

LFIR # 1633

1. Project Title Physical Plant Improvement for Community Safety Net Behavioral Health Services- Marion County

2. Senate Sponsor Keith Perry

**3. Date of Request** 11/23/2021

#### 4. Project/Program Description

Funding for necessary renovations to increase capacity and utilization of state funded safety net services in Marion County for persons experiencing a behavioral health crisis, and taken into custody under the Baker or Marchman Acts. On July 2021 SMA acquired a physical plant in need of significant and immediate repairs and renovations to maximize capacity and provide a safe environment to a community long neglected by the previous community behavioral health agency.

#### 5. State Agency to receive requested funds De

Department of Children and Families

State Agency contacted? Yes

## 6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	1,200,000
Total State Funds Requested	1,200,000

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage	
Total State Funds Requested (from question #6)	1,200,000	100%	
Matching Funds			
Federal	0	0%	
State (excluding the amount of this request)	0	0%	
Local	0	0%	
Other	0	0%	
Total Project Costs for Fiscal Year 2022-2023	1,200,000	100%	

## 8. Has this project previously received state funding? No

Fiscal Year	Amount		Specific	Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	

#### 9. Is future funding likely to be requested?

1	

a. If yes, indicate nonrecurring amount per year.

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

Facility Improvements are not available through service dollars. Renovations are only possible through private donations, grants, or legislative allocation. No other resource is available to provide this necessary upgrade. Without the improvements, the Marchman Act Receiving Facility for Marion County will not likely materialize in the foreseeable future.

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

No



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 \$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.

#### 11. 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	Construction/Renovation	1,200,000	
Total State Funds Requested (must equal total from question #6)			

## 12. Program Performance

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

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?

Make necessary renovations to improve the environment of care for persons - adult and adolescent - taken into protective custody under the Baker Act (only adults under the Marchman Act) for detoxification, crisis stabilization, and emergency screening. 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?

Direct services will be enhanced, not provided, by funding under this request for Physical Plant Improvement for Community Safety Net Behavioral Health Services in Marion County.

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



The target population served by this request are persons - adult and adolescent - taken into protective custody under the Baker Act (only adults under the Marchman Act) for detoxification, crisis stabilization, and emergency screening. We estimate more than 3000 individuals to be served in the first year post-renovation.

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

#### be measured?

Outcomes include:

-Reduction in out of county transports for persons taken into custody under a Marchman Act - data on transports obtained from law enforcement, ems

-Reduction in use of ER for protective custody under Baker Act and Marchman Act - data obtained from hospitals -Prevention of persons incarcerated under civil court orders pursuant to Marchman Act - data obtained from county corrections

-Increased safety for LEO and clients in care. DAta collected by survey from persons served, law enforcement, and EMS.

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 additional penalties are proposed.

13. 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 is the owner of the facility. As a 501(c)(3) organization, SMA has a Board of Directors who hires a Chief Executive Officer. All funds will be used directly for the renovations. No monies will be directly received by any one individual.



LFIR # 1633

## 14. Requestor Contact Information

	a. First Name	Ivan	Last Name	Cosimi	
	b. Organization	SMA Healthcare, Inc.			
	c. E-mail Address	icosimi@smahealthcare.org			
	d. Phone Number	(386)236-1811	Ext.		
15.	15. Recipient Contact Information				
	a. Organization	SMA Healthcare, Inc.			
	b. Municipality and	y and County Volusia			
	c. Organization Type				
	□For Profit Entity				
	☑Non Profit 501(c)(3)				
	□Non Profit 501(c	01(c)(4)			
	□Local Entity	ity			
	□University or College				
	□Other (please specify)				
	d. First Name	Ivan	Last Name	Cosimi	
	e. E-mail Address	icosimi@smahealthcare.org			
	f. Phone Number				
16.	16. Lobbyist Contact Information				
	a. Name	Douglas S. Bell			
	b. Firm Name	Metz Husband & Daughton PA			
	c. E-mail Address	doug.bell@mhdfirm.com			
	d. Phone Number	(850)205-9000			