



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1768

1. **Title of Project:** Personal Enrichment through Mental Health Services - Crisis Stabilization Beds

2. **Senate Sponsor:** Jeff Brandes

3. **Date of Submission:** 02/19/2019

4. **Project/Program Description:**

This request is to continue the funding of four (4) Crisis Stabilization Unit (CSU) beds in Pinellas County. This funding has been in place for two years and is critical to meeting the needs of the county for adequate beds for the number of indigent severely mentally ill adults. Data over the past year demonstrate the need to continue the funding. With these funds, PEMHS has a total of 36 beds available for the indigent population. The average census of the beds was 34 for an average utilization rate of 94.4%. Without these funds, PEMHS will be continually over capacity putting stress on law enforcement and the emergency departments of the five hospitals in the county who are private receiving facilities. Because of this funding, the savings to the community are substantial. Over the past two quarters the average return on investment was \$7.66, for a savings of almost \$2,000,000. This is a critical need for the mental health system of care in Pinellas County.

5. **State Agency to receive requested funds :** Department of Children and Families

State Agency Contacted? Yes

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	500,000
Fixed Capital Outlay	
Total State Funds Requested	500,000

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	500,000	100.00%
Federal		0.00%
State (excluding the amount of this request)		0.00%
Local		0.00%
Other		0.00%
Total Project Costs for Fiscal Year 2019-2020	500,000	100.0%

8. **Has this project previously received state funding?** Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		
2018-19		500,000	372	No

9. **Is future-year funding likely to be requested?** Yes



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a. If yes, indicate non-recurring amount per year. \$500,000

10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Salary and Benefits for agency administration including CEO and support staff.	1,625
Other Salary and Benefits	Salary and Benefits for agency administrative services including executive management, human resources, accounting and finance, and information systems.	30,875
Expense/Equipment/Travel/Supplies/Other	General operating expenses for administrative services.	17,500
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits	Salaries and Benefits for Nursing, Mental Health Techs, Therapist, and Discharge Planning.	292,500
Expense/Equipment/Travel/Supplies/Other	General operating expenses to include pharmacy, dietary, maintenance, and other support costs.	112,500
Consultants/Contracted Services/Study	Contracted services for psychiatric and medical services.	45,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		500,000

11. Program Performance:

a. **What is the specific purpose or goal that will be achieved by the funds requested?**

These funds will provide Crisis Stabilization Unit services for 4 clients with an average length of stay of 4 days resulting in 1,460 bed days. Last year the utilization rate of these 4 beds was over 94%. The Return on Investment exceeded 7.6 for an annual projected savings of almost \$4,000,000. Without these funds PEMHS will be continuously over capacity resulting in over utilization of hospital emergency departments and the jail.

b. **What are the activities and services that will be provided to meet the intended purpose of these funds?**

Crisis Stabilization services provide for inpatient psychiatric care for individuals who are deemed to be a danger to themselves or others and need care in a safe and secure environment. Services include a psychiatric evaluation, nursing assessment, medical history and physical, medication as needed, psychotherapy both individual and group, and discharge planning to an appropriate level of care.

c. **What are the direct services to be provided to citizens by the appropriations project?**

These funds will allow those persons in psychiatric crisis and in need of a safe and secure level of care to access appropriate services.



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

The target population are mentally ill individuals in a psychiatric crisis who meet indigent financial criteria and have no other means of paying for these services. This will allow 365 individuals to access acute care. It has been documented in the Baker Act report provided by the University of South Florida that Pinellas County has the highest per capita adult Baker Act rate in the entire state. In fact, the rate is 76% higher than the state average. Of these Baker Acts, over 85% are involuntary and over 78% are transported by law enforcement. This is a critical need for the mental health system of care in Pinellas County.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

This funding will allow 365 mentally ill individuals to access acute care in a Crisis Stabilization Unit who might otherwise be held in hospital Emergency Departments or in jail. This outcome will be measured by the number served and the Return on Investment (ROI) from the savings of avoiding hospital inpatient services or days in jail.

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 in the contract?

A return of a percentage of funds might be considered for substantial failure to meet expected deliverables or performance measures.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

N/A

13. Requestor Contact Information:

- a. **Name:** Gerald Wennlund
- b. **Organization:** Personal Enrichment through Mental Health Services, Inc.
- c. **E-mail Address:** jwennlund@pemhs.org
- d. **Phone Number:** (727)362-4305

14. Recipient Contact Information:

- a. **Organization:** Personal Enrichment through Mental Health Services, Inc.
- b. **County:** Pinellas
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)
- d. **Contact Name:** Gerald Wennlund



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e. **E-mail Address:** jwennlund@pemhs.org

f. **Phone Number:** (727)362-4305

15. Lobbyist Contact Information

a. **Name:** Frank Mayernick

b. **Firm Name:** The Mayernick Group

c. **E-mail Address:** frank@themayernickgroup.com

d. **Phone Number:** (850)251-8898