

GRANT AGREEMENT

BY AND BETWEEN

PINELLAS COMMUNITY FOUNDATION

AND

PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES, INC.

THIS GRANT AGREEMENT (hereinafter “**Agreement**”), effective upon the last date executed below, by and between **PINELLAS COMMUNITY FOUNDATION**, a public charitable foundation established by Trust Agreement Dated January 1, 1969, as may have been amended from time to time, whose address is 17755 US Highway 19 North, Suite 150, Clearwater Florida 33764, (hereinafter, “**AGENCY**”) and **PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES, INC.**, whose address is 11254 58th St N Pinellas Park, FL 33782 (hereinafter “**GRANTEE**”).

WITNESSETH:

WHEREAS, in response to the emergence of a novel coronavirus and the respiratory disease it causes (hereinafter, “**COVID-19**”), the World Health Organization (hereinafter, “**WHO**”) has officially characterized COVID-19 as a pandemic that constitutes a Public Health Emergency of International Concern; and

WHEREAS, on March 1, 2020, Governor Ron DeSantis issued Executive Order Number 20-51, declaring that appropriate measures to control the spread of COVID-19 in the State of Florida are necessary, and accordingly the State Surgeon General and State Health Officer declared that a Public Health Emergency exists in the State of Florida; and

WHEREAS, on March 9, 2020, Governor Ron DeSantis issued Executive Order Number 20-52 declaring a State of Emergency for the state of Florida in furtherance of efforts to respond to and mitigate the effects of COVID-19 throughout the state; and

WHEREAS, the Pinellas County Board of County Commissioners (hereinafter, “**Board**”) passed Resolution 20-60 to define, expand, and add critical programs and services to mitigate the devastating impacts of COVID-19 on Pinellas County residents; and

WHEREAS, nonprofit community partners have seen an increased demand for many services and assistance in response to impacts from COVID-19, particularly in the areas of food programs, homelessness, behavioral health, and legal assistance for evictions; and

WHEREAS, as a direct result of the COVID-19 Public Health Emergency, many individuals and families find themselves in precarious financial situations within Pinellas County, without expanded access to critical services leading to food insecurity, housing insecurity, and behavioral health challenges; and

WHEREAS, the threat to these vulnerable individuals and families constitutes a significant threat to public safety and welfare requiring rapid expansion of vital services to meet local needs; and

WHEREAS, **AGENCY** is a subrecipient of pass-thru funds awarded by the U.S. Treasury Department (hereinafter, “Treasury”) to Pinellas County (hereinafter, “County”) made available under section 601(a) of the Social Security Act as added by section 5001 of the CARES Act (hereinafter, “Coronavirus Relief Fund”); and

WHEREAS, the County in partnership with **AGENCY** wishes to quickly expand services in priority areas that mitigate COVID-19 related impacts within the community such as food

insecurity, housing insecurity, and access to behavioral health service through the Pinellas CARES Critical Service Expansion Program; and

WHEREAS, AGENCY has determined that **GRANTEE** has the experience and capacity to quickly administer and deliver awarded funds to assist in the goal of expanding services in one or more of the priority areas that mitigate COVID-19 related impacts within the community;

NOW THEREFORE, the parties hereto, mutually agree as follows:

1. Specific Grant Information:

This project shall be undertaken and accomplished in accordance with the terms and conditions specified herein and the Appendices named below, which are attached hereto and by reference incorporated herein:

- a) Grantee's Name: **Personal Enrichment Through Mental Health Services, Inc.**
- b) Grantee's Contact and Notice Information:
Primary Contact Name: **Maxine Booker, CEO and President**
Address: **11254 58th St N Pinellas Park, FL 33782**
Phone Number: **727-545-6477**
Grantee's Data Universal Numbering System (DUNS) number: **121974331**
- c) Federal Award Identification Number: **Direct payment from the Department of the Treasury ('Treasury') pursuant to section 601(b) of the Social Security Act, as amended by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act, Pub. L. No. 116-136, div. A, Title V (Mar. 27, 2020).**
- d) Federal Award Date: **March 27, 2020**

e) Period of Grant Performance, Start and End Date: **October 22, 2020 - December 30, 2020**

g) Amount of Funds Awarded: **\$ 558,680.00** (hereinafter, “Awarded Funds”).

h) Name of Federal Awarding Agency, Pass-Through Entity, and Contact Information for Awarding Official of the Pass-Through Entity:

Federal Awarding Agency:

United States Department of Treasury

Pass-Through Entity:

Pinellas Community Foundation

Contact Information for Awarding Official of the Pass-Through Entity:

Duggan Cooley, CEO, Pinellas Community Foundation

17755 US Highway 19 N, Suite 150

Clearwater, FL 33764

i) CFDA Number and Name

CFDA Number (at time of disbursement): **21.019**

CFDA Name: **Coronavirus Relief Fund (CRF)**

j) Indirect Cost Rate for GRANTEE portion of the Federal Award: **0%**

2. Scope of Services:

The **GRANTEE** shall administer the Pinellas CARES Critical Service expansion Program funds awarded from the **AGENCY** consistent with the purpose identified in the **GRANTEE’s** application for award of funds (attached as Appendix 4) and which are consistent with the purpose of mitigating COVID-19 related impacts within the

community, including food insecurity, housing insecurity and or behavioral health access for COVID-19 affected residents.

- a) **GRANTEE** shall administer funding in an amount up to **Five Hundred and Fifty-Eight Thousand, Six Hundred and Eighty Dollars and 00/100 cents** for expanded local services with up to 0% or \$0.00 allowed for indirect costs.
- b) **GRANTEE** agrees to monitor and deliver these funds pursuant to the following requirements:
 - i. Compliance with all rules and guidelines of the CARES Act including certifications and/or attestations of compliance where appropriate.
 - ii. Compliance with Appendix 1 - CARES Act Guidance and Requirements.
 - iii. Compliance with Appendix 2 – Attestation.
 - iv. Basic weekly reporting of service numbers by type of service and expanded monthly reporting of services, trends, expenditures, and other programmatic information.
 - v. Maintenance of service level information as appropriate for reporting upon request by the **AGENCY**, including services provided, outcomes and accounting of expenditures.
 - vi. **GRANTEE** understands and agrees that it may be required to adapt and/or respond during hurricane-related emergencies to help meet expanded needs and challenges of COVID-19.
 - vii. **GRANTEE** understands that priority service areas may be adjusted by written notice of the **AGENCY**.

3. Term of Agreement.

The services of the **GRANTEE** shall commence upon execution and the agreement shall expire on December 30, 2020. The expiration date of this Agreement may be extended, by mutual agreement of the parties in writing. This option shall be exercised only if all terms and conditions remain the same.

4. Compensation.

a) The **AGENCY** agrees to provide **GRANTEE** an amount not to exceed Five Hundred and Fifty-Eight Thousand, Six Hundred and Eighty Dollars and 00/100 cents (\$ 558,680.00) as an award of the Pinellas CARES Nonprofit Partnership Fund for the services described in Section 2 of this Agreement. Up to Zero Dollars and 00/100 cents dollars (\$0.00) equivalent to 0% of the funding may be allowed for approved indirect costs in association with this program. The remainder of the funding will be for competitively awarded expansion of services as defined.

b) **GRANTEE** shall maintain a Budget Plan (Appendix 4) for anticipated indirect and direct costs, as approved by **AGENCY**. Any changes that increase costs must be in writing and in an amendment to this Agreement.

c) The **AGENCY** shall determine which expenses in the Budget Plan (Appendix 4) may be paid as an advance to the **GRANTEE**, if any, and which expenses will be paid on a cost-reimbursement basis, with the **GRANTEE** to submit invoices with supporting documentation to justify the reimbursement of expenses. If any amount is paid as an advance payment to **GRANTEE**, the **GRANTEE** must provide sufficient documentation of usage of the funds for allowed purposes under this agreement in order to receive any future payments.

d) Any funds expended in violation of this Agreement or in violation of appropriate

Federal, State, and **AGENCY** requirements shall be refunded in full to the **AGENCY**. If this Agreement is still in force, future payments shall be withheld by the **AGENCY**.

5. Performance Measures.

The **GRANTEE** agrees to submit weekly reports on awards to **AGENCY** including name of **GRANTEE**, purpose of award, amount of award, and service numbers, as well as monthly expanded reports that demonstrate services delivered and service trends, and outcomes to **AGENCY**. The **AGENCY** reserves the right to request additional data elements, performance measures, or reports as necessary to ensure that the overall programmatic purpose is demonstrated, quantified, and achieved. This report shall be submitted to the **AGENCY** weekly or monthly, as defined and never later than five (5) business days if specifically requested by **AGENCY**. The report formats shall be prescribed and provided by the **AGENCY**.

6. Data Sharing.

The **GRANTEE** agrees to share data with the **AGENCY** as necessary for service validation, trend review, and performance monitoring.

7. Insurance.

GRANTEE will be required to maintain appropriate insurance to cover the Services funded for this Agreement. Before providing any funds under this Agreement, **AGENCY** will require that **GRANTEE** provide it with proof of insurance covering the Services funded and with policy limits and deductible deemed appropriate by **AGENCY**. Whether **GRANTEE** has acceptable insurance coverage with appropriate limits and deductible is within the sole discretion of the **AGENCY**. Said insurance must remain in full force and effect during the term of this Agreement and may be not changed without written approval of **AGENCY**. Failure to maintain the insurance approved by **AGENCY** or any changes to the approved insurance without approval of **AGENCY**

will result in termination of this Agreement.

8. Monitoring.

GRANTEE will work with **AGENCY** to meet the requirements of 2 C.F.R. § 200.328 (Monitoring and reporting program performance). This may include, but is not limited to, the following:

a) The monitoring requirements set forth in Appendix 3 – Minimum Monitoring Requirements.

b) **GRANTEE** will work with the **AGENCY** to establish policies and procedures as required.

c) **GRANTEE** will cooperate in site visits including, but not limited to, review of staff, fiscal and client records, programmatic documents, and will provide related information at any reasonable time.

d) **GRANTEE** will submit other reports and information in such formats and at such times as may be prescribed by the **AGENCY**.

e) All monitoring reports will be as detailed as may be reasonably requested by the **GRANTEE** and will be deemed incomplete if not satisfactory to the **AGENCY** as determined in its sole reasonable discretion. Reports will contain the information or be in the format as may be requested by the **AGENCY**.

9. Special Situations.

GRANTEE agrees to inform **AGENCY** within one (1) business day of any circumstances or events which may reasonably be considered to jeopardize its capability to continue to meet its obligations under the terms of this Agreement. Incidents may include, but are not limited to, those resulting in injury, media coverage or public reaction that may have an impact on the **AGENCY'S**

or **GRANTEE'S** ability to protect and serve its participants, or other significant effect on the **AGENCY** or **GRANTEE**. Incidents shall be reported to the designated **AGENCY** contact below by phone or email only. Incident report information shall not include any identifying information of the participant.

10. Amendment/Modification.

In addition to applicable federal, state and local statutes and regulations, this Agreement expresses the entire understanding of the parties concerning all matters covered herein. No addition to, or alteration of, the terms of this Agreement, whether by written or verbal understanding of the parties, their officers, agents or employees, shall be valid unless made in the form of a written amendment to this Agreement and formally approved by the parties.

11. Closeout

a) Upon termination in whole or in part, the parties hereto remain responsible for compliance with the requirements in 2 C.F.R. Part 200.343 (Closeout) and 2 C.F.R. Part 200.344 (Post-closeout adjustments and continuing responsibilities).

b) This Agreement will not terminate, unless terminated as provided in Section 11, until Closeout is completed consistent with requirements detailed in the Appendices attached hereto, and to the satisfaction of the **AGENCY**. Such requirements shall include but are not limited to submitting final reports and providing program deliverables and closeout information as requested by **AGENCY**, and/or the US Treasury Department or its authorized representatives, and reconciliation of program funding.

c) All invoices and requests for reimbursement shall be submitted within 30 days following the end of the project and budget period.

d) All un-spent funds must be reimbursed to the **AGENCY** by the **GRANTEE** by January 31, 2021.

e) This provision shall survive the expiration or termination of this Agreement.

12. Termination.

a) If the **GRANTEE** fails to fulfill or abide by any of the provisions of this Agreement, **GRANTEE** shall be considered in material breach of the Agreement. Where a material breach can be corrected, **GRANTEE** shall be given thirty (30) days to cure said breach. If **GRANTEE** fails to cure, or if the breach is of the nature that the harm caused cannot be undone, **AGENCY** may immediately terminate this Agreement, with cause, upon notice in writing to the **GRANTEE**.

b) In the event the **GRANTEE** uses any funds provided by this Agreement for any purpose or program other than authorized under this Agreement, the **GRANTEE** must repay such amount to the **AGENCY** and may in the **AGENCY'S** sole discretion, be deemed to have waived the right to additional funds under this Agreement.

c) In the event sufficient budgeted funds are not available for a new fiscal period or are otherwise encumbered, the **AGENCY** shall notify the **GRANTEE** of such occurrence and the Agreement shall terminate on the last day of the then current fiscal period without penalty or expense to the **AGENCY**.

d) The **AGENCY** or the United States Department of Treasury may terminate this agreement in accordance with 2 C.F.R. § 200.339 (Termination).

13. Assignment/Subcontracting.

a) This Agreement, and any rights or obligations hereunder, shall not be assigned, transferred or delegated to any other person or entity. Any purported assignment in violation of

this section shall be null and void.

b) The **GRANTEE** is fully responsible for completion of the Services required by this Agreement and for completion of all subcontractor work, if authorized as provided herein. The **GRANTEE** shall not subcontract any work under this Agreement to any subcontractor other than the subcontractors specified in the proposal and previously approved by the **AGENCY**, without the prior written consent of the **AGENCY**, which shall be determined by the **AGENCY** in its sole discretion.

14. Indemnification.

The **GRANTEE** agrees to indemnify, pay the cost of defense, including attorney's fees, and hold harmless the **AGENCY**, its officers, employees and agents from all damages, suits, actions or claims, including reasonable attorney's fees incurred by the **AGENCY**, of any character brought on account of any injuries or damages received or sustained by any person, persons, or property, or in any way relating to or arising from the Agreement; or on account of any act or omission, neglect or misconduct of **GRANTEE**; or by, or on account of, any claim or amounts recovered under the Workers' Compensation Law or of any other laws, regulations, ordinance, order or decree; or arising from or by reason of any actual or claimed trademark, patent or copyright infringement or litigation based thereon; except only such injury or damage as shall have been occasioned by the sole negligence of the **AGENCY**.

15. Business Practices.

a) The **GRANTEE** must utilize financial procedures in accordance with generally accepted accounting procedures and Florida Statutes, including adequate supporting documents, to account for the use of the funds provided by the **AGENCY**.

- b) The **GRANTEE** must retain all records (programmatic, property, personnel, and financial) relating to this Agreement for five (5) years after final payment is made.
- c) All **GRANTEE** records relating to this Agreement are subject to audit by the federal government or its representatives, or the **AGENCY** and its representatives.

16. Nondiscrimination.

a) The **GRANTEE** shall not discriminate against any applicant for employment or employee with respect to hire, tenure, terms, conditions or privileges of employment or any matter directly or indirectly related to employment or against any client because of age, sex, race, ethnicity, color, religion, national origin, disability, marital status, or sexual orientation.

b) The **GRANTEE** shall not discriminate against any person on the basis of age, sex, race, ethnicity, color, religion, national origin, disability, marital status or sexual orientation in admission, treatment, or participation in its programs, services and activities.

c) The **GRANTEE** shall, during the performance of this Agreement, comply with all applicable provisions of federal, state and local laws and regulations pertaining to prohibited discrimination.

17. Independent Contractor.

It is expressly understood and agreed by the parties that **GRANTEE** is at all times hereunder acting and performing as an independent contractor and not as an agent, servant, or employee of the **AGENCY**. No agent, employee, or servant of the **GRANTEE** shall be, or shall be deemed to be, the agent or servant of the **AGENCY**. None of the benefits provided by the **AGENCY** to their employees including, but not limited to, Worker's Compensation Insurance and Unemployment Insurance are available from **AGENCY** to the employees, agents, or servants of the **GRANTEE**

18. Additional Funding.

Funds from this Agreement may not be used as the matching portion for any federal grant except in the manner provided by Federal and State law and applicable Federal and State rules and regulations. The **GRANTEE** agrees to make all reasonable efforts to obtain funding from additional sources wherever said **GRANTEE** may qualify. Should this Agreement reflect a required match, documentation of said match is required to be provided to the **AGENCY**.

19. Governing Law.

The laws of the State of Florida shall govern this Agreement.

20. Conformity to the Law.

The **GRANTEE** shall comply with all federal, state and local laws and ordinances and any rules or regulations adopted thereunder, including but not limited to section 601(a) of the Social Security Act as added by section 5001 of the CARES Act and regulations applicable thereto.

21. Prior Agreement, Waiver, and Severability.

This Agreement supersedes any prior Agreements between the Parties and is the sole basis for agreement between the Parties. The waiver of either party of a violation or default of any provision of this Agreement shall not operate as, or be construed to be, a waiver of any subsequent violation or default hereof. If any provision, or any portion thereof, contained in this Agreement is held unconstitutional, invalid, or unenforceable, the remainder of this Agreement, or portion thereof, shall be deemed severable, shall not be affected, and shall remain in full force and effect.

22. Agreement Management.

Pinellas Community Foundation designates the following person(s) as the liaison for the

AGENCY:

Duggan Cooley, CEO
Pinellas Community Foundation
17755 US Highway 19 North, Suite 150
Clearwater FL 33764
727-531-0058

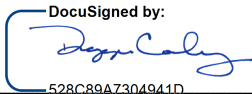
GRANTEE designates the following person(s) as the liaison for the **GRANTEE:**

Maxine Booker, CEO and President
Personal Enrichment Through Mental Health Services, Inc.
11254 58th St N Pinellas Park, FL 33782
727-545-6477

SIGNATURE PAGE FOLLOWS

IN WITNESS WHEREOF, the parties hereto have caused this instrument to be executed on the day and year written below.

Pinellas Community Foundation

By: 
528C89A7304941D...
Duggan Cooley
CEO


Date: 11/5/2020

GRANTEE: Personal Enrichment Through Mental Health Services, Inc.

By: 
B7D17D6E227D41C...
Matthew Schwarz, Board of Directors Chair
matthewbschwarz@gmail.com

Date: 11/5/2020

GRANTEE: Personal Enrichment Through Mental Health Services, Inc.

By: 
34BA14B91EE1479...
Maxine Booker, CEO & President
mbooker@pemhs.org

Date: 11/6/2020

Schedule of Appendices

Appendix 1 – CARES Act Guidance and Requirements

Appendix 2 – Attestation

Appendix 3 – Minimum Monitoring Requirements

Appendix 4 – Application for Funding (including budget plan)

Appendix 1 - CARES Act Guidance and Requirements

- Coronavirus Relief Fund, Guidance for State, Territorial, Local,
and Tribal Governments
 - Coronavirus Relief Fund Frequently Asked Questions
 - Coronavirus Relief Fund Reporting and Record Retention
Requirements

Coronavirus Relief Fund
Guidance for State, Territorial, Local, and Tribal
Governments
Updated June 30, 2020

Coronavirus Relief Fund
Guidance for State, Territorial, Local, and Tribal Governments
Updated June 30, 2020¹

The purpose of this document is to provide guidance to recipients of the funding available under section 601(a) of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act (“CARES Act”). The CARES Act established the Coronavirus Relief Fund (the “Fund”) and appropriated \$150 billion to the Fund. Under the CARES Act, the Fund is to be used to make payments for specified uses to States and certain local governments; the District of Columbia and U.S. Territories (consisting of the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands); and Tribal governments.

The CARES Act provides that payments from the Fund may only be used to cover costs that—

1. are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19);
2. were not accounted for in the budget most recently approved as of March 27, 2020 (the date of enactment of the CARES Act) for the State or government; and
3. were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020.²

The guidance that follows sets forth the Department of the Treasury’s interpretation of these limitations on the permissible use of Fund payments.

Necessary expenditures incurred due to the public health emergency

The requirement that expenditures be incurred “due to” the public health emergency means that expenditures must be used for actions taken to respond to the public health emergency. These may include expenditures incurred to allow the State, territorial, local, or Tribal government to respond directly to the emergency, such as by addressing medical or public health needs, as well as expenditures incurred to respond to second-order effects of the emergency, such as by providing economic support to those suffering from employment or business interruptions due to COVID-19-related business closures.

Funds may not be used to fill shortfalls in government revenue to cover expenditures that would not otherwise qualify under the statute. Although a broad range of uses is allowed, revenue replacement is not a permissible use of Fund payments.

The statute also specifies that expenditures using Fund payments must be “necessary.” The Department of the Treasury understands this term broadly to mean that the expenditure is reasonably necessary for its intended use in the reasonable judgment of the government officials responsible for spending Fund payments.

Costs not accounted for in the budget most recently approved as of March 27, 2020

The CARES Act also requires that payments be used only to cover costs that were not accounted for in the budget most recently approved as of March 27, 2020. A cost meets this requirement if either (a) the

¹ This version updates the guidance provided under “Costs incurred during the period that begins on March 1, 2020, and ends on December 30, 2020”.

² See Section 601(d) of the Social Security Act, as added by section 5001 of the CARES Act.

cost cannot lawfully be funded using a line item, allotment, or allocation within that budget *or* (b) the cost is for a substantially different use from any expected use of funds in such a line item, allotment, or allocation.

The “most recently approved” budget refers to the enacted budget for the relevant fiscal period for the particular government, without taking into account subsequent supplemental appropriations enacted or other budgetary adjustments made by that government in response to the COVID-19 public health emergency. A cost is not considered to have been accounted for in a budget merely because it could be met using a budgetary stabilization fund, rainy day fund, or similar reserve account.

Costs incurred during the period that begins on March 1, 2020, and ends on December 30, 2020

Finally, the CARES Act provides that payments from the Fund may only be used to cover costs that were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020 (the “covered period”). Putting this requirement together with the other provisions discussed above, section 601(d) may be summarized as providing that a State, local, or tribal government may use payments from the Fund only to cover previously unbudgeted costs of necessary expenditures incurred due to the COVID-19 public health emergency during the covered period.

Initial guidance released on April 22, 2020, provided that the cost of an expenditure is incurred when the recipient has expended funds to cover the cost. Upon further consideration and informed by an understanding of State, local, and tribal government practices, Treasury is clarifying that for a cost to be considered to have been incurred, performance or delivery must occur during the covered period but payment of funds need not be made during that time (though it is generally expected that this will take place within 90 days of a cost being incurred). For instance, in the case of a lease of equipment or other property, irrespective of when payment occurs, the cost of a lease payment shall be considered to have been incurred for the period of the lease that is within the covered period, but not otherwise. Furthermore, in all cases it must be necessary that performance or delivery take place during the covered period. Thus the cost of a good or service received during the covered period will not be considered eligible under section 601(d) if there is no need for receipt until after the covered period has expired.

Goods delivered in the covered period need not be used during the covered period in all cases. For example, the cost of a good that must be delivered in December in order to be available for use in January could be covered using payments from the Fund. Additionally, the cost of goods purchased in bulk and delivered during the covered period may be covered using payments from the Fund if a portion of the goods is ordered for use in the covered period, the bulk purchase is consistent with the recipient’s usual procurement policies and practices, and it is impractical to track and record when the items were used. A recipient may use payments from the Fund to purchase a durable good that is to be used during the current period and in subsequent periods if the acquisition in the covered period was necessary due to the public health emergency.

Given that it is not always possible to estimate with precision when a good or service will be needed, the touchstone in assessing the determination of need for a good or service during the covered period will be reasonableness at the time delivery or performance was sought, *e.g.*, the time of entry into a procurement contract specifying a time for delivery. Similarly, in recognition of the likelihood of supply chain disruptions and increased demand for certain goods and services during the COVID-19 public health emergency, if a recipient enters into a contract requiring the delivery of goods or performance of services by December 30, 2020, the failure of a vendor to complete delivery or services by December 30, 2020, will not affect the ability of the recipient to use payments from the Fund to cover the cost of such goods or services if the delay is due to circumstances beyond the recipient’s control.

This guidance applies in a like manner to costs of subrecipients. Thus, a grant or loan, for example, provided by a recipient using payments from the Fund must be used by the subrecipient only to purchase (or reimburse a purchase of) goods or services for which receipt both is needed within the covered period and occurs within the covered period. The direct recipient of payments from the Fund is ultimately responsible for compliance with this limitation on use of payments from the Fund.

Nonexclusive examples of eligible expenditures

Eligible expenditures include, but are not limited to, payment for:

1. Medical expenses such as:
 - COVID-19-related expenses of public hospitals, clinics, and similar facilities.
 - Expenses of establishing temporary public medical facilities and other measures to increase COVID-19 treatment capacity, including related construction costs.
 - Costs of providing COVID-19 testing, including serological testing.
 - Emergency medical response expenses, including emergency medical transportation, related to COVID-19.
 - Expenses for establishing and operating public telemedicine capabilities for COVID-19-related treatment.
2. Public health expenses such as:
 - Expenses for communication and enforcement by State, territorial, local, and Tribal governments of public health orders related to COVID-19.
 - Expenses for acquisition and distribution of medical and protective supplies, including sanitizing products and personal protective equipment, for medical personnel, police officers, social workers, child protection services, and child welfare officers, direct service providers for older adults and individuals with disabilities in community settings, and other public health or safety workers in connection with the COVID-19 public health emergency.
 - Expenses for disinfection of public areas and other facilities, *e.g.*, nursing homes, in response to the COVID-19 public health emergency.
 - Expenses for technical assistance to local authorities or other entities on mitigation of COVID-19-related threats to public health and safety.
 - Expenses for public safety measures undertaken in response to COVID-19.
 - Expenses for quarantining individuals.
3. Payroll expenses for public safety, public health, health care, human services, and similar employees whose services are substantially dedicated to mitigating or responding to the COVID-19 public health emergency.
4. Expenses of actions to facilitate compliance with COVID-19-related public health measures, such as:
 - Expenses for food delivery to residents, including, for example, senior citizens and other vulnerable populations, to enable compliance with COVID-19 public health precautions.
 - Expenses to facilitate distance learning, including technological improvements, in connection with school closings to enable compliance with COVID-19 precautions.
 - Expenses to improve telework capabilities for public employees to enable compliance with COVID-19 public health precautions.

- Expenses of providing paid sick and paid family and medical leave to public employees to enable compliance with COVID-19 public health precautions.
 - COVID-19-related expenses of maintaining state prisons and county jails, including as relates to sanitation and improvement of social distancing measures, to enable compliance with COVID-19 public health precautions.
 - Expenses for care for homeless populations provided to mitigate COVID-19 effects and enable compliance with COVID-19 public health precautions.
5. Expenses associated with the provision of economic support in connection with the COVID-19 public health emergency, such as:
 - Expenditures related to the provision of grants to small businesses to reimburse the costs of business interruption caused by required closures.
 - Expenditures related to a State, territorial, local, or Tribal government payroll support program.
 - Unemployment insurance costs related to the COVID-19 public health emergency if such costs will not be reimbursed by the federal government pursuant to the CARES Act or otherwise.
 6. Any other COVID-19-related expenses reasonably necessary to the function of government that satisfy the Fund's eligibility criteria.

Nonexclusive examples of ineligible expenditures³

The following is a list of examples of costs that would *not* be eligible expenditures of payments from the Fund.

1. Expenses for the State share of Medicaid.⁴
2. Damages covered by insurance.
3. Payroll or benefits expenses for employees whose work duties are not substantially dedicated to mitigating or responding to the COVID-19 public health emergency.
4. Expenses that have been or will be reimbursed under any federal program, such as the reimbursement by the federal government pursuant to the CARES Act of contributions by States to State unemployment funds.
5. Reimbursement to donors for donated items or services.
6. Workforce bonuses other than hazard pay or overtime.
7. Severance pay.
8. Legal settlements.

³ In addition, pursuant to section 5001(b) of the CARES Act, payments from the Fund may not be expended for an elective abortion or on research in which a human embryo is destroyed, discarded, or knowingly subjected to risk of injury or death. The prohibition on payment for abortions does not apply to an abortion if the pregnancy is the result of an act of rape or incest; or in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed. Furthermore, no government which receives payments from the Fund may discriminate against a health care entity on the basis that the entity does not provide, pay for, provide coverage of, or refer for abortions.

⁴ See 42 C.F.R. § 433.51 and 45 C.F.R. § 75.306.

Coronavirus Relief Fund
Frequently Asked Questions
Updated as of July 8, 2020

**Coronavirus Relief Fund
Frequently Asked Questions
Updated as of July 8, 2020**

The following answers to frequently asked questions supplement Treasury’s Coronavirus Relief Fund (“Fund”) Guidance for State, Territorial, Local, and Tribal Governments, dated April 22, 2020, (“Guidance”).¹ Amounts paid from the Fund are subject to the restrictions outlined in the Guidance and set forth in section 601(d) of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act (“CARES Act”).

