

# Appropriations Project Request - Fiscal Year 2017-18

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Stewart-Marchman-Act Behavioral Healthcare - Florida Assertive Community Treatment (FACT) Team in St. Johns and Putman Counties
2. Date of Submission: 02/03/2017
3. House Member Sponsor: Cyndi Stevenson  
Members Copied: Paul Renner

### 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***
- b. What is the most recent fiscal year the project was funded? 2016-17
- 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 (Note that column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in column G):

FY:	Input Prior Year Appropriation for this project for FY 2016-17 <i>(If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2017-18 <i>(Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring .)</i>		
	Column:	A	B	C	D	E
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 Request</b> <i>(Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)</i>
Input Amounts:		1,508,754	1,508,754		1,508,754	1,508,754

5. Are funds for this issue requested in a state agency?s Legislative Budget Request submitted for FY 2017-18? 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? For example, if the requested issue pertains to services provided to inmates at correctional facilities, the Department of Corrections would be the most appropriate state agency. Department of Children and Families

6. Requester:

- a. Name: Ivan Cosimi
- b. Organization: Stewart-Marchman-Act Behavioral Healthcare
- c. Email: icosimi@smabehavioral.org
- d. Phone #: (386)236-1811

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: Ivan Cosimi
- b. Organization: Stewart-Marchman-Act Behavioral Healthcare
- c. Email: icosimi@smabehavioral.org
- d. Phone #: (386)236-1811

8. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: Douglas Bell
- b. Firm: Buchanan, Ingersoll & Rooney
- c. Email: douglas.bell@bipc.com
- d. Phone #: (850)681-4270

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

- a. Name: Stewart-Marchman-Act Behavioral Healthcare
- b. County (County where funds are to be expended): Putnam, Saint Johns
- c. Service Area (Counties being served by the service(s) provided with funding): Putnam, Saint 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?

To assure continued funding for the Florida Assertive Community Treatment (FACT) Team Serving St. Johns and Putnam Counties. Prior to 2016 the St. Johns-Putnam County region had no FACT Team. FACT Teams are evidence based programs implemented statewide and nationwide which provide effective treatment to the seriously mentally ill.

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) 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	Allocation to FACT program for: Administrative Costs are comprised of Human Resources, Accounting, Executive Management, Patient Accounts, and Performance Improvement Functions expenses.	92,484
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Allocation to FACT program (see above)	21,821
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Allocation to FACT program (see above)	2,570
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Direct Program Staff: Administrative Assistant Psychiatric ARNP Team Supervisor Team Clinician (5) Peer Support (2) Team Administrator LPN	895,344

	RN (2) Client Support											
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	<table> <tr> <td>Equipment</td> <td>\$14,950</td> <td rowspan="5">496,535</td> </tr> <tr> <td>Travel</td> <td>\$74,888</td> </tr> <tr> <td>Direct Client Support</td> <td>\$300,000</td> </tr> <tr> <td>Operating Expenses</td> <td>\$42,947</td> </tr> <tr> <td>Program Support</td> <td>\$63,750</td> </tr> </table>	Equipment	\$14,950	496,535	Travel	\$74,888	Direct Client Support	\$300,000	Operating Expenses	\$42,947	Program Support	\$63,750
Equipment	\$14,950	496,535										
Travel	\$74,888											
Direct Client Support	\$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>1,508,754</b>										

13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Fixed Capital Outlay? was not selected, question 13 is not applicable)

N/A

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:

When the project was funded in FY 16-17 it was supported by the Putnam Public Safety Coordinating Council, St. Johns Public Safety Coordinating Council, Putnam Sheriff's Office, St. Johns Sheriff's Office, Putnam County Government, St. Johns County Government, St. Johns Behavioral Health Consortium, St. Johns Leadership Council, 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:

Yes, two studies demonstrating the need for FACT services in Putnam and St. Johns were completed.

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

Yes

17a. Describe the target population to be served. 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
- Other (Please describe)

17b. 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 all 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. Increase staff rating of client health. Decrease days in 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.	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 days incarcerated. Reduce arrests.	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 population	Wraparound 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;	Baseline established at intake, data

	Reduce arrests and incarcerations, reduce high risk behaviors	gathered monthly
<input checked="" type="checkbox"/> Reduce substance abuse	Increased days of sobriety	DSM at intake, and annually
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Reduce days incarcerated. Reduce arrests	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 2017-18 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total (Automatically Calculates)	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	1,508,754	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>1,508,754</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 2017-18 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
- 1-2M
- >2-3M
- >3-10M
- >10M