

# The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 2495

1.	Project Title	PEMHS Children's	s Crisis St	abilizatio	n Unit and Diversion	Center	
2.	Senate Sponsor	Nick DiCeglie					
3.	Date of Request	02/27/2023					
4.	Project/Program Des	scription					
	therapeutic environments beds is inadequate to Diversion Center, will children. This project consortium of over 10 have increased nearly	urrent Children's Crisis Unit is located in an Adult CSU and, although separated by a wall, does not provide the eutic environment that is critical to the treatment and care of children and adolescents. In addition, the number of a inadequate to meet the current needs of the community. The new 20-bed children's Crisis Stabilization and ion Center, will expand the number of beds and provide an up-to-date, therapeutic environment for adolescents and n. This project is a partnership with Wellness Connection and Pinellas County Behavioral Health System of Care, a tium of over 100 community providers. These additional funds are requested due to the fact that construction costs increased nearly 25% since 2019-2020. These funds will allow PEMHS to complete construction without delay. It budgets now add a new cost line item titled "escalation." It is required to anticipate increased costs due to the					
5.	State Agency to rece	<b>'</b>	nds [	Departme	ent of Children and Fa	amilies	
	State Agency contact		or Fiscal	Year 202	23-2024		
	Type of Funding				Amo	unt	
	Operations					0	
	Fixed Capital Outlay					2,500,000	
	Total State Funds Requested						
	Total State Funds R	equested				2,500,000	
7.	Total State Funds R Total Project Cost fo		-2024 (inc	luding r	natching funds ava	, ,	•
7.			-2024 (inc	cluding r	natching funds ava	, ,	•
7.	Total Project Cost fo	r Fiscal Year 2023	`	cluding n	_	ilable for this proj	•
7.	Total Project Cost fo	r Fiscal Year 2023	`	eluding r	Amount	ilable for this proj	•
7.	Total Project Cost fo  Type of Funding  Total State Funds Re	r Fiscal Year 2023	`	cluding r	Amount 2,500,000	ilable for this proje  Percentage  33%	•
7.	Total Project Cost fo Type of Funding Total State Funds Re Matching Funds	r Fiscal Year 2023 quested (from ques	stion #6)	cluding r	Amount 2,500,000	Percentage 33% 0% 67%	•
7.	Total Project Cost fo Type of Funding Total State Funds Re Matching Funds Federal	r Fiscal Year 2023 quested (from ques	stion #6)	eluding n	Amount 2,500,000 0 5,000,000 0	Percentage 33% 0% 67% 0%	•
7.	Total Project Cost fo  Type of Funding  Total State Funds Re  Matching Funds  Federal  State (excluding the a	r Fiscal Year 2023 quested (from ques	stion #6)	sluding r	Amount 2,500,000 0 5,000,000	Percentage 33% 0% 67%	•
7.	Total Project Cost fo  Type of Funding  Total State Funds Re  Matching Funds  Federal  State (excluding the a	quested (from ques	est)	eluding n	Amount 2,500,000 0 5,000,000 0	Percentage 33% 0% 67% 0%	ect)
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8.	Total Project Cost for Type of Funding Total State Funds Remarks Federal State (excluding the algorithm Local Other Total Project Costs Has this project prevention of the Project Costs of the Costs of	quested (from questamount of this requested street)  for Fiscal Year 202  viously received street  Amount Recurring	estion #6)  23-2024  tate funding  Nonrecu 5,	ng?	Amount  2,500,000  0 5,000,000 0 7,500,000  Yes  Specific Appropriation # 3810	Percentage  33%  0%  67%  0%  100%	ect)
8.	Total Project Cost for Type of Funding Total State Funds Remarked Matching Funds Federal State (excluding the allocal Other Total Project Costs Has this project prevent (yyyy-yy) 2022-23 Is future funding like	quested (from questamount of this requested street)  for Fiscal Year 202  viously received street  Amount of this requested street  Amount of this requested street  Amount of this requested street	estion #6)  23-2024  tate funding  Nonrecu  5,0	ng?	Amount 2,500,000  0 5,000,000 0 7,500,000  Yes  Specific Appropriation #	Percentage 33% 0% 67% 0% 100%	ect)
8.	Total Project Cost for Type of Funding Total State Funds Re Matching Funds Federal State (excluding the allocal Other Total Project Costs Has this project prevent (yyyy-yy) 2022-23 Is future funding like all fyes, indicate no	quested (from questamount of this requested street) for Fiscal Year 202 viously received street  Amount of this requested street, and the street street street, and the street street street street, and the street street street street street, and the street stre	estion #6)  23-2024  tate funding  Nonrecu  5,  d?  at per year	ng? urring 000,000	Amount 2,500,000  0 5,000,000 0 7,500,000  Yes  Specific Appropriation # 3810	Percentage   33%   0%   67%   0%   100%	ect)
8.	Total Project Cost for Type of Funding Total State Funds Remarked Matching Funds Federal State (excluding the allocal Other Total Project Costs Has this project prevent (yyyy-yy) 2022-23 Is future funding like	quested (from questamount of this requested since a securing a sec	estion #6)  23-2024  tate funding  Nonrecu  5,0  d?  at per year  a can be us	ng? urring 000,000	Amount 2,500,000  0 5,000,000 0 7,500,000  Yes  Specific Appropriation # 3810  No	Percentage   33%   0%   67%   0%   100%	ect)



