

1. Project Title

2. Senate Sponsor

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

FACT Team serving Putnam and St. Johns County

Travis Hutson

LFIR # 1508

| 3. | Date of Request | 02/05/2023 | | | | | | |
|--|--|--|--|---|---|--|--|--|
| 4. | Project/Program D | escription | | | | | | |
| | revenue funds in FY based approach to potten homeless, inco- safety of the individumentally ill. The FAC and peers. FACT is | providing treatment t arcerated, or revolvinual and the broader | ecurring funding those with the second to those with the second to the s | ig aut ne mo of mer provider, po that o | horized in each subsist serious and persist tal health crisis united ding treatment and a sychiatrist, nurses, soffers housing, medi | sequent fiscal year. stent mental illness s and state hospital: social network for to ocial workers, ment cation and a flexible | FACT is an evidence a population that is s. FACT assures the those who are seriously al health counselors. | |
| 5 | | ceive requested fu | | | ent of Children and F | | | |
| ٥. | • , | • | пиз Бере | artific | int of official and f | ammes | | |
| | State Agency conta | acted? Yes | | | | | | |
| 6. | Amount of the Non | recurring Request | for Fiscal Yea | r 202 | 23-2024 | | | |
| | Type of Funding | | | | Amo | ount | | |
| | Operations | | | | | 1,500,000 | | |
| | Fixed Capital Outlay | у | | | | 0 | | |
| | Total State Funds | Requested | | | 1,500,000 | | | |
| 7. | • | for Fiscal Year 2023 | 3-2024 (includ | ling n | natching funds ava | ilable for this proj | ect) | |
| | Type of Funding | | | | Amount | Percentage | | |
| | Total State Funds Requested (from question #6) | | | | 1,500,000 | 100% | | |
| | Matching Funds | | | l | | 00/ | | |
| | Federal | amount of this requi | aat\ | | 0 | 0% 0% | | |
| | Local | e amount of this requ | est) | | 0 | 0% | | |
| | Other Cotal | | | | 0 | 0% | | |
| | | s for Fiscal Year 20 | 23-2024 | | 1,500,000 | 100% | | |
| | Total i Toject oost | 3 101 1 13Cai 1 Cai 20 | 2 3-2024 | | 1,300,000 | 10070 | I | |
| 8. | Has this project pr | reviously received s | state funding? | ? | Yes | | | |
| | Fiscal Year | Amo | | | Specific | Vetoed | | |
| | (уууу-уу) | Recurring | Nonrecurrin | | Appropriation # | | | |
| | 2022-23 | 0 | 3,000 | ,000 | 381 | No | | |
| 9. Is future funding likely to be requested? | | | | | Yes | | 1 | |
| | a. If yes, indicate n | nonrecurring amou | nt per year. | | 1,500,000 | | | |
| | b. Describe the source of funding that can be used in lieu of state funding. | | | | | | | |
| | There is no feasible | e alternative to state | funding. | | | | | |
| 10 |). Has the entity req | questing this projec | t received any | y fed | eral assistance rela | ated to the COVID- | 19 pandemic? | |



11. Status of Construction

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| NΙ | \sim | |
|----|--------|--|
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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.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

| | a. What is the c | current phase o | f the project? | | | |
|----|---------------------------------|--------------------------------------|---|--------------------------------|-----------------------------|--|
| | OPlanning | ODesign | Construction | | | |
| | b. Is the project | t "shovel ready | " (i.e permitted)? | | | |
| | c. What is the e | estimated start | date of construction? | | | |
| | d. What is the e | estimated comp | letion date of construction? | | | |
| 12 | . List the owner relationship b | rs of the facility etween the owr | to receive, directly or indirec ners of the facility and the ent | tly, any fixed capital ity. | outlay funding. Include the | |
| | | | | | | |

