

1. Project Title

The Florida Senate Local Funding Initiative Request Fiscal Year 2022-2023

FACT Team serving Putnam and St. Johns County

LFIR # 2085

	Senate Sponsor	I ravis Hutson						
3.	Date of Request	01/06/2022						
4.	Project/Program D	escription						
	revenue in FY 2016 approach to providin homeless, incarcera the individual and the ill. The FACT team FACT is unique in the revenue in the re	-17, and nonrecurring treatment to those ated, or revolving in a ne broader communit is staffed with a team nat it is the only serving.	g funding auther with the most and out of menty by providing a leader, psychice that offers here.	treatment and a social	ent year. FACT is an mental illness - a pop d state hospitals. FAC network for those whorkers, mental health I a flexible funding su	evidence based pulation that is often CT assures the safety of are seriously mentally counselors, and peers.		
5.	State Agency to re	ceive requested fur	n ds Depa	artment of Children and	Families			
	State Agency conta	-	•					
	State Agency Conta	acteu: 165						
6.	Amount of the Non	recurring Request t	for Fiscal Yea	r 2022-2023				
	Type of Funding			An	ount			
	Operations				1,500,000			
	Fixed Capital Outlay	/			0			
	Total State Funds	Requested		1,500,000				
7.	Total Project Cost f	for Fiscal Year 2022	2-2023 (includ	ing matching funds av	ailable for this proje	ect)		
	Type of Funding			Amount	Percentage			
	Total State Funds R	Requested (from ques	stion #6)	1,500,00	100%			
	Matching Funds	Requested (from ques	stion #6)	1,500,00) 100%			
	Matching Funds Federal				0%			
	Matching Funds Federal State (excluding the	e amount of this reques			0%			
	Matching Funds Federal State (excluding the Local) 0%) 0%) 0%			
	Matching Funds Federal State (excluding the Local Other	amount of this requ	est)		0 0% 0 0% 0 0% 0 0%			
	Matching Funds Federal State (excluding the Local Other		est)		0 0% 0 0% 0 0% 0 0%			
	Matching Funds Federal State (excluding the Local Other Total Project Costs	amount of this requ	est) 22-2023	1,500,000	0 0% 0 0% 0 0% 0 0%			
	Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pr	amount of this reques	est) 22-2023 state funding?	1,500,000 Yes Specific	0 0% 0 0% 0 0% 0 0%			
	Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pr	e amount of this requisions for Fiscal Year 20: eviously received s	est) 22-2023 state funding?	1,500,000 Yes Specific	0 0% 0 0% 0 0% 0 0% 0 100%			
8.	Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pr	s for Fiscal Year 20 eviously received s	est) 22-2023 state funding?	1,500,000 Yes Specific Appropriation #	0 0% 0 0% 0 0% 0 0% 0 100%			
8.	Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pr Fiscal Year (yyyy-yy) 2021-22	e amount of this requests for Fiscal Year 20. eviously received s Amo Recurring	est) 22-2023 state funding? unt Nonrecurrin	1,500,000 Yes Specific Appropriation #	0 0% 0 0% 0 0% 0 0% 0 100%			
8.	Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pr Fiscal Year (yyyy-yy) 2021-22 Is future funding li	e amount of this requests for Fiscal Year 20: eviously received s Amo Recurring	est) 22-2023 state funding? unt Nonrecurrin 1,250 d?	1,500,000 Yes Specific Appropriation #	0 0% 0 0% 0 0% 0 0% 0 100%			
8.	Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pr Fiscal Year (yyyy-yy) 2021-22 Is future funding li a. If yes, indicate re	e amount of this requested amount of this requested some amount of this requested amount of this	est) 22-2023 state funding? unt Nonrecurrin 1,250 d? nt per year.	1,500,000 Yes Specific Appropriation # ,000 374/	0 0% 0 0% 0 0% 0 0% 0 100% Vetoed			
8.	Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pr Fiscal Year (yyyy-yy) 2021-22 Is future funding li a. If yes, indicate ri b. Describe the so	e amount of this requested amount of this requested some amount of this requested amount of this	est) 22-2023 state funding? unt Nonrecurrin 1,250 d? nt per year. t can be used	1,500,000 Yes Specific Appropriation # ,000 374/ Yes 1,500,000	0 0% 0 0% 0 0% 0 0% 0 100% Vetoed			

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 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.

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	Salary and Benefits Administrative cost allocation to FACT program for Human Resources, Accounting, Executive Management, Patient Accounts, and Performance Improvement					
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; 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/Majo	r Renovation:					
Construction/Renovation/Land/ Planning Engineering		0				
Total State Funds Requested (m	ust 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 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. Al 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?



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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.

relationship between the owners of the facility and the entity.
NI/A

13. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the

N/A			



The Florida Senate

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14.	14. Requestor Contact Information								
	a. First Name	Ivan							
	b. Organization	SMA Healthcare, Inc.							
	c. E-mail Address	icosimi@smahealthcare.org							
	d. Phone Number	er (386)236-1811 Ext.							
15.	Recipient Contact	Informatio	on						
	a. Organization	SMA Hea	Ithcare, Inc.						
	b. Municipality and	Saint Johns							
	c. Organization Ty	ре							
	□For Profit Entity								
	☑Non Profit 501(c	(3)							
	□Non Profit 501(c)(4)								
	□Local Entity								
	□University or Co	llege							
	□Other (please specify)								
	d. First Name	Ivan		Last Name	Cosimi				
	e. E-mail Address	icosimi@smahealthcare.org							
	f. Phone Number	Phone Number							
16.	6. Lobbyist Contact Information								
	a. Name	Douglas S. Bell							
	b. Firm Name	Metz Hus	sband & Daughto	n PA					
	c. E-mail Address	doug.bell@mhdfirm.com							
	d. Phone Number	(850)205-9000							