to supplement lost revenue

Yes

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

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

Complete questions 11 and 12 for Fixed Capital Outlay Projects

PEMHS received PPP loan to support increased staffing and CARES ACT Provide Relief Funds

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2,500,000

11. Status of Construction					
a. What is the current phase of the	ne project?				
○Planning	Construction				
b. Is the project "shovel ready" (	.e permitted)?				
c. What is the estimated start da	e of construction? July 2023				
d. What is the estimated comple	ion date of construction? July 2024				
12. List the owners of the facility to relationship between the owner	receive, directly or indirectly, any fixed caps of the facility and the entity.	pital outlay funding. Inclu	ude the		
organization. PEMHS has no owr	The facility will be owned by Personal Enrichment through Mental Health Services, Inc. (PEMHS), a non profit 501(c)(c) organization. PEMHS has no owners. The organization has oversight performed by a Board of Directors, where none of the Directors have any share in ownership.				
13. Details on how the requested st	·				
Spending Category	Description		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					
Salary and Benefits			0		
Expense/Equipment/Travel/Supplies/ Other			0		
Consultants/Contracted Services/Study			0		
Fixed Capital Construction/Majo	Renovation:				
Construction/Renovation/Land/ Planning Engineering	Additional construction costs for 20-bed Child Unit and Diversion Center.	ren's Crisis Stabilization	2,500,000		

Total State Funds Requested (must equal total from question #6)

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

14. Program Performance



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16

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The new Children's Crisis Stabilization Unit and 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 serve adolescents and children in need of crisis stabilization services. Crisis stabilization services include monitoring and observation, discharge planning, nursing care, physician evaluation and diagnosis, medical history and physical, as well as diversion, care coordination and wrap-around services.

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

Mental Health Techs will monitor individuals for safety, Nurses LPN, RN will assess and examine individuals' medical and psychiatric needs. A Therapist, MA, MS, LMHC, LCSW, will provide both group and individual therapy. Discharge planners will provide discharge planning to an appropriate disposition. A Board-Certified Psychiatrist (including Medical Director) will examine individuals to determine if they meet Baker Act criteria. A certified medical physician will provide history and physical.

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. A total of 536 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 care. The methodology by which the outcome will be measured is the number of beds utilized and the number of individuals served.

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.

. Requester Contac	t Informati	ion		
a. First Name	Maxine		Last Name	Booker
b. Organization	Personal	Enrichment Thro	ough Mental	Health Services, Inc.
c. E-mail Address	mbooker	@pemhs.org		
d. Phone Number	(727)902	-7740	Ext.	
. Recipient Contact	Information	on		
a. Organization	Personal Services,	Enrichment Thro Inc.	ough Mental	Health
b. Municipality and County Pinellas				
c. Organization Type				
□For Profit Entity				
☑Non Profit 501(d	c)(3)			
□Non Profit 501(d	:)(4)			
□Local Entity				



# The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

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□University or	Col	lege
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□Other (please specify)

d. First Name	Zofia	Last Name	Whiting
e. E-mail Address	zwhiting@pemhs.org		
f. Phone Number	(727)452-2282		

### 17. Lobbyist Contact Information

a. Name	Tracy Hogan Mayernick
b. Firm Name	The Mayernick Group LLC
c. E-mail Address	tracy@themayernickgroup.com
d. Phone Number	(850)445-3000