

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 1701

1. Project Title	PEMHS Pinellas	- Crisis Stabiliz	ation Unit Bed	S		
0.0010	E 111					
2. Senate Sponsor	Ed Hooper					
3. Date of Request	02/15/2023					
4. Project/Program De	scription					
The request is to ma severe and persisten	aintain funding for 5 It mental illness, or	5.88 existing ado who may be a	ult crisis stabiliz danger to them	cation beds selves or o	in Pinellas County, thers due to a ment	serving persons with tal illness.
5. State Agency to rec	eive requested fu	nds Depa	rtment of Child	ren and Fa	milies	
State Agency conta	cted? Yes					
		for Eigen Von	. 2022 2024			
6. Amount of the Nonr	ecurring Request	TOT FISCAL TEAL	2023-2024			
Type of Funding				Amou		
Operations Fixed Capital Outloy					950,000	
Fixed Capital Outlay Total State Funds R	Paguestad				950,000	
Total State I ulius I	requesteu				930,000	
7. Total Project Cost fo	or Fiscal Year 202	3-2024 (includi	ng matching f	unds avail	able for this proje	ct)
Type of Funding			Amour	nt	Percentage	
Total State Funds Re	equested (from que	estion #6)		950,000	100%	
Matching Funds						
Federal			0	0%		
State (excluding the amount of this request)			0	0%		
Local				0	0%	
Other				0	0%	
Total Project Costs	for Fiscal Year 20)23-2024		950,000	100%	
8. Has this project pre	viously received	state funding?	Yes			
			0,,,,	:e: -	Vataad	
Fiscal Year (уууу-уу)	Amo Recurring	Nonrecurrin	Spec a Appropr		Vetoed	
2022-23	0	750,		372	No	
9. Is future funding lik	elv to be requeste	ed?	Yes			
a. If yes, indicate no	•		950,000			
b. Describe the sou	rce of funding tha	at can be used	in lieu of state	funding.		
There is no funding	that can be used in	n lieu of state fu	nding.			
10. Has the entity requ	lesting this projec	ct received any	federal assis	tance relat	ed to the COVID-1	9 nandemic?
10. Has the entity requ	acoung uno projet	or received arry	icuciai assis	tarice relat	ed to the COVID-1	o pandenno:
Yes						
Yes If yes, indicate the	amount of funds i	received and w	hat the funds	were used	l for.	



11. Status of Construction

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Complete questions 11 and 12 for Fixed Capital Outlay Projects

a. What is the current phase of the	project?
OPlanning ODesign O	Construction
b. Is the project "shovel ready" (i.e	e permitted)?
c. What is the estimated start date	of construction?
d. What is the estimated completion	on date of construction?
12. List the owners of the facility to r relationship between the owners	receive, directly or indirectly, any fixed capital outlay funding. Include the of the facility and the entity.

13. 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.	7,892
Other Salary and Benefits	Salary and Benefits for agency administrative services including executive management, human resources, accounting and finance and information systems.	40,375
Expense/Equipment/Travel/Supplies/ Other	General operating expenses for administrative services.	59,622
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Salaries and Benefits for Nursing, Mental Health Techs, Therapists and Discharge Planning.	521,923
Expense/Equipment/Travel/Supplies/ Other	General operating expenses to include pharmacy, dietary, maintenance, and other support costs.	214,829
Consultants/Contracted Services/Study	Contracted services for psychiatric and medical services.	105,359
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	950,000

14. Program Performance

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

This funding provides Crisis stabilization Unit services for 537 clients with an average length of stay of 4 days, resulting in 2,148 bed days. PEMHS has continued to see greater acuity in psychiatric illness as well as agitation in individuals admitted to the crisis unit. Many are presenting with much more severe levels of anxiety, depression and other debilitating mental health diagnoses. The care and treatment that PEMHS provides allows individuals to receive the appropriate level of care, at the right time in the right setting. Diverting clients to the CSU takes the strain and burden off the already overwhelmed hospital system and is substantially less costly.

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



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Crisis Stabilization services provide 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, verbal therapy both individual and group, and discharge planning to an appropriate level of care.

c. What direct services will be provided to citizens by the appropriation project?

Crisis stabilization services will be provided by specific staff. Mental Health Technicians will monitor individuals for safety. Nurses, LPN, and RN will assess and examine individuals medical and psychiatric needs, providing medication as needed. Therapists, MA, MS, LMHC, and LCSW will provide both group and individual therapy and assist with discharge planning. Board Certified Psychiatrists (including Medical Director) will examine individuals to determine if they meet Baker Act criteria and prescribe medication as needed. Board Certified Physician will conduct history and physical to determine any medical condition(s) that need to be addressed.

Discharge Plánners, will gather pertinent information regarding the individual's current circumstance and document for the physician, as well as work on discharge plan and safe disposition. These funds will allow those persons in psychiatric crisis and need of safe and secure level of care, appropriate access to care.

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

The target population are individuals who meet indigent financial criteria and have no means of paying for these services to access care. 537 individuals are expected to be served.

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

The funding will allow 537 persons to access an appropriate level of care who might otherwise be held in Hospital Emergency Departments or might be placed in jail. Benefit: Improve Mental Health: Measurement: 100% of those admitted will meet Baker Act criteria for Crisis Stabilization Unit services. Outcome: 100% of admissions will be reported to the Managing Entity, CFBHN and will be uploaded to DCF.

Benefit: Protect the general public from harm (environmental, criminal, etc.) Measurement: 100% of those admitted will meet criteria of an apparent mental illness, without care or treatment is likely to suffer neglect posing substantial harm to self, or will cause serious bodily harm to self or others. Outcome: Baker Act data is collected and reported to the Baker Reporting Center at USF.

Benefit: Ředuce Recidivism. Measurement: Recidivism will not exceed 15%. Outcome: Recidivism will be measured over the 30 days post discharge.

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?

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

15. Requester Contact Information					
a. First Name	Maxine	Last Name	Booker		
b. Organization	Personal Enrichment Through Mental Health Services, Inc.				
c. E-mail Address	mbooker@pemhs.org				
d. Phone Number	(727)902-7740	Ext.			
16. Recipient Contact Information					
a. Organization	Personal Enrichment Through Mental Health Services, Inc.				
b. Municipality and County Pinellas					
c. Organization Type					



17.

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□For Profit Entity						
☑Non Profit 501(c)(3)						
□Non Profit 501(c	□Non Profit 501(c)(4)					
□Local Entity	□Local Entity					
□University or College						
□Other (please specify)						
d. First Name	Zofia	Last Name	Whiting			
e. E-mail Address	Personal Enrichment Thro	ough Mental I	Health Services	s, Inc.		
f. Phone Number	(727)452-2282					
Lobbyist Contact Information						
a. Name	Frank Mayernick					
b. Firm Name						
c. E-mail Address						
d Phone Number						