

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Florida Assertive Community Treatment (FACT) Team Serving Putnam and St. Johns Counties

2. Date of Submission: 10/23/2019

3. House Member Sponsor: Cyndi Stevenson

Members Copied:

### 4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes  
*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? 2019-20
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- 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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		1,250,000	1,250,000		1,500,000	1,500,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? Yes

5a. If yes, which state agency? Department of Children and Families

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes

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.

Performance requirements as negotiated contractually with DCF.

6. Requester:

- a. Name: Ivan A. Cosimi
- b. Organization: SMA Healthcare, Inc., Chief Executive Officer
- 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 A. Cosimi
- b. Organization: SMA Healthcare, Inc., Chief Executive Officer
- 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 & 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): Putnam, St. Johns
- c. Service Area (Counties being served by the service(s) provided with funding): Putnam, St. Johns

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?

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.

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	Administrative cost allocation to FACT program for Human Resources, Accounting, Executive Management, Patient Accounts, and Performance Improvement.	92,484
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Cost allocation to FACT Program	21,821
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Cost allocation to FACT Program	2,570
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Direct Program Staff: Team Administrator, Team Supervisor, Psychiatric ARNP, Team Clinician (5), Peer Support (2), RN (2), LPN, Administrative Assistant, Client Support	895,344
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Equipment - \$6,196, Travel - \$74,888, Direct Client Support -	487,781

	\$300,000, Operating Expenses - \$42,947, Program Support - \$63,750.	
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
<b>TOTAL</b>		<b>1,500,000</b>

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 has been presented at Legislative delegation hearings in Putnam and St. Johns each year, beginning in 2010 and continuing to the present. When the project was funded in FY 16-17 it was supported by PSCC's, Sheriff's Offices, and County Government in both counties. It was also supported by the St. Johns Behavioral Health Consortium, Flagler Hospital, and the St. Johns Chapter of the National Alliance on Mental Illness.

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:

Three studies demonstrating the need and outcome of FACT services in Putnam/St. Johns have been completed. The first two studies, demonstrating need were completed in 2013 and 2016. A third study, demonstrating outcomes from the first year of FACT operations in FY 16-17 was published in September 2017. While these studies were not conducted by an independent third party, Assertive Community Treatment has a comprehensive outcome literature developed nationally over the past three decades.

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?

Counseling, Medication, Housing, and Intensive Case Management of persons with severe mental illness, particularly those individuals who have previously treated one of Florida's state run psychiatric hospitals.

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

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. All services are directed to ensuring the highest level of functioning and guard against decompensation among this highly vulnerable population.

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 checked="" type="checkbox"/> Improve physical health	Reduce number of Emergency Room visits. Increase client self-rating of health. Decrease days in hospital and number of hospital stays.	Baseline established at intake, data gathered monthly.
<input checked="" type="checkbox"/> Improve mental health	Reduce acute psychiatric hospitalizations. Reduce long term psychiatric hospitalizations. Increase number of days competitively employed or volunteering in the community.	Baseline established at intake, data gathered monthly.
<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.)	Reduce number of arrests among the target population. Reduce number of days incarcerated.	Baseline established at intake, data gathered monthly.
<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 checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Eliminate homelessness among the target population.	Case Management services provided FACT clients ensure that they will have safe housing in the community at all times.
<input checked="" type="checkbox"/> Reduce recidivism	Reduce days spent in psychiatric hospital or crisis stabilization unit, Reduce arrests and incarcerations. Reduce high risk behaviors that present a danger to self or others.	Baseline established at intake, data gathered monthly.
<input checked="" type="checkbox"/> Reduce substance abuse	Increase days of sobriety.	Baseline established at intake, data gathered monthly.
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Reduce days incarcerated, Reduce arrests. Liaison with law enforcement agencies in the interest of the target population.	Baseline established at intake, data gathered monthly.
<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:	1,500,000	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>1,500,000</b>	<b>100%</b>	

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