The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. Title of Project: Florida Forensic Assertive Treatment Team (FACT)

Senate Sponsor: Greg Steube
 Date of Submission: 10/23/2017

4. Project/Program Description:

Coastal Behavioral Healthcare is requesting funding for a new FACT program in Sarasota County. The primary target population will be adults with severe mental illnesses who are homeless or at risk of homelessness and are involved or at risk of involvement with the criminal justice system. FACT programs are nationally recognized Evidence Based Practices for serving this population. Many of the individuals enrolled will have co-occurring substance use disorders. The state currently funds 32 such programs across the state. FACT teams consist of 12 staff members including a psychiatrist, peer specialist, nurses, case managers, housing specialist, criminal justice specialist, and mental health and substane use treatment therapists. They work as a team to provide services to 100 individuals. Almost all services are delivered in the community including in people's homes. Local match is not required of FACT programs.

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
1,362,111		1,362,111

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

Туре	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): 1,362,111
- 9. Previous Year Funding Details:



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

- a. Has funding been provided in a previous state budget for this activity? No
- b. In the previous 5 fiscal years, how many years was funding provided? (Optional)
- c. What is the most recent fiscal year the project was funded?
- d. Were the funds provided in the most recent fiscal year subsequently vetoed?
- 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:	Α	В	С
Funds Description: Input Amounts:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)

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

Yes

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

\$1,362,111

11. Program Performance:

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

The FACT program is designed to provide intensive services for persons with severe and persistent mental illnesses. The goals of the program include; more stable housing, improved mental health, healthier lifestyles, fewer risk-taking behaviors and reduced involvement with the acute care and criminal justice systems.

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

<u>Creation of a multidisciplinary team with responsibility for the provision of the majority of treatment, rehabilitation, and support services for a designated number or persons with severe and persistent mental illness. Funding will also be used to provide housing subsidies, medications and other incidental items needed to live and succeed in the community.</u>

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
□Executive Director/Project Head Salary and		



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

Benefits		
□Other Salary and Benefits		
□Expense/Equipment/Travel/Supplies/Other		
☐Consultants/Contracted Services/Study		
Operational Costs		
☑Salary and Benefits	none provided	640,766
☑Expense/Equipment/Travel/Supplies/Other	none provided	721,345
□Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
☐Construction/Renovation/Land/Planning		
Engineering		
TOTAL		1,362,111

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

FACT services are a bundled package of services for high risk individuals. The team includes a peer specialist, psychiatrist, two nurses, criminal justice specialist, mental health and substance abuse therapists, case managers, and housing specialists. Almost all services are performed in the community including in people's homes.

- e. Who is the target population served by this project? How many individuals are expected to be served?
 - <u>Individuals with severe mental illnesses or dually diagnosed with mental health and substance abuse disorders</u> involved or at risk of involvement in the criminal justice system or who are homeless and at risk of homelessness.
- f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
 - More stable housing, improved mental health, healthier lifestyles, fewer risk-taking behaviors and reduced involvement with the acute care and criminal justice systems. Coastal will monitor, track and report on these measures.
- 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?
 DCF and managing entities set performance expectations for all of the contracts they execute with providers.
 FACT programs are no exception. In addition to the regular performance and outcome measures, DCF and

OF I TO

The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

managing entities could consider measuring reduction in acute care hospital and CSU admissions and reductions in involvement in criminal justice system. Coastal will monitor, track and report on these measures.

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.

Not applicable. Coastal Behavioral Healthcare is a not-for-profit entity and has no owners.

13. Requestor Contact Information:

a. Name: Jack Minge

b. Organization: Coastal Behavioral Healthcare, Inc.

c. Email: jminge@coastalbh.orgd. Phone Number: (941)685-8176

14. Recipient Contact Information:

a. Organization: Coastal Behavioral Healthcare, Inc.

b. County: <u>Sarasota</u>c. Organization Type:

O For Profit

● Non Profit 501(c) (3)

O Non Profit 501(c) (4)

O Local Entity

O University or College

O Other (Please specify)

d. Contact Name: Jack Minge

e. E-mail Address: jminge@coastalbh.org

f. Phone Number: (941)685-8176

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

a. Name: Carole Green

b. Firm: <u>Capital Strategies Consulting, Inc.</u>c. Email: <u>carole@capitolstrategiesinc.com</u>

d. Phone Number: (850)590-2206