Eligible Expenditures

Are governments required to submit proposed expenditures to Treasury for approval?

No. Governments are responsible for making determinations as to what expenditures are necessary due to the public health emergency with respect to COVID-19 and do not need to submit any proposed expenditures to Treasury.

The Guidance says that funding can be used to meet payroll expenses for public safety, public health, health care, human services, and similar employees whose services are substantially dedicated to mitigating or responding to the COVID-19 public health emergency. How does a government determine whether payroll expenses for a given employee satisfy the “substantially dedicated” condition?

The Fund is designed to provide ready funding to address unforeseen financial needs and risks created by the COVID-19 public health emergency. For this reason, and as a matter of administrative convenience in light of the emergency nature of this program, a State, territorial, local, or Tribal government may presume that payroll costs for public health and public safety employees are payments for services substantially dedicated to mitigating or responding to the COVID-19 public health emergency, unless the chief executive (or equivalent) of the relevant government determines that specific circumstances indicate otherwise.

The Guidance says that a cost was not accounted for in the most recently approved budget if the cost is for a substantially different use from any expected use of funds in such a line item, allotment, or allocation. What would qualify as a “substantially different use” for purposes of the Fund eligibility?

Costs incurred for a “substantially different use” include, but are not necessarily limited to, costs of personnel and services that were budgeted for in the most recently approved budget but which, due entirely to the COVID-19 public health emergency, have been diverted to substantially different functions. This would include, for example, the costs of redeploying corrections facility staff to enable compliance with COVID-19 public health precautions through work such as enhanced sanitation or enforcing social distancing measures; the costs of redeploying police to support management and enforcement of stay-at-home orders; or the costs of diverting educational support staff or faculty to develop online learning capabilities, such as through providing information technology support that is not part of the staff or faculty’s ordinary responsibilities.

Note that a public function does not become a “substantially different use” merely because it is provided from a different location or through a different manner. For example, although developing online instruction capabilities may be a substantially different use of funds, online instruction itself is not a substantially different use of public funds than classroom instruction.

¹ The Guidance is available at <https://home.treasury.gov/system/files/136/Coronavirus-Relief-Fund-Guidance-for-State-Territorial-Local-and-Tribal-Governments.pdf>.

May a State receiving a payment transfer funds to a local government?

Yes, provided that the transfer qualifies as a necessary expenditure incurred due to the public health emergency and meets the other criteria of section 601(d) of the Social Security Act. Such funds would be subject to recoupment by the Treasury Department if they have not been used in a manner consistent with section 601(d) of the Social Security Act.

May a unit of local government receiving a Fund payment transfer funds to another unit of government?

Yes. For example, a county may transfer funds to a city, town, or school district within the county and a county or city may transfer funds to its State, provided that the transfer qualifies as a necessary expenditure incurred due to the public health emergency and meets the other criteria of section 601(d) of the Social Security Act outlined in the Guidance. For example, a transfer from a county to a constituent city would not be permissible if the funds were intended to be used simply to fill shortfalls in government revenue to cover expenditures that would not otherwise qualify as an eligible expenditure.

Is a Fund payment recipient required to transfer funds to a smaller, constituent unit of government within its borders?

No. For example, a county recipient is not required to transfer funds to smaller cities within the county's borders.

Are recipients required to use other federal funds or seek reimbursement under other federal programs before using Fund payments to satisfy eligible expenses?

No. Recipients may use Fund payments for any expenses eligible under section 601(d) of the Social Security Act outlined in the Guidance. Fund payments are not required to be used as the source of funding of last resort. However, as noted below, recipients may not use payments from the Fund to cover expenditures for which they will receive reimbursement.

Are there prohibitions on combining a transaction supported with Fund payments with other CARES Act funding or COVID-19 relief Federal funding?

Recipients will need to consider the applicable restrictions and limitations of such other sources of funding. In addition, expenses that have been or will be reimbursed under any federal program, such as the reimbursement by the federal government pursuant to the CARES Act of contributions by States to State unemployment funds, are not eligible uses of Fund payments.

Are States permitted to use Fund payments to support state unemployment insurance funds generally?

To the extent that the costs incurred by a state unemployment insurance fund are incurred due to the COVID-19 public health emergency, a State may use Fund payments to make payments to its respective state unemployment insurance fund, separate and apart from such State's obligation to the unemployment insurance fund as an employer. This will permit States to use Fund payments to prevent expenses related to the public health emergency from causing their state unemployment insurance funds to become insolvent.

Are recipients permitted to use Fund payments to pay for unemployment insurance costs incurred by the recipient as an employer?

Yes, Fund payments may be used for unemployment insurance costs incurred by the recipient as an employer (for example, as a reimbursing employer) related to the COVID-19 public health emergency if such costs will not be reimbursed by the federal government pursuant to the CARES Act or otherwise.

The Guidance states that the Fund may support a “broad range of uses” including payroll expenses for several classes of employees whose services are “substantially dedicated to mitigating or responding to the COVID-19 public health emergency.” What are some examples of types of covered employees?

The Guidance provides examples of broad classes of employees whose payroll expenses would be eligible expenses under the Fund. These classes of employees include public safety, public health, health care, human services, and similar employees whose services are substantially dedicated to mitigating or responding to the COVID-19 public health emergency. Payroll and benefit costs associated with public employees who could have been furloughed or otherwise laid off but who were instead repurposed to perform previously unbudgeted functions substantially dedicated to mitigating or responding to the COVID-19 public health emergency are also covered. Other eligible expenditures include payroll and benefit costs of educational support staff or faculty responsible for developing online learning capabilities necessary to continue educational instruction in response to COVID-19-related school closures. Please see the Guidance for a discussion of what is meant by an expense that was not accounted for in the budget most recently approved as of March 27, 2020.

In some cases, first responders and critical health care workers that contract COVID-19 are eligible for workers’ compensation coverage. Is the cost of this expanded workers compensation coverage eligible?

Increased workers compensation cost to the government due to the COVID-19 public health emergency incurred during the period beginning March 1, 2020, and ending December 30, 2020, is an eligible expense.

If a recipient would have decommissioned equipment or not renewed a lease on particular office space or equipment but decides to continue to use the equipment or to renew the lease in order to respond to the public health emergency, are the costs associated with continuing to operate the equipment or the ongoing lease payments eligible expenses?

Yes. To the extent the expenses were previously unbudgeted and are otherwise consistent with section 601(d) of the Social Security Act outlined in the Guidance, such expenses would be eligible.

May recipients provide stipends to employees for eligible expenses (for example, a stipend to employees to improve telework capabilities) rather than require employees to incur the eligible cost and submit for reimbursement?

Expenditures paid for with payments from the Fund must be limited to those that are necessary due to the public health emergency. As such, unless the government were to determine that providing assistance in the form of a stipend is an administrative necessity, the government should provide such assistance on a reimbursement basis to ensure as much as possible that funds are used to cover only eligible expenses.

May Fund payments be used for COVID-19 public health emergency recovery planning?

Yes. Expenses associated with conducting a recovery planning project or operating a recovery coordination office would be eligible, if the expenses otherwise meet the criteria set forth in section 601(d) of the Social Security Act outlined in the Guidance.

Are expenses associated with contact tracing eligible?

Yes, expenses associated with contract tracing are eligible.

To what extent may a government use Fund payments to support the operations of private hospitals?

Governments may use Fund payments to support public or private hospitals to the extent that the costs are necessary expenditures incurred due to the COVID-19 public health emergency, but the form such assistance would take may differ. In particular, financial assistance to private hospitals could take the form of a grant or a short-term loan.

May payments from the Fund be used to assist individuals with enrolling in a government benefit program for those who have been laid off due to COVID-19 and thereby lost health insurance?

Yes. To the extent that the relevant government official determines that these expenses are necessary and they meet the other requirements set forth in section 601(d) of the Social Security Act outlined in the Guidance, these expenses are eligible.

May recipients use Fund payments to facilitate livestock depopulation incurred by producers due to supply chain disruptions?

Yes, to the extent these efforts are deemed necessary for public health reasons or as a form of economic support as a result of the COVID-19 health emergency.

Would providing a consumer grant program to prevent eviction and assist in preventing homelessness be considered an eligible expense?

Yes, assuming that the recipient considers the grants to be a necessary expense incurred due to the COVID-19 public health emergency and the grants meet the other requirements for the use of Fund payments under section 601(d) of the Social Security Act outlined in the Guidance. As a general matter, providing assistance to recipients to enable them to meet property tax requirements would not be an eligible use of funds, but exceptions may be made in the case of assistance designed to prevent foreclosures.

May recipients create a “payroll support program” for public employees?

Use of payments from the Fund to cover payroll or benefits expenses of public employees are limited to those employees whose work duties are substantially dedicated to mitigating or responding to the COVID-19 public health emergency.

May recipients use Fund payments to cover employment and training programs for employees that have been furloughed due to the public health emergency?

Yes, this would be an eligible expense if the government determined that the costs of such employment and training programs would be necessary due to the public health emergency.

May recipients use Fund payments to provide emergency financial assistance to individuals and families directly impacted by a loss of income due to the COVID-19 public health emergency?

Yes, if a government determines such assistance to be a necessary expenditure. Such assistance could include, for example, a program to assist individuals with payment of overdue rent or mortgage payments to avoid eviction or foreclosure or unforeseen financial costs for funerals and other emergency individual needs. Such assistance should be structured in a manner to ensure as much as possible, within the realm of what is administratively feasible, that such assistance is necessary.

The Guidance provides that eligible expenditures may include expenditures related to the provision of grants to small businesses to reimburse the costs of business interruption caused by required closures. What is meant by a “small business,” and is the Guidance intended to refer only to expenditures to cover administrative expenses of such a grant program?

Governments have discretion to determine what payments are necessary. A program that is aimed at assisting small businesses with the costs of business interruption caused by required closures should be tailored to assist those businesses in need of such assistance. The amount of a grant to a small business to reimburse the costs of business interruption caused by required closures would also be an eligible expenditure under section 601(d) of the Social Security Act, as outlined in the Guidance.

The Guidance provides that expenses associated with the provision of economic support in connection with the public health emergency, such as expenditures related to the provision of grants to small businesses to reimburse the costs of business interruption caused by required closures, would constitute eligible expenditures of Fund payments. Would such expenditures be eligible in the absence of a stay-at-home order?

Fund payments may be used for economic support in the absence of a stay-at-home order if such expenditures are determined by the government to be necessary. This may include, for example, a grant program to benefit small businesses that close voluntarily to promote social distancing measures or that are affected by decreased customer demand as a result of the COVID-19 public health emergency.

May Fund payments be used to assist impacted property owners with the payment of their property taxes?

Fund payments may not be used for government revenue replacement, including the provision of assistance to meet tax obligations.

May Fund payments be used to replace foregone utility fees? If not, can Fund payments be used as a direct subsidy payment to all utility account holders?

Fund payments may not be used for government revenue replacement, including the replacement of unpaid utility fees. Fund payments may be used for subsidy payments to electricity account holders to the extent that the subsidy payments are deemed by the recipient to be necessary expenditures incurred due to the COVID-19 public health emergency and meet the other criteria of section 601(d) of the Social Security Act outlined in the Guidance. For example, if determined to be a necessary expenditure, a government could provide grants to individuals facing economic hardship to allow them to pay their utility fees and thereby continue to receive essential services.

Could Fund payments be used for capital improvement projects that broadly provide potential economic development in a community?

In general, no. If capital improvement projects are not necessary expenditures incurred due to the COVID-19 public health emergency, then Fund payments may not be used for such projects.

However, Fund payments may be used for the expenses of, for example, establishing temporary public medical facilities and other measures to increase COVID-19 treatment capacity or improve mitigation measures, including related construction costs.

The Guidance includes workforce bonuses as an example of ineligible expenses but provides that hazard pay would be eligible if otherwise determined to be a necessary expense. Is there a specific definition of “hazard pay”?

Hazard pay means additional pay for performing hazardous duty or work involving physical hardship, in each case that is related to COVID-19.

The Guidance provides that ineligible expenditures include “[p]ayroll or benefits expenses for employees whose work duties are not substantially dedicated to mitigating or responding to the COVID-19 public health emergency.” Is this intended to relate only to public employees?

Yes. This particular nonexclusive example of an ineligible expenditure relates to public employees. A recipient would not be permitted to pay for payroll or benefit expenses of private employees and any financial assistance (such as grants or short-term loans) to private employers are not subject to the restriction that the private employers’ employees must be substantially dedicated to mitigating or responding to the COVID-19 public health emergency.

May counties pre-pay with CARES Act funds for expenses such as a one or two-year facility lease, such as to house staff hired in response to COVID-19?

A government should not make prepayments on contracts using payments from the Fund to the extent that doing so would not be consistent with its ordinary course policies and procedures.

Must a stay-at-home order or other public health mandate be in effect in order for a government to provide assistance to small businesses using payments from the Fund?

No. The Guidance provides, as an example of an eligible use of payments from the Fund, expenditures related to the provision of grants to small businesses to reimburse the costs of business interruption caused by required closures. Such assistance may be provided using amounts received from the Fund in the absence of a requirement to close businesses if the relevant government determines that such expenditures are necessary in response to the public health emergency.

Should States receiving a payment transfer funds to local governments that did not receive payments directly from Treasury?

Yes, provided that the transferred funds are used by the local government for eligible expenditures under the statute. To facilitate prompt distribution of Title V funds, the CARES Act authorized Treasury to make direct payments to local governments with populations in excess of 500,000, in amounts equal to 45% of the local government's per capita share of the statewide allocation. This statutory structure was based on a recognition that it is more administratively feasible to rely on States, rather than the federal government, to manage the transfer of funds to smaller local governments. Consistent with the needs of all local governments for funding to address the public health emergency, States should transfer funds to local governments with populations of 500,000 or less, using as a benchmark the per capita allocation formula that governs payments to larger local governments. This approach will ensure equitable treatment among local governments of all sizes.

For example, a State received the minimum \$1.25 billion allocation and had one county with a population over 500,000 that received \$250 million directly. The State should distribute 45 percent of the \$1 billion it received, or \$450 million, to local governments within the State with a population of 500,000 or less.

May a State impose restrictions on transfers of funds to local governments?

Yes, to the extent that the restrictions facilitate the State's compliance with the requirements set forth in section 601(d) of the Social Security Act outlined in the Guidance and other applicable requirements such as the Single Audit Act, discussed below. Other restrictions are not permissible.

If a recipient must issue tax anticipation notes (TANs) to make up for tax due date deferrals or revenue shortfalls, are the expenses associated with the issuance eligible uses of Fund payments?

If a government determines that the issuance of TANs is necessary due to the COVID-19 public health emergency, the government may expend payments from the Fund on the interest expense payable on TANs by the borrower and unbudgeted administrative and transactional costs, such as necessary payments to advisors and underwriters, associated with the issuance of the TANs.

May recipients use Fund payments to expand rural broadband capacity to assist with distance learning and telework?

Such expenditures would only be permissible if they are necessary for the public health emergency. The cost of projects that would not be expected to increase capacity to a significant extent until the need for distance learning and telework have passed due to this public health emergency would not be necessary due to the public health emergency and thus would not be eligible uses of Fund payments.

Are costs associated with increased solid waste capacity an eligible use of payments from the Fund?

Yes, costs to address increase in solid waste as a result of the public health emergency, such as relates to the disposal of used personal protective equipment, would be an eligible expenditure.

May payments from the Fund be used to cover across-the-board hazard pay for employees working during a state of emergency?

No. The Guidance says that funding may be used to meet payroll expenses for public safety, public health, health care, human services, and similar employees whose services are substantially dedicated to mitigating or responding to the COVID-19 public health emergency. Hazard pay is a form of payroll expense and is subject to this limitation, so Fund payments may only be used to cover hazard pay for such individuals.

May Fund payments be used for expenditures related to the administration of Fund payments by a State, territorial, local, or Tribal government?

Yes, if the administrative expenses represent an increase over previously budgeted amounts and are limited to what is necessary. For example, a State may expend Fund payments on necessary administrative expenses incurred with respect to a new grant program established to disburse amounts received from the Fund.

May recipients use Fund payments to provide loans?

Yes, if the loans otherwise qualify as eligible expenditures under section 601(d) of the Social Security Act as implemented by the Guidance. Any amounts repaid by the borrower before December 30, 2020, must be either returned to Treasury upon receipt by the unit of government providing the loan or used for another expense that qualifies as an eligible expenditure under section 601(d) of the Social Security Act. Any amounts not repaid by the borrower until after December 30, 2020, must be returned to Treasury upon receipt by the unit of government lending the funds.

May Fund payments be used for expenditures necessary to prepare for a future COVID-19 outbreak?

Fund payments may be used only for expenditures necessary to address the current COVID-19 public health emergency. For example, a State may spend Fund payments to create a reserve of personal protective equipment or develop increased intensive care unit capacity to support regions in its jurisdiction not yet affected, but likely to be impacted by the current COVID-19 pandemic.

May funds be used to satisfy non-federal matching requirements under the Stafford Act?

Yes, payments from the Fund may be used to meet the non-federal matching requirements for Stafford Act assistance to the extent such matching requirements entail COVID-19-related costs that otherwise satisfy the Fund's eligibility criteria and the Stafford Act. Regardless of the use of Fund payments for such purposes, FEMA funding is still dependent on FEMA's determination of eligibility under the Stafford Act.

Must a State, local, or tribal government require applications to be submitted by businesses or individuals before providing assistance using payments from the Fund?

Governments have discretion to determine how to tailor assistance programs they establish in response to the COVID-19 public health emergency. However, such a program should be structured in such a manner as will ensure that such assistance is determined to be necessary in response to the COVID-19 public health emergency and otherwise satisfies the requirements of the CARES Act and other applicable law. For example, a per capita payment to residents of a particular jurisdiction without an assessment of individual need would not be an appropriate use of payments from the Fund.

May Fund payments be provided to non-profits for distribution to individuals in need of financial assistance, such as rent relief?

Yes, non-profits may be used to distribute assistance. Regardless of how the assistance is structured, the financial assistance provided would have to be related to COVID-19.

May recipients use Fund payments to remarket the recipient's convention facilities and tourism industry?

Yes, if the costs of such remarketing satisfy the requirements of the CARES Act. Expenses incurred to publicize the resumption of activities and steps taken to ensure a safe experience may be needed due to

the public health emergency. Expenses related to developing a long-term plan to reposition a recipient's convention and tourism industry and infrastructure would not be incurred due to the public health emergency and therefore may not be covered using payments from the Fund.

May a State provide assistance to farmers and meat processors to expand capacity, such to cover overtime for USDA meat inspectors?

If a State determines that expanding meat processing capacity, including by paying overtime to USDA meat inspectors, is a necessary expense incurred due to the public health emergency, such as if increased capacity is necessary to allow farmers and processors to donate meat to food banks, then such expenses are eligible expenses, provided that the expenses satisfy the other requirements set forth in section 601(d) of the Social Security Act outlined in the Guidance.

The guidance provides that funding may be used to meet payroll expenses for public safety, public health, health care, human services, and similar employees whose services are substantially dedicated to mitigating or responding to the COVID-19 public health emergency. May Fund payments be used to cover such an employee's entire payroll cost or just the portion of time spent on mitigating or responding to the COVID-19 public health emergency?

As a matter of administrative convenience, the entire payroll cost of an employee whose time is substantially dedicated to mitigating or responding to the COVID-19 public health emergency is eligible, provided that such payroll costs are incurred by December 30, 2020. An employer may also track time spent by employees related to COVID-19 and apply Fund payments on that basis but would need to do so consistently within the relevant agency or department.

May Fund payments be used to cover increased administrative leave costs of public employees who could not telework in the event of a stay at home order or a case of COVID-19 in the workplace?

The statute requires that payments be used only to cover costs that were not accounted for in the budget most recently approved as of March 27, 2020. As stated in the Guidance, a cost meets this requirement if either (a) the cost cannot lawfully be funded using a line item, allotment, or allocation within that budget or (b) the cost is for a substantially different use from any expected use of funds in such a line item, allotment, or allocation. If the cost of an employee was allocated to administrative leave to a greater extent than was expected, the cost of such administrative leave may be covered using payments from the Fund.

Questions Related to Administration of Fund Payments

Do governments have to return unspent funds to Treasury?

Yes. Section 601(f)(2) of the Social Security Act, as added by section 5001(a) of the CARES Act, provides for recoupment by the Department of the Treasury of amounts received from the Fund that have not been used in a manner consistent with section 601(d) of the Social Security Act. If a government has not used funds it has received to cover costs that were incurred by December 30, 2020, as required by the statute, those funds must be returned to the Department of the Treasury.

What records must be kept by governments receiving payment?

A government should keep records sufficient to demonstrate that the amount of Fund payments to the government has been used in accordance with section 601(d) of the Social Security Act.

May recipients deposit Fund payments into interest bearing accounts?

Yes, provided that if recipients separately invest amounts received from the Fund, they must use the interest earned or other proceeds of these investments only to cover expenditures incurred in accordance with section 601(d) of the Social Security Act and the Guidance on eligible expenses. If a government deposits Fund payments in a government's general account, it may use those funds to meet immediate cash management needs provided that the full amount of the payment is used to cover necessary expenditures. Fund payments are not subject to the Cash Management Improvement Act of 1990, as amended.

May governments retain assets purchased with payments from the Fund?

Yes, if the purchase of the asset was consistent with the limitations on the eligible use of funds provided by section 601(d) of the Social Security Act.

What rules apply to the proceeds of disposition or sale of assets acquired using payments from the Fund?

If such assets are disposed of prior to December 30, 2020, the proceeds would be subject to the restrictions on the eligible use of payments from the Fund provided by section 601(d) of the Social Security Act.

Are Fund payments to State, territorial, local, and tribal governments considered grants?

No. Fund payments made by Treasury to State, territorial, local, and Tribal governments are not considered to be grants but are "other financial assistance" under 2 C.F.R. § 200.40.

Are Fund payments considered federal financial assistance for purposes of the Single Audit Act?

Yes, Fund payments are considered to be federal financial assistance subject to the Single Audit Act (31 U.S.C. §§ 7501-7507) and the related provisions of the Uniform Guidance, 2 C.F.R. § 200.303 regarding internal controls, §§ 200.330 through 200.332 regarding subrecipient monitoring and management, and subpart F regarding audit requirements.

Are Fund payments subject to other requirements of the Uniform Guidance?

Fund payments are subject to the following requirements in the Uniform Guidance (2 C.F.R. Part 200): 2 C.F.R. § 200.303 regarding internal controls, 2 C.F.R. §§ 200.330 through 200.332 regarding subrecipient monitoring and management, and subpart F regarding audit requirements.

Is there a Catalog of Federal Domestic Assistance (CFDA) number assigned to the Fund?

Yes. The CFDA number assigned to the Fund is 21.019.

If a State transfers Fund payments to its political subdivisions, would the transferred funds count toward the subrecipients' total funding received from the federal government for purposes of the Single Audit Act?

Yes. The Fund payments to subrecipients would count toward the threshold of the Single Audit Act and 2 C.F.R. part 200, subpart F re: audit requirements. Subrecipients are subject to a single audit or program-

specific audit pursuant to 2 C.F.R. § 200.501(a) when the subrecipients spend \$750,000 or more in federal awards during their fiscal year.

Are recipients permitted to use payments from the Fund to cover the expenses of an audit conducted under the Single Audit Act?

Yes, such expenses would be eligible expenditures, subject to the limitations set forth in 2 C.F.R. § 200.425.

If a government has transferred funds to another entity, from which entity would the Treasury Department seek to recoup the funds if they have not been used in a manner consistent with section 601(d) of the Social Security Act?

The Treasury Department would seek to recoup the funds from the government that received the payment directly from the Treasury Department. State, territorial, local, and Tribal governments receiving funds from Treasury should ensure that funds transferred to other entities, whether pursuant to a grant program or otherwise, are used in accordance with section 601(d) of the Social Security Act as implemented in the Guidance.

Coronavirus Relief Fund Reporting and Record
Retention Requirements
July 2, 2020

OFFICE OF
INSPECTOR GENERALDEPARTMENT OF THE TREASURY
WASHINGTON, D.C. 20220

July 2, 2020

OIG-CA-20-021

MEMORANDUM FOR CORONAVIRUS RELIEF FUND RECIPIENTS**FROM:** Richard K. Delmar /s/
Deputy Inspector General**SUBJECT:** Coronavirus Relief Fund Reporting and Record Retention
Requirements

Title VI of the Social Security Act, as amended by Title V of Division A of the *Coronavirus Aid, Relief, and Economic Security Act* (Public Law 115-136), provides that the Department of the Treasury (Treasury) Office of Inspector General (OIG) is responsible for monitoring and oversight of the receipt, disbursement, and use of Coronavirus Relief Fund payments. Treasury OIG also has authority to recover funds in the event that it is determined a recipient of a Coronavirus Relief Fund payment failed to comply with requirements of subsection 601(d) of the Social Security Act, as amended, (42 U.S.C. 801(d)). Accordingly, we are providing recipient reporting and record retention requirements that are essential for the exercise of these responsibilities, including our conduct of audits and investigations.

Reporting Requirements and Timelines

Each prime recipient of Coronavirus Relief Fund payments¹ shall report Coronavirus Disease 2019 (COVID-19) related "costs incurred" during the "covered period"² (the period beginning on March 1, 2020 and ending on December 30, 2020), in the manner of and according to the timelines outlined in this memorandum. As described below, each prime recipient shall report interim and quarterly data and other recipient data according to these requirements. Treasury OIG is working on development of a portal with GrantSolutions³ that is expected to be operational on

¹ Prime recipients include all 50 States, Units of Local Governments, the District of Columbia, U.S. Territories, and Tribal Governments that received a direct payment from Treasury in accordance with Title V.

² Refer to Treasury's guidance dated June 30, 2020 for more information on costs incurred and the covered period.

³ A grant management service provider under the U.S. Department of Health and Human Services.

September 1, 2020, for recipients to report data on a quarterly basis. Until the GrantSolutions portal is operational, each prime recipient shall follow the interim reporting requirements. Treasury OIG will notify each prime recipient when GrantSolutions is operational or of any changes to the expected September 1, 2020 start date.

Interim Reporting for the period March 1 through June 30, 2020

By no later than July 17, 2020, each prime recipient is responsible for reporting costs incurred during the period March 1 through June 30, 2020. For this interim report, prime recipients need only report totals by the following broad categories:

- a. Amount transferred to other governments;
- b. Amount spent on payroll for public health and safety employees;
- c. Amount spent on budgeted personnel and services diverted to a substantially different use;
- d. Amount spent to improve telework capabilities of public employees;
- e. Amount spent on medical expenses;
- f. Amount spent on public health expenses;
- g. Amount spent to facilitate distance learning;
- h. Amount spent providing economic support;
- i. Amount spent on expenses associated with the issuance of tax anticipation notes; and
- j. Amount spent on items not listed above.

Recipients should consult Treasury's guidance and Frequently Asked Questions in reporting costs incurred during the period March 1 through June 30, 2020. The total of all categories must equal the total of all costs incurred during that period. A spreadsheet is attached for your use in providing the data. As discussed below, the prime recipient will be required to report information for the period March 1 through June 30, 2020 into GrantSolutions once it is operational.

Quarterly Reporting

Each prime recipient of Coronavirus Relief Fund payments shall report COVID-19 related costs into the GrantSolutions portal. Data required to be reported includes, but is not limited to, the following:

1. the total amount of payments from the Coronavirus Relief Fund received from Treasury;
2. the amount of funds received that were expended or obligated for each project or activity;
3. a detailed list of all projects or activities for which funds were expended or obligated, including:
 - a. the name of the project or activity;
 - b. a description of the project or activity; and

4. detailed information on any loans issued; contracts and grants awarded; transfers made to other government entities; and direct payments made by the recipient that are greater than \$50,000.

The prime recipient is responsible for reporting into the GrantSolutions portal information on uses of Coronavirus Relief Fund payments.

Recipient Portal Access: For future quarterly reporting, each prime recipient will have GrantSolutions portal access for three (3) individuals: two (2) designees (preparers) to input quarterly data and one (1) official authorized to certify that the data is true, accurate, and complete.⁴ **By no later than July 17, 2020**, please provide the name, title, email address, phone number, and postal address of these individuals so that portal access can be granted. After this information is received, guidance on the GrantSolutions portal access and data submission instructions will be issued separately.

Reporting timeline

By no later than September 21, 2020, recipients shall submit via the portal the first detailed quarterly report, which shall cover the period March 1 through June 30, 2020. Thereafter, quarterly reporting will be due no later than 10 days after each calendar quarter. For example, the period July 1 through September 30, 2020, must be reported no later than October 13, 2020 (Tuesday after the 10th day of October and the Columbus Day Holiday). Reporting shall end with either the calendar quarter after the COVID-19 related costs and expenditures have been liquidated and paid or the calendar quarter ending September 30, 2021, whichever comes first.

