

LFIR # 2182

1. Project Title	PEMHS Childre Center	n's Crisis Stabili	izatic	n Unit and Commun	ity Diversion			
2. Senate Sponsor	Ed Hooper							
3. Date of Request	12/15/2021							
4. Project/Program De	scription							
inadequate to meet the clinical needs of both County Behavioral Hocollaboration as well Living, Evara Health,	tic environment that he current needs of adolescents and ealth System of Ca as Suncoast Cento BayCare, HCA La	at is critical to the fithe community children. This pare, a consortiuler for Community Medical Income the consortiuler for Medical Income the consortiuler for Medical Income the consortium that is a consortium to the consortium that is a c	ne tre y and rojec m of ty Me dian F	atment and care of of the street of the stre	children. In addition, onstruct a 20 bed fa th the Wellness Cor providers. PEMHS on PAR, Boley Cen noor Healthcare, an	, the number of beds is acility that meets the nection and the Pinellas is a key partner in this		
5. State Agency to rec	eive requested fu	ı <b>nds</b> Depa	artme	ent of Children and F	amilies			
State Agency contact	cted? Yes							
6. Amount of the Nonro	acurring Poguest	for Fiscal Voa	r 201	)2-2023				
	ecurring Nequest	- Ioi i iscai i ea	1 202			1		
Type of Funding Operations				Amo	ount			
Fixed Capital Outlay				5,000,000				
Total State Funds R	equested			5,000,000				
					3,000,000	ı		
7. Total Project Cost fo	or Fiscal Year 202	2-2023 (includ	ing r	natching funds ava	ilable for this proj	ect)		
Type of Funding				Amount	Percentage			
Total State Funds Re	equested (from que	estion #6)		5,000,000	100%	_		
Matching Funds								
Federal	Federal			0	<u> </u>			
State (excluding the	amount of this requ	uest)		0	0%	1		
Local				0	0%			
Other				0	0%			
<b>Total Project Costs</b>	for Fiscal Year 20	022-2023		5,000,000	100%			
8. Has this project pre	viously received	state funding?	•	No				
Fiscal Year	Amount			Specific "	Vetoed			
(уууу-уу)	Recurring Nonrecurring		ng	Appropriation #				
9. Is future funding like	alv ta ba raquast	nd2		No				
•	•			INU		7		
a. If yes, indicate no	onrecurring amou	int per year.						
b. Describe the sou	rce of funding the	at can be used	in li	eu of state funding				
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10. H	las t	he enti	ty requesting	y this projec	t received an	y federa	I assistance re	elated to th	ie COVID-19	pandemic?
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If yes, indicate the amount of funds received and what the funds were used for.

PEMHS received PPP loan to support increased staffing and CARES Act Provider Relief Funds to supplement lost revenue. The amount of the loan was \$2,006,000.

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

Spending Category	Amount				
Administrative Costs:					
Executive Director/Project Head Salary and Benefits		0			
Other Salary and Benefits		0			
Expense/Equipment/Travel/Supplies/ Other		0			
Consultants/Contracted Services/Study		0			
Operational Costs: Other	Operational Costs: Other				
Salary and Benefits		0			
Expense/Equipment/Travel/Supplies/ Other		0			
Consultants/Contracted Services/Study		0			
Fixed Capital Construction/Major Renovation:					
Construction/Renovation/Land/ Planning Engineering	Construction of a new 20 bed Children's Crisis Stabilization Unit and Community Diversion Center.	5,000,000			
<b>Total State Funds Requested (m</b>	Total State Funds Requested (must equal total from question #6) 5,000,000				

### 12. Program Performance

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

The new Children's Crisis Stabilization Unit and Community Diversion Center will provide for a therapeutic environment that will better facilitate treatment for both adolescents and children. The current CSU has 15 available beds.

b. What activities and services will be provided to meet the intended purpose of these funds?

The new CSU will be designed to better meet the needs of adolescents and children in need of crisis stabilization.

c. What direct services will be provided to citizens by the appropriation project?

The new CSU will provide acute mental health care for adolescents and children in an environment designed to meet their clinical needs.

d. Who is the target population served by this project? How many individuals are expected to be served?

The target population includes adolescents and children who meet Baker Act criteria and need a secure, safe and therapeutic environment in which to receive care and treatment. 1200 individuals are expected to be served.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

The outcome of the project will make 5 additional beds available (current CSU has 15 beds) for children and adolescents to receive acute inpatient psychiatric care, and that will allow up to approximately 1,200 adolescents and children to be served. The methodology by which the outcome will be measured is, the number of beds utilized and the number of individuals served.



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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 me considered to 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.

The facility will be owned by the Personal Enrichment through Mental Health Services, Inc. (PEMHS), a non profit 501(c)(3) organization. The PEMHS has no owners. The organization has oversight performed by a Board of Directors, where none of the Directors have any share in ownership.



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14. Requestor Contact Information								
	a. First Name	Maxine		Last Name	Booker			
	b. Organization	Personal Enrichment through Mental Health Services, Inc.						
	c. E-mail Address	mbooker@pemhs.org						
	d. Phone Number	(727)902-						
15.	<b>Recipient Contact</b>	Informatio	on					
	a. Organization	n Personal Enrichment through Mental Health Services, Inc.						
	b. Municipality and County Pinellas							
	c. Organization Ty	ре						
	□For Profit Entity							
	☑Non Profit 501(c	c)(3)						
	□Non Profit 501(c	:)(4)						
	□Local Entity							
	□University or Co	llege						
	□Other (please sp	please specify)						
	d. First Name	Maxine		Last Name	Booker			
	e. E-mail Address	mbooker@pemhs.org						
	f. Phone Number	hone Number						
16.	6. Lobbyist Contact Information							
	a. Name	Frank P. Mayernick Jr.						
	b. Firm Name	The Mayernick Group LLC						
	c. E-mail Address	frank@themayernickgroup.com						
	d. Phone Number	(850)251-8898						