equ	st)  3-2024  ate funding?  Int  Nonrecurring  2?  t per year.	Amount 1,200,000  0 0 0 1,200,000  No Specific Appropriation #	Percentage	ect)



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

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If yes, indicate the amount of funds received and what the funds were used for.  \$270,521.20 was received through the CARES Act \$50 billion general allocation of the Provider Relief Fund. The funds were used to cover direct COVID related costs and lost revenue associated with fewer outpatient visits.				
Complete questions 11 a	nd 12 for Fixed Capi	ital Outlay Proje	ects	
1. Status of Construction				
a. What is the current phase of the	he project?			
○Planning	Construction			
b. Is the project "shovel ready" (	i.e permitted)?	No		
c. What is the estimated start da	te of construction?	8/1/23		
d. What is the estimated comple	tion date of construction?	6/30/24		
relationship between the owner  SMA Healthcare, Inc is the owner	<u> </u>	ity.		
SMA Healthcare, Inc is the owner.  3. Details on how the requested st	er and operator of the facility			Amount
SMA Healthcare, Inc is the owner	er and operator of the facility	Description		Amount
SMA Healthcare, Inc is the owner.  3. Details on how the requested st  Spending Category  Administrative Costs:  Executive Director/Project Head	er and operator of the facility			<b>Amount</b>
SMA Healthcare, Inc is the owner.  3. Details on how the requested st  Spending Category  Administrative Costs:	er and operator of the facility			0
SMA Healthcare, Inc is the owner.  3. Details on how the requested st  Spending Category  Administrative Costs:  Executive Director/Project Head Salary and Benefits	er and operator of the facility			0
SMA Healthcare, Inc is the owner.  3. Details on how the requested st  Spending Category  Administrative Costs:  Executive Director/Project Head Salary and Benefits  Other Salary and Benefits  Expense/Equipment/Travel/Supplies/	er and operator of the facility			0 0
SMA Healthcare, Inc is the owner  3. Details on how the requested st  Spending Category Administrative Costs: Executive Director/Project Head Salary and Benefits Other Salary and Benefits Expense/Equipment/Travel/Supplies/Other Consultants/Contracted Services/Study Operational Costs: Other	er and operator of the facility			
SMA Healthcare, Inc is the owner  3. Details on how the requested st  Spending Category  Administrative Costs:  Executive Director/Project Head Salary and Benefits  Other Salary and Benefits  Expense/Equipment/Travel/Supplies/Other  Consultants/Contracted Services/Study  Operational Costs: Other  Salary and Benefits	er and operator of the facility			0 0
SMA Healthcare, Inc is the owner  3. Details on how the requested st  Spending Category Administrative Costs: Executive Director/Project Head Salary and Benefits Other Salary and Benefits Expense/Equipment/Travel/Supplies/Other Consultants/Contracted Services/Study Operational Costs: Other	er and operator of the facility			C C C C C C C C C C C C C C C C C C C
SMA Healthcare, Inc is the owner  3. Details on how the requested st  Spending Category  Administrative Costs:  Executive Director/Project Head Salary and Benefits  Other Salary and Benefits  Expense/Equipment/Travel/Supplies/Other  Consultants/Contracted Services/Study  Operational Costs: Other  Salary and Benefits  Expense/Equipment/Travel/Supplies/	er and operator of the facility			C C C C C
SMA Healthcare, Inc is the owner  3. Details on how the requested st  Spending Category Administrative Costs:  Executive Director/Project Head Salary and Benefits Other Salary and Benefits  Expense/Equipment/Travel/Supplies/Other  Consultants/Contracted Services/Study  Operational Costs: Other Salary and Benefits  Expense/Equipment/Travel/Supplies/Other  Consultants/Contracted Services/Study  Fixed Capital Construction/Majo	ate funds will be expended			C C C C C C C C C C C C C C C C C C C
SMA Healthcare, Inc is the owner  3. Details on how the requested st  Spending Category Administrative Costs:  Executive Director/Project Head Salary and Benefits Other Salary and Benefits  Expense/Equipment/Travel/Supplies/Other Consultants/Contracted Services/Study  Operational Costs: Other Salary and Benefits  Expense/Equipment/Travel/Supplies/Other  Consultants/Contracted Services/Study	ate funds will be expended			C C C C C C C C C C C C C C C C C C C

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



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Make necessary renovations to improve the environment of care for persons taken into protective custody under the Baker Act and Marchman Act. Marion County does not have a Marchman Act receiving facility, requiring law enforcement to transport outside Marion County for crisis/safety net services. While in out of county placement for a behavioral health crisis, services may be truncated, referred, or otherwise insufficient to meet the needs and convenience of the Marion County resident, and oft times ends with a transportation issue to return home.

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

The current facility is outdated, with concrete walls and prison-like, not conducive to modern treatment protocols and operations. Renovation needs include the construction of an airlock for intaking persons under protective custody for a behavioral health crisis by law enforcement, improve aesthetics of, access to, and observation of, isolation units, creation of a segregated entrance that will separate families with children in crisis on the front end, repair doors, windows, walls, and magnetic door-locking system. Upgrade and increase video surveillance and PA systems, aesthetics.

and opportunities for natural light during the day.

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

Assessment and intake, crisis stabilization, substance use inpatient detoxification, crisis support/emergency services, case management, care coordination, recovery support, information and referral, community collaboration, and education.

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

The target population to be served includes:

**b. Municipality and County** | Marion

Individuals needing evaluations or stabilization under s. 394.463, F.S., the Baker Act; Individuals needing evaluation or stabilization under s. 397.675, F.S., the Marchman Act; Individuals needing crisis services as defined in ss 394.67(17)-(18), F.S.

It is estimated that 3,000 individuals would be served throug the creation of a Central Receiving System in Marion County.

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

Benefits/Outcomes include: increased attendance rates in outpatient services for those being discharged from detoxification/crisis stabilization units; reduced hospitalization rates; improved communication and coordination with the court system; improved system of care for individuals placed under a Marchman Act or Baker Act; increased capacity of funded detoxification and crisis beds; and improved engagement of individuals involved in crisis services. Outcomes are monitored through DCF reporting requirements and internal Quality Assurance programming that evaluates both effectiveness and efficiency measures for every program.

## 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?

Performance requirements as negotiated contractually with DCF.
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15. Requester Contact a. First Name	t Information	Last Name	Cosimi
	Ivaii	Lasi Naille	COSIIII
b. Organization	SMA Healthcare		
c. E-mail Address	icosimi@smahealthcare.o	rg	
d. Phone Number	(386)236-1811	Ext.	
6. Recipient Contact	Information		
a. Organization	SMA Healthcare		



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c. Organization Ty	pe				
□For Profit Entity					
☑Non Profit 501(c)(3)					
□Non Profit 501(c	□Non Profit 501(c)(4)				
□Local Entity	□Local Entity				
□University or Co	□University or College				
□Other (please sp	pecify)				
d. First Name	Ivan	Last Name	Cosimi		
e. E-mail Address	e. E-mail Address icosimi@smahealthcare.org				
f. Phone Number (386)236-1811					
17. Lobbyist Contact Information					
a. Name Douglas S. Bell					
b. Firm Name Metz Husband & Daughton PA					
c. E-mail Address	c. E-mail Address doug.bell@mhdfirm.com				