Record Retention Requirements

Recipients of Coronavirus Relief Fund payments shall maintain and make available to the Treasury OIG upon request all documents and financial records sufficient to establish compliance with subsection 601(d) of the Social Security Act, as amended, (42 U.S.C. 801(d)), which provides:

(d) USE OF FUNDS.—A State, Tribal government, and unit of local government shall use the funds provided under a payment made under this section to cover only those costs of the State, Tribal government, or unit of local government that—

1. are necessary expenditures incurred due to the public health emergency with respect to COVID-19;
2. were not accounted for in the budget most recently approved as of the date of enactment of this section for the State or government; and

⁴ The certifying official is an authorized representative of the recipient organization with the legal authority to give assurances, make commitments, enter into contracts, and execute such documents on behalf of the recipient.

3. were incurred⁵ during the period that begins on March 1, 2020, and ends on December 30, 2020.

Records to support compliance with subsection 601(d) may include, but are not limited to, copies of the following:

1. general ledger and subsidiary ledgers used to account for (a) the receipt of Coronavirus Relief Fund payments and (b) the disbursements from such payments to meet eligible expenses related to the public health emergency due to COVID-19;
2. budget records for 2019 and 2020;
3. payroll, time records, human resource records to support costs incurred for payroll expenses related to addressing the public health emergency due to COVID-19;
4. receipts of purchases made related to addressing the public health emergency due to COVID-19;
5. contracts and subcontracts entered into using Coronavirus Relief Fund payments and all documents related to such contracts;
6. grant agreements and grant subaward agreements entered into using Coronavirus Relief Fund payments and all documents related to such awards;
7. all documentation of reports, audits, and other monitoring of contractors, including subcontractors, and grant recipient and subrecipients;
8. all documentation supporting the performance outcomes of contracts, subcontracts, grant awards, and grant recipient subawards;
9. all internal and external email/electronic communications related to use of Coronavirus Relief Fund payments; and
10. all investigative files and inquiry reports involving Coronavirus Relief Fund payments.

Records shall be maintained for a period of five (5) years after final payment is made using Coronavirus Relief Fund monies. These record retention requirements are applicable to all prime recipients and their grantees and subgrant recipients, contractors, and other levels of government that received transfers of Coronavirus Relief Fund payments from prime recipients.

Thank you and we appreciate your assistance.

⁵ Refer to Treasury's guidance dated June 30, 2020 for more information on the definition of costs incurred.

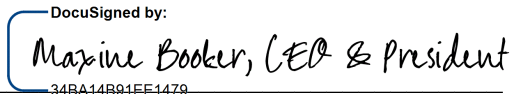
Appendix 2 - Attestation

ATTESTATION

I, Maxine Booker, CEO & President, am the Title: CEO/President of Name of
Organization: Personal Enrichment throughg Mental Health Services, Inc. and I certify that:

1. I have the authority on behalf of Personal Enrichment throughg Mental Health Services, Inc.
(Organization) to sign this Attestation.
2. I understand that the Pinellas Community Foundation will rely on this attestation as a material representation in making a direct payment to this Organization.
3. Personal Enrichment throughg Mental Health Services, Inc. (Organization) attests that proposed expenditures of this grant are appropriate and aligned with the awarded proposal, are for services related COVID-19 impacts to residents and/or the community on or after March 1, 2020, do not supplant existing services or budgets, and are not reimbursable by alternate means.
4. Personal Enrichment throughg Mental Health Services, Inc. (Organization) attests it will only expend funds from this grant which are appropriate and aligned with the awarded proposal, are for services related COVID-19 impacts to residents and/or the community on or after March 1, 2020, and do not supplant existing services or budgets, and are not reimbursable by alternate means.

By: Maxine Booker, CEO & President (Printed Name)

Signature:  34BA14B91EE1479...

Title: CEO/President

Date: 11/6/2020

APPENDIX 3 – Minimum Monitoring Requirements

1. Mandatory training provided by PCF at onset of grant re: fiscal and accountability
2. Advanced funds or reimbursement-based payments
3. Monthly report showing all invoice support, including detail timesheets and paystub with allocation between payroll supporting this grant and others
4. For advanced funds, current balance remaining
5. Obtain close-out report from grantee and reconcile to internal records

Appendix 4 – Application for Funding (including budget plan)

Emergency Services Expansion due to COVID-19

Pinellas CARES Nonprofit Partnership Fund

Personal Enrichment Through Mental Health Services Inc.

Mrs. Maxine Booker
11254 58th St N
Pinellas Park, FL 33782

info@pemhs.org
O: 727-545-6477
M: 727-902-7740

Ms Helena Calhoun

11254 58th St N
Pinellas Park, FL 33782

hcalhoun@pemhs.org
O: 727-362-4333
M: 727-260-1125

Application Form

Introduction

NOTE: If your organization is awarded a grant, it is likely to be issued on a cost-reimbursement basis. Please consider this when developing your request and project start date.

Submission of an application is not a guarantee or commitment of funding. This application will be made public, in its entirety, including any attachments or uploads.

To see the rubric by which your organization's application will be scored, [click here](#).

Please answer these questions FIRST, as the application will show you the required sections and fields to complete based on your answers.

Priority Funding Areas*

Please select the priority area(s) most relevant to your request (see the PCF website for examples).

Behavioral Health

Reimbursement*

The Pinellas CARES Nonprofit Partnership Fund allows requests to ask for reimbursement of expenditures related to COVID-19 programming within the Priority Funding Areas that took place between March 1, 2020 and the time of application.

Will your organization be applying for this cost reimbursement?

No

Future Programming*

Will your organization be applying for funding for services to be delivered between the grant award decision and December 30, 2020?

Yes

Project Name*

Emergency Services Expansion due to COVID-19

EIN*

59-3153549

DUNS Number*

Please provide your organization's DUNS number. This is the Data Universal Numbering System.

You can search for your DUNS number here: <https://www.dnb.com/duns-number/lookup.html>

If you do not have a DUNS number, you can apply for one here (it is free and may take 3-4 days for approval): <https://www.dnb.com/duns-number/get-a-duns.html>

This field is optional as to not stop a qualifying organization from applying. HOWEVER, a DUNS number *will* be required if your organization is approved for a grant. Your organization should apply for a DUNS number now if it does not yet have one.

121974331

Mission Statement*

PEMHS is dedicated to providing person-centered services that enhance individual and family functioning along with the personal development of adults and children in our community. PEMHS is committed to serving as a collaborative partner to ensure immediate interventions and supportive recovery are accessible to community members for optimal behavioral health.

Total Operating Expenditure*

What are your total annual operating expenses?

\$747,085.00

Amount Requested*

Please review the entire application and its fiscal requirements before determining the total amount your organization will be requesting. This amount should include any reimbursements your organization is seeking for past COVID-19 programming.

Typical funding requests will range between \$25,000 and \$250,000. Amounts above and below are accepted, provided the request can be justified by community need.

Requests at the higher end, or above this range must have a significant and sustained impact on the vulnerable community being served. Your organization's capacity for spending a large amount of funds must also be justified.

\$558,680.00

If you are requesting more than \$250,000 or a large capital expenditure, please speak with PCF program staff to discuss the feasibility of your request **PRIOR TO submission**.

Priority Populations*

Please select the priority populations your programming will serve:

Note: Examples of "high-risk pandemic response jobs" include front-line workers, nurses, medical housekeeping staff, nonprofit employees, law-enforcement and medical first responders.

- Communities of color
- Children and/or the elderly
- People experiencing homelessness
- Persons with disabilities
- Low-income families

Guiding Principles*

One of the guiding principles of this fund is that it will apply a lens of equity to ensure the needs of specified priority populations are met.

From the priority populations you have indicated above, please explain to what extent one or more these populations are involved in the creation, design, and impact of your organization (or this specific project).

PEMHS is designated to provide suicide prevention and emergency services to the selected priority populations and residents within all 5 Pinellas County At Risk Zones. Its patients are 80% adult, 20% children and most all are of low income. These Zones are defined as having a higher unemployment rate, more single female headed households, a higher racial/ethnic population and more people living in poverty as compared to the rest of of the County. These are conditions the CDC warn are more deleteriously impacted by COVID-19. COVID-19 has had a deep psychological impact on the community and PEMHS is preparing to assist with the increased therapy and emergency supports necessary to help our community heal, while turning no person away. The purpose of this request is to attend to the negative effects COVID-19 has had on the community's mental health and seeks to prevent missed emergency calls, the loss of care and delayed services. This could make the difference between life and death

Length of time operating program/project*

Please briefly explain how long you have been operating the program or project for which you are requesting funds. **This funding is for expansion of existing programming or sustaining an existing expansion to meet community needs.**

PEMHS has been operating in Pinellas County for 40 years, providing suicide prevention and therapy services to those in crisis. This initiative will serve to enhance these emergency services due to the effects of the COVID-19 pandemic.

Service Area*

In which areas of the county do you physically provide services?

- North County (locations such as Tarpon Springs, Crystal Beach, Palm Harbor)
- Mid-County (locations such as Clearwater, Largo, Safety Harbor)

South County (locations such as St. Petersburg, Lealman, Kenneth City)

Impact on Organization*

What has been the impact of the coronavirus/COVID-19 on the services of your organization? (Example: inability to provide enough food, unable to provide behavioral health sessions, lack of volunteerism, etc.)

National data indicate a rise in poor mental health outcomes and a worsening of chronic conditions due to the devastating impact of COVID-19. This has resulted in a huge spike in emergency calls and requests for services. National Suicide Prevention Lifeline (NSPL) guidelines and safety procedures as recommended by the Center for Disease Control and Prevention (CDC) have been fully implemented. Unfortunately, due to outdated technology and lack of service area PEMHS has had difficulty meeting the continued rise in crisis calls and keeping patients safe from the spread of coronavirus.

From June to August 2020, 5642 calls rang into the crisis line. This was a 10% increase from last year. Unfortunately, due to the outdated telephone and internet systems currently utilized, a few calls went unanswered or were routed out of the community service area due to a busy signal. Further, the telephone restrictions prevent real-time responses, delays in necessary interventions and increases the probability that the caller will be rerouted in a region outside of the community in which they live. Best practice is to keep the call center as close to where the caller resides as possible. It is PEMHS' goal to develop the capacity to answer each call, allow for real time responses, prevent the busy signal and decrease the number of abandoned calls. Currently, the 136 SF intake service area does not allow for patient intake while social distancing. As a result, the space is restricted to three individuals at a time. Others are required to wait outside of the building, usually in law enforcement vehicles, prior to entry. These accommodations are inadequate for the provision of an optimal crisis intervention service experience. A more purposed design would allow for more individuals to be efficiently serviced, a safer space for potential patients to share confidential information with intake staff and the implementation of safe social distancing practices.

Fiscal Accountability

Federal Fund Disclosure*

If your organization is awarded this grant, you may be considered a subrecipient of federal funding. THEREFORE, if you are deemed a subrecipient and your organization reaches a threshold of having spent more than \$750,000 in federal funding this fiscal year (this INCLUDES other federally funded programs), it will be subject to requirements of the Federal Single Audit Act. This will require your organization to comply with Federal Compliance Requirements and may necessitate additional expenses for your organization and you should prepare for this.

It is advisable that you contact a certified public accountant (CPA) or other professional for guidance.

Yes, my organization understands and assumes all liabilities/costs in regards to federal funding.

Audited Financial Statements*

Does your organization routinely contract to have an audit conducted of its financial statements?

Yes

Most Recently Filed IRS Form 990*

Please upload a copy of the organization's most recently filed IRS Form 990. **This is absolutely required.**

PEMHS 2018 990.pdf

Board-Approved Budget*

Please upload your most recently board-approved budget for this fiscal year in PDF format.

PEMHS FY 2020-2021 Budget.pdf

Audited Financial Statements

Most Recent Audited Financial Statements*

If your organization routinely contracts for an independent audit of its financial statements, including audits in accordance with Uniform Guidance and/or Chapter 10.650, Rules of the Auditor General, upload the most recent audit. The document should not be more than a year old.

PEMHS Audited Financial Statements 2019.pdf

Management Letter*

Please provide a management letter indicating any findings from your organization's most recent independent audit.

If there is no management letter, please explain why.

PEMHS Management Letter 2019.pdf

Expansion or Sustaining of Exact Programming Funded by Another Source

Existing Contract

If you are applying for funding to expand and/or sustain COVID-19 response programming that has already been funded by another source, please upload that contract here and provide a brief description of the funding source and relationship with the funder. Please note that any costs funded by another source are not allowed to be included in this application. Only the costs that are required to expand or sustain programs in excess of that funding will be considered for the purposes of this application.

N/A

Funding and Usage

Client Service Delivery*

Briefly describe the services to be delivered under the programming for which you are requesting funding. Please include when and where the services will occur, how the target population will access the services, and the length of time the services will be provided. **Please specify the zip codes of participants. If not available, specify the zip codes of service delivery points.**

At its main location, PEMHS seeks Pinellas Cares funding to provide a more advanced crisis line, a safer environment for patients to receive services and office space to conduct COVID-19 testing.

Most services will be provided 24 hours a day. The community is aware of PEMHS, as it has been at the same location for 40 years. However, services can be accessed by walk-in, 24 hour crisis hotline, community referral, four social media platforms and the community informed "You Good?" campaign that creatively markets within the community in manners that best reach them. PEMHS targets all 48 zip codes in Pinellas County.

In order to provide the aforementioned services, some enhancements to the PEMHS telephone/information system and office space will be required. As such, this Pinellas CARES request seeks to fund the following capital purchases: 1) The renovation of the emergency services area and additional space for COVID-19 testing. As described in this application, the current design of the emergency department does not allow for safe distancing of patients. The request is to provide the capital support for renovation, temporary housing and related costs to allow for a safer and more efficient service area for patients. PEMHS will also serve as a COVID-19 Testing site and requests a separate modular unit and related materials to conduct safe testing. 2) Purchase iphone system hardware/service. A new system will serve as an NSPL preferred upgrade and allow for staff to answer each call, provide real time responses, decrease number of abandoned calls and keep calls within the region and 3) Begin You Good? Campaign to inform residents of the crisis services. We expect all office renovations to be completed by 12/30/20 and modulares to be installed by 12/15/20. Enhanced crisis line programming is scheduled to begin around 10/20/20. Foundation for Healthy St. Petersburg 'You good?' campaign will begin on 10/15/20.

Communication/Outreach and Community Engagement Efforts*

In what ways is your organization marketing and communicating its available programming to the community it serves? How will you ensure that your target population is aware of your services and utilizes them?

PEMHS will use the following to market its crisis programming: 1) PEMHS will collaborate with community organizations and hospitals in Pinellas County to ensure that emergency services are accessed by those known by the community organization. Currently, PEMHS has partnerships with more than 20 organizations; 2) Marketing material including brochures, pamphlets and flyers will be strategically mailed in the community; 3) PEMHS' Website offers program information and instructions for accessing services. Inquiries can be made 24 hours a day. Many are directed to the website to get more information about PEMHS and it is posted on all marketing materials; 4) Social media including Facebook, LinkedIn, Instagram and Twitter are maintained. These communication outlets share contact information, important resources and allow for 2-way communication. This platform provides space for a much larger group of potential referrals, and 4) A Universal Behavioral Health Campaign partnership, developed as a result of COVID-19, via the Wellness Connection will help meet the behavioral health needs of the community by creatively providing a point of contact and will yield collateral materials (videos, murals, etc.) that direct individuals to a website and the PEMHS crisis hotline telephone number for emergency assistance. This intentional creative partnership will reach the intended population and related to those in communities who were less likely to call prior to COVID-19.

Hurricane Preparedness*

If a hurricane-related emergency were to strike Pinellas County this year and cause an interruption in your organization's normal programming, how would you return to offering the programming, and continue to spend awarded funds from this grant?

There is an expectation that your programming will be able to continue in the event of a hurricane-related emergency.

If your organization has a COOP (Continuity of Operations Plan), you may upload it here instead of providing a text answer. You may redact sensitive information from your organization's COOP.

Coop2020.pdf

Evidence of Insurance Coverage*

Grantees of the Pinellas CARES Nonprofit Partnership Fund will be required to maintain appropriate insurance to cover the services proposed in this application. PCF will determine whether this coverage is appropriate.

Please upload evidence of insurance policies that cover the programming for which your organization is requesting funds.

If there is no insurance coverage for this programming, please provide an explanation as to why.

For-Information-Only_20-21-Master-COI_849504688.pdf

Insurance Requirement*

If you are awarded a contract for the Pinellas CARES Nonprofit Partnership Fund, you will be required to list Pinellas Community Foundation as an additional insured through your general liability insurance. If you would like to begin this process now, please contact your general liability insurance carrier.

Here is the information for your carrier:

Pinellas Community Foundation
17755 US Highway 19 N
Suite 150
Clearwater, FL 33764
727-531-0058

Please check the box below to indicate that you understand and will be able to comply with this requirement.

Yes, I understand this requirement.

The Budget Summary and Budget Narrative sections are absolutely critical to a successful application. Improperly completed forms will be returned to you to fix, and will delay a funding decision being made on your application. Please see the examples in each section. To avoid rejection of your organization's application, PCF HIGHLY recommends you watch this short, instructional video as well: [Budget Narrative/Summary Instructions](#)

Update as of 9/25/2020: Due to new U.S. Department of the Treasury guidance, the CARES Act does not cover *any* administrative or indirect costs. The Budget Narrative and Summary have been updated. CFO, CEO, and other types of "administrative" time must be documented as a **direct cost on an hourly basis** under Personnel or Contracted Services. The above webinar will be updated shortly.

If your organization is awarded a grant, it is likely to be issued on a cost-reimbursement basis. Please consider this when developing your budget narrative and summary.

Note about Hazard Pay: Hazard pay will not automatically be approved as a budget item. Hazard pay is only for hazardous duty or work involving physical hardship, in each case that is related to COVID-19. Much of the immediate hazards of COVID-19 can be mitigated by appropriate use of PPE and/or regular sanitizing of spaces. The threshold for approval of hazard pay is high. It is best that you inquire in advance of adding this to a budget in your grant application.

If you would like to use a unit of service cost as a basis for your budget, you **MUST** contact Pinellas Community Foundation program staff **FIRST** to discuss this possibility.

Budget Summary*

Please download the budget summary template **HERE** and complete it. **If you have selected multiple Priority Fund Areas, you should include ALL costs in this summary.**

Capital includes buildings, vehicles, equipment at \$3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities. Outright purchase must be less than the cost of renting or leasing **OR** if renting or leasing is not available.

CLICK HERE TO SEE AN EXAMPLE OF A PROPERLY COMPLETED BUDGET SUMMARY.

Please export as a PDF and upload it.

CARES-Partnership-Fund-Budget-Summary-Grant.xlsx

Comment: Final Approved Budget Summary provided by the applicant has been attached administratively to replace outdated first draft. Original submission can be viewed in Organizational Documents Tab.

Budget Narrative*

Please download the budget narrative template **HERE** and complete it.

The budget narrative needs to do more than define the expenses. It should clearly state what is going to be paid using CARES funds and then justify the expenses as a program expansion (or sustaining an already expanded program) as a result of COVID-19. Do not bold, underline, or italicize. Use dollar amounts that match your Budget Summary.

If you have selected multiple Priority Fund Areas, you should include ALL costs in this narrative.

CLICK HERE TO SEE AN EXAMPLE OF A PROPERLY COMPLETED BUDGET NARRATIVE.

Capital includes buildings, vehicles, equipment at \$3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities. Outright purchase must be less than the cost of renting or leasing **OR** if renting or leasing is not available.

Please export as a PDF and upload it.

Cares Fund Budget Narrative A.pdf

Comment: Final Approved Budget Narrative provided by the applicant has been attached administratively to replace outdated first draft. Original submission can be viewed in Organizational Documents Tab.

Capital Requests

If you are requesting funding for capital expenses, please upload bids/estimates/rental agreements to match the expenses described in your budget summary and narrative.

Please upload in PDF format.

QuotesCaresGrant.pdf

Logistical partner organizations (LPOs) are considered to be a critical part of service delivery strategy for this grant program, and using them is highly encouraged. Typical LPOs are:

- Grassroots organizations with small annual operating budgets (under \$50,000)
- Churches and other faith-based organizations
- Neighborhood associations
- Social organizations/collaboratives
- Resident councils in low-income house communities
- Neighborhood family centers
- Senior centers

Their essential role is to serve as outreach, information, referral and service delivery sites for food distribution, legal aid counseling to prevent evictions and behavioral health services, consistent with the three priority need areas in the grant specifications.

Are you going to use LPOs in this programming?*

Yes

Logistical Partner Organizations (LPOs)

LPO List*

Please upload a list with entity names and primary contact information for each LPO. If there is additional information to provide, do so in the text box below.

PEMHS LPO List.xlsx

Role in Programming*

Please describe the role(s) of specified LPOs in the programming proposed in this application.

PEMHS refers individuals who access the crisis hotline (727-791-3131) to the Suncoast Center, Inc. for outpatient services. Suncoast Center, Inc. also partners with PEMHS by providing Mobile Crisis Response

Team therapy services and thereby expanding the ability to reach families where they are to meet any level of need within Pinellas County.

PEMHS refers individuals who access the crisis hotline (727-791-3131) to Directions for Living for outpatient services.

PEMHS works together with the Pinellas County Sheriff's Office in the Pinellas Integrated Care Alliance (PICA). The Sheriff's Office makes referrals to PEMHS for the program who they believe will benefit from the additional support. PEMHS then helps clients prevent further contact with law enforcement, crisis stabilization units and emergency rooms. PEMHS' therapist assist and guide the clients until they become self-sufficient. The service provided is individualized, can last up to six months and utilizes Pinellas County provider services and resources to help improve client circumstance.

PEMHS has partnered with the Wellness Connection to implement a Pinellas County Universal Behavioral Health Campaign, sponsored by The Foundation for a Healthy St Petersburg. It's a community informed initiative and will help meet the behavioral health needs of the community by providing a point of contact and will yield collateral materials that direct individuals to a website with information to get help and the PEMHS crisis hotline telephone number (727-791-3131), to get assistance. PEMHS will then provide crisis intervention, stabilization and/or referral services for callers. Partners include Foundation for a Healthy St Petersburg who is supporting the efforts of the campaign and Roundhouse Creative, who is the communications consultant. There are ten other partner behavior health service providers in the Wellness Connection as well. Each of which will serve as potential referrals from PEMHS crisis hotline.

Behavioral Health

This grant will require weekly reporting on the following measures:

- Number of individuals receiving **COVID-19-related behavioral health services** by in person, telehealth, or telephone by zip code of participant or service delivery point (participant zip code is preferred)

This grant will require monthly reporting on the following measures:

- **Percentage of target met** of the projected number of people receiving **COVID-19-related behavioral health services** by in person, telehealth, or telephone.
- **Monthly Progress Rate** as defined by your measurement and methodology specified below

Affirmation of Reporting*

I affirm that my organization is capable of providing weekly and monthly reports on the above measures.

Yes

Measurement - Behavioral Health*

The Pinellas CARES Nonprofit Partnership Fund understands that behavioral health involves several dimensions of clinical need and organizational infrastructure.

For the purpose of this grant, applicants are asked to select **ONE** robust measure of progress that can be validly measured on a monthly basis. Please describe the instrument that you are going to use and how the results are interpreted to indicate progress.

PEMHS will utilize the Crisis Hotline Tracking Form to track the number of calls and the number of calls answered. The assumption here is that a call answered represents provision of needed information and referral to address the need precipitating the call. The team will monitor call trends on a monthly basis. Progress will be defined as increased capacity to answer calls, thereby assisting callers in meeting their needs as measured by percentage of increase in the number of incoming calls actually answered.

Methodology*

Please state how you will define and document a **monthly** Progress Rate for all clients in the program based on the selected behavior change measure(s) specified above.

Monthly Projected Progress Rate (%): Using the definition of progress described above, project the percentage of progress achieved on a monthly basis.

The projected progress rate is a 25% increase in the number of calls answered compared to the COVID-19 -impacted baseline of monthly calls answered prior to the start of this project for each month after the implementation of this project.

Number of Clients Served During Grant Period - Behavioral Health*

This grant period ends on December 30, 2020. Please estimate the number of clients that will be served for **behavioral health** by the end of the grant period.

20000

Estimated Percentage of Progress - Grant Period*

Please estimate % of progress on the proposed measure during the grant period.

25%

September Projections - Number Served - Behavioral Health*

Please estimate the number of individuals to be served by this funding for **behavioral health** in **September 2020**.

1905

September Projections - Progress Rate - Behavioral Health*

Please project an estimated progress rate for your clients **for September 2020**. This is the percentage of clients that show improvement according to tool(s) you specified in the "Measurement" section above.

70

October Projections - Number Served - Behavioral Health*

Please estimate the number of individuals to be served by this funding for **behavioral health** in **October 2020**.

1980

October Projections - Progress Rate - Behavioral Health*

Please project an estimated progress rate for your clients based **for October 2020**. This is the percentage of clients that show improvement according to tool(s) you specified in the "Measurement" section above.

85

November Projections - Number Served - Behavioral Health*

Please estimate the number of individuals to be served by this funding for **behavioral health** in **November 2020**.

2050

November Projections - Progress Rate - Behavioral Health*

Please project an estimated progress rate for your clients based **for November 2020**. This is the percentage of clients that show improvement according to tool(s) you specified in the "Measurement" section above.

90

December Projections - Number Served - Behavioral Health*

Please estimate the number of individuals to be served by this funding for **behavioral health** in **December 2020**.

2125

December Projections - Progress Rate - Behavioral Health*

Please project an estimated progress rate for your clients based **for December 2020**. This is the percentage of clients that show improvement according to tool(s) you specified in the "Measurement" section above.

90

Funder Involvement

Which of the funders have provided a grant to your organization within the last three years?*

Foundation for a Healthy St. Petersburg
Juvenile Welfare Board of Pinellas County
Pinellas County Government
United Way Suncoast

Other Funding Sources

If your organization has submitted applications to other funders or has received funding in response to coronavirus/COVID-19 from another funder, please briefly describe below:

N/A

Corrective Action*

Is your organization currently under a corrective action agreement with any funder (including but not limited to those listed above)? If yes, please explain in detail, including the status of the corrective action. If no, state **No**.

No.

Confirmation

Signature and Affirmation*

By submitting this application, I hereby swear that executive leadership is aware of this request for funding, and if this funding is approved, my organization will be able to use these funds in the manner described in the application.

Please type your name as an electronic signature and the date on which you are submitting this application.

Helena Calhoun 10/07/2020

File Attachment Summary

Applicant File Uploads

- PEMHS 2018 990.pdf
- PEMHS FY 2020-2021 Budget.pdf
- PEMHS Audited Financial Statements 2019.pdf
- PEMHS Management Letter 2019.pdf
- Coop2020.pdf
- For-Information-Only_20-21-Master-COI_849504688.pdf
- CARES-Partnership-Fund-Budget-Summary-Grant.xlsx
- Cares Fund Budget Narrative A.pdf
- QuotesCaresGrant.pdf
- PEMHS LPO List.xlsx

EXTENDED TO MAY 15, 2020

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 11254 58TH STREET City or town, state or province, country, and ZIP or foreign postal code PINELLAS PARK, FL 33782 F Name and address of principal officer: MATTHEW SCHWARZ SAME AS C ABOVE	D Employer identification number 59-3153549 E Telephone number 727-362-4305 G Gross receipts \$ 16,116,931. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.PEMHS.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1981 M State of legal domicile: FL

Part I Summary

1	Briefly describe the organization's mission or most significant activities: PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES, INC. IS DEDICATED TO ENHANCING THE MENTAL	
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3	Number of voting members of the governing body (Part VI, line 1a)	3 10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4 10
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5 263
6	Total number of volunteers (estimate if necessary)	6 20
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 10,271.
7b	Net unrelated business taxable income from Form 990-T, line 38	7b 9,271.
8	Contributions and grants (Part VIII, line 1h)	Prior Year: 507,729. Current Year: 797,780.
9	Program service revenue (Part VIII, line 2g)	13,971,741. 15,123,712.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,992. 1,556.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	172,506. 179,049.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,666,968. 16,102,097.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0. 0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,756,550. 10,029,091.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,631,293. 6,119,800.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,387,843. 16,148,891.
19	Revenue less expenses. Subtract line 18 from line 12	279,125. -46,794.
20	Total assets (Part X, line 16)	Beginning of Current Year: 7,468,217. End of Year: 7,732,777.
21	Total liabilities (Part X, line 26)	1,771,071. 1,871,521.
22	Net assets or fund balances. Subtract line 21 from line 20	5,697,146. 5,861,256.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer MAXINE BOOKER, PRESIDENT/CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name CATHERINE HAUG	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P01395474
	Firm's name ▶ CARR, RIGGS & INGRAM, LLC Firm's address ▶ 600 CLEVELAND STREET, SUITE 1000 CLEARWATER, FL 33755	Firm's EIN ▶ 72-1396621 Phone no. 727.446.0504

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES, INC.

