

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: SMA Healthcare - Assisted Outpatient Treatment for Severe Mental Illness
2. Date of Submission: 07/30/2019
3. House Member Sponsor: Elizabeth Fetterhoff
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No
If answer to 4a is "No" skip 4b and 4c and proceed to 4d, Col. E
- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					885,000	885,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? No
 - 5a. If yes, which state agency?
 - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Children and Families
 - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No
 - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.
Standard DCF Penalties.

6. Requester:

- a. Name: Ivan Cosimi
- b. Organization: SMA Healthcare, Inc.
- c. Email: icosimi@smahealthcare.org
- d. Phone #: (386)566-3498

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Ivan Cosimi
- b. Organization: SMA Healthcare, Inc.
- c. Email: icosimi@smahealthcare.org
- d. Phone #: (386)566-3498

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Douglas Bell
- b. Firm: Metz, Husband and Daughton
- c. Email: doug.bell@mhdfirm.com
- d. Phone #: (850)510-7146

9. Organization or Name of entity receiving funds:

- a. Name: SMA Healthcare, Inc.
- b. County (County where funds are to be expended): Flagler, Volusia
- c. Service Area (Counties being served by the service(s) provided with funding): Flagler, Volusia

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being 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 Assisted Outpatient Treatment to determine the degree to which the program leads to reductions in episodes of acute illness, hospitalization, incarceration and homelessness.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter "0" if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Data Entry, Program Evaluation, Staff Support	44,250
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Electronic health record.	44,250
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Senior Director of OP Services, Program Director, Licensed Therapists (2), Consulting Psychiatrist, Psychiatrist ARNP, Care Coordinators (4), Peer Specialist (2), On call pay.	653,250
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Three leased vehicles, patient assistance funds, office space, equipment, insurance, supplies.	143,250
<input type="checkbox"/> g. Consultants/Contracted Services/Study		

Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		885,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category “h. Fixed Capital Outlay” was selected), what type of ownership will the facility be under when complete? (Select one correct option)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

This project was presented to the Volusia Legislative Delegation hearing in December 2018.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

Involuntary outpatient treatment was included in Chapter 394 F.S. in 2004. A pilot program implemented in Volusia in 2017 by Volusia's County Court has demonstrated effectiveness with the target population defined in the statute.

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

SMA Healthcare will provide court ordered and monitored Assisted Outpatient Treatment to the target population defined in 394.4655(2) F.S. Components will 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.

17b. Describe the direct services to be provided to the citizens by the funding requested.

Court Supervision: Participants under civil or county criminal court supervision. Care Coordination: Includes psychiatric care, housing, medication, and therapy based on assessed needs. Outpatient Counseling: Individual, group, and/or family counseling. Treatment Team: Licensed Therapists, consulting Psychiatrist, Psychiatric Advanced Registered Nurse Practitioner, Care Coordinators, and Peer Specialists. Response for Participants in Crisis: Care Coordinator immediately respond to a patient.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe)

17d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input type="checkbox"/> Improve physical health		
<input checked="" type="checkbox"/> Improve mental health	Number of annual days experiencing psychosis, arrest, incarceration, and homeless will be reduced by at least 50%.	Comparison of number of days experiencing psychosis, arrest, incarceration, and homeless in the one year period to AOT and year while involved and following AOT.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	Number of annual days arrested and/or incarcerated.	Comparison of number of days experiencing arrest and/or incarceration in the one year period prior to AOT and year while involved and following AOT.
<input type="checkbox"/> Improve transportation conditions		

<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input checked="" type="checkbox"/> Reduce recidivism	Number of annual days arrested and/or incarcerated.	Comparison of number of days experiencing arrest and/or incarceration in the one year period to AOT and year while involved and following AOT.
<input checked="" type="checkbox"/> Reduce substance abuse	Number of annual drug using days.	Comparison of number of drug using days in the one year period prior to AOT and year while involved and following AOT.
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Number of misdemeanants diverted from prosecution annually.	Review of county criminal court referrals to AOT.
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2020-21 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?

1. Amount Requested from the State in this Appropriations Project Request:	885,000	58.2%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	635,000	41.8%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	1,520,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

Yes

20a. How much state funding would be requested after 2020-21 over the next 5 years?

- <1M
- 1-3M
- >3-10M
- >10M

20b. How many additional years of state support do you expect to need for this project?

- 1 year
- 2 years
- 3 years
- 4 years
- >= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select "ongoing activity".

- ongoing activity – no total cost
- <1M
- 1-3M
- >3-10M

○>10M