



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1789

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

This request is to maintain funding for six (6) adult Crisis Stabilization Unit beds serving persons with severe and persistent mental illness, or who may be a danger to themselves or others.

5. **State Agency to receive requested funds**

**State Agency contacted?**  Yes

6. **Amount of the Nonrecurring Request for Fiscal Year 2021-2022**

| Type of Funding                    | Amount         |
|------------------------------------|----------------|
| Operations                         | 750,000        |
| Fixed Capital Outlay               | 0              |
| <b>Total State Funds Requested</b> | <b>750,000</b> |

7. **Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)**

| Type of Funding                                      | Amount         | Percentage  |
|--|----------------|-------------|
| Total State Funds Requested (from question #6)       | 750,000        | 100%        |
| <b>Matching Funds</b>                                |                |             |
| Federal  | 0              | 0%          |
| State (excluding the amount of this request)         | 0              | 0%          |
| Local  | 0              | 0%          |
| Other  | 0              | 0%          |
| <b>Total Project Costs for Fiscal Year 2021-2022</b> | <b>750,000</b> | <b>100%</b> |

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

| Fiscal Year<br>(yyyy-yy) | Amount    |              | Specific<br>Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
|                          | Recurring | Nonrecurring |                             |        |
| 2020-21                  | 0         | 750,000      | 376                         | No     |

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

a. **If yes, indicate nonrecurring amount per year.**

b. **Describe the source of funding that can be used in lieu of state funding.**

There is no other source of funding that can be used in lieu of state funding.

10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**

Yes

**If yes, indicate the amount of funds received and what the funds were used for.**



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PEMHS received \$2,006,000 PPP Loan for its 202 employees; \$299,499.50 in CARES Provider Relief Funds; and \$558,680 in Coronavirus Relief Funds from Pinellas County.

#### 11. Details on how the requested state funds will be expended

| Spending Category  | Description  | Amount         |
|--|--|----------------|
| <b>Administrative Costs:</b>   |  |                |
| Executive Director/Project Head Salary and Benefits                    | Salary and Benefits for agency administration including CEO and support staff.   | 5,293          |
| Other Salary and Benefits  | Salary and Benefits for agency administrative services including executive management, human resources, accounting and finance, and information systems. | 39,765         |
| Expense/Equipment/Travel/Supplies/Other                                | General operating expenses for administrative services.  | 33,511         |
| Consultants/Contracted Services/Study                                  |  | 0              |
| <b>Operational Costs: Other</b>  |  |                |
| Salary and Benefits  | Salaries and Benefits for Nursing, Mental Health Techs, Therapist, and Discharge Planning  | 458,131        |
| Expense/Equipment/Travel/Supplies/Other                                | General operating expenses to include pharmacy, dietary, maintenance, and other support costs.   | 141,246        |
| Consultants/Contracted Services/Study                                  | Contracted services for psychiatric and medical services.  | 72,054         |
| <b>Fixed Capital Construction/Major Renovation:</b>                    |  |                |
| Construction/Renovation/Land/Planning Engineering                      |  | 0              |
| <b>Total State Funds Requested (must equal total from question #6)</b> |  | <b>750,000</b> |

#### 12. Program Performance

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

These funds will provide Crisis Stabilization Unit services for 546 clients with an average length of stay of 4 days resulting in 2,185 bed days. From Jan. 1, 2020 - Dec. 11, 2020, there has been an increase in days spent on the CSU for individuals in need of acute inpatient care, due to danger to self or others or inability to care for self. A total of 46 persons remained on the CSU 30 days or longer, resulting in 3,915 bed days. Of the people that stayed 30 days or longer, 67.4% had a primary diagnosis of schizophrenia of some type, indicating the existence of severe and persistent mental illness. The average length of stay increased this year by 7.2% from 2019. There was already an extended waitlist to move individuals to the state hospital, and other residential facilities, coupled with COVID-19, that impact has created even more challenges in locating safe, appropriate discharge placement for those in need of continued supervision and care.

##### b. What activities and services 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. 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 other 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



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be measured?

This funding will allow 546 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.

**13. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.**

N/A



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#### 14. Requestor Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 15. Recipient Contact Information

a. Organization

b. Municipality and County

#### c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)

d. First Name  Last Name

e. E-mail Address

f. Phone Number

#### 16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number