Form 990 (2018)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES, INC IS DEDICATED TO ENHANCING THE MENTAL HEALTH, FAMILY FUNCTIONING, AND DEVELOPMENT OF ADULTS AND CHILDREN IN OUR COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 12,273,009. including grants of \$) (Revenue \$ 13,111,882.) CRISIS SUPPORT/CRISIS STABILIZATION: CRISIS SUPPORT/CRISIS STABILIZATION IS THE LARGEST SINGLE PROGRAM IN THE AGENCY REPRESENTING 74% OF THE TOTAL EXPENSE OF THE AGENCY. THIS PROGRAM PROVIDES EMERGENCY SERVICES ON A 24/7 BASIS TO ADULTS AND CHILDREN, URGENT CARE AVAILABLE SIX DAYS PER WEEK ON A WALK IN BASIS, AND CRISIS STABILIZATION SERVICES COMPRISED OF 45 ADULT PSYCHIATRIC INPATIENT BEDS AND 14 CHILD PSYCHIATRIC INPATIENT BEDS. CO-LOCATED WITH THE CHILDREN'S BEDS IS A 1 BED JUVENILE ADDICTION RECEIVING FACILITY. THE PROGRAM IS THE ONLY PUBLIC PSYCHIATRIC RECEIVING FACILITY IN THE COUNTY. AS SUCH, THE PROGRAM FOCUSES ON PROVIDING ACCESS TO CARE FOR THOSE INDIVIDUALS IN THE COUNTY WHO ARE INDIGENT OR OTHERWISE NOT ABLE TO ACCESS CARE IN OTHER HOSPITALS.

4b (Code:) (Expenses \$ 1,323,277. including grants of \$) (Revenue \$ 1,392,450.) FAMILY SERVICES INITIATIVE: THE FAMILY SERVICES INITIATIVE (FSI) CONSISTS OF THE JUVENILE WELFARE BOARD WITH COLLABORATIVE PARTNERS INCLUDING THE 211 REGIONAL CALL CENTER/PINELLAS FAMILY SERVICES TEAM (TRIAGE), CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK (CFBHN-UTILIZATION MANAGEMENT), PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES (PEHMS -NAVIGATION), PINELLAS COUNTY SCHOOLS, SERVICE PROVIDERS AND VENDORS. THE FAMILY SERVICES INITIATIVE PROVIDES DIRECT ACCESS FOR FAMILIES THROUGH 211'S PINELLAS FAMILY SERVICES TEAM AND ACCESS FOR COMMUNITY PROVIDERS SEEKING WRAP AROUND SERVICES THROUGH CFBHN'S UTILIZATION MANAGEMENT PROCESS.

4c (Code:) (Expenses \$ 813,895. including grants of \$) (Revenue \$ 782,712.) BEHAVIORAL HEALTH NETWORK: THE BEHAVIORAL HEALTH NETWORK (BNET) PROGRAM PROVIDES CLINICAL, CASE MANAGEMENT, AND PSYCHIATRIC SERVICES TO CHILDREN WHO HAVE BEEN DIAGNOSED AS SEVERELY EMOTIONALLY DISTURBED AND ARE PARTICIPANTS UNDER FLORIDA KID CARE. LAST YEAR 79 CHILDREN RECEIVED SERVICES THAT ALLOWED THEM TO REMAIN IN THEIR HOMES, SUCCESSFULLY DIVERTED FROM RESIDENTIAL CARE. BNET PROVIDES AND ARRAY OF SERVICES INCLUDING DIALECTICAL BEHAVIORAL THERAPY (DBT), AN EVIDENCE-BASED CLINICAL MODEL WITH PROVEN SUCCESS IN TREATING SIGNIFICANTLY MENTALLY ILL ADOLESCENTS AND ADULTS.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 14,410,181.

**PERSONAL ENRICHMENT THROUGH MENTAL
HEALTH SERVICES, INC.**

Form 990 (2018)

59-3153549

Page **3**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

**PERSONAL ENRICHMENT THROUGH MENTAL
HEALTH SERVICES, INC.**

Form 990 (2018)

59-3153549 Page 4

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	69
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

**PERSONAL ENRICHMENT THROUGH MENTAL
HEALTH SERVICES, INC.**

Form 990 (2018)

59-3153549

Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a	263	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

Form 990 (2018)

**PERSONAL ENRICHMENT THROUGH MENTAL
HEALTH SERVICES, INC.**

Form 990 (2018)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	10		
b	Enter the number of voting members included in line 1a, above, who are independent		
	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **ZOFIA WHITING, CFO - 727-545-7570**
11254 58TH STREET, PINELLAS PARK, FL 33782

**PERSONAL ENRICHMENT THROUGH MENTAL
HEALTH SERVICES, INC.**

Form 990 (2018)

59-3153549 Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MATTHEW SCHWARZ CHAIRMAN	4.00	X		X				0.	0.	0.
(2) JERRILYN EVANS VICE-CHAIRMAN	4.00	X		X				0.	0.	0.
(3) BRIAN BATTAGLIA TREASURER	4.00	X		X				0.	0.	0.
(4) LYNN STONE SECRETARY	4.00	X		X				0.	0.	0.
(5) DOROTHY WHITLOCK DIRECTOR	1.00	X						0.	0.	0.
(6) LUCILE CASEY DIRECTOR	1.00	X						0.	0.	0.
(7) MICHAEL CASTINE DIRECTOR	1.00	X						0.	0.	0.
(8) LAVERNE FEASTER-JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(9) DR. RON KNAUS DIRECTOR	1.00	X						0.	0.	0.
(10) DWIGHT DUDLEY DIRECTOR	1.00	X						0.	0.	0.
(11) GERALD WENNLUND CHIEF EXECUTIVE OFFICER	40.00 4.00			X				134,645.	0.	4,553.
(12) DR. MARY LOWREY MEDICAL DIRECTOR	40.00				X			300,887.	0.	18,236.
(13) DEMETRIOS TZEMOPOULOS REGISTERED NURSE	45.00					X		102,924.	0.	7,790.
(14) MAXINE BOOKER COO	40.00					X		101,114.	0.	10,059.

**PERSONAL ENRICHMENT THROUGH MENTAL
HEALTH SERVICES, INC.**

Form 990 (2018)

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	797,780.			
	g Noncash contributions included in lines 1a-1f: \$		796,402.			
	h Total. Add lines 1a-1f		797,780.			
Program Service Revenue	2 a CFB	Business Code 624100	7,917,663.	7,917,663.		
	b PINELLAS COUNTY BOARD	624100	2,215,825.	2,215,825.		
	c THIRD PARTY FEES	624100	1,932,826.	1,932,826.		
	d JW B	624100	1,506,144.	1,506,144.		
	e FL DEPT OF CHILDREN	624100	751,320.	751,320.		
	f All other program service revenue	624100	799,934.	799,934.		
	g Total. Add lines 2a-2f		15,123,712.			
	3 Investment income (including dividends, interest, and other similar amounts)		1,556.			1,556.
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
Other Revenue	6 a Gross rents	(i) Real				
	b Less: rental expenses	(ii) Personal				
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
	b Less: cost or other basis and sales expenses	(ii) Other				
	c Gain or (loss)					
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	20,280.			
	b Less: direct expenses	b	14,834.			
	c Net income or (loss) from fundraising events		5,446.			5,446.
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a OTHER REVENUE	624100	163,332.	163,332.			
b BILLBOARD REVENUE	541800	10,271.		10,271.		
c _____						
d All other revenue						
e Total. Add lines 11a-11d		173,603.				
12 Total revenue. See instructions		16,102,097.	15,287,044.	10,271.	7,002.	

**PERSONAL ENRICHMENT THROUGH MENTAL
HEALTH SERVICES, INC.**

Form 990 (2018)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX **X**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	660,920.	429,399.	231,521.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	7,816,038.	7,320,080.	495,958.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	64,104.	62,183.	1,921.	
9 Other employee benefits	839,435.	766,909.	72,526.	
10 Payroll taxes	648,594.	592,792.	55,802.	
11 Fees for services (non-employees):				
a Management				
b Legal	50,522.	45,607.	4,915.	
c Accounting	41,949.	37,868.	4,081.	
d Lobbying	36,110.		36,110.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,316,928.	2,097,467.	219,461.	
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	342,989.	314,225.	28,764.	
17 Travel	82,974.	74,470.	8,504.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	20,120.	18,058.	2,062.	
20 Interest	59,321.		59,321.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	520,862.	352,622.	168,240.	
23 Insurance	279,249.	256,447.	22,802.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL AND PHARMACY	1,294,716.	1,294,716.		
b OPERATING SUPPLIES & EX	505,609.	381,153.	124,456.	
c EQUIPMENT COSTS	369,892.	167,820.	202,072.	
d FOOD SERVICES	198,559.	198,365.	194.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	16,148,891.	14,410,181.	1,738,710.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

**PERSONAL ENRICHMENT THROUGH MENTAL
HEALTH SERVICES, INC.**

Form 990 (2018)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	15,334.	1	11,705.	
	2 Savings and temporary cash investments	1,515,644.	2	1,722,388.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	1,655,822.	4	1,826,670.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	38,889.	8	34,222.	
	9 Prepaid expenses and deferred charges	423,407.	9	393,213.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,837,514.			
	b Less: accumulated depreciation	10b 7,092,935.	3,819,121.	10c	3,744,579.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,468,217.	16	7,732,777.		
Liabilities	17 Accounts payable and accrued expenses	669,118.	17	827,908.	
	18 Grants payable		18		
	19 Deferred revenue	5,302.	19	20,932.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	897,501.	23	812,697.	
	24 Unsecured notes and loans payable to unrelated third parties	199,150.	24	209,984.	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	1,771,071.	26	1,871,521.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	5,697,146.	27	5,861,256.	
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	5,697,146.	33	5,861,256.		
34 Total liabilities and net assets/fund balances	7,468,217.	34	7,732,777.		

Form **990** (2018)

**PERSONAL ENRICHMENT THROUGH MENTAL
HEALTH SERVICES, INC.**

Form 990 (2018)

59-3153549 Page **12**

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	16,102,097.
2 Total expenses (must equal Part IX, column (A), line 25)	2	16,148,891.
3 Revenue less expenses. Subtract line 2 from line 1	3	-46,794.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,697,146.
5 Net unrealized gains (losses) on investments	5	
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	210,904.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,861,256.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	2b	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X	

Form **990** (2018)

PERSONAL ENRICHMENT THROUGH MENTAL

Schedule A (Form 990 or 990-EZ) 2018 HEALTH SERVICES, INC.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	309,399.	438,564.	1225004.	507,729.	797,780.	3278476.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	309,399.	438,564.	1225004.	507,729.	797,780.	3278476.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						3278476.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	309,399.	438,564.	1225004.	507,729.	797,780.	3278476.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,809.	2,758.	308.	8,260.	1,556.	15,691.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						3294167.
12 Gross receipts from related activities, etc. (see instructions)					12	72,737,157.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	99.52 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	99.46 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

PERSONAL ENRICHMENT THROUGH MENTAL

Schedule A (Form 990 or 990-EZ) 2018 HEALTH SERVICES, INC.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

PERSONAL ENRICHMENT THROUGH MENTAL

Schedule A (Form 990 or 990-EZ) 2018 HEALTH SERVICES, INC.

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

PERSONAL ENRICHMENT THROUGH MENTAL

Schedule A (Form 990 or 990-EZ) 2018 HEALTH SERVICES, INC.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3, 3a, 3b.

PERSONAL ENRICHMENT THROUGH MENTAL

Schedule A (Form 990 or 990-EZ) 2018 HEALTH SERVICES, INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2018

PERSONAL ENRICHMENT THROUGH MENTAL

Schedule A (Form 990 or 990-EZ) 2018 HEALTH SERVICES, INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

PERSONAL ENRICHMENT THROUGH MENTAL

Schedule A (Form 990 or 990-EZ) 2018 HEALTH SERVICES, INC.

59-3153549 Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

**PERSONAL ENRICHMENT THROUGH MENTAL
HEALTH SERVICES, INC.**

Employer identification number

59-3153549

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES, INC.	Employer identification number 59-3153549
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	OTSUKA PHARMACEUTICALS 2440 RESEARCH BLVD ROCKVILLE, MD 20850	\$ 87,491.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	JANSSEN PHARMACEUTICALS 1000 US ROUTE 202 SOUTH RARITAN, NJ 08869	\$ 545,784.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	ALKERMES INC 852 WINTER STREET WALTHAM, MA 02451	\$ 80,194.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	SUNOVION PHARMECEUTICALS INC 84 WATERFORD DRIVE MARLBOROUGH, MA 01752	\$ 43,114.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	ALLERGAN CLONSHAUGH BUSINESS AND TECHNOLOGY PARK COOLOCK, DUBLIN, IRELAND D17 E400	\$ 22,838.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES, INC.	Employer identification number 59-3153549
---	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	MEDICAL SUPPLIES <hr/> <hr/> <hr/>	\$ 87,491.	<hr/>
2	MEDICAL SUPPLIES <hr/> <hr/> <hr/>	\$ 545,784.	<hr/>
3	MEDICAL SUPPLIES <hr/> <hr/> <hr/>	\$ 80,194.	<hr/>
4	MEDICAL SUPPLIES <hr/> <hr/> <hr/>	\$ 43,114.	<hr/>
5	MEDICAL SUPPLIES <hr/> <hr/> <hr/>	\$ 22,838.	<hr/>
	<hr/> <hr/> <hr/>	\$	<hr/>

Name of organization PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES, INC.	Employer identification number 59-3153549
---	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES, INC.	Employer identification number 59-3153549
---	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2018**

PERSONAL ENRICHMENT THROUGH MENTAL

Schedule C (Form 990 or 990-EZ) 2018 HEALTH SERVICES, INC.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

PERSONAL ENRICHMENT THROUGH MENTAL

Schedule C (Form 990 or 990-EZ) 2018 HEALTH SERVICES, INC.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		36,110.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			36,110.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures (see instructions)	5

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

PEMHS PAID REPRESENTATIVES TO ADVOCATE AND EDUCATE LEGISLATORS ON MENTAL HEALTH ISSUES AND OTHER ISSUES DIRECTLY AFFECTING PEMHS.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES, INC. Employer identification number 59-3153549

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No), 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No), 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

**PERSONAL ENRICHMENT THROUGH MENTAL
HEALTH SERVICES, INC.**

Schedule D (Form 990) 2018

59-3153549 Page 2

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment _____ %
 - b** Permanent endowment _____ %
 - c** Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,191,145.		1,191,145.
b Buildings		7,278,996.	5,267,717.	2,011,279.
c Leasehold improvements		256,190.	225,666.	30,524.
d Equipment		1,651,947.	1,266,770.	385,177.
e Other		459,236.	332,782.	126,454.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,744,579.

Schedule D (Form 990) 2018

**PERSONAL ENRICHMENT THROUGH MENTAL
HEALTH SERVICES, INC.**

Schedule D (Form 990) 2018

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**PERSONAL ENRICHMENT THROUGH MENTAL
HEALTH SERVICES, INC.**

Schedule D (Form 990) 2018

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	16,116,931.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	14,834.
e	Add lines 2a through 2d	2e	14,834.
3	Subtract line 2e from line 1	3	16,102,097.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	16,102,097.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	15,952,821.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	14,827.
e	Add lines 2a through 2d	2e	14,827.
3	Subtract line 2e from line 1	3	15,937,994.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	210,897.
c	Add lines 4a and 4b	4c	210,897.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	16,148,891.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

PEMHS HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A TAX-EXEMPT ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986 AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A).

PEMHS UTILIZES THE PROVISIONS OF ASC 740, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES." AS A RESULT, PEMHS HAS NOT RECOGNIZED ANY RESPECTIVE LIABILITY FOR UNRECOGNIZED TAX BENEFITS AS IT HAS NO KNOWN TAX POSITIONS THAT WOULD SUBJECT PEMHS TO ANY MATERIAL INCOME TAX EXPOSURE. A RECONCILIATION OF THE BEGINNING AND ENDING AMOUNT OF UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSES IS NOT

PERSONAL ENRICHMENT THROUGH MENTAL
HEALTH SERVICES, INC.

Schedule D (Form 990) 2018

Part XIII Supplemental Information (continued)

INCLUDED AS THERE ARE NO UNRECOGNIZED TAX BENEFITS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 14,834.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 14,834.

ROUNDING -7.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 14,827.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ROUNDING DIFFERENCE

BOOK/TAX DEPRECIATION DIFFERENCE 210,897.

PERSONAL ENRICHMENT THROUGH MENTAL

Schedule G (Form 990 or 990-EZ) 2018 HEALTH SERVICES, INC.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		PACE DINNER (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	20,280.		20,280.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	20,280.		20,280.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	4,408.		4,408.
	7	Food and beverages	6,620.		6,620.
	8	Entertainment	525.		525.
	9	Other direct expenses	3,281.		3,281.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			14,834.
11	Net income summary. Subtract line 10 from line 3, column (d)			5,446.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization **PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES, INC.** Employer identification number **59-3153549**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2018

**PERSONAL ENRICHMENT THROUGH MENTAL
HEALTH SERVICES, INC.**

59-3153549

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DR. MARY LOWREY MEDICAL DIRECTOR	(i)	300,887.	0.	0.	1,200.	17,036.	319,123.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES, INC.** Employer identification number **59-3153549**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	7	796,402.	FAIR MARKET VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

PERSONAL ENRICHMENT THROUGH MENTAL

Schedule M (Form 990) 2018

HEALTH SERVICES, INC.

59-3153549

Page 2

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization	PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES, INC.	Employer identification number 59-3153549
--------------------------	---	--

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
HEALTH, FAMILY FUNCTIONING, AND DEVELOPMENT OF ADULTS AND CHILDREN IN
OUR COMMUNITY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES (PEMHS) PROVIDES THE
NAVIGATION SERVICES FOR FAMILIES WITH COMPLEX NEEDS IN THE JWB/FSP
COMPONENT OF THE FAMILY SERVICES INITIATIVE, FOLLOWING THEIR 211 TRIAGE
SCREENING. THE FAMILY COMPLETES AN EVIDENCE BASED INTAKE ASSESSMENT
(CANS), AND WITH THEIR SYSTEM NAVIGATOR (SN) DEVELOPS A FAMILY DRIVEN
SUPPORT CARE PLAN, IDENTIFYING AND PRIORITIZING THEIR MOST PRESSING
CURRENT BARRIERS AND NEEDS FOR FAMILY STABILITY. THE SYSTEM NAVIGATOR
THEN WORKS COLLABORATIVELY WITH THE FAMILY TO EDUCATE AND LINK TO
COMMUNITY SERVICES, RESOURCES AND SUPPORTS, TO ALLEVIATE THE IDENTIFIED
NEEDS AND BARRIERS OF THE FAMILY. IN ADDITION, THE FRONT LINE DIRECT
CARE STAFF, SYSTEM NAVIGATOR, IS EMPOWERED TO UTILIZE AND ACCESS THE
JWB/FSP FUNDS ON BEHALF OF THE FAMILY FOR SUPPORT BASED EXPENDITURES UP
TO \$300 (LEVEL 1); EXPENSES BEYOND \$300 (LEVEL 2) FOLLOW THE
UTILIZATION MANAGEMENT PROCESS TO RECEIVE AUTHORIZATION THROUGH CFBHN.
THE SERVICE DURATION OF PEHMS NAVIGATORS IN THE FAMILY SERVICES
INITIATIVE IS BRIEF, GENERALLY LESS THAN 30 DAYS, AND IS A FOCUSED
COLLABORATION BETWEEN THE FAMILY AND THEIR ASSIGNED SYSTEM NAVIGATOR.
LINKAGES TO COMMUNITY RESOURCES, SERVICES, AND THE UTILIZATION OF THE
JWB/FSP FUNDS RESULT IN ENHANCED FAMILY STABILITY, INCREASED COMMUNITY
RESOURCE KNOWLEDGE, AND SUCCESSFUL SUSTAINABILITY ON BEHALF OF THE
FAMILIES SERVED. IN ADDITION, A SPECIALIZED PILOT PROGRAM HAS BEGUN,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization	PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES, INC.	Employer identification number	59-3153549
--------------------------	---	--------------------------------	------------

TRUANCY NAVIGATION, PARTICIPATING FAMILIES ARE IDENTIFIED BY THE SCHOOL SYSTEM AND ARE CURRENTLY BECOMING INVOLVED WITH THE JUDICIAL TRUANCY SYSTEM; ALL FAMILIES RECEIVE NAVIGATION ASSISTANCE AS WELL AS SPECIFIC COLLABORATION EFFORTS BETWEEN THE SCHOOLS AND PEMHS FOCUSING ON STUDENT SUCCESS AND POSITIVE SCHOOL REENGAGEMENT. THE TN SERVICES ARE ANTICIPATED TO HAVE A 60-90 DAY LENGTH OF SERVICE; TO PROVIDE EFFECTIVE SUPPORT, ENGAGEMENT, AND COURT ADVOCACY FOR THE FAMILIES. IN THE FISCAL YEAR ENDING ON JUNE 30, 2019 THE PROGRAM SERVED 1489 FAMILIES.

FORM 990, PART VI, SECTION A, LINE 6:

BOLEY-PAR, INC. IS THE SOLE MEMBER OF PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES, INC.

FORM 990, PART VI, SECTION A, LINE 7A:

BOLEY-PAR, INC. IS THE SOLE MEMBER OF PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES, INC.. THE BYLAWS PROVIDE THAT BOLEY-PAR HAS THE POWER TO ELECT, REMOVE, AND/OR REPLACE THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE VP OF FINANCE AND CHIEF EXECUTIVE OFFICER REVIEW THE FORM 990 WITH THE EXECUTIVE COMMITTEE OF THE BOARD PRIOR TO THE FILING DATE. COPIES OF THE 990 ARE MADE AVAILABLE TO THE FULL BOARD AT THE FOLLOWING BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH BOARD MEMBER IS PROVIDED WITH A WRITTEN MONITORING TOOL THAT COVERS A WIDE RANGE OF BOARD FUNCTIONS INCLUDING CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

Name of the organization	PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES, INC.	Employer identification number	59-3153549
--------------------------	--	--------------------------------	------------

THE EXECUTIVE COMMITTEE, CONSISTING OF THE OFFICERS OF THE BOARD OF DIRECTORS, DETERMINE COMPENSATION FOR THE EXECUTIVE DIRECTOR AND THE CHIEF OPERATING OFFICER. THE EXECUTIVE COMMITTEE REQUIRES COPIES OF THE COMPENSATION SURVEY CONDUCTED BY THE NATIONAL COUNCIL FOR COMMUNITY MENTAL HEALTH CENTERS AND THE FLORIDA COUNCIL FOR COMMUNITY MENTAL HEALTH. IN ADDITION, THE COMMITTEE MAY REQUIRE A SURVEY OF LOCAL COMMUNITY MENTAL HEALTH CENTERS. THE COMMITTEE ALSO TAKES INTO CONSIDERATION JOB PERFORMANCE UTILIZING A PERFORMANCE EVALUATION BY THE BOARD PRESIDENT AS WELL AS THE AVAILABILITY OF FUNDS AND TOTAL AGENCY FUNDING.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON VERBAL OR WRITTEN REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

TEMP STAFF:

PROGRAM SERVICE EXPENSES	378,291.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	378,291.

PHYSICIAN & PSYCHIATRIST FEES:

PROGRAM SERVICE EXPENSES	148,678.
MANAGEMENT AND GENERAL EXPENSES	16,022.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	164,700.

Name of the organization	PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES, INC.	Employer identification number	59-3153549
--------------------------	--	--------------------------------	------------

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	719,802.
MANAGEMENT AND GENERAL EXPENSES	41,457.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	761,259.

SUBCONTRACTED SERVICES:

PROGRAM SERVICE EXPENSES	850,696.
MANAGEMENT AND GENERAL EXPENSES	161,982.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,012,678.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 2,316,928.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

BOOK/TAX DEPRECIATION DIFFERENCE	210,897.
ROUNDING	7.
TOTAL TO FORM 990, PART XI, LINE 9	210,904.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES, INC.** Employer identification number **59-3153549**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
BOLEY-PAR, INC. - 46-3480340 6655 66TH ST. N PINELLAS PARK, FL 33781	MANAGEMENT AND ADMINISTRATIVE SERVICES	FLORIDA	501(C)(3)	LINE 7			X
BOLEY CENTERS, INC. - 59-1290089 445 31ST STREET NORTH ST. PETERSBURG, FL 33713	MENTAL HEALTH	FLORIDA	501(C)(3)	LINE 7	BOLEY-PAR, INC.	X	
OPERATION PAR, INC. - 59-1349234 6655 66TH ST. N PINELLAS PARK, FL 33781	SUBSTANCE ABUSE	FLORIDA	501(C)(3)	LINE 7	BOLEY-PAR, INC.	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2018

PERSONAL ENRICHMENT THROUGH MENTAL

Schedule R (Form 990) 2018

HEALTH SERVICES, INC.

59-3153549

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**PERSONAL ENRICHMENT THROUGH MENTAL
HEALTH SERVICES, INC.**

Schedule R (Form 990) 2018

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Loans or loan guarantees by related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Dividends from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Sale of assets to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Purchase of assets from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i Exchange of assets with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o Sharing of paid employees with related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r Other transfer of cash or property to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
s Other transfer of cash or property from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

PERSONAL ENRICHMENT THROUGH MENTAL
HEALTH SERVICES, INC.

Schedule R (Form 990) 2018

59-3153549 Page 5

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.

**SUBSTANCE ABUSE & MENTAL HEALTH SERVICES
PROJECTED COST CENTER OPERATING AND CAPITAL BUDGET**

AGENCY: Personal Enrichment through Mental Health Services, Inc.

7/1/2020

CONTRACT #:

PART I: PROJECTED FUNDING SOURCES & REVENUES

FUNDING SOURCES & REVENUES	Adult Mental Health		Adult Substan Child Substance Abuse				Non-SAMH Cost Center	Total Funding (F+G) H
	Crisis Support/ Emerg.	Crisis Stabilization	Intervention	JARF	BNET	CAT TEAM		
A	B _{2-a}							
IA. TOTAL STATE SAMH FUNDING								
(1) CFBHN	\$3,805,224	\$4,624,400	\$0	\$104,242	\$599,935	\$675,000	\$304,251	\$10,113,051
(2) DCF	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
IB. OTHER GOVT. FUNDING								
(1) Other State Agency Funding	\$0	\$0	\$0	\$0	\$0	\$0	\$102,000	\$102,000
(2) Medicaid	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(3) Local Government	\$412,664	\$1,362,873	\$0	\$36,644	\$0	\$0	\$2,085,329	\$3,897,509
(4) Federal Grants and Contracts	\$518,824	\$845,930	\$0	\$16,109	\$71,473	\$113,924	\$499,741	\$2,066,000
(5) In-kind from local govt. only	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOT. OTHER GOVT. FUNDING =	\$931,488	\$2,208,802	\$0	\$52,753	\$71,473	\$113,924	\$2,687,070	\$6,065,509
	=====	=====	=====	=====	=====	=====	=====	=====
IC. ALL OTHER REVENUES								
(1) 1st & 2nd Party Payments	\$0	\$4,621	\$0	\$0	\$0	\$0	\$0	\$4,621
(2) 3rd Party Payments (except Medicare)	\$3,860	\$1,854,171	\$0	\$0	\$2,723	\$0	\$0	\$1,860,754
(3) Medicare	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(4) Contributions and Donations	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(5) Other	\$0	\$0	\$0	\$0	\$0	\$0	\$34,700	\$34,700
(6) In-kind	\$13,324	\$0	\$0	\$0	\$0	\$0	\$0	\$13,324
TOT. ALL OTHER REVENUES =	\$17,184	\$1,858,792	\$0	\$0	\$2,723	\$0	\$34,700	\$1,913,399
	=====	=====	=====	=====	=====	=====	=====	=====
TOTAL PROJECTED FUNDING =	\$4,753,895	\$8,691,994	\$0	\$156,995	\$674,131	\$788,924	\$2,721,770	\$18,091,959
	=====	=====	=====	=====	=====	=====	=====	=====

**SUBSTANCE ABUSE & MENTAL HEALTH SERVICES
PROJECTED COST CENTER OPERATING AND CAPITAL BUDGET**

AGENCY: Personal Enrichment through Mental Health Services, Inc.

