



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1200

1. Title of Project: SMA Healthcare Florida Assertive Community Treatment (FACT) team - Putnam/St. Johns

2. Senate Sponsor: Travis Hutson

3. Date of Submission: 01/22/2019

4. Project/Program Description:

The FACT Team serving Putnam/St. Johns County was funded with state non-recurring general revenue in FY 2016-17. Continued non-recurring general revenue funding was approved for FY 17-18 and 18-19. FACT is an evidence based approach that provides effective treatment to those with the most serious and persistent mental illness - a population that is often homeless, incarcerated, or circulating in and out of mental health crisis units and state hospitals. FACT assures the safety of the individual and the broader community by providing treatment and a positive social network for those who are seriously mentally ill. The FACT team is staffed with a team leader, psychiatrist, nurses, social workers, mental health counselors, and peer specialists with a total staff of 12.3 full time equivalents (FTE). The team can serve 100 clients at any given time. FACT is unique in assuring housing, medication compliance and 24 hour support to a highly at risk population.

5. State Agency to receive requested funds : Department of Children and Families

State Agency Contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2019-2020

Type of Funding	Amount
Operations	1,500,000
Fixed Capital Outlay	
Total State Funds Requested	1,500,000

7. Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	1,500,000	100.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
Total Project Costs for Fiscal Year 2019-2020	1,500,000	100.0%

8. Has this project previously received state funding? Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		
2018-19		1,500,000	372	No

9. Is future-year funding likely to be requested? Yes



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a. If yes, indicate non-recurring amount per year. \$1,500,000

10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	N/A	0
Other Salary and Benefits	Administrative costs for Human Resources, Accounting, Executive Management, Patient Accounts, and Performance Improvement	92,484
Expense/Equipment/Travel/Supplies/Other	Cost allocation to FACT Team	21,821
Consultants/Contracted Services/Study	Cost allocation to FACT Team	2,570
Operational Costs:		
Salary and Benefits	Direct Program Staff: Team Administrator, Team Supervisor, Psychiatric ARNP, Team Clinician (5), Peer Support (2), RN (2), LPN, Client Support, Administrative Assistant (1.5)	895,344
Expense/Equipment/Travel/Supplies/Other	Equipment - \$6,196; Travel - \$74,888; Direct Client Support - \$300,000; Operating Expenses - \$42,947; Program Support - \$63,750	487,781
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		1,500,000

11. Program Performance:

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

Goal is assure stability and highest level of personal functioning at the lowest cost to the state for a population of persons with severe mental illness whose illness has resulted in frequent hospitalization, frequent contact with law enforcement, and frequent homelessness.

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

Counseling, Medication, Housing, and Intensive Case Management of persons with severe mental illness, particularly those individuals who have previously been treated one of Florida's state run psychiatric hospitals.

c. **What are the direct services to be provided to citizens by the appropriations project?**

Counseling, Medication, Housing, and Intensive Case Management of persons with severe mental illness, particularly those individuals who have previously treated one of Florida's state run psychiatric hospitals.

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



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Individuals with a severe and persistent mental health disorder, including, but not limited to, schizophrenia, schizoaffective disorder, bipolar disorder, major depression and accompanying personality disorders. The target population has experienced multiple hospitalizations for their mental health disorders. A FACT team serves 100 clients at any time. 60% or more of FACT clients are enrolled upon their discharge from a state psychiatric hospital.

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

Outcomes include reduced psychiatric symptoms and improved functioning. Specific reductions are measured in episodes and days in care in a state hospital, episodes and days in care in local hospital emergency services, episodes and days in care in local crisis stabilization units, episodes and days homeless, episodes and days incarcerated and days of medication non-compliance.

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?

None proposed other than those that would be contractually negotiated with the Florida Department of Children and Families.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

N/A.

13. Requestor Contact Information:

- a. **Name:** Ivan Cosimi
- b. **Organization:** SMA Healthcare, Inc.
- c. **E-mail Address:** icosimi@smahealthcare.org
- d. **Phone Number:** (386)236-1811

14. Recipient Contact Information:

- a. **Organization:** SMA Healthcare, Inc.
- b. **County:** Saint Johns
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)
- d. **Contact Name:** Ivan Cosimi
- e. **E-mail Address:** icosimi@smahealthcare.org
- f. **Phone Number:** (386)236-1811



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15. Lobbyist Contact Information

- a. **Name:** Douglas Bell
- b. **Firm Name:** Metz, Husband & Daughton, P.A.
- c. **E-mail Address:** doug.bell@mhdfirm.com
- d. **Phone Number:** (850)510-7146