

1. Project Title

2. Senate Sponsor

The Florida Senate Local Funding Initiative Request Fiscal Year 2021-2022

FACT Team serving Putnam and St. Johns County

Travis Hutson

LFIR # 1217

3.	Date of Request	01/14/2021							
4.	Project/Program De	scription							
	SMA Healthcare's FACT (Florida Assertive Community Treatment) Team was first funded from nonrecurring general revenue funds in FY 2016-2017, with nonrecurring funding authorized in each subequent year. FACT is an evidence-based approach to providing treatment to those with the most serious and persistant mental illness - a population that is often homeless, incarcerated, or revolving in and out of mental health crisis units and state hospitals. FACT assures the safety of the individual and the broader community by providing treatment and a social network for those who are seriously mentally ill. The FACT team is staffed with a team leader, psychiatrist, nurses, social workers, mental health counselors, and peers with a total staff of 12.3 FTE. A FACT team is unique in that it is the only service that offers housing, medication and a flexible funding subsidy to enrolled individuals. Each team is mandated to serve no more than 100 individuals at a time.								
5.	State Agency to rec	eive requested fur	n ds Depar	rtmer	nt of Children and Fa	milies			
	State Agency contact	cted? Yes							
6. /	Amount of the Nonre	ecurring Request	for Fiscal Yea	r 202	21-2022				
	Type of Funding				Amo	ount			
	Operations					1,500,000			
	Fixed Capital Outlay					0			
	Total State Funds R	Requested				1,500,000			
Г	7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project) Type of Funding Amount Percentage								
	Total State Funds Requested (from question #6)				1,500,000	100%			
	Matching Funds								
	Federal				0 0%				
	State (excluding the amount of this request)				0	0%			
	Local				0	0%			
	Other				0	0%			
	Total Project Costs	for Fiscal Year 20	21-2022		1,500,000	100%			
8.	Has this project pre	viously received s	state funding?	•	Yes				
	Fiscal Year Amount (yyyy-yy) Recurring Nonrecurring		na	Specific Appropriation #	Vetoed				
	2020-21	0	1,250,		376	No			
9.	ls future funding like	ely to be requeste	d?		Yes				
a. If yes, indicate nonrecurring amount per year. 1,500,000									
b. Describe the source of funding that can be used in lieu of state funding.									
	There is no feasible alternative to state funding.								
10	10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?								



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Yes

If yes, indicate the amount of funds received and what the funds were used for.

\$270,521.20 was received through the CARES Act Provider Relief Fund. The funds were used to cover direct COVID related costs and lost revenue associated with fewer outpatient visits.

11. 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 Superviors, Psychiatric ARNP, Team Clinicians (5), Peer Support (2), RN (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 \$65,000, Insurance \$15,000.	510,076		
Consultants/Contracted Services/Study		0		
Fixed Capital Construction/Majo	r Renovation:			
Construction/Renovation/Land/ Planning Engineering		0		
Total State Funds Requested (must equal total from question #6) 1,500,000				

12. Program Performance

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 provide 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?

Counceling, 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-operated psychiatric hospitals.

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

Assessment, planning, linking monitoring, and advocacy for perons with severe mental illness in order to assure adherence with medicaitons, 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 angainst decompensation among this highly vulnerable population.

d. Who is the target population served by this project? How many individuals are expected to be served?



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Individuals with a severe and persistent mental illness, including, but not limited to, schizophrenia, sschizoaffective disorder, bipolar disorder, major depression and accompanying personality disorders. The target population has experienced multiple hospitalizations for their mental health disorders. 60% or more of FACT clients are enrolled upon their discharge from a state psychiatric hospital. A FACT team 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 aggragated 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?

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The agency's	standard	contract	nenalties	are adequate

13.	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.						



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14.	14. Requestor 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)236-1811 Ext.						
15.	15. Recipient Contact Information							
	a. Organization	SMA Hea	althcare, Inc.					
	b. Municipality and County Saint Johns							
	c. Organization Type							
	□For Profit Entity	Profit Entity						
	☑Non Profit 501(c)(3)							
	□Non Profit 501(c)(4)							
	□Local Entity							
	□University or College							
	□Other (please specify)							
	d. First Name	Ivan		Last Name	Cosimi			
	e. E-mail Address	icosimi@smahealthcare.org						
	f. Phone Number	(386)236-1811						
16.	16. Lobbyist Contact Information							
	a. Name	Douglas S. Bell						
	b. Firm Name	Metz, Husband & Daughton, P.A.						
	c. E-mail Address	doug.bell@mhdfirm.com						
	d. Phone Number	(850)510-7146						