

9.

Is future-year funding likely to be requested?

If yes, indicate nonrecurring amount per year.

The Florida Senate Local Funding Initiative Request Fiscal Year 2020-2021

LFIR # 2033

Project Title	Florida Assertive Commu	ınity Tr	eatment (FACT) Te	am - Putn	am/St. Johns	
Senate Sponsor	Travio traceri					
Date of Request						
Project/Program	Description					
The FACT Team serving general reverse effective treatment to circulating in and out community by providir team leader, psychiatric equivalents (FTE).	ng Putnam/St. Johns County was nue funding was approved for FY shose with the most serious and p of mental health crisis units and s ag treatment and a positive social ist, nurses, social workers, mental ie team can serve 100 clients at a ighly at risk population.	7 17-18, persister tate hos I network al health	18-19, and 19-20. FAC at mental illness - a popul pitals. FACT assures the for those who are serio counselors, and peer specifications.	F is an evide lation that is e safety of thusly mentally ecialists with	nce based appro often homeless, le individual and / ill. The FACT to a total staff of 1	pach that provide incarcerated, or the broader eam is staffed w 12.3 full time
State Agency to	te Agency to receive requested funds Department of Children and Families					
State Agency con	acted? • Yes O No					
Amount of the No	onrecurring Request for	Fiscal	Year 2020-2021			
Type of Funding			Amount			
Operations			1,500,000			
Fixed Capital Outlay			000			
Total State Funds Requested			1,500,000			
Total Project Cos	t for Fiscal Year 2020-20)21 (in	cluding matching	unds ava	ilable for thi	s project)
Type of Funding	g		Amount	Percer	ntage	
Total State Funds Requested (from question #6)			1500000	100	.0 %	
Matching Funds	3					
Federal		00		0 %		
State (excluding the amount of this request)		00		0 %		
	Local		00		0 %	
Local					- 0/	
Local Other			00		0 %	
Other	osts for Fiscal Year 2020	-2021	1,500,000		0 %	
Other Total Project Co Has this project placed provide the	previously received state most recent instance:	fundi	1,500,000 ng? • Yes	No No		
Other Total Project Co	previously received state	fundi	1,500,000 ng? • Yes O	10	00 %	

Yes

 \bigcirc No

1,250,000



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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	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: Oth	er Direct Program Staff: Team Administrator, Team Supervisor, Psychiatric ARNP, Team Clinician (5),	
Salary and Benefits	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 Construc	tion/Major Renovation:	
Construction/Renovation/ Land/Planning Engineering		
Total State Funds Re	equested (must equal total from question #6)	1,500,000



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1	1	١.	Program	Performance
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	Program Performance
a.	What specific purpose or goal 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 enforcment, and frequent homelessness.
b.	What activities and services 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 previsusly been treated one of Florida's state run psychiatric hospitals.
c.	What direct services will be provided to citizens by the appropriation 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?
	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. FACT 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.



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N/A					
Re	equestor 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)566-3498	Ext.		
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	cipient Contact				
а.	Organization	SMA Healthcare			
b.	o. Municipality and County Saint Johns				
c.	. Organization Type				
	O For-profit E	-profit Entity			
	Non-Profit 501(c) (3)				
	O Non-Profit 501(c) (4)				
	Local Entity	,			
	O University or College				
	Other (please specify)				
d.	First Name	van	Last Name Cosimi		
е.	. E-mail Address icosimi@smahealthcare.org				
	Phone Number				
Lo	bbyist Contact I	nformation			
a.	Name	Douglas Bell			
b.	Firm Name	Metz, Husband & Daughton, P.A.			
	E-mail Address	doug.bell@hmdfirm.com			