7/1/2020

CONTRACT #:

PART II: PROJECTED EXPENSES

*except IIC & IID

EXPENSE CATEGORIES	Crisis Support/Emerg.	Crisis Stabilization	Intervention	JARF	BNET	CAT TEAM	Non-SAMH Cost Center	Other Support Costs (optional)	Administration	Total Expenses (F+G+H*+I*)
A	B _{2-a}							H	I	J
IIA. PERSONNEL EXPENSES										
(1) Salaries	\$2,402,351	\$4,742,097	\$0	\$90,282	\$314,859	\$504,729	\$1,341,923	\$0	\$894,434	\$10,290,676
(2) Fringe Benefits	\$441,860	\$851,967	\$0	\$16,220	\$60,520	\$97,028	\$292,188	\$0	\$169,598	\$1,929,381
TOTAL PERSONNEL EXPENSES =	\$2,844,211	\$5,594,064	\$0	\$106,501	\$375,380	\$601,758	\$1,634,111	\$0	\$1,064,032	\$12,220,057
	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====
IIB. OTHER EXPENSES										
(1) Building Occupancy	\$54,408	\$162,521	\$0	\$3,060	\$18,620	\$27,879	\$94,634	\$58,027	\$40,080	\$459,229
(2) Professional Services	\$110,310	\$760,637	\$0	\$8,288	\$41,662	\$6,767	\$11,345	\$0	\$90,074	\$1,029,083
(3) Travel	\$11,399	\$6,528	\$0	\$4	\$10,185	\$16,675	\$39,783	\$13,984	\$11,198	\$109,757
(4) Equipment	\$44,089	\$63,651	\$0	\$715	\$8,482	\$19,384	\$69,303	\$101,543	\$258,162	\$565,329
(5) Food Services	\$0	\$224,171	\$0	\$3,800	\$0	\$0	\$1,000	(\$31,528)	\$600	\$198,042
(6) Medical and Pharmacy	\$53,592	\$433,709	\$0	\$5,188	\$84,634	\$300	\$4,135	(\$20,372)	\$2,857	\$564,044
(7) Subcontracted Services	\$968,294	\$0	\$0	\$0	\$540	\$0	\$410,570	\$60,934	\$163,655	\$1,603,993
(8) Insurance	\$79,363	\$156,658	\$0	\$2,983	\$10,402	\$16,674	\$44,331	\$0	\$29,548	\$339,958
(9) Interest Paid	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$56,565	\$56,565
(10) Operating Supplies & Expenses	\$71,908	\$174,892	\$0	\$2,562	\$11,725	\$16,811	\$104,419	\$25,535	\$100,601	\$508,453
(11) Other	\$4,320	\$201,586	\$0	\$2,215	\$0	\$0	\$0	(\$208,121)	\$1,500	\$1,500
(12) Donated Items	\$150	\$400	\$0	\$0	\$150	\$1,000	\$2,200	\$0	\$36,500	\$40,400
TOTAL OTHER EXPENSES =	\$1,397,834	\$2,184,752	\$0	\$28,814	\$186,400	\$105,490	\$781,721	\$1	\$791,341	\$5,476,352
	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====
TOT. PERSONNEL & OTH. EXP. =	\$4,242,045	\$7,778,816	\$0	\$135,315	\$561,779	\$707,247	\$2,415,832	\$1	\$1,855,373	\$17,696,408
	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====
IIC. DISTRIBUTED INDIRECT COSTS										
(a) Other Support Costs (Optional)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(b) Administration	\$496,847	\$911,090	\$0	\$15,849	\$65,798	\$82,836	\$282,953	\$0	(\$1,855,373)	\$0
TOT. DISTR'D INDIRECT COSTS =	\$496,847	\$911,090	\$0	\$15,849	\$65,798	\$82,836	\$282,953	\$0	(\$1,855,373)	\$0
	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====
TOTAL PROJECTED OPER. EXPENSES =	\$4,738,892	\$8,689,906	\$0	\$151,164	\$627,577	\$790,083	\$2,698,785	XXXXXXXXXX	XXXXXXXXXX	\$17,696,408
	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====
IID. UNALLOWABLE COSTS	\$0	\$36,000	\$0	\$0	\$0	\$0	\$0	XXXXXXXXXX	XXXXXXXXXX	\$36,000

**SUBSTANCE ABUSE & MENTAL HEALTH SERVICES
PROJECTED COST CENTER OPERATING AND CAPITAL BUDGET**

AGENCY: Personal Enrichment through Mental Health Services, Inc.

7/1/2020

CONTRACT #:

	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====
II. TOTAL SAMH LINES OF CREDIT EQUIVALENT =	\$0	\$0	\$0	\$0	\$0	\$0	\$0	XXXXXXXXXX	XXXXXXXXXX	\$0
	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====
TOT. ALLOWABLE PROJ'D OPERATING EXP., Excluding SAMH Credit Equivalent =	\$4,738,892	\$8,653,906	\$0	\$151,164	\$627,577	\$790,083	\$2,698,785	XXXXXXXXXX	XXXXXXXXXX	\$17,660,408
	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====
III. CAPITAL EXPENDITURES	\$0	\$200,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$200,000
	=====	=====	=====	=====	=====	=====	=====	=====	=====	=====

III. BUDGET NARRATIVE (attach separate set of workpapers)

PART III: CERTIFICATION

I certify the above to be an accurate projection and in agreement with this agency's records and with the terms of this agency's contract with the department.

Signature

Date

Personal Enrichment through Mental Health Services, Inc.

FINANCIAL STATEMENTS AND SUPPLEMENTARY FINANCIAL INFORMATION

June 30, 2019

(With comparative financial information for 2018)



CRI CARR
RIGGS &
INGRAM

CPAs and Advisors

CRIcpa.com

Personal Enrichment Through Mental Health Services, Inc.
Table of Contents
June 30, 2019 and 2018

TAB: REPORT

Independent Auditors' Report	1
------------------------------	---

TAB: FINANCIAL STATEMENTS

Statements of Financial Position as of June 30, 2019 and 2018	4
Statements of Activities for the Years Ended June 30, 2019 and 2018	5
Statement of Functional Expenses for the Year Ended June 30, 2019	6
Statement of Functional Expenses for the Year Ended June 30, 2018	9
Statements of Cash Flows for the Years Ended June 30, 2019 and 2018	12
Notes to Financial Statements	13
Schedule of Actual Revenue and Expenses for the Year Ended June 30, 2019	23
Schedule of State Earnings for Alcohol, Drug Abuse and Mental Health Services for the Year Ended June 30, 2019	29
Schedule of Bed Day Availability for the Year Ended June 30, 2019	30
Schedule of Related Party Transaction Adjustments for the Year Ended June 30, 2019	31
Schedule of Expenditures of Federal Awards and State Financial Assistance for the Year Ended June 30, 2019	32
Notes to Schedule of Expenditures of Federal Awards and State Financial Assistance	33
Independent Auditors' Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards	34
Independent Auditors' Report on Compliance for Each Major Federal Program and State Project and on Internal Control Over Compliance Required by the Uniform Guidance	36
Schedule of Findings and Questioned Costs for the Year Ended June 30, 2019	38



REPORT



Carr, Riggs & Ingram, LLC
3000 Bayport Drive
Suite 500
Tampa, FL 33607

813.855.3036
813.207.2998 (fax)
CRIcpa.com

INDEPENDENT AUDITORS' REPORT

The Board of Directors
Personal Enrichment through Mental Health Services, Inc.
Pinellas Park, Florida

Report on the Financial Statements

We have audited the accompanying financial statements of Personal Enrichment through Mental Health Services, Inc. (a nonprofit organization), which comprise the statement of financial position as of June 30, 2019, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Personal Enrichment through Mental Health Services, Inc. as of June 30, 2019, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

Adoption of New Accounting Pronouncement

As described in Note 2 to the financial statements, in the 2019 financial statements the Organization adopted Accounting Standards Update (ASU) 2016-14: Not-For-Profit Entities, (Topic 958) this new standard requires changes to be made in how net assets are presented and has added multiple new disclosures. Our opinion is not modified with respect to this matter.

Other Matters

Other Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards and state financial assistance, as required by Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, and the accompanying schedules of actual revenue and expenses, state earnings for alcohol, drug abuse, and mental health services, bed day availability, and related party transaction adjustments as required by the various funding agencies are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Report on Summarized Comparative Information

We have previously audited the Personal Enrichment through Mental Health Services, Inc.'s June 30, 2018 financial statements, and our report dated December 17, 2018, expressed an unmodified opinion on those audited financial statements. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2018, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated December 20, 2019, on our consideration of Personal Enrichment through Mental Health Services, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Personal Enrichment through Mental Health Services, Inc.'s internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Personal Enrichment through Mental Health Services, Inc.'s internal control over financial reporting and compliance.

Carr, Riggs & Ingram, L.L.C.

CARR, RIGGS & INGRAM, LLC

Tampa, Florida
December 20, 2019



FINANCIAL STATEMENTS

Personal Enrichment Through Mental Health Services, Inc.
Statements of Financial Position

<i>June 30,</i>	2019	2018
Assets		
Cash and cash equivalents	\$ 1,734,093	\$ 1,530,978
Patient receivables, less allowance for doubtful accounts of \$500,000 and \$500,000 at June 30, 2019 and 2018	286,207	337,321
Grant and other receivables	1,540,463	1,318,501
Prepaid expenses and other assets	427,435	462,296
Property and equipment, net	3,744,579	3,819,121
Total assets	\$ 7,732,777	\$ 7,468,217
Liabilities and net assets		
Liabilities		
Accounts payable and accrued expenses	\$ 335,188	\$ 246,088
Accrued payroll and related liabilities	492,720	423,030
Deferred revenue	20,932	5,302
Notes payable	209,984	199,150
Long-term debt, less deferred loan costs	812,697	897,501
Total liabilities	1,871,521	1,771,071
Net Assets		
Without donor restrictions	5,861,256	5,697,146
Total net assets	6,088,197	5,697,146
Total liabilities and net assets	\$ 7,732,777	\$ 7,468,217

The accompanying notes are an integral part of these financial statements.

Personal Enrichment Through Mental Health Services, Inc. Statements of Activities

<i>For the years ended June 30,</i>	2019	2018
Revenues		
Federal, state and local program funds	\$ 13,195,850	\$ 11,759,974
Patient and third-party fees	2,765,616	2,611,077
Provision for uncollectible accounts	(837,753)	(394,420)
Patient and third-party fees, net	1,927,863	2,216,657
Other income	196,817	191,790
In-kind donations	796,401	507,689
Total revenues	16,116,931	14,676,110
Expenses		
Program services	14,324,172	12,662,767
Support services	1,628,649	1,584,846
Total expenses	15,952,821	14,247,613
Change in net assets	164,110	428,497
Net assets, beginning of year	5,697,146	5,268,649
Net assets, end of year	\$ 5,861,256	\$ 5,697,146

The accompanying notes are an integral part of these financial statements.

Personal Enrichment through Mental Health Services, Inc. Statement of Functional Expenses

For the year ended June 30, 2019

	Program Services				
	Crisis Stabilization	Crisis Support	S/A Intervention	S/A Crisis Support	S/A Detox
Payroll and related expenses:					
Salaries	\$ 3,790,336	\$ 1,734,470	\$ 51,092	\$ 43,380	\$ 65,354
Fringe benefits	702,189	325,028	10,222	8,239	11,837
Temporary staff	364,476	7,424	-	-	6,392
Total payroll and related expenses	4,857,001	2,066,922	61,314	51,619	83,583
Operating expenses:					
Building occupancy	257,899	54,608	223	-	3,685
Professional services	804,233	80,323	482	464	7,677
Travel and transportation	6,475	3,450	400	1,212	21
Equipment costs	87,980	36,598	1,592	424	952
Food services	223,742	-	-	-	3,093
Medical and pharmacy	720,586	324,422	-	-	3,748
Subcontracted services	-	463,666	-	-	-
Insurance	129,292	54,331	2,333	1,374	2,238
Interest expense	-	-	-	-	-
Operating supplies and expenses	289,304	85,128	1,326	675	2,974
Other	334	-	-	110	9
Total operating expenses	2,519,845	1,102,526	6,356	4,259	24,397
Total expenses	\$ 7,376,846	\$ 3,169,448	\$ 67,670	\$ 55,878	\$ 107,980

(continued)

The accompanying notes are an integral part of these financial statements.

Personal Enrichment through Mental Health Services, Inc. Statement of Functional Expenses (Continued)

For the year ended June 30, 2019

	Program Services			Total Program Services
	Non-SAMH Services B-Net	Non-SAMH Services CAT	Non-SAMH Services Other	
Payroll and related expenses:				
Salaries	\$ 324,034	\$ 476,912	\$ 1,223,402	\$ 7,708,980
Fringe benefits	61,531	85,807	228,615	1,433,468
Temporary staff	-	-	-	378,292
Total payroll and related expenses	385,565	562,719	1,452,017	9,520,740
Operating expenses:				
Building occupancy	20,413	27,870	95,579	460,277
Professional services	38,171	6,613	13,422	951,385
Travel and transportation	11,577	18,741	28,135	70,011
Equipment costs	8,336	17,142	54,247	207,271
Food services	-	-	775	227,610
Medical and pharmacy	240,796	1,488	22,920	1,313,960
Subcontracted services	-	-	362,788	826,454
Insurance	10,417	15,104	38,477	253,566
Interest expense	-	-	-	-
Operating supplies and expenses	15,280	21,047	74,665	490,399
Other	115	725	1,206	2,499
Total operating expenses	345,105	108,730	692,214	4,803,432
Total expenses	\$ 730,670	\$ 671,449	\$ 2,144,231	\$ 14,324,172

(continued)

The accompanying notes are an integral part of these financial statements.

Personal Enrichment through Mental Health Services, Inc. Statement of Functional Expenses (Continued)

<i>For the year ended June 30, 2019</i>	Support Services	
	Admin- istration	Grand Total
Payroll and related expenses:		
Salaries	\$ 722,369	\$ 8,431,349
Fringe benefits	135,358	1,568,826
Temporary staff	-	378,292
<hr/>		
Total payroll and related expenses	857,727	10,378,467
Operating expenses:		
Building occupancy	40,549	500,826
Professional services	102,584	1,053,969
Travel and transportation	10,566	80,577
Equipment costs	223,913	431,184
Food services	193	227,803
Medical and pharmacy	(3)	1,313,957
Subcontracted services	161,983	988,437
Insurance	22,802	276,368
Interest expense	59,321	59,321
Operating supplies and expenses	121,296	611,695
Other	27,718	30,217
<hr/>		
Total operating expenses	770,922	5,574,354
<hr/>		
Total expenses	\$ 1,628,649	\$ 15,952,821

The accompanying notes are an integral part of these financial statements.

Personal Enrichment through Mental Health Services, Inc. Statement of Functional Expenses

For the year ended June 30, 2018

	Program Services				
	Crisis Stabilization	Crisis Support	S/A Intervention	S/A Crisis Support	S/A Detox
Payroll and related expenses:					
Salaries	\$ 3,950,846	\$ 1,339,332	\$ 94,828	\$ 17,878	\$ 5,892
Fringe benefits	782,275	265,137	18,880	3,198	432
Temporary staff	226,007	25,209	-	-	-
Total payroll and related expenses	4,959,128	1,629,678	113,708	21,076	6,324
Operating expenses:					
Building occupancy	220,396	44,513	144	32	-
Professional services	819,866	59,896	5,695	122	587
Travel and transportation	9,427	6,139	650	294	14
Equipment costs	107,273	23,718	1,251	248	5
Food services	233,846	-	-	-	-
Medical and pharmacy	634,260	188,982	-	-	-
Subcontracted services	-	-	-	-	-
Insurance	136,112	42,874	3,056	509	145
Interest expense	-	-	-	-	-
Operating supplies and expenses	353,152	66,486	1,358	390	-
Other	-	-	-	-	-
Donated items	232	75	48	-	-
Total operating expenses	2,514,564	432,683	12,202	1,595	751
Total expenses	\$ 7,473,692	\$ 2,062,361	\$ 125,910	\$ 22,671	\$ 7,075

(continued)

The accompanying notes are an integral part of these financial statements.

Personal Enrichment through Mental Health Services, Inc. Statement of Functional Expenses (Continued)

For the year ended June 30, 2018

	Program Services			Total Program Services
	Non-SAMH Services B-Net	Non-SAMH Services CAT	Non-SAMH Services Other	
Payroll and related expenses:				
Salaries	\$ 382,127	\$ 483,873	\$ 1,083,196	\$ 7,357,972
Fringe benefits	75,540	93,090	212,184	1,450,736
Temporary staff	-	-	-	251,216
Total payroll and related expenses	457,667	576,963	1,295,380	9,059,924
Operating expenses:				
Building occupancy	20,523	23,246	61,653	370,507
Professional services	43,585	6,156	8,861	944,768
Travel and transportation	15,402	18,529	36,666	87,121
Equipment costs	5,988	9,871	35,218	183,572
Food services	100	-	500	234,446
Medical and pharmacy	176,876	112	12,230	1,012,460
Subcontracted services	-	-	-	-
Insurance	12,192	15,528	34,563	244,979
Interest expense	-	-	-	-
Operating supplies and expenses	9,787	12,981	69,408	513,562
Other	74	9,872	179	10,125
Donated items	25	25	898	1,303
Total operating expenses	284,552	96,320	260,176	3,602,843
Total expenses	\$ 742,219	\$ 673,283	\$ 1,555,556	\$ 12,662,767

(continued)

The accompanying notes are an integral part of these financial statements.

Personal Enrichment through Mental Health Services, Inc. Statement of Functional Expenses (Continued)

<i>For the year ended June 30, 2018</i>	Support Services	
	Admin- istration	Grand Total
Payroll and related expenses:		
Salaries	\$ 717,605	\$ 8,075,577
Fringe benefits	152,494	1,603,230
Temporary staff	542	251,758
<hr/>		
Total payroll and related expenses	870,641	9,930,565
Operating expenses:		
Building occupancy	62,515	433,022
Professional services	58,022	1,002,790
Travel and transportation	7,214	94,335
Equipment costs	191,742	375,314
Food services	213	234,659
Medical and pharmacy	79	1,012,539
Subcontracted services	180,573	180,573
Insurance	23,247	268,226
Interest expense	47,345	47,345
Operating supplies and expenses	114,949	628,511
Other	6,768	16,893
Donated items	21,538	22,841
<hr/>		
Total operating expenses	714,205	4,317,048
<hr/>		
Total expenses	\$ 1,584,846	\$ 14,247,613
<hr/>		

The accompanying notes are an integral part of these financial statements.

Personal Enrichment through Mental Health Services, Inc. Statements of Cash Flows

<i>For the years ended June 30,</i>	2019	2018
Cash flows from operating activities:		
Increase (decrease) in net assets	\$ 164,110	\$ 428,497
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	307,265	271,513
Amortization of deferred loan costs	2,700	4,875
Provision for uncollectible accounts	837,753	394,420
Gain on sale of fixed assets	-	(3,433)
Change in operating assets and liabilities:		
Receivables	(1,008,601)	(146,152)
Prepaid expenses and other assets	34,861	(70,045)
Accounts payable and accrued expenses	89,100	1,076
Accrued payroll and related liabilities	69,690	84,555
Deferred revenue	15,630	(35,701)
Net cash provided by operating activities	512,508	929,605
Cash flows from investing activities:		
Purchase of property and equipment	(232,723)	(258,881)
Proceeds from disposal of property and equipment	-	7,000
Net cash used in investing activities	(232,723)	(251,881)
Cash flows from financing activities:		
Payments on notes payable and long-term debt	(307,203)	(300,960)
Proceeds from notes payable and long-term debt	230,533	218,701
Unamortized loan cost	-	(5,400)
Net cash used in financing activities	(76,670)	(87,659)
Net increase in cash and cash equivalents	203,115	590,065
Cash and cash equivalents, beginning of year	1,530,978	940,913
Cash and cash equivalents, end of year	\$ 1,734,093	\$ 1,530,978
Supplemental Disclosures:		
Cash paid for interest	\$ 59,321	\$ 47,345

The accompanying notes are an integral part of these financial statements.

Personal Enrichment through Mental Health Services, Inc. Notes to Financial Statements

NOTE 1: NATURE OF OPERATIONS

Personal Enrichment through Mental Health Services, Inc. (“PEMHS”) is chartered as a not-for-profit Florida corporation under Chapter 617 of the Florida Statutes, operating out of its facilities in Pinellas County. PEMHS provides residential mental health care and emergency mental health care to adults and children, as well as other services that focus on families and therapeutic services. The major source of funding for PEMHS is provided by state and local governments through performance contracts. Unless specifically restricted by the terms of a grant or contract, all funds received are considered to be available for unrestricted use.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Financial Statement Presentation

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with U.S. GAAP.

PEMHS has followed Financial Accounting Standards Board Accounting Standards Codification (“ASC”) 958, *Not-for-Profit Entities*. Under ASC 958, PEMHS’ net assets are classified as net assets without donor restrictions or with donor restrictions:

Net Assets Without Donor Restriction: Include net assets that are not subject to donor-imposed stipulations or designated for a specific purpose by the Board of Directors.

Net Assets With Donor Restrictions: Include gifts for which donor-imposed restrictions due to time or purpose have not yet been met and gifts that require, by donor restriction, that the corpus be invested in perpetuity and only the income be made available for program operations in accordance with donor restrictions, as applicable.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. In management’s judgement, the area involving the most significant use of estimates is the allowance for uncollectible accounts. Estimates are based on management’s knowledge of current events and anticipated future events. PEMHS adjusts estimates each period as more current information becomes available. The impact of any changes in estimates is included in the determination of earnings in the period in which the estimate is adjusted. Actual results may differ materially from those estimates.

Personal Enrichment through Mental Health Services, Inc. Notes to Financial Statements

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Changes to the Financial Statements for ASU No. 2016-14

In August 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2016-14, Not-for-Profit Entities (Topic 958): *Presentation of Financial Statements of Not-for-Profit Entities*. The Organization has adjusted the presentation of its financial statements accordingly, applying the changes retrospectively to the comparative period presented.

The new standard changes the following aspects of the Organization's financial statements:

- Net assets are now classified as either net assets without donor restrictions or net assets with donor restrictions.
- The financial statements include a new disclosure about liquidity and availability of resources (Note 3).
- The financial statements include a new disclosure related to functional allocation of expenses.

The changes have the following effect on net assets at June 30, 2018:

Net Asset Class	As Originally Presented	After Adoption of ASU 2016-14
Unrestricted net assets	\$ 5,697,146	\$ -
Net assets without donor restrictions	-	5,697,146
Total net assets	\$ 5,697,146	\$ 5,697,146

Functional Allocation of Expenses

The financial statements report certain categories of expenses that are attributable to more than one program or supporting function. Expenditures that require allocation are allocated on either a personnel-cost basis, headcount basis, percentage of direct expenses basis or a formula established by management to reflect relative benefit, as outlined in the allocation of indirect costs policy. These expenses include salaries, payroll benefits, audit costs, legal fees, associated occupancy expenses and depreciation.

Cash and Cash Equivalents

PEMHS considers cash on hand and amounts on deposit with financial institutions that have original maturities of six months or less to be cash and cash equivalents.

Restricted Cash

The restrictions on cash are primarily limited to the purchase of children's clothing. Restricted cash was included with cash and cash equivalents. Restricted cash balance was \$400 as of June 30, 2019 and \$400 as of June 30, 2018.

Personal Enrichment through Mental Health Services, Inc. Notes to Financial Statements

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Patient Receivables

Patient receivables consist of amounts due from patients, Medicaid, and third-party insurance carriers arising from program services provided in the ordinary course of business. PEMHS grants credit without collateral to its patients, most of who are local residents and are insured under third-party payor agreements. Two health plans, each with balances in excess of 10% of total patient receivables, comprised 51% of PEMHS patient receivables as of June 30, 2019. Two health plans, each with balances in excess of 10% of total patient receivables, comprised 47% of PEMHS patient receivables as of June 30, 2018.

The allowance for uncollectible accounts is management's best estimate of the amount of probable losses in patient receivables and is based on a number of factors, including payer collections and adjustments history and review of past due balances, with particular emphasis on past due accounts greater than 90 days old and individual patient self-pay balances. Account balances are written off against the allowance after all means of collection have been exhausted and the likelihood of potential recovery is considered remote. Patient receivables are included in the accompanying statements of financial position net of the allowance for uncollectible accounts, which includes estimated allowances for contractual adjustments and uncollectible accounts, of \$500,000 and \$500,000 at June 30, 2019 and 2018, respectively.

Grant and Other Receivables

Grant and other receivables consist of amounts due from the State of Florida Department of Children and Families ("DCF"), Central Florida Behavioral Health Network ("CFBHN"), Juvenile Welfare Board of Pinellas County ("JWBPC"), and other department, county, and city grants, as well as fee for service contracts arising from program services provided in the ordinary course of business. Management has determined these receivables are collectable and an allowance for doubtful accounts is not considered necessary for the years ended June 30, 2019 and 2018.

Property and Equipment, Net

Property and equipment is stated at cost, net of accumulated depreciation. PEMHS capitalizes all expenditures for buildings and equipment with a unit cost in excess of \$1,000 and a useful life in excess of 1 year. Depreciation of property and equipment is computed using the straight-line method over the respective asset's estimated useful life. In accordance with Florida Statutes, the state has a vested interest in the assets acquired with state funds allocated specifically for real property acquisitions for 20 years and tangible personal property acquisitions for a period of 7 years. Repairs are expensed as incurred.

Personal Enrichment through Mental Health Services, Inc. Notes to Financial Statements

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Revenue Recognition

Federal, State and Local Program Funds

Grant funds for reimbursement type grants are deemed to be earned and reported as revenue when expenditures are incurred in compliance with specific grant requirements. Funds paid in advance are recorded as deferred revenue in the statements of financial position until the revenue is earned and recognized.

Grant funds for units of service type grants are deemed to be earned and reported as revenue when a unit of service is provided in compliance with specific grant requirements.

Patient and Third-Party Fees, Net

Net patient and third-party fees are reported at the estimated net realizable amounts due from patients, third-party payers and others for services rendered. Net patient and third-party fees are recognized as services are provided. PEMHS derives a significant portion of its revenues from certain Medicaid Managed Care health plans operating under the State's Medicaid program. Four health plans, each with revenue in excess of 10% of gross patient and third-party fees, comprised 75% and 80% of PEMHS gross patient and third-party fees for the years ended June 30, 2019 and 2018, respectively.

PEMHS bills patients without third-party insurance on a sliding scale of 0% to 100% of standard charges, based on the patient's ability to pay. Charges foregone due to a patient's inability to pay are not recognized as revenue. A portion of the cost of serving uninsured patients with no ability to pay is funded under PEMHS' contracts with its funding agencies (see grant and other receivables).

PEMHS has agreements with third-party payers that provide for payments at amounts different from its established rates. Medicaid and other governmental programs reimburse providers based on fee schedules, which are determined by the related government agency. PEMHS also has agreements with managed care and other organizations to provide services based on negotiated fee schedules. Accordingly, the revenues reported in PEMHS' financial statements are recorded at the amount that is expected to be received.

PEMHS must estimate the total amount of contractual discounts from established charges to prepare its financial statements. The Medicaid regulations and various managed care contracts under which these discounts must be calculated are complex and subject to interpretation and adjustment. The Organization estimates the allowance for contractual discounts on a payer class basis using its interpretation of the applicable regulations or contract terms. These interpretations sometimes result in payments that differ from initial estimates. Additionally, updated regulations and contract renegotiations occur frequently, necessitating regular review and assessment of the estimation process by management.

Personal Enrichment through Mental Health Services, Inc. Notes to Financial Statements

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Revenue Recognition (Continued)

Patient and Third-Party Fees, Net (Continued)

Adjustments to revenue related to changes in prior period estimates of contractual adjustments and uncollectible accounts increased net patient and third-party fees by approximately \$64,000 for the year ended June 30, 2019 and increased net patient and third-party fees by approximately \$103,000 for the year ended June 30, 2018.

In-Kind Donations

During the years ended June 30, 2019 and 2018, PEMHS recorded contributed goods, primarily composed of donations of pharmaceutical samples, valued at \$796,402 and \$507,689, respectively, in the accompanying statements of activities. Valuations are based on the lower of cost and net realizable value.

Income Taxes

PEMHS has been recognized by the Internal Revenue Service as a tax-exempt organization described in Section 501(c)(3) of the Internal Revenue Code of 1986 and has been classified as an organization that is not a private foundation under Section 509(a).

PEMHS utilizes the provisions of ASC 740, "Accounting for Uncertainty in Income Taxes." As a result, PEMHS has not recognized any respective liability for unrecognized tax benefits as it has no known tax positions that would subject PEMHS to any material income tax exposure. A reconciliation of the beginning and ending amount of unrecognized tax benefits in interest expense and penalties in operating expenses is not included as there are no unrecognized tax benefits.

NOTE 3: LIQUIDITY AND AVAILABILITY OF FINANCIAL ASSETS

The Organization's management monitors its liquidity so that it is able to cover operating expenses and other costs related to special projects. Management budgets for such costs based on the prior year actual expenses and anticipated future expenses. Budgets are approved by the Board in July for the new fiscal year.

