

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Personal Enrichment through Mental Health Services - Crisis Stabilization Units
2. Date of Submission: 10/22/2019
3. House Member Sponsor: Nick DiCeglie
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? 2018-19
- 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>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					750,000	750,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? 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? Department of Children and Families
 - 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.
A return of a percentage of funds might be considered for substantial failure to meet expected deliverables or performance measures.

6. Requester:

- a. Name: Maxine Booker
- b. Organization: Personal Enrichment through Mental Health Services, Inc.
- c. Email: mbooker@pemhs.org
- d. Phone #: (727)362-4395

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Maxine Booker
- b. Organization: Personal Enrichment through Mental Health Services, Inc.
- c. Email: mbooker@pemhs.org
- d. Phone #: (727)362-4395

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Frank Mayernick
- b. Firm: The Mayernick Group
- c. Email: frank@themayernickgroup.com
- d. Phone #: (850)251-8898

9. Organization or Name of entity receiving funds:

- a. Name: Personal Enrichment through Mental Health Services, Inc.
- b. County (County where funds are to be expended): Pinellas
- c. Service Area (Counties being served by the service(s) provided with funding): Pinellas

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?

These funds will provide Crisis Stabilization Unit services for 548 clients with an average length of stay of 4 days resulting in 2,192 bed days. Last year there was a 2.3% increase in law enforcement Emergency services contacts which has continued this year and a 16.1% increase in jail referrals to Emergency Services. Extended stays this year indicate that without these beds, PEMHS will be continually over capacity resulting in over utilization of hospital, emergency departments and the jail.

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 checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Salary and Benefits for agency administration including CEO and support staff.	2,438
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Salary and Benefits for agency administrative services including executive management, human resources, accounting and finance, and information systems.	46,312
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	General operating expenses for administrative services.	26,250
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Salaries and Benefits for Nursing, Mental Health Techs, Therapist, and Discharge Planning	438,750
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	General operating expenses to include pharmacy, dietary,	168,750

	maintenance, and other support costs.	
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Contracted services for psychiatric and medical services.	67,500
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		750,000

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?

No

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

No

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?

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.

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

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

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 type="checkbox"/> Improve physical health		
<input checked="" type="checkbox"/> Improve mental health	100% of those admitted will meet Baker Act criteria for Crisis Stabilization Unit Services.	100% of admissions will be reported to the Managing Entity, CFBHN, and will be uploaded to DCF
<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.)	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.	Baker Data is collected and Reported to the Baker Act Reporting Center at USF.
<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 type="checkbox"/> Enhance specific individual's economic self sufficiency		

<input checked="" type="checkbox"/> Reduce recidivism	Recidivism will not exceed 15%.	Recidivism will be measured over the 30 days post discharge.
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<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:	750,000	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
TOTAL	750,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

No