



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Personal Enrichment through Mental Health Services, Inc.

2. **Senate Sponsor:** Jeff Brandes

3. **Date of Submission:** 12/06/2017

4. **Project/Program Description:**

This project request is for additional funding to provide for four adult crisis stabilization unit beds in Pinellas County.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

Department of Children and Families

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

| Amount Requested for Operations | Amount Requested for Fixed Capital Outlay | Total Amount of Requested State Funds |
|---------------------------------|---|---------------------------------------|
| 500,000                         |   | 500,000                               |

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

| Type   | Amount | Percent |
|--|--------|---------|
| Federal                                      | 0      | 0.0%    |
| State (excluding the amount of this request) | 0      | 0.0%    |
| Local  | 0      | 0.0%    |
| Other  | 0      | 0.0%    |
| TOTAL  | 0      | 0.0 %   |

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 500,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 1

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.



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| FY:                | Input Prior FY Appropriation for this project<br>for FY 2017-18<br>(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.) |                                    |   |
|--------------------|---|------------------------------------|---|
| Column:            | A   | B                                  | C   |
| Funds Description: | Prior Year<br>Recurring Funds *   | Prior Year<br>Nonrecurring Funds * | Total Funds Appropriated<br>(Column A + Column B) |
| Input Amounts:     |   | 500,000                            | 500,000   |

### 10. Is future-year funding likely to be requested?

Yes

#### a. If yes, indicate non-recurring amount per year.

500,000

### 11. Program Performance:

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

These funds will continue to provide Crisis Stabilization Unit services for 4 beds resulting in 1,460 bed days available for indigent clients. The average census of indigent clients exceeds 46 each day with law enforcement bringing over 77% of those 46. There continues to be an increasing number of clients brought to Personal Enrichment through Mental Health Services, Inc. (PEMHS) by law enforcement with an increase of 12.3% from last year for a total increase of 73% over the past three years. It is imperative that a sufficient number of beds be available to allow law enforcement personnel to return to regular duties as quickly as possible. In addition, the number of homeless individuals seeking CSU services continues to increase with a 2.4% increase over last year for a total increase of 38% over the past two years. These factors continue to support the need to ensure that these additional beds are available for the indigent population in Pinellas County.

#### 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, verbal therapy, both individual and group, and discharge planning to an appropriate level of care.

#### c. How will the funds be expended?

| Spending Category    | Description | Amount |
|----------------------|-------------|--------|
| Administrative Costs |             |        |



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|   |   |         |
|---|---|---------|
| <input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits | Salary and Benefits for agency administration including CEO and support staff.  | 1,625   |
| <input checked="" type="checkbox"/> Other Salary and Benefits                           | Salary and Benefits for agency administrative services including executive management, human resources, accounting and finance, and information services. | 30,875  |
| <input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other             | General operating expenses for administrative services.   | 17,000  |
| <input type="checkbox"/> Consultants/Contracted Services/Study                          |   |         |
| Operational Costs   |   |         |
| <input checked="" type="checkbox"/> Salary and Benefits                                 | Salaries and Benefits for Nursing, Mental Health Techs, Therapist, and Discharge Planner.   | 292,500 |
| <input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other             | General Operating Expenses to include pharmacy, and other support costs.  | 112,500 |
| <input checked="" type="checkbox"/> Consultants/Contracted Services/Study               | Contracted services for psychiatric and medical services.   | 45,500  |
| Fixed Capital Construction/Major Renovation   |   |         |
| <input type="checkbox"/> Construction/Renovation/Land/Planning Engineering              |   |         |
| TOTAL   |   | 500,000 |

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

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



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**e. 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 other means of paying for these services. This funding will allow 292 individuals to access care based on an average five-day length of stay.

**f. 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 292 indigent individuals to access an appropriate level of care who might otherwise be held in hospital emergency departments or might otherwise be placed in jail.

**g. 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 could be considered for 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. Email:** 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
- e. E-mail Address:** jwennlund@pemhs.org
- f. Phone Number:** (727)362-4305

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

- a. Name:** Frank Mayernick
- b. Firm:** The Mayernick Group



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**c. Email:** [frank@themayernickgroup.com](mailto:frank@themayernickgroup.com)

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