PEMHS has a goal to maintain financial assets, which consist of cash on hand to meet 30 days of normal operating expenses, which are, on average, approximately \$1,300,000. This amount may be higher or lower depending on actual expenses incurred and paid throughout the budget year.

As more fully described in Note 5, PEMHS has a committed line of credit in the amount of \$1,000,000, which it could draw upon in the event of an unanticipated liquidity need.

Personal Enrichment through Mental Health Services, Inc. Notes to Financial Statements

NOTE 3: LIQUIDITY AND AVAILABILITY OF FINANCIAL ASSETS (Continued)

Management has budgeted approximately \$15,630,000 of operating expenses to be paid within one year of the statement of financial position. The Organization has the following financial assets that could readily be made available, that is, without donor or other restrictions limiting their use, within one year of the statement of financial position to fund expenses:

<i>June 30,</i>	2019
Cash and cash equivalents	\$ 1,734,093
Less: Restricted cash	(400)
Patient receivables, net	286,207
Purchase of service and other receivables	1,540,463
Total available financial assets	\$ 3,560,363

NOTE 4: PROPERTY AND EQUIPMENT

Property and equipment consists of the following:

<i>June 30,</i>	2019	2018
Land	\$ 1,191,145	\$ 1,191,145
Land improvements	253,253	253,253
Buildings	7,278,996	7,169,621
Leasehold Improvements	256,190	256,190
Office furniture and equipment	1,651,947	1,476,283
Vehicles	205,983	205,983
Construction in progress	-	54,184
Total property and equipment	10,837,514	10,606,659
Less: accumulated depreciation and amortization	(7,092,935)	(6,787,538)
Property and equipment, net	\$ 3,744,579	\$ 3,819,121

Depreciation expense was \$307,265 and \$271,513 for the years ended June 30, 2019 and 2018, respectively. Depreciation expense is included in the building occupancy and equipment expense on the schedule of functional expenses.

Personal Enrichment through Mental Health Services, Inc. Notes to Financial Statements

NOTE 5: DEBT

Notes payable and long-term debt consists of the following:

<i>June 30,</i>	2019	2018
Mortgage payable to Hancock Bank, monthly installments of \$7,292, including interest at 6.375% and \$7,560, including interest at 4.25% in 2019 and 2018, respectively; due October 16, 2026; secured by real property with net book value of \$3,170,315	\$ 814,497	\$ 902,001
Note payable for financed insurance policy, monthly installments of \$20,958, interest 4.72%; due June 1, 2020; unsecured	209,984	-
Note payable for financed insurance policy, monthly installments of \$19,882, interest 4.02%; due June 1, 2019; unsecured	-	199,150
Total notes payable and long-term debt	\$ 1,024,481	\$ 1,101,151
Less deferred loan cost	1,800	4,500
Total notes payable and long-term debt, net of deferred loan cost	1,022,681	1,096,651

Future maturities of notes payable and long-term debt are the following:

<i>For the year ending June 30,</i>	
2020	\$ 298,904
2021	90,720
2022	90,720
2023	90,720
2024	90,720
Thereafter	360,897
	\$ 1,022,681

Interest expense incurred for the years ended June 30, 2019 and 2018 totaled \$62,021 and \$52,220, respectively. Interest expense includes amortization of deferred loan costs of \$2,700 and \$4,875 in June 30, 2019 and 2018, respectively.

PEMHS also has a \$1 million line of credit with a bank. The interest rate is the prime rate plus 0.5% (4.5% and 4.5% at June 30, 2019 and 2018) and the line of credit expires on February 28, 2020. There were no amounts drawn under the line of credit as of June 30, 2019 and 2018. The line is collateralized by first and second mortgages on certain real estate, assignment of rents, furniture, fixtures, equipment, and accounts receivable.

Personal Enrichment through Mental Health Services, Inc. Notes to Financial Statements

NOTE 6: OPERATING LEASE COMMITMENTS

PEMHS has cancelable and non-cancelable operating leases for office equipment, parking lot and facilities. Future minimum lease payments required under these operating leases are as follows:

<i>For the year ending June 30,</i>		
	\$	
2020		75,426
2021		21,626
Total minimum lease payments	\$	97,052

Rental expense under the operating leases for buildings and equipment incurred for the years ended June 30, 2019 and 2018 was approximately, \$98,000 and \$97,000, respectively.

NOTE 7: EMPLOYEE BENEFIT PLAN

Prior to December 31, 2003, PEMHS maintained a 401(k) Plan for the benefit of its employees. That plan covered substantially all of PEMHS' employees. On December 31, 2003, the PEMHS 401(k) Plan was frozen and participants were no longer able to elect to contribute funds to the Plan.

On January 1, 2004, PEMHS adopted a 403(b) Plan for the benefit of its employees. The Plan provided coverage for all employees and employees were able to participate upon employment. Matching contributions to the Plan are provided to all participants at a rate equal to 50 percent of the elective deferrals of each employee who is eligible for employer contributions. An employee's elective deferrals in excess of 6 percent of the employee's compensation shall not be considered for purposes of the employer match. Pension expense for the years ended June 30, 2019 and 2018 was \$71,014 and \$66,401, respectively.

NOTE 8: CONCENTRATIONS OF CREDIT RISK

PEMHS maintains cash and cash equivalent balances with various financial institutions. Balances maintained at one financial institution exceeded FDIC insured limits by approximately \$1,700,000 and \$1,400,000 at June 30, 2019 and 2018, respectively.

NOTE 9: SUPPORT FROM THE STATE OF FLORIDA THAT REQUIRED MATCH

PEMHS received a substantial portion of its support from the State of Florida under a unit cost reimbursement contract with CFBHN. This contract must be renegotiated annually. Although a maximum amount is established during the negotiation process, income is earned on a reimbursement basis. Income can be earned only to the extent of eligible expenses incurred. The contract has a match requirement for certain Community Mental Health and Substance Abuse Services. This matching requirement had been met as of June 30, 2019 and 2018.

Personal Enrichment through Mental Health Services, Inc. Notes to Financial Statements

NOTE 10: MAJOR FUNDING SOURCES

PEMHS is heavily dependent on continued financing from CFBHN. It is possible that there will be some reduction in the level of funding for some or all of PEMHS' programs. However, it is management's opinion that acute care mental health facilities are among the highest funding priorities of the above-mentioned agencies and any reductions in funding can be absorbed through the curtailment of program services.

During the years ended June 30, 2019 and 2018, PEMHS received approximately 58% and 56% of its total revenues from the CFBHN, 14% and 12% from County Board of Commissioners, 9% and 11% from JWBPC, respectively. Those same funding sources also accounted for approximately 83% and 78% of the total patient, grant, and other accounts receivable of PEMHS at June 30, 2019 and 2018.

PEMHS has earned the required match from all funding sources for the fiscal years June 30, 2019 and 2018.

NOTE 11: COMMITMENTS AND CONTINGENCIES

Regulatory

Based on the nature of PEMHS' business, PEMHS is subject to regulatory and monitoring reviews or other investigations by various state insurance and health care regulatory authorities and other state and federal regulatory authorities. These authorities regularly scrutinize the business practices of health care companies and their reviews focus on numerous facets of PEMHS' business, including claims payment practices, physician credentialing, competitive practices, privacy issues and utilization management practices, among others. Such reviews could result in future assessments of fines and/or sanctions that may be material to the financial statements. PEMHS did not incur fines and/or sanctions related to these reviews during the years ended June 30, 2019 and 2018.

Professional and General Liability

PEMHS is subject to claims and legal actions in the ordinary course of business, including claims relating to patient treatment, employment practices and personal injuries. To cover these types of claims, PEMHS maintains general and professional liability insurance on a claims-made basis through commercial insurance carriers in amounts that PEMHS believes to be sufficient for its operations. It is at least reasonably possible that some claims may exceed the scope of coverage in effect.

Personal Enrichment through Mental Health Services, Inc. Notes to Financial Statements

NOTE 12: RELATED PARTY TRANSACTIONS

Effective July 1, 2016, Boley-PAR, Inc., a Florida not-for-profit corporation with 501(c)(3) tax exempt status, became PEMHS' sole member.

Boley-PAR, Inc. provides management and other administrative services to its members under a management services agreement. The services are provided by staff that is leased from each member agency under a leased employee agreement. The employee leasing costs are based on actual compensation and benefits.

During the fiscal year ended June 30, 2019 and 2018, the Organization provided employee leasing costs of \$1,012,801 and \$1,090,633 to Boley-PAR, Inc., respectively, and accrued a management fee of \$1,027,414 and \$1,097,651 to Boley-PAR, Inc., respectively, for management/administrative services received during the year.

NOTE 13: SUBSEQUENT EVENTS

On October 6, 2017, PEMHS ceased operations at their CSU South location in St. Petersburg. On September 6, 2019, with the assistance of a Board member, PEMHS sold the property for \$950,000 resulting in a gain. The commission charged by the Board member was 4% lower than that of an arm's length transaction.

Management of PEMHS has evaluated all events or transactions that occurred after June 30, 2019 through December 20, 2019, the date the financial statements were available to be issued.

Personal Enrichment through Mental Health Services, Inc.
Schedule of Actual Revenue and Expense
For the Year Ended June 30, 2019

	Program Services				
	Crisis Stabilization	Crisis Support	S/A Intervention	S/A Crisis Support	S/A Detox
STATE SAMH FUNDING					
Central Florida Behavioral Health Network	\$ 5,206,170	\$ 2,275,971	\$ 61,927	\$ -	\$ 104,242
Total State SAMH Funding	5,206,170	2,275,971	61,927	-	104,242
OTHER GOVERNMENT FUNDING					
Other state agency funding	-	35,230	-	63,891	-
Medicaid	(104)	-	-	-	-
Local government	-	1,744,792	-	-	-
Federal grants and contracts	-	-	-	-	-
Total Other Government Funding	(104)	1,780,022	-	63,891	-
ALL OTHER REVENUES					
1st & 2nd Party payments	(5,817)	958	-	-	-
3rd Party payments (except medicare)	1,948,984	(10,150)	-	-	-
Contributions and donations	-	-	-	-	-
Other	1,525	20,040	-	-	-
In-kind	437,635	192,929	-	-	-
Total All Other Revenues	2,382,327	203,777	-	-	-
Total Funding	\$ 7,588,393	\$ 4,259,770	\$ 61,927	\$ 63,891	\$ 104,242
<i>(continued)</i>					

See accompanying Independent Auditors' Report.

Personal Enrichment through Mental Health Services, Inc.
Schedule of Actual Revenue and Expense (Continued)
For the Year Ended June 30, 2019

	Program Services			Total Program Services
	Non-SAMH Services B-Net	Non-SAMH Services CAT	Non-SAMH Services Other	
STATE SAMH FUNDING				
Central Florida Behavioral Health Network	\$ 637,650	\$ 737,996	\$ -	\$ 9,023,956
Total State SAMH Funding	637,650	737,996	-	9,023,956
OTHER GOVERNMENT FUNDING				
Other state agency funding	-	-	-	99,121
Medicaid	-	-	-	(104)
Local government	-	-	1,506,144	3,250,936
Federal grants and contracts	-	-	37,623	37,623
Total Other Government Funding	-	-	1,543,767	3,387,576
ALL OTHER REVENUES				
1st & 2nd Party payments	-	-	-	(4,859)
3rd Party payments (except medicare)	(5,948)	-	(60)	1,932,826
Contributions and donations	-	-	-	-
Other	-	-	889,491	911,056
In-kind	151,009	676	14,152	796,401
Total All Other Revenues	145,061	676	903,583	3,635,424
Total Funding	\$ 782,711	\$ 738,672	\$ 2,447,350	\$ 16,046,956
<i>(continued)</i>				

See accompanying Independent Auditors' Report.

Personal Enrichment through Mental Health Services, Inc.
Schedule of Actual Revenue and Expense (Continued)
For the Year Ended June 30, 2019

	<u>Support Services</u>	
	Admin- istration	Grand Total
STATE SAMH FUNDING		
Central Florida Behavioral Health Network	\$ -	\$ 9,023,956
Total State SAMH Funding	-	9,023,956
OTHER GOVERNMENT FUNDING		
Other state agency funding	-	99,121
Medicaid	-	(104)
Local government	17,740	3,268,676
Federal grants and contracts	-	37,623
Total Other Government Funding	17,740	3,405,316
ALL OTHER REVENUES		
1st & 2nd Party payments	-	(4,859)
3rd Party payments (except medicare)	-	1,932,826
Contributions and donations	21,658	21,658
Other	30,577	941,633
In-kind	-	796,401
Total All Other Revenues	52,235	3,687,659
Total Funding	\$ 69,975	\$ 16,116,931
<i>(continued)</i>		

See accompanying Independent Auditors' Report.

Personal Enrichment through Mental Health Services, Inc.
Schedule of Actual Revenue and Expense (Continued)
For the Year Ended June 30, 2019

	Program Services				
	Crisis Stabilization	Crisis Support	S/A Intervention	S/A Crisis Support	S/A Detox
Payroll and related expenses:					
Salaries	\$ 3,790,336	\$ 1,734,470	\$ 51,092	\$ 43,380	\$ 65,354
Fringe benefits	702,189	325,028	10,222	8,239	11,837
Temporary staff	364,476	7,424	-	-	6,392
Total payroll and related expenses	4,857,001	2,066,922	61,314	51,619	83,583
Operating Expenses					
Building Occupancy	257,899	54,608	223	-	3,685
Professional Services	804,233	80,323	482	464	7,677
Travel	6,475	3,450	400	1,212	21
Equipment	87,980	36,598	1,592	424	952
Food Services	223,742	-	-	-	3,093
Medical and Pharmacy	720,586	324,422	-	-	3,748
Subcontracted Services	-	463,666	-	-	-
Insurance	129,292	54,331	2,333	1,374	2,238
Interest Expense	-	-	-	-	-
Operating Supplies & Expenses	289,304	85,128	1,326	675	2,974
Other	334	-	-	110	9
Total operating expenses	2,519,845	1,102,526	6,356	4,259	24,397
Administration allocation	899,024	320,644	8,952	6,972	12,514
Total expenses	8,275,870	3,490,092	76,622	62,850	120,494
Unallowable costs*	-	-	-	-	-
Total Allowable Operating Expenses	\$ 8,275,870	\$ 3,490,092	\$ 76,622	\$ 62,850	\$ 120,494

(continued)

* Unallowable costs are comprise of costs defined as unallowable by 2 CFR sections 200.420 through 200.475.

See accompanying Independent Auditors' Report.

Personal Enrichment through Mental Health Services, Inc.
Schedule of Actual Revenue and Expense (Continued)
For the Year Ended June 30, 2019

	Program Services			Total Program Services
	Non-SAMH Services B-Net	Non-SAMH Services CAT	Non-SAMH Services Other	
Payroll and related expenses:				
Salaries	\$ 324,034	\$ 476,912	\$ 1,223,402	\$ 7,708,980
Fringe benefits	61,531	85,807	228,615	1,433,468
Temporary staff	-	-	-	378,292
				-
Total payroll and related expenses	385,565	562,719	1,452,017	9,520,740
Operating Expenses				
Building Occupancy	20,413	27,870	95,579	460,277
Professional Services	38,171	6,613	13,422	951,385
Travel	11,577	18,741	28,135	70,011
Equipment	8,336	17,142	54,247	207,271
Food Services	-	-	775	227,610
Medical and Pharmacy	240,796	1,488	22,920	1,313,960
Subcontracted Services	-	-	362,788	826,454
Insurance	10,417	15,104	38,477	253,566
Interest Expense	-	-	-	-
Operating Supplies & Expenses	15,280	21,047	74,665	490,399
Other	115	725	1,206	2,499
				-
Total operating expenses	345,105	108,730	692,214	4,803,432
Administration allocation	83,393	79,438	217,712	1,628,649
				-
Total expenses	814,063	750,887	2,361,943	15,952,821
				-
Unallowable costs	-	-	-	-
				-
Total Allowable Operating Expenses	\$ 814,063	\$ 750,887	\$ 2,361,943	\$ 15,952,821

(continued)

See accompanying Independent Auditors' Report.

Personal Enrichment through Mental Health Services, Inc.
Schedule of Actual Revenue and Expense (Continued)
For the Year Ended June 30, 2019

	<u>Support Services</u>	
	Admin- istration	Grand Total
Payroll and related expenses:		
Salaries	\$ 722,369	\$ 8,431,349
Fringe benefits	135,358	1,568,826
Temporary staff	-	378,292
<hr/>		
Total payroll and related expenses	857,727	10,378,467
Operating Expenses		
Building Occupancy	40,549	500,826
Professional Services	102,584	1,053,969
Travel	10,566	80,577
Equipment	223,913	431,184
Food Services	193	227,803
Medical and Pharmacy	(3)	1,313,957
Subcontracted Services	161,983	988,437
Insurance	22,802	276,368
Interest Expense	62,021	62,021
Operating Supplies & Expenses	121,296	611,695
Other	25,018	27,517
<hr/>		
Total operating expenses	770,922	5,574,354
Administration allocation	(1,628,649)	-
<hr/>		
Total expenses	-	15,952,821
<hr/>		
Unallowable costs	98,772	98,772
<hr/>		
Total Allowable Operating Expenses	\$ (98,772)	\$ 15,854,049

See accompanying Independent Auditors' Report.

Personal Enrichment through Mental Health Services, Inc.
Schedule of State Earnings for Alcohol, Drug Abuse, and
Mental Health Services
For the Year Ended June 30, 2019

1	Total Expenditures	\$ 15,952,821
2	Less other State and Federal Funds	(132,369)
3	Less Non-Match SAMH Funds	(3,395,978)
4	Less Unallowable Costs	(2,516,379)
5	Less Unallowable Patient Fees	-
<hr/>		
6	Net Allowable Expenditures (Sum of lines 1, 2, 3, 4, and 5)	9,908,095
<hr/>		
7	Maximum Available Earnings (Line 6 times 75%)	7,431,071
8	Amount of State Funds Received (Total of Invoices Paid and submitted to be paid less line 3)	5,627,978
<hr/>		
9	Amount Due to Department (Subtract line 8 from line 7. If negative, the amount of the difference is due the department up to the amount of line 8.)	\$ -
<hr/> <hr/>		

See accompanying Independent Auditors' Report.

Personal Enrichment through Mental Health Services, Inc.
Schedule of Bed Day Availability
For the Year Ended June 30, 2019

Program	Cost Center	State Contracted Rate	Total Units of Service Provided	Local Govt. or Other State Agencies	Total Units of Service Paid for by 3rd Party Contracts, Maximum # of Units Eligible for Payment by Department	Amount Paid for Services by the Department	Maximum \$ Value of Units in Column F	Amount Owed to Department (G-H or \$0, whichever is greater)
A	B	C	D	E	F	G	H	I
Children's MH	Crisis Stabilization Unit	\$ 333.25	5,110	4,208	902	\$ 250,425	\$ 300,592	\$ -
Adult MH	Crisis Stabilization Unit	333.25	16,425	3,179	13,246	4,413,945	4,414,230	-
Children's SA	Substance Abuse Detox	333.25	365	-	365	104,242	121,636	-
Total Amount Owed to Department								\$ -

See accompanying Independent Auditors' Report.

Personal Enrichment through Mental Health Services, Inc.
Schedule of Related Party Transaction Adjustments
For the Year Ended June 30, 2019

		Allocation of Related Party Transactions Adjustment										
		State-Designated Cost Centers										
Related Party		C/S Adult	CSU Adult	C/S Child	CSU Child	Res II Child	Res III Child	Inter. Adult	Detox Child	State Total	Non-State Total	Grand Total
Revenues From Grantee:												
Rent	N/A	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Services	N/A	-	-	-	-	-	-	-	-	-	-	-
Interest	N/A	-	-	-	-	-	-	-	-	-	-	-
Other	N/A	-	-	-	-	-	-	-	-	-	-	-
Total Revenue From Grantee		-	-	-	-	-	-	-	-	-	-	-
Expenses Associated with Grantee Transactions:												
Personnel Services	N/A	-	-	-	-	-	-	-	-	-	-	-
Depreciation	N/A	-	-	-	-	-	-	-	-	-	-	-
Interest	N/A	-	-	-	-	-	-	-	-	-	-	-
Administration	N/A	-	-	-	-	-	-	-	-	-	-	-
Total Associated Expenses		-	-	-	-	-	-	-	-	-	-	-
Related Party Transaction Adjustment		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

See accompanying Independent Auditors' Report.

Personal Enrichment through Mental Health Services, Inc.
Schedule of Expenditures of Federal Awards and State Financial Assistance
For the Year Ended June 30, 2019

FEDERAL/STATE GRANTOR PASS-THROUGH GRANTOR/PROGRAM TITLE	CFDA CFSA NUMBER	CONTRACT NUMBER	EXPENDITURES	AMOUNT PROVIDED TO SUBRECIPIENTS
FEDERAL AWARDS				
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES				
Passed through Central Florida Behavioral Health Network:				
Block Grants for Community Mental Health Services	93.958	QB036	\$ 2,036,536	\$ -
Passed through Florida Department of Children and Families:				
Passed through Central Florida Behavioral Health Network:				
Block Grants for Community Mental Health Services	93.958	QB036	6,134,173	463,666
Total CFDA 93.958 - Block Grants for Community Mental Health Services			8,170,709	-
Passed through Central Florida Behavioral Health Network:				
Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances	93.104	QB036	49,428	-
Total CFDA 93.104 - Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances			49,428	-
Passed through Florida Department of Agency for Health Care Administration:				
Passed through Central Florida Behavioral Health Network:				
Children's Health Insurance Program	93.767	QB036	637,650	-
Total CFDA 93.767 - Children's Health Insurance Program			637,650	-
Passed through Central Florida Behavioral Health Network:				
Block Grants for Prevention and Treatment of Substance Abuse	93.959	QB036	166,169	-
Total CFDA 93.959 - Block Grants for Prevention and Treatment of Substance Abuse			166,169	-
Passed through Pinellas County:				
Assisted Outpatient Treatment	93.997	N/A	21,907	-
Total CFDA 93.997 Assisted Outpatient Treatment			21,907	-
TOTAL U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES			9,045,863	-
TOTAL EXPENDITURES OF FEDERAL AWARDS			9,045,863	-
STATE FINANCIAL ASSISTANCE				
FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES				
Passed through Central Florida Behavioral Health Network:				
Passed through Operation PAR, Inc.:				
Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program	60.115	LH319	63,891	-
Total CFSA 60.115 - Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program			63,891	-
Passed through Central Florida Behavioral Health Network:				
Adult Recovery and Resiliency	60.039	N/A	13,324	-
Total CFSA 60.039 - Adult Recovery and Resiliency			13,324	-
TOTAL EXPENDITURES OF STATE FINANCIAL ASSISTANCE			77,215	-
TOTAL EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE			\$ 9,123,077	\$ -

See accompanying Independent Auditors' Report and notes to the schedule of expenditures of federal awards and state financial assistance.

Personal Enrichment through Mental Health Services, Inc.
Notes to Schedule of Expenditures of Federal Awards and
State Financial Assistance
For the Year Ended June 30, 2019

NOTE 1: BASIS OF PRESENTATION

The accompanying schedule of expenditures of federal awards and state financial assistance (the "Schedule") includes the federal and state grant activity of Personal Enrichment through Mental Health Services, Inc. under programs of the federal government for the year ended June 30, 2019. The information in this schedule is presented in accordance with the requirement of Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*. Because the schedule presents only a selected portion of the operations of Personal Enrichment through Mental Health Services, Inc. it is not intended to and does not present the financial position, changes in net assets or cash flows of Personal Enrichment through Mental Health Services, Inc.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Expenditures reported on the Schedule are reported on the modified accrual basis of accounting. Such expenditures are recognized following the cost principles, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

The Organization has elected to not use the 10% de Minimis Indirect Cost Rate.

The Organization's federal awards do not have any loans or loan guarantees.

The Organization did not receive any federal non-cash assistance for the fiscal year ended June 30, 2019.

The Organization provided local matching funds in excess of \$1,899,599 and \$1,862,949 in fiscal year 2019 and 2018, respectively.



Carr, Riggs & Ingram, LLC
3000 Bayport Drive
Suite 500
Tampa, FL 33607

813.855.3036
813.207.2998 (fax)
CRIcpa.com

**INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL
OVER FINANCIAL REPORTING AND ON COMPLIANCE AND
OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL
STATEMENTS PERFORMED IN ACCORDANCE WITH
GOVERNMENT AUDITING STANDARDS**

To the Board of Directors
Personal Enrichment through Mental Health Services, Inc.
Pinellas Park, Florida

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States the financial statements of Personal Enrichment through Mental Health Services, Inc. (a nonprofit organization), which comprise the statement of financial position as of June 30, 2019, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated December 20, 2019.

Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered Personal Enrichment through Mental Health Services, Inc.'s internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Personal Enrichment through Mental Health Services, Inc.'s internal control. Accordingly, we do not express an opinion on the effectiveness of the Personal Enrichment through Mental Health Services, Inc.'s internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements, on a timely basis. *A material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Personal Enrichment through Mental Health Services, Inc.'s financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Carr, Riggs & Ingram, L.L.C.

CARR, RIGGS & INGRAM, LLC

Tampa, Florida

December 20, 2019



Carr, Riggs & Ingram, LLC
3000 Bayport Drive
Suite 500
Tampa, FL 33607

813.855.3036
813.207.2998 (fax)
CRIcpa.com

**INDEPENDENT AUDITORS' REPORT ON COMPLIANCE
FOR EACH MAJOR FEDERAL PROGRAM AND ON
INTERNAL CONTROL OVER COMPLIANCE
REQUIRED BY THE UNIFORM GUIDANCE**

To The Board of Directors
Personal Enrichment through Mental Health Services, Inc.
Pinellas Park, Florida

Report on Compliance for Each Major Federal Program

We have audited Personal Enrichment through Mental Health Services, Inc.'s compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of Personal Enrichment through Mental Health Services, Inc.'s major federal programs for the year ended June 30, 2019. Personal Enrichment through Mental Health Services, Inc.'s major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of Personal Enrichment through Mental Health Services, Inc.'s major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Personal Enrichment through Mental Health Services, Inc.'s compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of Personal Enrichment through Mental Health Services, Inc.'s compliance.

Opinion on Each Major Federal Program

In our opinion, Personal Enrichment through Mental Health Services, Inc. complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2019.

Report on Internal Control over Compliance

Management of Personal Enrichment through Mental Health Services, Inc. is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered Personal Enrichment through Mental Health Services, Inc.'s internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of Personal Enrichment through Mental Health Services, Inc.'s internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that have not been identified. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Carr, Riggs & Ingram, L.L.C.

CARR, RIGGS & INGRAM, LLC

Tampa, Florida
December 20, 2019

Personal Enrichment through Mental Health Services, Inc.
Schedule of Findings and Questioned Costs
For the Year Ended June 30, 2019

SECTION I – SUMMARY OF AUDITORS’ RESULTS

Financial Statements:

- | | |
|--|------------|
| 1. Type of auditors’ report issued | Unmodified |
| 2. Internal control over financial reporting: | |
| a. Material weaknesses identified? | None |
| b. Significant deficiencies identified not considered to be material weaknesses? | None noted |
| c. Noncompliance material to the financial statements noted? | None |

Federal Awards:

- | 1. Type of auditors’ report issued on compliance for major programs | Unmodified | | | | |
|---|---|-----------------|--------|---|--|
| 2. Internal control over major programs: | | | | | |
| a. Material weaknesses identified? | None | | | | |
| b. Significant deficiencies identified not considered to be material weaknesses? | None noted | | | | |
| 3. Any audit findings disclosed that are required to be reported in accordance with 2CFR section 200.516(a)? | None | | | | |
| 4. Identification of major programs: | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; border-bottom: 1px solid black;">CFDA
Number</th> <th style="text-align: center; border-bottom: 1px solid black;">Federal Program</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">93.958</td> <td style="text-align: center;">Block Grants for Community Mental Health Services</td> </tr> </tbody> </table> | CFDA
Number | Federal Program | 93.958 | Block Grants for Community Mental Health Services | |
| CFDA
Number | Federal Program | | | | |
| 93.958 | Block Grants for Community Mental Health Services | | | | |
| 5. Dollar threshold used to distinguish between type A and type B programs: | \$750,000 | | | | |
| 6. Auditee qualified as low-risk auditee under 2 CFR 200.520? | Yes | | | | |

SECTION II – FINANCIAL STATEMENT FINDINGS

None noted

Personal Enrichment through Mental Health Services, Inc.
Schedule of Findings and Questioned Costs
For the Year Ended June 30, 2019

SECTION III – FEDERAL AWARD FINDINGS

None noted

SECTION IV – SUMMARY OF PRIOR YEAR AUDIT FINDINGS

Audit Report and Schedule Paragraph	Program Area	Description	Status	Comments
2018-001	Block Grants for Community Mental Health Services (CFDA No. 93.958)	The entity did not implement internal control over the procurement compliance requirement to verify vendors are not suspended or debarred or otherwise excluded from participating in the transaction prior to contracting.	Corrected	Personal Enrichment through Mental Health, Inc. implemented corrective action plan, including revised purchasing policies and procedures to include suspension and debarment section and implemented internal controls to ensure vendor verifications are performed prior to contracting with vendors and the entity is in compliance with federal requirements.



