



Define - Measure - Analyze - Improve - Control

Project or Program: Personal Enrichment for Mental Health Services (PEMHS)

Goal: Maintain 24/7 access for public Adult Receiving Facility, and provide crisis stabilization assessment and services for adults impacted by mental behavioral crises regardless of ability to pay.

INPUTS	ACTIVITIES		OUTCOMES		
What we invest	What we do	Who we reach	Short-term results	Intermediate results	Long-term results
\$1,693,080	<ul style="list-style-type: none"> Maintain 12-14 bed Crisis Stabilization Unit (CSU) (59 total adult beds, 15 child beds) Provide Transportation from St. Anthony's, Morton Plant, etc. Crisis Support/ Emergency Services/ Assessments Community MH Services 24/7 access to behavioral health care and crisis stabilization unit FETC Psychiatric Evaluation and Assessment Physical health/medical assessments Community SAMH counseling Individual and group therapy Provide medication for 21 days after discharge Medication management (psychiatrists) Maintain suicide crisis hotline Referrals After-care and follow-up Screen felons at jail 	<p>Low income or homeless Pinellas county client</p> <p>SA and Co-occurring adults</p> <p>Adult Baker Act patients, voluntary admissions, acute crisis patients</p> <p>Adults needing MH counseling, intervention, or referrals</p>	<ul style="list-style-type: none"> Demographics, including homeless status #/% Screening and completed within 72 hours of referral (Goal 100%) #/% Assessments completed within 72 hours of referral (Goal 100%) #/% Adults admitted to CSU via <ul style="list-style-type: none"> Baker Act Self Admit #/% clients discharged to appropriate place for follow up care by location #/% not able to be discharged due to lack of capacity in community Avg length of stay (days) #/% with continuing care plan developed within 5 days of discharge (Goal: 100%) % clients referred (appt set) to regular outpatient treatment within 7 days (HEDIS Measure) 100% clients receive medical history and physical within 72 hours of admission #/% clients that are high-utilizers (part of BH pilot) 	<ul style="list-style-type: none"> #/% clients with CSU re-admissions within 3, 6, months after discharge 10% of clients shall complete a consumer satisfaction survey (SCCSS) <ul style="list-style-type: none"> Report aggregated results of satisfaction survey (reported quarterly when results received from CFBHN) #/% of clients on long-term medication with medication management appointment (how often?) # clients discharged with 21 day scripts (referred to Directions) # referrals at discharge by referral location <ul style="list-style-type: none"> Suncoast Directions Operation PAR Others 	<ul style="list-style-type: none"> #/% clients with CSU re-admissions within 12 months after discharge # days a bed is not available (# days at capacity for all beds) (Capacity= # licensed beds) Utilization rate: number of beds occupied divided by # licensed beds (Goal: UR<75% to ensure available bed for others in crisis)