

LFIR # 1187

	Unit Beds	nent i nrough iv	lental Health Services C	risis Stabilization	
2. Senate Sponsor	Ed Hooper				
3. Date of Request	11/02/2021				
I. Project/Program D	escription				
The request is to me persistent mental ill	naintain funding for si ness, or who may be	x (6) existing a	dult crisis stabilization be emselves or others due t	eds, serving persons voo a mental illness.	
5. State Agency to re	ceive requested fur	n ds Depa	rtment of Children and F	amilies	
State Agency conta	acted? Yes				
. Amount of the Non	recurring Request (for Fiscal Year	2022-2023		
	Teodiffing Request	or risour rear		mt	
Type of Funding Operations			Amo	750,000	
Fixed Capital Outla				750,000	
Total State Funds				750,000	
Type of Funding		(ng matching funds ava Amount	Percentage	
Total State Funds F	Total State Funds Requested (from question #6)			100%	
Matching Funds					
Federal			0	0%	
State (excluding the	State (excluding the amount of this request)			0%	
Local				0%	
Other			0 0%		
Total Project Cost	s for Fiscal Year 20	22-2023	750,000	100%	
. Has this project pr	eviously received s	tate funding?	Yes		
	Amo	unt	Specific	Vetoed	
Fiscal Year	Aiilo		Appropriation #		
Fiscal Year (уууу-уу)	Recurring	Nonrecurrin			
		750,		No	
(уууу-уу) 2021-22	Recurring 0	750,	000 367	No	
(yyyy-yy) 2021-22 . Is future funding li	Recurring 0 kely to be requeste	750, d?	9000 367 Yes	No	
(yyyy-yy) 2021-22 . Is future funding li	Recurring 0	750, d?	000 367	No	
(yyyy-yy) 2021-22 Is future funding li a. If yes, indicate r	Recurring 0 kely to be requested amour	750, d? nt per year.	9000 367 Yes		
(yyyy-yy) 2021-22 Is future funding li a. If yes, indicate r b. Describe the so	Recurring 0 kely to be requested amour	750, d? nt per year. t can be used	Yes 750,000 in lieu of state funding		
(yyyy-yy) 2021-22 D. Is future funding li a. If yes, indicate r b. Describe the so There is no funding	Recurring 0 kely to be requested amour amour amour urce of funding that g that can be used in	750, d? nt per year. t can be used lieu of state fui	Yes 750,000 in lieu of state funding		
(yyyy-yy) 2021-22 Is future funding li a. If yes, indicate r b. Describe the so There is no funding O. Has the entity rec	Recurring 0 kely to be requested amour amour amour urce of funding that g that can be used in	750, d? nt per year. t can be used lieu of state fui	Yes 750,000 in lieu of state funding		
(yyyy-yy) 2021-22 Is future funding li a. If yes, indicate r b. Describe the so There is no funding	Recurring 0 kely to be requested amour amour amour urce of funding that g that can be used in	750, d? nt per year. t can be used lieu of state fui	Yes 750,000 in lieu of state funding		



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PEMHS received PPP loan to support increased staffing and CARES Act Provider Relief Funds to supplement lost revenue.

11. 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 Benefit for agency administration services including CEO and support staff.	5,972
Other Salary and Benefits	Salary and Benefit for agency administrative services including executive management, human resources, accounting and finance, and information systems.	27,252
Expense/Equipment/Travel/Supplies/Other	General operating expenses for administrative services.	36,833
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Salaries and Benefits for Nursing, Mental Health Techs, Therapist, and Discharge Planning.	460,276
Expense/Equipment/Travel/Supplies/ Other	General operating expenses to include pharmacy, dietary, maintenance, and other support costs.	137,543
Consultants/Contracted Services/Study	Contracted services for psychiatric and medical services.	82,124
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	750,000

12. Program Performance

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

This funding provides Crisis Stabilization Unit services for 529 clients with an average length of stay of 4 days, resulting in 2,119 bed days. PEMHS has seen 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 of the already overwhelmed hospital system and is substantially a less costly resource.

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

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?

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

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.

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



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The funding will allow 529 persons to access an appropriate level of care who might otherwise be held in hospital Emergency Departments or might otherwise be placed 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 the contract?

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

relationship between the owners		unding. Include the
relationship between the owners	of the facility and the entity.	

N/A		



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14.	Requestor Contact	Informat	ion				
	a. First Name	Maxine		Last Name	Booker		
	b. Organization	Personal Enrichment through Mental Health Services, Inc.					
	c. E-mail Address	mbooker	mbooker@pemhs.org				
	d. Phone Number	(727)902	-7740	Ext.			
15.	Recipient Contact	Informatio	on				
	a. Organization	Personal Enrichment through Mental Health Services, Inc.					
	b. Municipality and	l County	Pinellas				
	c. Organization Typ	ре					
	□For Profit Entity						
	☑Non Profit 501(c	:)(3)					
	□Non Profit 501(c)(4)					
	□Local Entity						
	□University or Co	ollege					
	□Other (please specify)						
	d. First Name	Maxine		Last Name	Booker		
	e. E-mail Address	mbooker	@pemhs.org				
	f. Phone Number						
16.	16. Lobbyist Contact Information						
	a. Name	Frank P.	Mayernick Jr.				
	b. Firm Name	The May	ernick Group LL0	2			
	c. E-mail Address	frank@themayernickgroup.com					
	d. Phone Number	(850)251	-8898	<u> </u>			