



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 1731

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

PEMHS/Eleos has been providing acute inpatient crisis care for over 40 years. The population served are uninsured, underinsured, indigent, and those at risk, who present as suicidal, homicidal and unable to care for themselves due to mental illness. The goal of the project is to increase safety by replacing the roofs on our crisis stabilization unit and staff buildings. The roofs have been patched and over time have reached the end of their useful life. This will ensure the ability to continue to provide services and shelter in place in case of threat of a hurricane or other natural disaster, allowing us to remain operational during and after an emergency event. It is time and labor intensive as well as costly to transfer individuals in need of acute inpatient care to other facilities. This can also place a strain on EMS and other already over burdened transport services during these times.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	346,461
<b>Total State Funds Requested</b>	<b>346,461</b>

7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	346,461	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 2026-2027</b>	<b>346,461</b>	<b>100%</b>

8. Has this project previously received state funding?

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future-year funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

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



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## Complete questions 10 and 11 for Fixed Capital Outlay Projects

### 10. Status of Construction

#### a. What is the current phase of the project?

☒ Planning ☐ Design ☐ Construction ☐ N/A

#### b. Is the project "shovel ready" (i.e permitted)?

Yes

#### c. What is the estimated start date of construction?

7/1/26

#### d. What is the estimated completion date of construction?

10/31/26

#### e. What funding stream will be used for ongoing operations and maintenance of the project?

Grants funding will be secured to fund maintenance of the project.

### 11. List 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 Personal Enrichment through Mental Health Services, Inc. (PEMHS) d/b/a Eleos, a non profit 501(c)(3) organization. PEMHS/Eleos has no owners. The organization has oversight performed by a Board of Directors, where none of the Directors have any share in ownership.

### 12. 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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Roof replacement for crisis stabilization unit and staff buildings	346,461
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>346,461</b>

### 13. Program Performance

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

The goal is to harden our Crisis Stabilization Unit and staff buildings by replacing roofs that have been patched and have reached the end of their useful life. This will ensure that services are provided and those housed will be safe and able to shelter in place in case of a hurricane or natural disaster and receive uninterrupted care, and that the facility can remain operational during and after an event.



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

The crisis stabilization unit provides services for individuals who present as a danger to themselves or others or who are unable to care for themselves due to a mental illness. They require acute inpatient care and are in need of safety monitoring, individual and group counseling, medication if needed, medical assessment and evaluation, and collaborative discharge planning. This funding will allow us to harden our buildings to be able to shelter in place to continue needed services, instead of transporting vulnerable individuals to other facilities increasing their anxiety and stress levels. These funds will allow us to remain operational.

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

Services provided are crisis hotline support, crisis stabilization services, safety monitoring, assessment and examination for medical needs, psychiatric evaluation to determine if Baker Act criteria is met, medication if needed, group and individual therapy and collaborative discharge planning. These funds will allow those persons in psychiatric crisis, and in need of safe and secure level of care, appropriate access to care and safety.

**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 Baker Act criteria and are a danger to themselves or others, and unable to care for themselves due to mental illness, uninsured, low income, homeless, and those at risk. These individuals meet indigent financial criteria and have no means of paying for these services to access care. 4,700 individuals are served by the facilities that will be improved by these funds.

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

The expected benefit of this project is that individuals can remain safely housed in a familiar setting with familiar staff during a hurricane, or other emergency event and receive uninterrupted mental health services identified by the treatment team. The project will eliminate or reduce transfer of individuals to local hospitals and reduce the strain placed on EMS and other transport services. The methodology used to measure this outcome is the number of times the facility was able to shelter in place during a hurricane or other disaster during the life of the replaced roofs.

**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 in the contract?**

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 is to have funds withheld and/or have to return a percentage of the funds for failure to meet deliverables.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**

**a. If Yes, what phase best describes the project?**

- ☐ Mitigation (reducing or eliminating potential loss of life or property)
- ☐ Response (addressing the immediate and short-term effects of a natural disaster)
- ☒ Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

**b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):**

Hurricanes Helene and Milton

**15. Has the entity applied for or received federal assistance for this project?**

- ☐ Yes, Applied
- ☐ Yes, Received
- ☒ No



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☐ No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

☐ Yes, Applied

☐ Yes, Received

☒ No

☐ No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

#### 17. Requester Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 18. 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)



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d. First Name  Last Name

e. E-mail Address

f. Phone Number  Ext.

#### 19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number

*The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.*