



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1622

1. Title of Project: SMA Healthcare - Assisted Outpatient Treatment for Severe Mental Illness

2. Senate Sponsor: Tom Wright

3. Date of Submission: 02/12/2019

4. Project/Program Description:

Establish an Assisted Outpatient Treatment (AOT) program to serve adults with serious mental illness in Volusia and Flagler Counties who meet the requirements for involuntary outpatient placement defined in s.394.4655, F.S. AOT will serve 50 adults with the participation period being no less than 90 days. Seriously mentally ill Floridians who do not receive adequate care are typically limited to emergency medical units or jail. Too many individuals enter the criminal justice system when they experience a crisis and are not provided access to adequate mental health services, creating a revolving, costly and ineffective pattern of inappropriate responses to their needs. With increased suicide rates resulting from severe depression, and increases in death or injury resulting from violent acts of persons with known histories of mental illness, it is time to utilize the tools currently available in the involuntary outpatient treatment provisions of Ch. 394, F.S.

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	885,000
Fixed Capital Outlay	
Total State Funds Requested	885,000

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)	885,000	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	885,000	100.0%

8. Has this project previously received state funding? No

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

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



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a. If yes, indicate non-recurring amount per year. 885,000

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits	Data entry, program evaluation, staff support	44,250
Expense/Equipment/Travel/Supplies/Other	Electronic health record	44,250
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits	Sr. Director OP Services, Program Director, Licensed Therapist, Consulting Psychiatrist, Psychiatric ARNP, Care Coordinators (3), Peer Specialist, On call pay.	653,250
Expense/Equipment/Travel/Supplies/Other	2 leased vehicles, patient assistance funds, office space, equipment, insurance, supplies.	143,250
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		885,000

11. Program Performance:

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

1) Improve the mental health, physical health and quality of life of those enrolled with emphasis on health, home, purpose and community. 2) Monitor and evaluate AOT to determine the degree to which the program leads to reductions in episodes of acute illness, hospitalization, incarceration, and homelessness.

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

SMA Healthcare will provide court ordered and monitored Assisted Outpatient Treatment to the target population defined in s. 394.4655(2), F.S. Components include civil or county criminal court supervision, care coordination, and individual and group outpatient counseling for a period ranging from 90 days to as much as one year.

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

Court Supervision consistent with the provisions of s. 394.4655, F.S. Care Coordination -Participant and care coordinator (in consultation with team and supervisor) will develop a plan addressing needs including psychiatric care, nursing, housing, financial management, access to monitored medication, therapy, day programming and residential care based on assessed needs. Outpatient Counseling & Response for participants in crisis. A Care Coordinator will immediately respond to a client in crisis.



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

Target population is defined in the nine criteria in s. 394.4655(2) F.S. A total of 50 individuals will be served concurrently with the period of participation ranging from 90 days to one year. We anticipate up to 125 individuals will be served annually.

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

Benefit is a program design to implement the involuntary outpatient treatment provisions of Ch 394, F.S. While involuntary outpatient services have been defined in statute since 2004, implementation has been limited. It is important to note that AOT can be ordered by a circuit court as a civil action or by a criminal county court in a misdemeanor case.

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?

Standard contract penalties are adequate.

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)566-3498

14. Recipient Contact Information:

- a. **Organization:** SMA Healthcare, Inc.
- b. **County:** Flagler, Volusia
- 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)566-3498

15. Lobbyist Contact Information



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