Carr, Riggs & Ingram, LLC
3000 Bayport Drive
Suite 500
Tampa, FL 33607

813.207.2949
813.207.2999 (fax)

www.CRIcpa.com

December 20, 2019

The Board of Directors
Personal Enrichment through Mental Health Services, Inc.

In planning and performing our audit of the financial statements Personal Enrichment through Mental Health Services, Inc. (the "Organization") as of and for the year ended June 30, 2019, in accordance with auditing standards generally accepted in the United States of America, we considered PEMHS internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of issuing our report on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

Our consideration of internal control was for the limited purpose described in the preceding paragraphs and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and, therefore, material weaknesses or significant deficiencies may exist that were not identified. However, as discussed below, we identified certain deficiencies in internal control that we consider to be significant deficiencies.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies in internal control, such that there is a reasonable possibility that a material misstatement of the Organization's financial statements will not be prevented, or detected and corrected, on a timely basis. We did not identify any deficiencies in internal control that we consider to be material weaknesses.

A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance. We did not identify any deficiencies in PEMHS internal control to be significant deficiencies. However, we consider the following deficiencies to be control deficiencies:

See the following page.

This communication is intended solely for the information and use of the Board of Directors, and others within the Organization, and is not intended to be, and should not be, used by anyone other than these specified parties.

CARR, RIGGS & INGRAM, LLC

Internal Control Findings

The following legend should be used in conjunction with reviewing the “Rating” of each of the identified internal control items:

IP = Improvement Point	D = Control Deficiency	SD = Significant Deficiency	MW = Material Weakness
---	---	--	---

CONTROL NUMBER	RATING	AREA	ITEM NOTED	SUGGESTION	MANAGEMENT ACTION
18-01	D	Internal Controls	Jerry Wennlund performed a number of key internal controls prior to his retirement. We have noted a few of these controls that have not been reassigned leaving the organization with a control deficiency. Specifically, we noted that there is currently no review process over CFBHN monthly billings and quarterly match reports by knowledgeable person. Such controls are required to ensure the clerical accuracy and completeness of the reports and minimized risk of misstatements and/or noncompliance.	While we realize there are certain time capacity and personnel restrains, we recommend that the organization administer assessment to identify such key controls previously performed by Jerry that have not been reassigned. Specifically, the aforementioned CFBHN reports.	We have reviewed the results of the finding noted and concur with the assessment of the issues identified.

EMERGENCY / DISASTER (COOP Plan)

July 01, 2020

SECTION I: INTRODUCTION	<ul style="list-style-type: none"> I-1 Purpose I-2 Applicability and Scope I-3 Authorities I-4 References 	<u>001</u>
SECTION II: CONCEPT OF OPERATIONS (CONOP)	<ul style="list-style-type: none"> II-1 Objectives II-2 Planning Considerations and Assumptions II-3 COOP Execution II-4 Time-Phased Implementation II-5 PEMHS Essential Staff II-6 Alternate Relocation Point II-7 Essential Functions II-8 Delineation of Mission Essential Functions II-9 Warning Conditions II-10 Direction and Control II-11 Operational Hours II-12 Alert and Notification 	<u>002</u>
SECTION III: PROCEDURES	<ul style="list-style-type: none"> III-1 PEMHS Disaster Team III-2 Alternate Relocation Point III-3 Personnel Coordination III-4 Vital Records and Databases III-5 Propositioned Resources III-6 Drive-Away Kits and Black-Bags III-7 Telecommunications and Information Systems Support III-8 Transportation, Lodging and Food III-9 Security and Access Controls III-10 Personal Preparedness 	<u>003</u>
SECTION IV: PHASE I – ACTIVATION	<ul style="list-style-type: none"> IV-1 Alert and Notification Procedures IV-2 Initial Actions 7 IV-3 Activation Procedures Duty Hours IV-4 Activation Procedures Non-Duty Hours IV-5 Deployment and Departure Procedures – Time-Phased Operations IV-6 Transition to Alternate Operations IV-7 Site-Support Responsibilities 	<u>004</u>
SECTION V: PHASE II – ALTERNATE OPERATIONS	<ul style="list-style-type: none"> V-1 Execution of Essential Functions V-2 Establishment of Communications V-3 Relocation Group Responsibilities V-4 Augmentation of Staff V-5 Amplification of Guidance to Essential and Non-Essential Personnel V-6 Development of Plans and Schedules for Reconstitution and Termination 	<u>005</u>
SECTION VI: PHASE III – RECONSTITUTION AND TERMINATION	<ul style="list-style-type: none"> VI-1 Overview VI-2 Procedures VI-3 After-Action Review and Remedial Action Plan 	<u>006</u>

EMERGENCY / DISASTER (COOP Plan)

July 01, 2020

SECTION VII: APPENDICES

VII-1	Agency Directory Pinellas County	
VII-2	Alternate Relocation Points Administration Access Center Main Campus Palmway Campus PEMHS South	007
VII-3	PEMHS Transition Team	
VII-4	Agency Disaster Team	
VII-5	Essential PEMHS Staff Phone Tree	
VII-6	Emergency Contingencies – <i>(See Individual Policies Below)</i>	

Emergency Contingencies

Bioterrorism

- Signs of a virulent pathogen or chemical agent
- Reporting the findings.
- Victims of chemical weapons
- Victims of biological weapons
- Admission and Discharge criteria

[10](#)

Gang Related Activity

[20](#)

Visiting or Injured VIP On Campus

- Definition:
- Communication/Alert & Warning System:
- Procedure:
- Recovery Period:

[30](#)

Violence and Weapons in the Workplace

[See: HR-PP 5-12](#)

Sewer Outage

[40](#)

Compressed Natural Gas

[50](#)

Fire Suppression/Alarm System

[60](#)

Heating, Ventilating and Air-Conditioning (HVAC) Systems

[70](#)

Severe Heat / Humidity

[80](#)

Hail

[90](#)

Sinkholes

[100](#)

Bomb Threat / Explosion

[110](#)

Chemical Spill

[120](#)

Civil Disturbance / Demonstration

[130](#)

Communications Failure

[140](#)

Emergency Management Water Plan

[145](#)

Fresh Water Flooding / Water Main Break

[150](#)

Hazardous Materials Incident

[160](#)

Hostage Situation

[170](#)

EMERGENCY / DISASTER (COOP Plan) July 01, 2020	
Power Outage	<u>180</u>
Radiological Incident / Nuclear Terrorism	<u>190</u>
Sick Building Syndrome (SBS)	<u>200</u>
Terrorist Event	<u>210</u>
Tornado Drill Check List	<u>315</u>
Unauthorized Intrusion	<u>220</u>
Weapon Injury on Campus	<u>230</u>
Structural Implications to Physical Plant	<u>240</u>
External Disaster and/or Emergency in the Community	<u>250</u>
Emergency Paging Codes	<u>260</u>
Youth Riots	<u>270</u>
Fire – Emergency Contingency	<u>273</u>
Fire Prevention <ul style="list-style-type: none"> ▪ Policy ▪ Classification of Fires ▪ Determining Fire Hazards ▪ Storage and Handling Procedures ▪ Potential Ignition Sources ▪ Housekeeping Preventive Technique ▪ Fire Prevention Equipment ▪ Training <ul style="list-style-type: none"> Annex A Fire Prevention Checklist Annex B Inspection Logs and Fire Incident Report Examples Annex C Identified fire Hazards & Responsible Personnel Annex D Training Record Examples Annex E Fire Extinguisher Locations 	<u>280</u>
Press Release During An Emergency	<u>290</u>
Active Shooter	<u>300</u>
Lockdown of Campus	<u>310</u>
SEVERE WEATHER PLAN	<u>Weather</u>
DISASTER PHONE LIST	<u>Phone #s</u>

SECTION I: INTRODUCTION

I-1 Purpose

This Continuity of Operations Plan (COOP) establishes policy and guidance to ensure the execution of essential functions for Personal Enrichment through Mental Health Services, Inc. (PEMHS) in the event that an emergency in Pinellas County threatens or incapacitates operations and the relocation of selected personnel and functions of any PEMHS facilities is required. An emergency may include, but is not limited to: Fire, hazardous materials incident, flooding, tornado, communications failure, radiological incident, civil disturbance, hurricane, tropical storm, explosion, sick building syndrome, terrorist event, etc) Specifically, this plan is designed to:

- a. Ensure that PEMHS is prepared to respond to emergencies, recover from them, and to mitigate against their impacts.
- b. Ensure that PEMHS is prepared to provide critical services in an environment that is threatened, diminished, or incapacitated.
- c. Establish and enact time phased implementation procedures to activate the various components of the plan to provide sufficient operational capabilities relative to the event or threat.

I-2 Applicability and Scope

- a. This document is applicable to all PEMHS
- b. Support from other state agencies and local governments as described herein will be coordinated with the responsible office as applicable.
- c. The requirements of this plan shall apply to all PEMHS' staff and programs. Special emphasis will be placed on alternate work/program sites and procedures for leadership positions within PEMHS.

I-3 Authorities

- a. Florida Statutes: Chapter 252; Chapter 252.3651 (1), (2), (3)
- b. Executive Order 01-262 (Emergency Management) dated September 11, 2001
- c. FDJJ Statewide COOP Plan

I-4 References

- a. Florida Statutes (Emergency Continuity of Government): Sections 22.01-23.0127
- b. Florida Statutes (Emergency Management Act): Sections 252.31-252.62

SECTION II: CONCEPT OF OPERATIONS (CONOP)

II-1 Objectives

The objective of this COOP is to ensure that a viable capability exists to continue essential PEMHS functions across a wide range of potential emergencies, specifically when the primary facilities are threatened or inaccessible. The objectives of this plan include:

- a. Ensure the continuous performance of PEMHS essential functions/operations during an emergency;
- b. Protect essential facilities, equipment, records, and other assets;
- c. Reduce or mitigate disruptions to operations;
- d. Reduce loss of life, minimize damage and losses;
- e. Identify and designate principals and support staff to be relocated;
- f. Facilitate decision-making for execution of the Plan and the subsequent operations; and
- g. Achieve a timely and orderly recovery from the emergency and reinstatement of full service to all customers.

II-2 Planning Considerations and Assumptions

- a. In accordance with State guidance and emergency management principles, a viable COOP capability:
 - Must be maintained at a high-level of readiness;
 - Must be capable of implementation both with and without warning;
 - Must be operational no later than three hours after activation;
 - Must maintain sustained operations for up to 30 days; and
 - Should take maximum advantage of existing State or Federal and local government infrastructures.

The following assumptions have been used as a basis of design for the Plans concept of operations and implementation process:

- a. An emergency condition may require the immediate activation of the PEMHS Disaster Team and the relocation of select personnel to a designated Alternate Relocation Point (ARP) as determined by the Chief Executive Officer.
- b. An emergency condition may require the communications with the County Emergency Management personnel.
- c. At the discretion of the Chief Executive Officer, operations will be diverted to a Transition Team if necessary. This team will be pre-identified by the Chief Executive Officer until resumption of full operations can be established at an ARP.
- d. The Chief Executive Officer and the Transition Team will use cell phone or two-way radios to communicate as necessary to ensure direction and control of the COOP activation until regular communications can be established at an assembly site or ARP.
- e. A majority of the information systems supporting Agency daily functions will be available during activation.
- f. Vehicle travel will be the primary mode of transportation for emergency relocation.
- g. Following the declaration of an emergency or crisis requiring relocation, non-essential ongoing routine activities may be discontinued.

II-3 COOP Execution

- a. Emergencies, or potential emergencies, may affect the ability of PEMHS to perform its essential functions at any or all facilities. The following are scenarios that could mandate the activation:
 - Any facility in Pinellas County is closed to normal business activities as a result of an event or credible threats of an event that would preclude access or use of the facility and the surrounding area.
 - Any city in the County is closed to normal business activities as a result of a widespread utility failure, natural disaster, significant hazardous material incident, civil disturbance, or terrorist or military attacks. Under this scenario there could be uncertainty regarding whether additional events such as secondary explosions, or cascading utility failures could occur.
- b. In an event so severe that normal operations are interrupted, or if such an incident appears imminent and it would be prudent to evacuate any primary facility as a precaution, the Chief Executive Officer may activate the COOP. The relevant alternate facility ([Appendix VII-5](#)) may be activated at the discretion of the Chief Executive Officer or designee.
- c. The Disaster Team will gather at the alternate facility to ensure the essential functions of the closed primary facility are maintained and capable of being performed using the alternate facility until no longer needed.
- d. The Transition Team may be supplemented by personnel from the appropriate State, County, or other agencies, if available or appropriate. The Transition Team will serve as an initial relocation team for COOP potential activation and will relocate temporarily to the facility, if necessary or operate remotely from a secure location serving as an assembly site. The Team will be responsible to continue essential functions of the Program within six hours and for a period up to seven days pending return to the primary facility or the operation of the alternate site.
- e. All staff necessary to perform the essential functions of PEMHS will need to be contacted and advised to report to either the alternate facility, predetermined secure location, or other location as determined by the Agency Disaster Team. Clear instructions for each staff's duties are predetermined provided to staff by the Disaster Team.
- f. Incidents could occur with or without warning and during business or non-business hours. Whatever the incident or threat, the PEMHS COOP will be executed in response to a full-range of disasters and emergencies, to include natural disasters, terrorist threats and incidents, and technological disruptions and failures.
- g. It is expected that, in most cases, the PEMHS will receive a warning of at least a few hours prior to an incident. Under these circumstances, the process of activation would normally enable the partial, limited, or full activation of the COOP with a complete and orderly alert, notification of all personnel, and activation of the Agency Disaster Team.
- h. Without warning, the process becomes less routine, and potentially more serious and difficult. The ability to execute the COOP following an incident that occurs with little or no warning will depend on the severity of the incident's impact on the physical facilities, and whether PEMHS Disaster Team personnel are present in the effected facility or available.

- i. Personnel accountability throughout all phases of COOP activation is important, especially if the emergency occurs without warning, during business hours. PEMHS Safety and Evacuation Plans and Administrative and Emergency Procedures should provide for such accountability.

II-4 Time-Phased Implementation

The purpose of a time-phased implementation is to maximize the preservation of life and property in the event of any natural or man-made disaster or threat thereof. The extent to which this will be possible will depend on the emergency, the amount of warning received, whether personnel are on duty or off-duty at home or elsewhere, and possibly, the extent of damage to primary facilities and occupants. The Disaster Magnitude Classification definitions may be used to determine the execution level of the PEMHS COOP. These levels of disaster are defined as:

- **Minor Disaster.** Any disaster that is likely to be within the response capabilities of local government and results in only minimal need for State or federal assistance.
- **Major Disaster.** Any disaster that will likely exceed local capabilities and require a broad range of State and federal assistance. The Federal Emergency Management Agency (FEMA) will be notified and potential federal assistance will be predominantly recovery-oriented.
- **Catastrophic Disaster.** Any disaster that will require massive State and federal assistance, including immediate military involvement. Federal assistance will involve response as well as recovery needs.

II-5 Personal Enrichment through Mental Health Services, Inc. essential staff

- a. PEMHS staff who are relocated under this plan to the alternate site are known collectively as the Essential PEMHS Staff (EPS). The EPS must be able to continue operations and the performance of essential functions for up to 30 days with resource support ([Appendix VII-9](#)).
- b. Since alternate facility space and support capabilities may be limited, the membership of the EPS may need to be restricted to only those personnel who possess the skills and experience needed to carry out the essential functions.
- c. PEMHS staff who are not designated EPS members may be directed to move to other facilities or duty stations, or may be advised to remain at or return home pending further instructions. COOP activation will not, in most circumstances, affect the pay and benefits of either EPS members or other PEMHS staff.

II-6 Alternate Relocation Point

- a. The determination of the alternate relocation point (ARP) will be made at the time of activation by the Chief Executive Officer designee in consultation with the PEMHS Disaster Team and will be based on the location of the incident, threat, risk assessments, and execution timeframe
- b. To ensure the adequacy of assigned space and other resources, all alternate facilities shall be reviewed by the PEMHS Disaster Team annually. Assessment of the alternate facilities will include, but are not limited to: constructions specifications, space, lodging, site transportation and parking, interoperable communications, security, life support, and logistical support. The Chief Executive Officer or

designee will be advised of the results of this review and any updates to the alternate relocation point (ARP) information.

II-7 Essential Functions

It is important to establish priorities before an emergency to ensure that the relocated staff can complete the mission essential functions. All Essential PEMHS Staff (EPS) shall ensure that essential functions can continue or resume as rapidly and efficiently as possible during an emergency relocation. Any task not deemed essential is deferred until additional personnel and resources become available

Facilities

- Staffing: Insure an adequate number of direct care and support staff are available to supervise the clients.. The number of staff required may be impacted by the nature of the emergency.
- Food Service: Insure contract food service operations continue 24 hours 7 days a week throughout the first 30 days, at a minimum, of the emergency. The food service vendor needs to remain alert to any changing requirements for additional meals during an emergency. In the event that food service is not available, the facility needs to have an adequate supply of food and water available to sustain the facility for a period of 30-days.
- Utilities: Maintain utilities (communications, electric, water, sewage) operational so that consumers and/or youth may remain in their present facility without the need for evacuation.
- Equipment: Maintain equipment essential for operation of the center/facility in good repair through preventative maintenance. Insure necessary supplies (fuel, oil, filter, etc...) are maintained fully stocked and available. Additionally, equipment that could reasonably be anticipated to be essential in responding to an emergency event should be maintained in good repair, placed on priority for repair, and related supplies maintained immediately available. (i.e. generators, portable lights, vehicles, etc..)
- Records: Maintain essential records on clients and corporate records, in a safe and secure environment.

II-8 Delineation of Essential Functions

- Facilities – Leadership is responsible for making staffing adjustments to meet the emergency needs. Advance designation of essential facility functions will be included in any local emergency, operating plans. Staff will be trained in regard to their responsibilities in maintaining these essential functions. In the event that Leadership does not have sufficient personnel resources to meet the emergency needs, the Director of the program is authorized to use outside agency staff to assist.
- Chief Executive Officer - The Chief Executive Officer shall insure sufficient trained staff with authority to act on behalf of the Chief Executive Officer is available 24 hours 7 days a week throughout the emergency event. The Administrative staff may be supplemented by other PEMHS staff as needed to meet the requirements of the emergency event.
- Food Service - Contract food service is responsible for being proactive in planning for and delivering food service operations throughout any emergency event that may impact the local area. Emergency needs may include expanded hours of operation to support a 24-hour emergency response, additional influx of clients or emergency workers to be fed beyond the normal count, emergency acquisition of inventory, and other such contingencies.
- Utilities - PEMHS will insure there are staff sufficiently trained and available in the area of the emergency event to meet reasonable anticipated problems that would have a negative impact on the ability of Administrative, and facility to continue a safe and secure operation.

Programs who lease or rent space should have contact names and numbers immediately available should they experience a disruption of utility service or other problems related to the leased/rented facility.

- Records - Each facility and the Health Information Systems Office is responsible to insure plans are in place for the safe and secure protection of the records or transfer of the records to a secure location. This may involve “in place” protection of records or the removal and transport of records to a secure site. PEMHS Information Systems is responsible for the capability of accessing back up computer tapes that are securely stored both on and off site to insure their protection and accessibility should destroyed computer data bases need to be restored

Personal Enrichment through Mental Health Services, Inc. essential functions includes:

- Insuring the safety and security of all clients in PEMHS care.
- Maintaining open communications inter-agency as well as with the local, county, State, and Federal government to insure safety and security of all consumers and youth.
- Maintaining oversight of PEMHS facilities and operations.
- Insure the safe and secure protection of records or transfer of records to a secure location (consumer and corporate).

Although unforeseen, if the COOP cannot be implemented for any reason, the PEMHS COOP function will revert to the State of Florida. The State of Florida will then determine which other State or private organization will perform this critical mission for Continuity of Operations.

II-9 Warning Conditions

- a. With Warning. It is expected that, in most cases PEMHS will receive a warning of at least a few hours prior to an event. This will normally enable the full execution of the COOP with a complete and orderly alert, notification, and deployment of the Agency Disaster Team or the Transition Team to an assembly site or a pre-identified ARP.
- b. Without Warning. The ability to execute the COOP following an event that occurs with little or no warning will depend on the severity of the emergency and the number of personnel that survive. If the deployment of the EPS is not feasible because of the loss of personnel, temporary leadership of PEMHS will be passed to the State of Florida as explained in subparagraph II-8 above.
 - (1) Non-Business Hours. PEMHS Leadership staff should be able to be alerted and activated to support operations for the duration of the emergency (EPS Telephone Tree Appendix VII 9).
 - (2) Business Hours. If possible, the COOP will be activated and available and members of the Disaster Team will be deployed as directed to support operations during the emergency.

II-10 Direction and Control

- a. Authorized PEMHS’ successors to the Chief Executive Officer are specified in this PEMHS COOP Plan. Lines of succession to assure continuous leadership, authority and responsibility in key positions are as follows:

Administration/Management

Chief Executive Officer
 Chief Operating Officer
 Chief Clinical Officer
 Chief Nursing Officer
 Chief Information Officer
 Chief Financial Officer

Programs

Program Directors
 Program Coordinators
 Program Managers
 Assistant Program Managers
 Program Specialists

- b. The Chief Executive Officer may order activation of the PEMHS COOP Plan.
- c. The Agency Disaster Team may be requested by the Chief Executive Officer or designee to disseminate COOP guidance and direction during the activation and relocation phases. Pending the activation of the COOP, the Agency Disaster Team monitors the situation and assists in the notification process.
- d. When executed, the appropriate Pinellas County Emergency Management Center should be notified and requested to provide any previously agreed upon assistance to PEMHS.

II-11 Operational Hours

During COOP contingencies, the Chief Executive Officer or designee will determine the working hours for the Disaster Team. PEMHS operates their facilities on a 24 hour a day, 7 day a week basis. As such, people's work schedule depends upon their shift assignment. Routine office hours are 8am to 5pm. However during an emergency event, an appropriate 24-hour operating schedules may be established. This may involve twelve-hour shifts (6am - 6pm; 6pm -6am) for the duration of the emergency. All scheduled leave will be cancelled during an emergency event.

- Certain members of the PEMHS Disaster Team must be prepared to support a 24-hour-per-day, 7-day-per-week operation.

II-12 Alert and Notification

- a. Alert Procedures: If the situation allows for warning, staff may be alerted prior to activation of the COOP. In all situations allowing for an alert the procedures must include notification to the Chief Executive Officer.

(1) Information and guidance of PEMHS staff will normally be passed telephonically using an emergency notification telephone tree/cascade (**Appendix VII-9**). All PEMHS Disaster Team members have cell phones. Depending on the situation, current information may also be available via:

- PEMHS e-mail.
- A Department of Children and Families hotline, if developed.
- Announcements through local radio and TV stations
- Any other means possible.

- (2) Staff should listen for specific instructions. All Staff should remain at their office or home until specific guidance is received.
- (3) The Chief Executive Officer or designee will direct activation of the COOP.

b. Notification Procedures: Upon notification to activate the PEMHS COOP:

- (1) The Chief Executive Officer or designee will notify the Chief Operating Officer of the situation and that the COOP is being activated.
- (2) The Chief Operating Officer begins the telephone tree or other available means of communication to contact primary staff.
 - (a) The primary staff then initiates their COOP notification cascade and contacts each person in their chain relaying the information and guidance provided by the Chief Operating Officer.
 - (b) The primary staff will make a second attempt to contact those individuals who were not initially available. If this attempt is unsuccessful, designated staff will leave a message or send a page.
 - (c) Once initial contact is made (message left/page sent), primary staff call the Chief Operating Officer and report status of cascade, including personnel not contacted.
 - (d) The Chief Operating Officer will in turn report status to the Chief Executive Officer or designee via telephone or other means of available communication.
 - (e) For personnel not initially contacted, once the message or page is received, they should immediately contact the staff who contacted them.
 - (f) Notification may be via personal contact, telephone, cell phone, pager, radio and TV broadcasts, or a combination thereof.
 - (g) When a call or other notification is received by anyone in a phone tree, the information given by the primary staff should be carefully recorded to ensure that it is passed accurately to the next person in the tree.
 - (h) The primary staff will notify the Chief Operating Officer upon completion of their notification process.
 - (i) The primary staff will report all unsuccessful contact attempts to the Chief Operating Officer after relocation has been affected.

(3) Chief Operating Officer will notify the Department of Children and Families, Pinellas County Emergency Management Center, State of Florida Emergency Operations Center and local authorities that an emergency relocation has been affected in the County as specified in the PEMHS COOP.

SECTION III: PROCEDURES

III-1 PEMHS Disaster Team

A. Chief Executive Officer

- 1) Appoint an Emergency Operations Officer and an alternate for coordination and implementation of the COOP Plan and keep them informed of any changes to be made.
- 2) Insure that each facility develops a COOP Implementation Plan (established as part of the overall PEMHS COOP Plan) that support the COOP Plan and address the unique aspects of their respective requirements, plans and procedures.
- c) Identify essential functions and update as necessary.
- d) Establish an order of succession to positions of leadership within the organization.
- e) Pre-delegate authority for continuity of the Agency's operation.

B. Emergency Operations Coordinator and Alternate

- 1) Consult and communicate with Chief Executive Officer
- 2) Oversees all phases of the reconstitution process
- 3) Oversees the orderly transition of all essential functions, personnel, equipment and records from the affected facility to the appropriate ARP or to a new or restored facility.
- 4) Develop plans and schedules for the orderly transition of all essential functions, personnel, equipment and vital records from the ARP to the new or reconstituted PEMHS facility.
- 5) Maintain a database of potential ARP facilities ([Appendix VII-5](#)).
- 6) Be prepared to deploy the Agency Disaster Team as directed.
- 7) Monitor situations and receive status reports from the County Emergency Management Center.
- 8) Notify Leadership staff to begin movement of their personnel who are part of Agency Disaster Team.
- 9) Ensure that Alert and Notifications procedures, including phone trees, are complete accurate, and updated when personnel or contact numbers change.
- 10) Provide decision-making assistance to the Chief Executive Officer in determining an appropriate location selection of the ARP.
- 11) Develop the COOP Implementation Plan
- 12) Develop and conduct comprehensive training and exercises.

III-2 Alternate Relocation Point

The emergency operations for PEMHS will be directed from their Agency Disaster Team located at 11254 58th Street North, Pinellas Park, FL 33782 Should communication become inoperable, emergency functions will be transferred to the Transition Team located in a safe area until such time as those functions can be relocated along with key staff.

During such an emergency event in which the Main Campus of Personal Enrichment through Mental Health Services, Inc. is unserviceable, PEMHS will be relocated to another PEMHS facility in a safe area ([Appendix VII-5](#)).

It is anticipated that the core management staff will consist of approximately 10 professional personnel and 1 support personnel. Facilities identified, as potential relocation sites should plan for this number of evacuated staff.

The conversion of this space to the emergency needs should be accomplished within six (6) normal business hours. Additional time may be required during off-duty periods. Workspace, telephones, FAX and copy machines should be immediately available.

a

Evacuation locations are not expected to provide the same level of accommodations as the primary locations provide. Adjustments on the accommodations by all parties will be required pending resolution of the emergency.

Each facility shall insure at least two alternate sites for emergency operations of the facilities have been designated and the Program Manager at the evacuation site has incorporated this contingency into their facility emergency plans. Local facility plans should insure the alternate sites are available for facility operations within six (6) hour's notice. This may entail movement of staff, consumers/youth or activities that may routinely utilize the space allocated for this emergency function. Appropriate living space, communication equipment (phones, FAX, etc...) and workspace must be made available.

III-3 Personnel Coordination

- a. When a facility is restored or a new office is identified and available, the Transition Team will be responsible for moving essential functions from the ARP back to the PEMHS facility.
- b. During COOP Operations, personnel not activated as members of essential staff will be provided information on their status by calling into the PEMHS hotline (727) 541-4628. These numbers are located in different geographic locations throughout the state and all numbers should not be unavailable at one time.

III-4 Vital Records and Databases

PEMHS maintains hard copy records on clients in secure buildings; certain critical information is also kept on a secure database. As a result, this information may be retrievable from alternate sites should that need occur. Much of PEMHS day-to-day records are also maintained electronically - either on the mainframe or through personal computers networked to servers. Information stored on an individual personal computer is not retrievable should that individual computer be destroyed. Staff is encouraged to "backup" any data stored on an individual computer. However, PEMHS has established servers independent of the individual computer where all vital business records are automatically maintained. Information on these remote storage drives are routinely "backed up" and stored off-site. Thus, that information would be retrievable should there be the need.

