

1. Project Title

Building

9. Is future-year 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.

## The Florida Senate Local Funding Initiative Request Fiscal Year 2026-2027

SMA Healthcare- Renovations to Marion County Integrated Outpatient

LFIR # 1329

2.	Senate Sponsor	Stan McClain					
3.	Date of Request	11/20/2025					
4.	Project/Program D	escription					
	requiring both behavione location. This a	vioral health and pri oral health services, pproach will reduce cess to services, as	mary physical healt , individuals with co hospital emergency	h care. By integrating -morbid conditions wi v room visits and repe	primary care and p ill have access to co eat hospitalizations,	s and care for clients bharmacy services omprehensive care in while improving care atral Receiving Facility	
5.	State Agency to re	ceive requested fu	nds Departm	ent of Children and F	amilies		
	State Agency conta	acted? Yes					
6.	Amount of the Non	recurring Request	for Fiscal Year 20	26-2027			
	Type of Funding			Amount			
	Operating			0 1,750,000			
	Fixed Capital Outlay	У					
	Total State Funds Requested			1,750,000			
7.	Total Project Cost f	for Fiscal Year 202	6-2027 (including	matching funds ava	ilable for this proj	ect)	
	Type of Funding			Amount	Percentage		
	Total State Funds R	Requested (from que	estion #6)	1,750,000	64%		
	Matching Funds						
	Federal			0	0%		
	State (excluding the	amount of this requ	uest)	0	0%		
	Local			0	0%		
	Other			1,000,000	36%		
	Total Project Costs	s for Fiscal Year 20	026-2027	2,750,000	100%		
8.	Has this project pr If yes, provide the	•	_	Yes			
	Fiscal Year	Amo	ount	Specific Appropriation #	Vetoed		
(уууу-уу)		Recurring	Recurring Nonrecurring				
	2025-26	0	250,000	370A	No		

No



10. Status of Construction

13. Program Performance

Planning

a. What is the current phase of the project?

Design

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?

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O N/A

No

01/01/2027

06/30/2028

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#### Complete questions 10 and 11 for Fixed Capital Outlay Projects

Construction

Funding streams to be used for or Families or Lutheran Services of F	unding streams to be used for ongoing operations and maintenance of the project will be Department of Children and imilies or Lutheran Services of Florida, Marion County Hospital District, and/or Insurance/Medicaid revenue.					
List the owners of the facility to relationship between the owner	receive, directly or indirectly, any fixed capital outlay funding. In s of the facility and the entity.	clude the				
SMA Healthcare, Inc, a non-profi	t corporation governed by a volunteer Board of Directors.					
Details on how the requested sta	ate funds will be expended					
Spending Category	Description	Amount				
Administrative Costs:						
Executive Director/Project Head Salary and Benefits		(				
Other Salary and Benefits		(				
Expense/Equipment/Travel/Supplies/Other		(				
Consultants/Contracted Services/Study		(				
Operational Costs						
Salary and Benefits						
Expense/Equipment/Travel/Supplies/ Other		(				
Consultants/Contracted Services/Study		(				
Fixed Capital Construction/Major	or Renovation:					
Construction/Renovation/Land/ Planning Engineering	Construction of renovations to the existing Outpatient Integrated Care building, permitting costs of the renovations, and furniture/fixture/equipment costs of the renovated structure.	1,750,000				
Total State Funds Requested (n	nust equal total from question #6)	1,750,000				

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



□ No

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Renovations will improve access and care for clients requiring behavioral and primary healthcare. By integrating primary care and pharmacy services with existing behavioral health services, clients with co-morbid conditions will have access to comprehensive care in one location. This approach will reduce emergency room visits and repeat hospitalizations, while improving care coordination and maximizing the utilization of Marion County's Central Receiving Facility.

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

The activities associated with this capital renovation project include the costs of permitting, renovation costs, and furniture/fixtures/equipment costs for the 21,339 square foot building providing integrated outpatient services. Through these activities, access to care will increase, adding professionals, 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, GME program, 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), elderly persons, 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?

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?

No penalties suggested beyond standard DCF penalties such as return funds if not utilized.

14. Is 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. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

Yes, Applied

Yes, Received



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of

□ No, but intends to	o apply						
a. If yes, provide the FEMA project worksheet ID#:							
b. Provide the total project cost listed on the FEMA project worksheet:							
16. Has the entity applied for or received state assistance for this project (other than this request)?							
☐ Yes, Applied							
☐ Yes, Received							
□ No							
☐ No, but intends to	o apply						
a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department Commerce):							
17. Requester Contact a. First Name			Last Name	Coolmi			
b. Organization	Ivan SMA Health		Last Name	COSIIII			
c. E-mail Address			ra				
d. Phone Number			Ext.				
			'				
18. Recipient Contact	Information						
a. Organization	SMA Health	care, Inc.					
b. Municipality and	d County M	larion					
c. Organization Ty	ре						
□For Profit Entity							
☑Non Profit 501(c	c)(3)						
□Non Profit 501(c	□Non Profit 501(c)(4)						
□Local Entity							
□University or Co	llege						
□Other (please sp	pecify)						
d. First Name	Ivan		Last Name	Cosimi			



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f. Phone Number	(386)236-1811	Ext.			
19. 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				

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