



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1499

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

2. **Senate Sponsor** Tom Wright

3. **Date of Request** 10/30/2019

4. **Project/Program Description**

Establish an Assisted Outpatient Treatment (AOT) program to serve adults with serious mental illness in Volusia and Flagler County who meet the requirements for involuntary outpatient placement as defined in s. 394.4655, F.S. AOT would serve 50 adults with the participation period being no less than 90 days. Staff consisting of Licensed Therapists (3 FTE), Consulting Psychiatrist (0.1 FTE), Psychiatric ARNP (1 FTE), Care Coordinators (4 FTE) and Peer Specialists (2 FTE) would form the treatment team. The program delivers outpatient treatment under court order to adults with severe mental illness who meet specific criteria, such as, a prior history of repeated hospitalizations or arrest. AOT is a tool for assisting those individuals most at risk for the negative consequences of not receiving treatment, including suicide and aggressive or violent acts toward others.

5. **State Agency to receive requested funds** Department of Children and Families

State Agency contacted? ☒ Yes ☐ No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	885,000
Fixed Capital Outlay	000
<b>Total State Funds Requested</b>	<b>885,000</b>

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	885000	100.0 %
<b>Matching Funds</b>		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	00	0 %
Other	00	0 %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>885,000</b>	<b>100 %</b>

8. **Has this project previously received state funding?** ☐ Yes ☒ No

If yes, provide the most recent instance:

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

9. **Is future-year funding likely to be requested?** ☒ Yes ☐ No

If yes, indicate nonrecurring amount per year. 885,000



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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
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 records.	44,250
Consultants/Contracted Services/Study		
<b>Operational Costs: Other</b>		
Salary and Benefits	Sr. Director OP Services, Program Director, Licensed Therapists (3 FTE), Consulting Psychiatrist (0.1 FTE), Psychiatric ARNP (1 FTE), Care Coordinators (4 FTE), Peer Specialists (2 FTE), 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		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		885,000



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#### 11. Program Performance

##### a. What specific purpose or goal 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 activities and services 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 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 direct services will be provided to citizens by the appropriation project?

Court Supervision: Participants will be under civil or county criminal court supervision consistent with the provisions of F.S. 394.4655. 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: AOT will include individual, group, and/or family counseling. Frequency of counseling contact is developed with the participant in consultation with the counselor, judge, care coordinator and program requirements. Two Licensed Therapists are members of a treatment team that also includes a consulting Psychiatrist, Psychiatric Advanced Registered Nurse Practitioner (ARNP), Care Coordinators, and a Peer Specialist. Response for Participants in Crisis: A Care Coordinator will immediately respond to a client in crisis.

##### 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. 50 individuals will be served at all times 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?

The benefits include a program designed to provide involuntary outpatient treatment services per 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?

No additional penalties above the requirements in the contract are recommended.



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12. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

N/A

13. Requestor Contact Information

- a. First Name  Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number  Ext.

14. Recipient Contact Information

- a. Organization
- b. Municipality and County
- c. Organization Type
- ☐ For-profit Entity
  - ☒ Non-Profit 501(c) (3)
  - ☐ Non-Profit 501(c) (4)
  - ☐ Local Entity
  - ☐ University or College
  - ☐ Other (please specify)
- d. First Name  Last Name
- e. E-mail Address
- f. Phone Number

15. Lobbyist Contact Information

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number  Ext.