



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 3422

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Renovation of the Integrated Outpatient building on SMA's Marion County behavioral health campus (building 2) located in Ocala. Renovation will improve the environment of care of the functionally obsolete 21,339 sq ft building. The building was constructed in 1995 and has not been updated since. Renovations will improve access to and increase capacity to provide substance abuse and mental health services. Renovations will include the capability for SMA to provide Primary Care services in addition to existing behavioral health services.

5. State Agency to receive requested funds

State Agency contacted?  Yes

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

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	1,500,000
<b>Total State Funds Requested</b>	<b>1,500,000</b>

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)	1,500,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>1,500,000</b>	<b>100%</b>

8. Has this project previously received state funding?  No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested?  No

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?

Yes



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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. 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)?

No

c. What is the estimated start date of construction?

07/01/2024

d. What is the estimated completion date of construction?

09/30/2025

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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Architectural design for the Outpatient Integrated Care building, permitting costs of the renovations, actual construction, and furniture/fixture/equipment costs of the renovated structure.	1,500,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,500,000</b>

### 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 designs for the Integrated Outpatient building, permitting for the renovations, actual renovations, and furniture/fixtures/equipment costs for the building.

**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. The services provided in the Integrated Outpatient building include behavioral health outpatient and community based services. SMA plans to develop a primary care clinic in the newly created space as part of the redesign. The facility was constructed in the 1990's and has not been modified or upgraded since that time.

**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 of any age group or demographic in need of services for a behavioral illness.

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?**

Outcome: Completing renovation/construction

Methodology:

- Pass all inspections during the renovation project
- Begin providing primary care services

Outcome: Improve Mental health

Measure: Completing renovation/construction that would allow for more welcoming, consumer friendly environment with improved innovative design, increase capacity of persons served, and improve retention.

Methodology: Pass all inspections during the renovation project; # of clients served tracked to show an increase; improved retention rates from baseline

Outcome: Reduce substance abuse

Measure: By having a safer, more aesthetic environment, and improve quality of care, individuals are more likely to stay in treatment to get maximum benefit that will lead to reduction in substance use and reduce use of higher levels of care after discharge.

Methodology: Baseline established at intake, data gathered monthly. Measure length of stay in services and % transferred to higher levels of care.

**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?**

No penalties suggested

**15. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**



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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)
- 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