

The Florida House of Representatives
Appropriations Project Request - Fiscal Year 2022-23
For projects meeting the definition of House Rule 5.14

1. Title of Project: PEMHS Children's Crisis Stabilization Unit and Community Diversion Center
2. Date of Submission: 11/15/2021
3. House Member Sponsor: Chris Latvala

4. Details of Amount Requested:

- a. Has funding been provided in a previous state budget for this activity? No
- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. Complete the following Project Request Worksheet to develop your request.

FY:	Input Prior Year Appropriation for this project for FY 2021-22 <small>(If appropriated in 2021-22 enter the appropriated amount, even if vetoed.)</small>			Develop New Funds Request for FY 2022-23 <small>(Requests for additional RECURRING funds are prohibited.)</small>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated	Recurring Base Budget	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds
Input Amounts:					5,000,000	5,000,000

- e. Provide the total cost of the project for FY 2022-23 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request	5,000,000	100.0%	N/A
2. Federal	0	0.0%	No
3. State (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local	0	0.0%	No

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5. Other	0	0.0%	No
TOTAL	5,000,000	100%	

5. Is this a multi-year project requiring funding from the state for more than one year?

No

6. Which is the most appropriate state agency to place an appropriation for the issue requested? Department of Children and Families

a. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes

b. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

Lapsed funds would be returned to the appropriate state agency along with agreed upon penalties for failure to meet deliverables or performance measures.

7. Requester:

a. Name: Maxine Booker

b. Organization: Personal Enrichment through Mental Health Services, Inc.

c. Email: mbooker@pemhs.org

d. Phone #: (727)545-6477

8. Contact for questions about specific technical or financial details about the project.

a. Name: Zofia Whiting

b. Organization: Personal Enrichment through Mental Health Services, Inc.

c. Email: zwhiting@pemhs.org

d. Phone #: (727)452-2282

9. Registered lobbyist working to secure funding for this project.

a. Name: Frank P., Jr. Mayernick

b. Firm: The Mayernick Group LLC

c. Email: frank@themayernickgroup.com

d. Phone #: (850)251-8898

10. Organization or Name of entity receiving funds:

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- a. Name: Personal Enrichment through Mental Health Services, Inc
- b. County (County where funds are to be expended): Pinellas
- c. Service Area (Counties being served by the service(s) provided with funding): Pinellas

11. What type of organization is the entity that will receive the funds?

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

12. What is the specific purpose or goal that will be achieved by the funds being requested?

These funds will allow the construction of a new 20 bed Children's Crisis Stabilization Unit for Pinellas County, that is in critical need of an expanded number of beds in a facility that will provide an up to date therapeutic environment for adolescents and children.

13. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Amount Requested (Should equal 4d, Col. E) Enter "0" if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		

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<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Construction of new Children's CSU and Community Diversion Center	5,000,000
TOTAL		5,000,000

14. For Fixed Capital Costs requested in Question 13, what type of ownership will the facility be under when complete?

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

15. Is the project request an information technology project?

No

16. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

a. Please Describe:

Letters of support from community stakeholders

17. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

No

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18. Will the requested funds be used directly for services to citizens?

Yes

a. What are the activities and services that will be provided to meet the purpose of the funds?

The funds will allow crisis stabilization services to be provided for adolescents and children.

b. Describe the direct services to be provided to the citizens by the funding requested.

Crisis Stabilization services as well as diversion, care coordination and wrap around services will be provided as a result of the construction of the facility.

c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups"). Select all that apply to the target population:

Elderly persons

Persons with poor mental health

Persons with poor physical health

Jobless persons

Economically disadvantaged persons

At-risk youth

Homeless

Developmentally disabled

Physically disabled

Drug users (in health services)

Preschool students

Grade school students

High school students

University/college students

Currently or formerly incarcerated persons

Drug offenders (in criminal Justice)

Victims of crime

General (The majority of the funds will benefit no specific group)

Other (Please describe)

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d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

19. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit or outcome
<input type="checkbox"/> Improve physical health		
<input checked="" type="checkbox"/> Improve mental health	100% of those admitted will meet Baker Act criteria for Crisis Stabilization Unit Services	100% of admissions will be reported to the Managing Entity, CFBHN and will be uploaded to DCF.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	100% of those admitted will meet criteria of an apparent mental illness, without care or treatment is likely to suffer neglect posing	Baker Act data is collected and reported to the Baker Act Reporting Center at USF.

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	substantial harm to self, or will cause serious bodily harm to self or others.	
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input checked="" type="checkbox"/> Reduce recidivism	Readmissions will not exceed 15%.	Readmissions will be measured over the 30 days post discharge.
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		