

# FollowUp Form

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## *Website*

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Has this report been posted on the PCF website?

Yes

## *Pinellas CARES Nonprofit Partnership Fund*

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### **Project Name\***

COVID response to ensure the health and safety of frontline staff serving people with mental illness

### **Priority Funding Areas**

Behavioral Health

### **Award Type**

Installment

### **Unit of Service**

This will only be visible to Administrators and will enable question branching in the case that an organization has specified a unit-of-service cost.

### **Amount Awarded for Future Programming**

\$377,574.00

### **Amount Spent - October 25 to 31, 2020\***

How much grant funding was spent between **October 25 and 31, 2020**?

\$15,919.11

### **Amount Spent - October 2020\***

How much grant funding was spent during the **entire month of October 2020**?

\$73,042.72

## Amount Spent as of October 31, 2020\*

How much of the awarded funding was spent from project inception to October 31, 2020?

\$183,816.33

## Brief Spending Narrative\*

Please briefly explain the spending activities from **October 25 to October 31, 2020**. If you have not expended any funds, please explain why.

**Example:** ABC Charity has only expended \$1,000 this week on program personnel while our food pantry was open. ABC Charity buys its food in bulk on the 15th of every month, and therefore there will be an uptick in expenditure that week.

Boley spent \$13,900 for hazard pay (\$50.00 per day for direct service staff and maintenance staff providing services and operational support to the residential treatment facilities serving people with severe and persistent mental illness). \$2,019.11 of administrative time spent on monitoring, reporting, accounting and payroll for the grant.

## Client Story\*

Please give the true story of a client served this month by your programming. You may change identifying details. This allows us to connect to your programming on an emotional level.

Shawn is a resident at Edna Stephen house. Prior to entering the program, Shawn was in Pinellas County jail for tampering with his ankle monitor. He has a long history of struggling with mental illness (bi-polar disorder and/or schizo-affective disorder). Since arriving, Shawn has excelled in his recovery efforts. He has learned about his illness and medications. He has developed positive coping skills using journaling and music. He has shown the ability to monitor himself and report any changes to staff. Shawn participates in daily groups and gives positive feedback. Shawn has remained drug and alcohol-free. He states that being in the program has given him time to reflect on the negative consequences of substance abuse. He is currently working with staff on getting enrolled in Vocation Services to finish his certification in Auto Motor Techiman at PTEC. In September 2020, Shawn was honored with (ESH) consumer of the month award for his outstanding recovery efforts.

## *Behavioral Health Metrics*

### October 25 to 31, 2020 - Individuals Served - Behavioral Health\*

Please specify the number of individuals that were given behavioral health services between **October 25 and 31, 2020** through this grant funding.

75

### October Projections - Number Served - Behavioral Health

This was the number of individuals your organization projected it would serve in **October 2020** through this grant funding.

65

### October 2020 - Actual Total # Served - Behavioral Health\*

Please specify how many individuals were given behavioral health services in **October 2020** through this grant funding.

84

### Measurement - Behavioral Health

This is the measurement that your organization specified it would use to measure progress through this grant.

Staff turnover rate

### October Projections - Progress Rate - Behavioral Health

This was the estimated progress rate from your application for **October 2020**. This was the projected improvement based on the Measurement from your application, viewable above.

50

### October 2020 - Actual Progress Rate - Behavioral Health\*

Please specify the ACTUAL progress rate for **October 2020 (in a percentage)** based on the Measurement indicated in your original application.

100

### October 25 to 31, 2020 - ZIP Codes of Individuals Served - Behavioral Health\*

Please SUCCINCTLY describe the ZIP codes of program services and program recipients (if recipient data is available). **These numbers should add up to the number of total individuals served specified above for the week of October 25 to 31, 2020.**

**FOLLOW THE EXAMPLE FORMAT EXACTLY.**

**ZIP CODE: Number served**

**Example**

Group Therapy (Program Service ZIP Code)  
33705: 15

Telehealth Counseling (Participant ZIP Codes)

33782: 5

33764: 3

33760: 8

Treatment and support services including counseling, crisis intervention, medication monitoring provided to the residents living in Boley's Residential Treatment Facilities:

33705: 11

33701: 13

33713: 10

33714: 13

33777: 14

33712: 14

## *Advanced Funds - Justification of Expenditures*

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### Monthly Expense Reporting\*

Please complete the Pinellas CARES Advanced Funds Monthly Expense Reporting worksheet, attach appropriate backup documentation, and **upload as a PDF** here.

If you have a regular reporting/invoicing process, you may use your own similar worksheet, however, for your convenience, we have provided a template you can **DOWNLOAD HERE**.

If you have any notes on this, please put them in the field below.

october report.pdf