



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2253

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Designate Personal Enrichment through Mental Health Services, Inc. d/b/a Eleos, as the Coordinated Behavioral Health Receiving System and provide recurring funding for an array of crisis services to be provided and coordinated with a 24/7/365, no-wrong door approach at a designated site or through a community based response. Services align with the Baker Act, FL Statute, 394573(2)(b) to care for indigent, high utilizer, non-insured, under insured, at risk populations in need of immediate crisis services and care coordination to determine the need for involuntary admission or diversion, identifying the appropriate level of care.

5. **State Agency to receive requested funds**

State Agency contacted?

6. **Amount of the Nonrecurring Request for Fiscal Year 2025-2026**

Type of Funding	Amount
Operating	2,200,000
Fixed Capital Outlay	0
Total State Funds Requested	2,200,000

7. **Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2,200,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	2,200,000	100%

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)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

e. What funding stream will be used for ongoing operations and 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.

12. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Salary and Benefits for agency administration including CEO and support staff.	14,054
Other Salary and Benefits	Salary and Benefits for agency administrative services including executive management, human resources, accounting and finance and information systems.	109,923
Expense/Equipment/Travel/Supplies/Other	General operating expenses for administrative services.	130,935
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Nursing, Mental Health Techs, Therapists	1,480,192
Expense/Equipment/Travel/Supplies/Other	General operating expenses to include pharmacy, dietary, maintenance, transportation, and other support costs.	301,512
Consultants/Contracted Services/Study	Contracted services for psychiatric and medical services.	163,384
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		2,200,000

13. Program Performance

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



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Designating PEMHS/Eleos as the Coordinated Behavioral Health Receiving System will create a streamlined, fully coordinated system for behavioral health crisis care, expedite treatment, reducing unnecessary hospitalizations and jail admissions, minimize drop-off times for law enforcement and EMS freeing them to focus on public safety, ensure seamless care coordination and continuity of services for individuals in crisis. Services will be provided at the facility and through community based intervention, meeting the client where they are.

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

Through established MOU's and partnerships with all five (5) private behavioral health receiving entities, all law enforcement jurisdictions, the local government and other community provider. The Coordinated Receiving System will operate a no-wrong door system to coordinate care for individuals in need of behavioral health/crisis services. Providing on-site facility and community based behavioral health care.

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

The direct services include, 24/7/365 emergency triage for behavioral health, substance use and medical issues, assessment and psychiatric evaluation to determine appropriate level of care, care coordination, inpatient crisis stabilization for adults and children, diagnosis, treatment planning, medical and physical, suicide and crisis hot-line services, 23 hour observation, recovery support, Baker Act diversion services through Mobile Crisis Response Team (MCRT) which provides 24/7 on demand crisis intervention services in any setting, homes schools and the community, identify resources, provide linkages and develop strategies for effectively dealing with potential future crisis.

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

The target population is individuals meeting Baker Act criteria, substance users, indigent, high utilizer, non-insured, under insured, homeless and at risk populations in need of immediate crisis services.

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

Decreased involvement with law enforcement through service engagement. Improved mental health outcomes. Protecting the general public from harm. Reduced recidivism through diversion from acute care with linkage and follow up, as well as through Mobile Crisis Response and care coordination teams and ongoing community based care referrals. Reduction in cost to hospital emergency rooms and jails, referring to less expensive CSU and mobile crisis team for diversion. Expedited drop off times for law enforcement and EMS 24/7 access and timely acceptance. Outcomes are measured through client reports, service engagement reports, law enforcement reports, and family reports and follow-ups.

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 return of a percentage of funds may be considered for failing to meet deliverables or performance measures provided for in the contract.

14. Is this project related to mitigation, response, or recovery from a natural disaster? No

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):

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

- Yes, Applied



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- Yes, Received
- No
- 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	<input type="text" value="Maxine"/>	Last Name	<input type="text" value="Booker"/>
b. Organization	<input type="text" value="Personal Enrichment through Mental Health (PEMHS) d/b/a Eleos"/>		
c. E-mail Address	<input type="text" value="mbooker@eleoswellness.org"/>		
d. Phone Number	<input type="text" value="(727)902-7740"/>	Ext.	<input type="text"/>

18. Recipient Contact Information

a. Organization	<input type="text" value="Personal Enrichment through Mental Health Services Inc, (PEMHS) d/b/a Eleos"/>
b. Municipality and County	<input type="text" value="Pinellas"/>
c. Organization Type	
<input type="checkbox"/> For Profit Entity	
<input checked="" type="checkbox"/> Non Profit 501(c)(3)	
<input type="checkbox"/> Non Profit 501(c)(4)	
<input type="checkbox"/> Local Entity	



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University or College

Other (please specify)

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.