13. 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 | Administrative cost allocation to FACT program for Human Resources, Accounting, Executive Management, Patient Accounts, and Performance Improvement. | 92,340 | | | |
| Expense/Equipment/Travel/Supplies/Other | Cost allocation to FACT Program. | 49,720 | | | |
| Consultants/Contracted Services/Study | | 0 | | | |
| Operational Costs: Other | | | | | |
| Salary and Benefits | Direct Program Staff: Team Administrator, Team Supervisors; Psychiatric ARNP; Team Clinicians (5), Peer Support (2); RNs (2); LPN; and Administrative Assistant. | 847,864 | | | |
| Expense/Equipment/Travel/Supplies/ Other | Site \$27,500; Travel \$63,000; Direct Client Support \$295,000; Equipment \$10,000; Supplies \$12,576; Software \$12,000; Program Support \$75,000; Insurance \$15,000. | 510,076 | | | |
| Consultants/Contracted Services/Study | | 0 | | | |
| Fixed Capital Construction/Major Renovation: | | | | | |
| Construction/Renovation/Land/ Planning Engineering | | 0 | | | |
| Total State Funds Requested (must equal total from question #6) | | | | | |

14. Program Performance



□For Profit Entity

☑ Non Profit 501(c)(3)

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

The goal is to assure continued funding for the Florida Assertive Community Treatment (FACT) team serving Putnam and St. Johns County. Prior to 2016, the Putnam - St. Johns region did not have a FACT Team as part of its local continuum of mental health care. Assertive Community Treatment is an evidence-based program implemented in communities nationwide that provides effective community-based treatment to those with the most serious and persistent mental illness.

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 previously been treated in one of Florida's state-run psychiatric hospitals.

c. What direct services will be provided to citizens by the appropriation project?

Assessment, planning, linking monitoring, and advocacy for persons with severe mental illness in order to assure adherence with medications, regular attendance at counseling, safe housing, good nutrition, access to exercise, wellness and social activities. All services are directed to ensuring the highest level of functioning and guard against decompensation among this highly vulnerable population.

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

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 including the number of episodes and days in care in a state hospital, episodes and days in care in local hospital emergency departments, episodes and days in care in local crisis stabilization units, episodes and days homeless, episodes and days incarcerated and days of medication non-compliance. These results are aggregated and reported to DCF monthly.

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?

| | The standard department contract penalties are adequate. | | | | | | |
|-----------------------------------|--|---------------------------|-----------|--------|--|--|--|
| 15. Requester Contact Information | | | | | | | |
| a | a. First Name | Ivan | Last Name | Cosimi | | | |
| k | b. Organization SMA Healthcare, Inc | | | | | | |
| c | c. E-mail Address | icosimi@smahealthcare.org | | | | | |
| c | d. Phone Number | (386)236-1811 | Ext. | | | | |
| 16. Recipient Contact Information | | | | | | | |
| a | a. Organization SMA Healthcare, Inc | | | | | | |
| k | b. Municipality and County Putnam, Saint Johns | | | | | | |
| C | c. Organization Type | | | | | | |



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| □Non Profit 501(c | □Non Profit 501(c)(4) | | | | | | |
|------------------------|---|--|--|--|--|--|--|
| □Local Entity | □Local Entity | | | | | | |
| □University or Co | □University or College | | | | | | |
| □Other (please sp | □Other (please specify) | | | | | | |
| d. First Name | d. First Name Ivan Last Name Cosimi | | | | | | |
| e. E-mail Address | e. E-mail Address icosimi@smahealthcare.org | | | | | | |
| f. Phone Number | (386)236-1811 | | | | | | |
| 17. Lobbyist Contact I | 7. Lobbyist Contact Information | | | | | | |
| a. Name | a. Name Douglas S. Bell | | | | | | |
| b. Firm Name | Metz Husband & Daughton PA | | | | | | |
| c. E-mail Address | ress doug.bell@mhdfirm.com | | | | | | |
| d Phone Number | (850)205-9000 | | | | | | |