

**LFIR # 1349** 

1. Project Title	SMA Healthcare	<ul> <li>Marion Facility R</li> </ul>	enovations				
2. Senate Sponsor	Stan McClain						
3. Date of Request	2/12/2025						
4. Project/Program Des	cription						
Renovation of Building requiring both behavior existing behavioral healocation. This approach coordination and impro	ral health and prir alth services, indiv h will reduce hosp	nary physical healtl riduals with co-morl ital emergency roo	n care. By integrating old conditions will ha m visits and repeat h	g primary care and pose access to compressible to spitalizations, while	charmacy services with rehensive care in one le improving care		
5. State Agency to rece	ive requested fu	nds Departme	ent of Children and F	amilies			
State Agency contact	ed? Yes						
6. Amount of the Nonrec		for Fiscal Year 202	25-2026				
Type of Funding			Amo	ount			
Operating				0			
Fixed Capital Outlay				2,000,000			
<b>Total State Funds Re</b>	quested		2,000,000				
7. Total Project Cost for	Fiscal Year 2025	5-2026 (including ı			ect)		
Type of Funding			Amount	Percentage			
Total State Funds Reg	uested (from que	stion #6)	2,000,000	67%			
Matching Funds Federal			0	0%			
State (excluding the ar	mount of this requ	ost)	0	0%	1		
Local	nount of this requ	esi)	1,000,000	33%	†		
Other			0	0%	Ī		
Total Project Costs for	or Fiscal Year 20	25-2026	3,000,000	100%	1		
8. Has this project previous If yes, provide the mo	•	•	Yes		1		
Fiscal Year (yyyy-yy)	Amo		Specific Appropriation #	Vetoed			
	Recurring	Nonrecurring					
2024-25		4,000,000	384A		]		
9. Is future-year funding	g likely to be requ	uested?	No		1		
a. If yes, indicate nor	recurring amou	nt per year.					
b. Describe the source	ce of funding tha	t can be used in li	eu of state funding.		1		



**LFIR # 1349** 

1	0.	Status	of Co	nstru	ction
---	----	--------	-------	-------	-------

a. What is the cui	rrent phase of th	e project?			
Planning	<ul><li>Design</li></ul>	Construction	O N/A		
b. Is the project "	shovel ready" (i.	e permitted)?		No	
c. What is the est	imated start date	e of construction?		10/01/2025	
d. What is the est	timated completi	on date of construct	ion?	12/31/2026	
e. What funding s	stream will be us	ed for ongoing opera	ations a	nd maintenance o	f the project?
Funding streams Department of Ch Insurance/Medica	ildren and Famili	ngoing operations and es, Local Hospital Dist	maintena rict and	ance of the project County Funding, ar	will be nd

11. 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.

### 12. 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		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	Architectural design for Outpatient Integrated Care building, permitting costs of the renovations, actual construction, and furniture/fixture/equipment costs of the renovated structure.	2,000,000
Total State Funds Requested (m	ust equal total from question #6)	2,000,000

### 13. Program Performance

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

Renovations will enhance the continuum of care for individuals requiring behavioral health and physical health treatment. By integrating primary care and pharmacy services with existing behavioral health services, individuals with co-morbid conditions will have access to comprehensive care in a single location. This approach will help reduce emergency room visits and repeat hospitalizations, while improving care coordination and expanding service availability for the Central Receiving System.

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



**LFIR # 1349** 

The activities associated with this capital renovation project include creation of the architectural design for building renovation, costs of permitting, renovation costs, and furniture/fixtures/equipment costs for the 21,339 square foot building. Through these activities, access to care will increase and additional services will be offered.

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

The services provided in the renovated building will include a behavioral health outpatient clinic, primary care clinic and pharmacy services. These services will be provided to all Marion residents. While insurance and first party fees for services will be utilized, no one will be denied care due to an inability to pay for services.

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, drug users (in health services), drug offenders (in criminal justice) and persons experiencing behavioral and physical co-morbidity and in need of integrated care.

The total number to be served will be in excess of 800 individuals annually.

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

25% of clients age 15-65 will be tested for HIV; 46% of clients age 50-75 will receive a colorectal cancer screening; 50% of women age 50-74 will receive a breast cancer screening; 75% of clients will keep scheduled follow up appointments for behavioral health; 90% of clients discharged from the Adult and Children's Crisis Stabilization unit will not be readmitted within 14 days; 75% of clients receiving Medication Assisted Treatment will remain in services for 90 days. All outcomes to be measured in the SMA Electronic Health Record.

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 in the contract?

	for	failing to meet deliverables or performance measures provided for in the contract?
	N	o penalties suggested.
14	l. Is t	this project related to mitigation, response, or recovery from a natural disaster? No
	a. If	Yes, what phase best describes the project?
		Mitigation (reducing or eliminating potential loss of life or property)
		Response (addressing the immediate and short-term effects of a natural disaster)
		Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)
	b. N	ame of the natural disaster (or Executive Order # for events not under a federal declaration):
15	i. Ha	s the entity applied for or received federal assistance for this project?
	□ <b>`</b>	Yes, Applied
	<b>"</b>	Yes, Received
	<b>□</b> 1	No
	□ <b>1</b>	No, but intends to apply
	a. If	yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:



**LFIR # 1349** 

6. Has the entity app	lied for or received state	assistance t	or this projec	t (other than	this request
☐ Yes, Applied					
☐ Yes, Received					
□ No					
☐ No, but intends t	o apply				
a. If yes, specify th Commerce):	e program and state ager	าcy (ex. Loca	al Governmen	t Emergency	Bridge Loar
. Requester Contactactactactactactactactactactactactact		l oot Name	Cooimi		
	Ivan	Last Name	COSIMI		
b. Organization	SMA Healthcare, Inc.				
d. Phone Number		Ext.			
a. Flione Number	(300)230-1011	LAL			
. Recipient Contact	Information				
a. Organization	SMA Healthcare, Inc.				
b. Municipality and	d County Marion				
c. Organization Ty	ре				
□For Profit Entity					
☑Non Profit 501(d	c)(3)				
□Non Profit 501(d					
□Local Entity	7X 7				
·	llaga				
□University or Co	_				
□Other (please s	pecify)				
d. First Name	Ivan	Last Name	Cosimi		
e. E-mail Address	icosimi@smahealthcare.c	org			
f. Phone Number	(386)236-1811	Ext.			
. Lobbyist Contact I	nformation				
a. Name	Douglas S. Bell				
b. Firm Name	Metz Husband & Daughto	on PA		]	



**LFIR # 1349** 

c. E-mail Address	doug.bell@mhdfirm.com	
d. Phone Number	(850)205-9000	

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.