



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Florida Assertive Community Treatment (FACT) Team serving Putnam/St. Johns Counties

2. **Senate Sponsor:** Travis Hutson

3. **Date of Submission:** 11/06/2017

4. **Project/Program Description:**

The FACT Team serving Putnam/St. Johns County was first funded with state non-recurring general revenue in FY 2016-17. Continued non-recurring general revenue funding was approved for FY 17-18. Assertive Community Treatment is an evidence based approach, implemented in communities nationwide, 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. Assertive Community Treatment 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.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Children and Families

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

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

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,500,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 2



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- c. What is the most recent fiscal year the project was funded? 2017-18
- d. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18		
	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		1,500,000	1,500,000

10. Is future-year funding likely to be requested?

Yes

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

This is an ongoing critical project - \$1.5 million in state funding is required annually

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 individuals who have been previously treated at one of Florida's state-run psychiatric hospitals.

- c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input checked="" type="checkbox"/> Other Salary and Benefits	Administrative costs for Human Resources, Accounting, Executive Management,	92,484



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	Patient Accounts, and Performance Improvement	
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Cost Allocation to FACT Team	21,821
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Cost Allocations to FACT Team	2,570
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Direct Program Staff: Team Administrator, Team Supervisor, Psychiatric ARNP, Team Clinician (5), Peer Support (2), RN (2), LPN, Client Support , Admin Asst (1.5)	895,344
<input checked="" type="checkbox"/> 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
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		1,500,000

d. 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.

e. 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 diagnosis, 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.

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



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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.

- g. 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?**

Current standard contract penalties for noncompliance 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 A. Cosimi
- b. **Organization:** SMA Behavioral Health Services, Inc.
- c. **Email:** icosimi@smabehavioral.org
- d. **Phone Number:** (386)236-1811

- 14. Recipient Contact Information:**

- a. **Organization:** SMA Behavioral Health Services, 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 A. Cosimi
- e. **E-mail Address:** icosimi@smabehavioral.org
- f. **Phone Number:** (386)236-1811

- 15. If there is a registered lobbyist, fill out the lobbyist information below.**

- a. **Name:** Douglas S.
- b. **Firm:** Metz, Husband & Daughton, P.A.
- c. **Email:** doug.bell@mhdfirm.com
- d. **Phone Number:** (850)510-7148