III-5 Prepositioned Resources

Without appropriate planning, essential resources available at PEMHS may not be available to staff at the ARP. The Transition Team will ensure resources supporting essential functions are pre positioned at the out of area location, carried with personnel, or made available through an automated back up access. The resources may include:

- Vehicles: Agency Vehicles are located throughout PEMHS facilities and may be available should there be a need.
- Office equipment and supplies: Each PEMHS facility has equipment and supplies available whereas necessary.

III-6 Drive-Away Kits and Black-Bags

- a. The Director of Operations is responsible for providing guidance to staff on the requirement for and the contents of these kits, which may contain such items as software, databases, publications, laptop computers, cellular phones, etc. Checklists may need to be used to help ensure the inclusion of all necessary contents.

- b. It is strongly encouraged that essential items and data be pre-positioned at the in-town ARP or other off-site location instead of being carried in a drive-away kits, because the PEMHS Disaster Team members may be at home when the order to deploy is received and access to the drive-away kits may be difficult or impossible.
- c. Items to consider including in these kits might include:
 - (1) Policies and Procedures should be in Black-Bag.
 - (2) Tape Recorder and Tapes should be in Black-Bag.
 - (3) Batteries.
 - (4) List of what positions have to be filled to continue operations needs to be predetermined and included in the in the Black-Bag.
 - (5) Laptop with all necessary forms on a CD should be considered to include in the Black-Bag.
 - (6) Normal office supplies can be purchased at a local office supply store after an emergency, or will be located at the ARP.
 - (7) Have a laundry list of all necessary office supplies in the Black-Bag.

III-7 TELECOMMUNICATIONS AND INFORMATION SYSTEMS SUPPORT

- a. Telecommunications capabilities at the potential alternate facilities are sufficient for the performance of essential functions under the COOP. Information systems support at the potential alternate facilities will be provided by the Director of PEMHS Information Systems (DIS) who is a member of the Transition Team. Mobile communications support will be provided by the PEMHS Facility Manager.
- b. It is imperative that each Program ensure that unique or critical information system requirements are considered in planning and are identified as capabilities to be provided by support organizations at the potential alternate facilities. The Director of Information Systems (DIS) must be informed of this in well in advance of any COOP implementation.
- c. Items to consider during the planning process include:
 - (1) Plans address all three types of communication (Internal, External, Media, etc.).
 - (2) Plans include the development of telephone trees.
 - (3) Plans consider use of a Hotline housed in a secondary location.
 - (4) Plans consider radio communications using available staff with radios (Maintenance staff, unit staff.).
 - (5) Plans recognize different needs for a one hour emergency to an extended emergency.
 - (6) Plans consider the use of a communication center to serve as a hub for communication needs of all local users.
 - (7) Plans should develop a plan when all communications systems are unavailable (i.e. a Communications-Out Plan).
 - (8) At a minimum, all members of the Transition Team are suggested to have pagers.

III-8 Transportation Lodging and Food

The Transition Team will disseminate information related to local travel and temporary duty stations when the PEMHS COOP Plan is activated. General information about transportation, lodging, and dining is provided in the following subparagraphs. I

1. Transportation

- a. To the extent possible, all identified personnel activated as essential PEMHS personnel are encouraged to use their privately owned vehicles to commute to an assembly site or pre-identified ARP.
- b. If necessary, following notification of an alert, the designated leader, along with the Transition Team will develop a transportation plan based upon the response required to meet the transfer of identified essential personnel.

2. Lodging

- a. On site lodging will available at the out of town ARP facility if necessary.
- b. The Transition Team is responsible for arranging the lodging if necessary.

3. Dining

- a. Employees will bring their own food and drink to the ARP if at all possible..
- b. The off site ARP will provide food service for all identified essential PEMHS personnel if available, or
- c. Restaurants should be available locally.

III-9 Security and Access Controls

- a. The Transition Team will ensure that the COOP and the evacuation plans for each facility are complementary and coordinated if activation is required.
- b. The Chief Operating Officer will ensure all necessary security and access controls are provided at the alternate facility. Also, the COO will ensure the primary facility is secured during COOP operations.
- c. Items to consider during the planning process include:
 - Plans should address security issues regarding the transporting of clients.
 - Plans consider utilizing video technology if available.
 - Plans establish duplicating security established at the primary facility.
 - All PEMHS staff are required to display their staff ID badges on an everyday basis. During an emergency event, the need to properly identify staff entering restricted areas may become even more critical. As a result, beyond our everyday vigilance, the need for identification of personnel in restricted areas managing the emergency event will be of greater importance.

III-10 Personal Preparedness

- a. Personal Items: In addition to "official" items carried in the drive-away kits, each essential PEMHS member requiring lodging at the off site ARP should consider bringing appropriate personal items and changes of clothing.
- b. Clothing: Casual dress is appropriate while at the ARP.
- c. Medical Support
 - 1) The Chief Operating Officer is responsible for making available, medical information and/or treatment available for relocating essential personnel.
 - 2) Personnel should bring with them an adequate supply of medicines, and any aids as needed.
 - 3) Contact the Chief Operating Officer for special arrangements such as refrigeration of pharmaceutical and medical supplies.
 - 4) Staff are encouraged to bring their health insurance cards.

SECTION IV: PHASE I - ACTIVATION

In general, the following procedures are to be followed in the execution of the PEMHS COOP. The extent to which this will be possible will depend on the emergency, the amount of warning received, whether personnel are on duty or off-duty, and the extent of damage to the effected facilities and its occupants. This Plan is designed to provide a flexible response to multiple events occurring within a broad spectrum of prevailing conditions. The degree to which this Plan is implemented depends on the type and magnitude of the events or threats thereof.

IV-1 Alert and Notification Procedures

- a. The emergency notification process for COOP activation should allow for a smooth transition of the Essential PEMHS Staff to an alternate facility to continue essential functions across a wide range of potential emergencies. Notification may be in the form of:
 - (1) A COOP alert to the Essential PEMHS Staff and all non-essential PEMHS employees that relocation is imminent.
 - (2) An announcement of a COOP activation that directs the Disaster Team to report to an assembly site or a designated alternate relocation point (ARP), and provides instructions regarding movement, reporting, and transportation details to an assembly site or a designated ARP.
 - (3) Instructions to the Disaster Team or Department of Children and Families and / or the County Emergency management Center to report departure and relocation to a designated ARP, when selected and prepared and instructions to non-essential employees.
- b. Upon receipt of a COOP alert from the Chief Executive Officer or designee, the Chief Operating Officer notifies Disaster Team who notifies staff using their internal telephone notification phone tree. Notification may be via personal contact, telephone, cell phone, e-mail, pager, radio and TV broadcasts, or a combination thereof.
- c. The Chief Operating Officer notifies the appropriate County Emergency Management Center, and the Department of Children's and Families that an emergency relocation of PEMHS or a PEMHS Program is anticipated or is in progress.

IV-2 Initial Actions

- a. Based on the situation and circumstance of the event, the Chief Executive Officer designee will evaluate the capability and capacity levels required to support the current essential functions of the effected facilities and select an appropriate ARP.
- b. The Chief Operating Officer directs the immediately the Transition Team to an assembly site or the designated ARP.
- c. The Chief Operating Officer notifies the designated ARP to expect the relocation of PEMHS and one or more of its Programs.
- d. The ARP prepares the ARP for continuity of operations.
- e. The Chief Executive Officer or designee provides instructions and guidance on operations and the location of the ARP.
- f. The Chief Operating Officer provides regular updates to the Chief Executive Officer or Other Designated Person or Persons regarding ARP activation.

- g. The Chief Operating Officer notifies the appropriate County Emergency Management Center, and Department of Children and Families that an emergency relocation of PEMHS or a PEMHS Program is anticipated or is in progress.
- h. All Disaster Team members initiate their respective COOP notification phone tree. After complete, the results, including individuals not contacted are reported to the Chief Operating officer
- i. The Essential PEMHS Staff members report to an assembly site or the designated ARP to begin essential functions.
- j. All Disaster Team members who have established drive-away kits ensure that they are complete, with current documents and equipment, and commence movement of the resources.
- k. All other Essential PEMHS Staff assemble documents and other assets as required for the performance of mission essential functions and begin preparations for the movement of these resources.
- l. All personnel and sections of the effected facility or facilities should implement normal security procedures for areas being vacated.
- m. Assigned security personnel as the effected facility should take appropriate measures to ensure security of the effected facilities and equipment or records remaining in the building.

IV-3 Activation Procedures Business Hours

- a. The Chief Executive Officer or designee notifies the Chief Operating Officer of the emergency and the activation of the COOP.
- b. The Chief Operating officer activates the COOP and notifies the appropriate ARP Facility Manager.
- c. The Chief Executive Officer or designee directs the Chief Operating to begin movement of the Transition Team to an assembly site or to the designated ARP facility immediately.
- d. The Transition Team immediately goes to an assembly site or a designated ARP to assume essential functions.
- e. The tasks in Section IV-2 – Initial Actions are completed in their entirety.

IV-4 Activation Procedures Non-Business Hours

- a. The Chief Executive Officer or designee notifies the Chief Operating Officer of the emergency requiring the COOP activation.
- b. The Chief Operating Officer activates the COOP and notifies the appropriate ARP Facility Manager.
- c. The Chief Executive Officer or designee Chief Operating Officer to begin movement of the Transition to an assembly site or to the designated ARP facility immediately.
- d. The Agency Transition Team (AEOT) immediately goes to an assembly site or a designated ARP to assume essential functions.
- e. Other PEMHS' personnel are directed to remain at home pending further guidance.
- f. The tasks in Section IV-2 – Initial Actions are completed in their entirety.

IV-5 Departure Procedures – Time-Phased Operations

Allowances for partial pre-deployment of any essential functions which are critical to operations will be determined by the Chief Executive Officer or designee at the time the

COOP activation is directed. This determination will be based on the event or the level of threat. The following actions establish general administrative procedures to allow for travel and transportation to the ARP. Specific instructions will be provided at the time a move is ordered.

- a. The Chief Executive Officer or designee directs the Chief Operating Officer to begin the move of the PEMHS Disaster Team and the select Agency Transition Team members to the ARP.
- b. PEMHS Disaster Team . The PEMHS Disaster Team is directed by the Chief Executive Officer or designee to either relocate to a designated assembly site or an ARP. Team members should ensure that they have their official drive-away kits and the personal preparedness bags. The team will most likely use privately owned vehicles for transportation to the designated facility after marshalling at a pre-determined assembly site. Specific instructions will be provided at the time of activation.
- c. Essential PEMHS Staff. The Essential PEMHS Staff immediately begin movement taking with them all office drive-away kits, if applicable, not already transported by the members of the PEMHS Disaster Team and their personal preparedness bags. This team will most likely use privately owned vehicles for transportation to the designated facility. Specific instructions will be provided at the time of activation.
- d. Non-Essential Personnel. Non-essential personnel present at the effected facility at the time of an emergency notification will be provided directions at that time. They may be required to stay at the facility or may be directed to proceed to their homes to await further instructions. This decision will be made by the PEMHS Disaster Team keeping the safety and security of PEMHS clients foremost. At the time of notification, any available information regarding routes that should be used to access or depart the facility or other appropriate safety precautions will be provided. During non-business hours, non-essential personnel will remain at their homes pending further guidance.

IV-6 Transition to Alternate Operations

- a. Following the activation of the COOP and establishment of communications links with the Chief Operating Officer and the PEMHS Disaster Team) at an assembly site, the Chief Executive Officer or designee or his designated successor orders the cessation of operations at the primary PEMHS facility.
- b. The Chief Operating officer notifies the appropriate County Emergency Management Center, and Department of Children and Families that an emergency relocation of PEMHS or one of its facilities is complete and provides contact numbers.
- c. As appropriate, press, news media, outside customers, vendors and other service providers are notified by the Chief Executive Officer or designee that PEMHS or one of its facilities has been temporarily relocated.

IV-7 Site-Support Responsibilities

Following notification that a relocation of PEMHS has been ordered or is in progress, the appropriate ARP Facility Manager will implement COOP Site-Support Procedures and prepare for the activation of the S COOP and to receive the PEMHS Transition Team within six hours and the Essential PEMHS Staff within 12 hours.

SECTION V: PHASE II - ALTERNATE OPERATIONS

V-1 Execution of Essential Functions

Upon arrival at the ARP, the Transition Team will begin providing support for the following functions:

- a. Monitor and assess the situation that required the relocation;
- b. Monitor the status of personnel and resources;
- c. Establish and maintain contact with the appropriate County Emergency Management Center and the Department of Children and Families.
- d. Plan and prepare for the restoration of operations at the PEMHS or other long-term facility.
- e. Ensure the continuation of PEMHS essential functions;
- f. Report the status of operations to Disaster Team;
- g. Establish and maintain contact with the facilities
- h. Prepare and disseminate instructions and reports as required
- i. Plan and schedule relocation site operations;

V-2 Establishment of Communications

- a. Depending on the situation and circumstances, the Chief Executive Officer and the Transition Team determine which members of the Disaster Team will relocate to a designated ARP. Each team member should have with them all available portable electronic communication means available i.e. pager, cell phone.
- b. The ARP Manager, will make available to the Transition Team all electronic means of communication previously agreed upon needed to communicate with the Disaster Team and facilities. The ARP Manager will make available any administrative and logistics information to the Transition Team members upon arrival. This information should cover a period of up to seven days.
- c. Disaster or Transition Team members will begin to retrieve pre-positioned information and data and activate specialized systems or equipment as needed.
- d. The Chief Operating Officer will ensure all necessary and preplanned communications systems are established, adequate, and functioning properly.

V-3 Relocation Group Responsibilities

- a. Disaster Responsibilities. As soon as possible following their arrival at the designated ARP or pre-identified assembly site, the Disaster/Transition team members will begin providing support for the following functions:
 - (1) Coordinate transition of the PEMHS essential functions to the reconstituted PEMHS facility.
- b. Essential PEMHS Staff Responsibilities. As soon as possible following their arrival at the designated alternate facility, the Agency Transition Team members will begin providing support for the following functions:
 - (1) The Chief Operating Officer will disseminate administrative and logistics information to the Transition Team to cover operational procedures the next 10 days.
 - (2) The essential program staff will be directed to the assigned rooms and work locations.
 - (3) The essential program staff will receive continual briefings and updates from the ECO.

V-4 Augmentation of Staff

- a. If it becomes evident that the essential program staff cannot ensure continuous performance, the Transition Team will determine what is necessary to ensure essential functions. This may require two shifts working on a 24-hour basis.
- b. Every effort will be made to ensure needed positions are staffed with those who have the required skills.

V-5 Amplification of Guidance to Essential and Non-Essential Personnel

- a. PEMHS' Administration will distribute an informative sheet to all PEMHS employees regarding the duration of alternate operations, pertinent information on payroll, time and attendance, duty assignments, and travel authorizations and reimbursements.
- b. The Chief Executive Officer, or if not available, their successor, will approve this Information Sheet and the Directors will distribute it to their personnel by the best mechanism available.

V-6 Development of Plans and Schedules for Reconstitution and Termination

- a. The Disaster Team will develop Reconstitution and Termination Plans and Schedules to ensure an orderly transition of all PEMHS functions, personnel, equipment, and records from the temporary alternate location to a new or restored facility.
- b. The Disaster Team will approve the plans and schedules prior to the cessation of operations.
- c. The Disaster Team will oversee the Reconstitution and Termination process.

SECTION VI: PHASE III - RECONSTITUTION AND TERMINATION

VI-1 Overview

Within 24 hours of an emergency relocation, the Transition Team with support from the Disaster Team will initiate operations to salvage, restore, and recover the effected facilities after the approval of the local and Federal law enforcement and emergency management services involved. Reconstitution procedures will begin when the Chief Executive Officer or designee ascertain that the emergency situation has ended and is unlikely to recur. Once this determination has been made, one or a combination of the following options may be implemented, depending on the situation.

- a. Continue to perform mission essential functions at the ARP for up to 30 days.
- b. Begin an orderly return to the effected facility and reconstitute full operations
- c. Begin to establish a reconstituted facility in some other facility in the County.

VI-2 Procedures

Upon a decision by the Chief Executive Officer or designee that the facility can be reoccupied, or that a different facility will be established as a new facility:

- a. The Transition Team will oversee the orderly transition of all program functions, personnel, equipment, and records from the ARP to the new or restored facility.
- b. Prior to relocating back to the primary facility or another building, the Disaster Team, in conjunction with the Chief Operating Officer, and any external experts that may be required, will conduct appropriate security, safety, and health assessments for suitability.
- c. When necessary equipment and documents are in place at the new or restored facility, the staff remaining at ARP will transfer essential functions and resume normal operations.

VI-3 After-Action Review and Remedial Action Plan

- a. A critique will be initiated prior to the cessation of operations at the ARP. The information to be collected will, at a minimum, include information from any employee working during the COOP activation and a review of the strengths and weaknesses at the conclusion of the operations.
- b. The information should be incorporated into a COOP Remedial Action Plan by the Disaster Plan. Recommendations for changes to COOP and any accompanying documents will be developed and incorporated into the COOP Annual Review Process.
- c. In addition, recommendations that affect the alert and notification process, the COOP activation process, COOP implementation, or operational issues at the designated ARP will be developed. The recommendations in these areas will immediately be addressed at the next PEMHS COOP meeting, and changes will be made expeditiously.

APPENDIX 1**Agency Directory Pinellas County**

County Sheriff	Telephone Number:
	911 or (727) 582-6200
Police	Telephone Number:
	Pinellas Park: 911 or (727) 541-0758
	Largo: 911 or (727) 587-6717
	St. Petersburg: 911 or (727) 893-7780
Ambulance/Sunstar	Telephone Number:
	911 or (727) 530-1234
Fire and Rescue	Telephone Number:
	Pinellas Park: 911 or (727) 587-6200
	Largo: 911 or (727) 587-6714
	St. Petersburg: 911 or (727) 893-7694
County Emergency Management Office	Telephone Number:
	(727) 464-3800
Florida Emergency Management Office	Telephone Number:
	(850) 413-9969
Federal Emergency Management Agency:	Telephone Number:
	(800) 462-9029 or (202) 566-1600
American Red Cross	Telephone Number:
	North Pinellas (727) 446-2358
American Red Cross	Telephone Number:
	South Pinellas (727) 898-3111
Department of Children and Families	Telephone Number:
	(727) 588-6643
Sonitrol Systems (Alarm) PEMHS South	Telephone Number
	(727) 321-4444
Siemens (Alarm) PACES, Main Campus, 401 16 th Street, St. Petersburg	Telephone Number:
	(813) 854-2078

APPENDIX 2

Alternate Relocation Points

(Applies to Hurricane's and other Emergency events requiring evacuation)

See the Severe Weather Plan.

APPENDIX 3

PEMHS Transition Team

The composition of the PEMHS Transition Team is as follows:

- Chief Executive Officer
- Chief Operating Officer
- Chief Clinical Officer
- Chief Nursing Officer
- Chief Information Officer
- Chief Financial Officer
- Program Directors/Coordinators
- Program Managers
- Facilities Manager
- VP of Human Resources
- UM/QI Manager

APPENDIX 4

Agency Disaster Team

The composition of the Agency Disaster Team is as follows:

Administration/Management

Chief Executive Officer

Chief Operating Officer

Chief Clinical Officer

Chief Nursing Officer

Chief Financial Officer

Directors

Coordinators

Managers

All Facilities Department staff

Assistant Program Managers

Program Specialists

APPENDIX 5


Essential PEMHS Staff Phone Tree
(Area Code is 727 unless listed differently)

Employee Name		Phone Numbers			Work Location	E-Mail
First	Last	Work	Cellular	Beeper		
Jerry	Wennlund	362-4305	727-902-8033		Bldg B – Main	jwennlund@pemhs.org
Maxine	Booker	362-4395	727-902-7740		Bldg B – Main	mbooker@pemhs.org
Jahenein	Nagel	362-4397	727-902-7913		Bldg B – Main	jnagel@pemhs.org
Mandy	Hines	362-4398	727-902-7354		Bldg B – Main	mhines@pemhs.org
Kathy	Neumann	362-4310	727-902-7860		Bldg J – Main	kneumann@pemhs.org
Kristin	Ryan	362-4333	727-902-7347		Bldg H - Main	kryan@pemhs.org
Jeff	Oppenheim	362-4383	727-902-5357		Bldg A – Main	joppenheim@pemhs.org
Jeanenne	Teed	362-4317	None		Bldg A – Main	jteed@pemhs.org
Janet	Bellestri	362-4327	727-403-3866		Bldg A – Main	jbellestri@pemhs.org
Robb	Feld	362-4323	727-902-7438		Bldg. K – Main	rfeld@pemhs.org
Gayle	McNeill	362-4225	727-902-7931		PACES Campus	gmcneill@pemhs.org
Courtney	Covington	362-4289	727-902-7785		PACES Campus	ccovington@pemhs.org

Bioterrorism

Book/Section/No.: Environmental Care/Disaster Plan/ 10
 Effective Date: 01/04, 6/06, 7/15
 Policy: It is the policy of PEMHS to be aware of and on the lookout for any signs of a virulent pathogen or chemical agent as a healthcare worker might be the first to encounter a situation. The Agency will contact local authorities and the Florida Department of Children and Families and follow their directives.

Subjects: A. Signs of a virulent pathogen or chemical agent
 B. Reporting the findings.
 C. Victims of chemical weapons
 D. Victims of biological weapons
 E. Admission and Discharge criteria



 Executive Director

A. SIGNS OF A VIRULENT PATHOGEN OR CHEMICAL AGENT

1. There is a sudden increase in the incidence of a specific disease or a cluster of symptoms. With a biological weapon, the cases follow a compressed epidemic curve, which rises and falls more quickly than a naturally acquired outbreak.
2. Consumers seeking care complain of neurologic, dermatologic or pulmonary symptoms (chemical agent), or they complain of febrile, respiratory, gastrointestinal or flu-like symptoms (biological agent).
3. A vector-borne disease (e.g. mosquito, rodent, and flea) occurs in a region that does not harbor the appropriate vector.
4. The individuals tend to be those who have been outdoors and in the same location. Those who remained inside, especially in buildings with sealed ventilation systems do not present with the cluster of signs or symptoms.
5. The people seeking medical care are a population that is normally healthy and would not be expected to have a disease producing the signs and symptoms at hand.
6. There is an unexplained increase in mortality, especially in populations not expected to produce statistics of this magnitude.
7. The signs and symptoms are consistent with those produced by a pathogen or chemical agent that might be used by bioterrorists (e.g. anthrax, plague, botulism, nerve gas).
8. The signs of mass infection may not appear for several days or even weeks. Therefore, an active surveillance program is necessary that monitors potential biological weapons.
9. Although it is unlikely a mental health agency will be the first to see Consumers complaining of flu and respiratory symptoms, vigilance is necessary to detect a sudden increase, triggering immediate investigation.

B. REPORTING SUSPICIONS PROMPTLY

1. If a chemical or biological agent has been released, don't hesitate or wait for confirmation of test results. Report suspicions immediately.

Environmental Care / Disaster / 010

2. Nurses should immediately notify the Director of Nursing. The Director of Nursing will notify the Executive Director. The Director of Nursing will notify the Health Department.
3. If the index of suspicion is high enough, the Disaster Team will implement the Disaster plan.
 - a. The local Police Department, the Fire Department, the FBI, the local and state departments of health and the U.S. Centers for Disease Control and Prevention (CDC) will be contacted.
4. Hazardous materials ("hazmat") remediation teams will examine the suspected area for the presence of toxic chemicals. Laboratories will examine blood samples for levels of chemicals, such as cyanide and nerve gas (anti-cholinesterase compounds). If a level III (extremely hazardous) pathogen is suspected, the lab may have to turn specimens over to the department of health for species identification in a safe, quarantined facility.
5. The public health agencies will coordinate identification and treatment of the agent. Other health facilities, including paramedics and ambulance crews, will be queried to determine if there is pattern of exposure in the general population.
6. Most chemical agents are largely invisible, odorless and tasteless, making it difficult to recognize that an attack has occurred until victims are sickened. Most biological weapons are also difficult to detect until they produce symptoms among weapons.

C. VICTIMS OF CHEMICAL WEAPONS

1. If suspected, the first response is to lock the doors and not allow entry into the facility.
2. All potential victims must be directed to Emergency Services to await emergency response personnel.
3. If there is evidence of solid or liquid chemical agents on exposed individuals, they are directed to the bathroom where they can shower. Ideally, decontamination should occur outside with soap and water, but this is not feasible at the Program. Decontamination includes showers; washing of eyes, mucous membranes and wounds, assessment of risk/benefit of clothing removal; evaluation of the decontamination process; and psychological intervention for emotional trauma.
4. Consumers will more than likely be admitted to a medical facility. However, in the event they will remain at the Program, the following may occur. Along with decontamination, Consumers are assessed and treated according to the severity of their symptoms, the likelihood of exposure and the recommendations of the departments of health and the CDC, which are in charge of the overall plan.
5. Consumers, once they are decontaminated are no longer a health threat to anyone. Consumers who are exposed to several biological weapons-such as plague or botulism – are not contagious and require only universal/stand precautions. Consumers who are exposed to some organisms such as smallpox are contagious and require respiratory, contact and droplet isolation.

D. VICTIMS OF BIOLOGICAL WEAPONS

1. Because survival depends upon rapid diagnosis and treatment, the Program staff needs to watch for signs of a virulent organism or toxin released in a public area. If spore-forming bacteria are suspected,

Environmental Care / Disaster / 010

- Consumers should be given showers. Clothing should be removed and discarded as medical waste to eliminate a potential source of spores.
2. When the toxin produced by *Clostridium botulinum* is inhaled, it may be difficult to rapidly identify, because the inhaled toxin may not trigger antibody production. A swab of the nares or oropharynx may be sent for ELISA (enzyme-linked immunosorbent assay) if done within 24 hours to exposure to botulism toxin. The consumer is likely to develop life-threatening paralysis long before a culture incubates and is identified in the microbiology lab.
 3. Recognizing the rapid progression of symptoms may make a more timely diagnosis. These include blurred vision, difficulty swallowing and dry mouth, followed by muscle paralysis and respiratory arrest. Survival is likely if treated with antibiotics before progression of symptoms. Even if paralyzed, the consumer has a good chance of survival if treated in the hospital.
 4. ANTHRAX may be release as a spore or as a bacillus. Once inhaled, the spore returns to its bacillus state, where it produces flu and respiratory symptoms. If untreated, the symptoms will progress to septic shock and symptoms will progress to septic shock and hemorrhagic mediastinitis. The bacterium is identified as a gram-positive bacillus on a Gram stain. An Ag-ELISA test may also be diagnostic.
 - a. Types: Inhalation, cutaneous, intestinal
 - b. Can be contracted from farm animals or soil, wildlife (not normally found in the state). Surfaces containing the spores.
 - c. Incubation period from exposure to onset is usually 1-7 days, but may be as long as 60 days. Symptoms vary, but usually occur within 7 days.
 - d. Initial symptoms may resemble a common cold. After several days, the symptoms may progress to severe breathing problems and shock. Inhalation anthrax is often fatal.
 - e. Intestinal anthrax may follow consumption of contaminated food and is characterized by an acute inflammation of the intestinal tract, nausea, loss of appetite, vomiting and fever. These symptoms worsen into severe abdominal pain, diarrhea and vomiting of blood.
 - f. Direct person to person spread of anthrax is extremely unlikely. The CDC does not recommend immunization or treating contacts of persons ill with anthrax such as household contacts, friends or co-workers unless they were also exposed to the same source of infection.
 - g. Early antibiotic treatment can stave off anthrax infection in people exposed to it. Penicillin, doxycycline and fluoroquinolones are all effective against anthrax.
 5. PLAGUE is identified in cultures from the sputum, lymph node or blood, depending upon how the organism is introduced into the body. This gram-negative bacillus produces pulmonary symptoms consistent with pneumonia: malaise, cough, fever, chills, and bloody sputum. Left untreated, it may progress to a bacteremia and bronchopneumonia.
 - a. Type: Bubonic, primary septicemic, Pneumonic

Environmental Care / Disaster / 010

- b. Transmission: Droplet and aerosol transmission, not person-to-person for pneumonic. In bioterrorism, intentional dissemination would most probably occur via aerosol.
 - c. Initial symptoms: Pneumonic symptoms would initially resemble those of other severe respiratory illnesses, fever with cough and dyspnea, sometimes with the production of bloody, watery, or less commonly, purulent sputum. Prominent gastrointestinal symptoms, including nausea, vomiting, abdominal pain and diarrhea might be present.
 - d. Incubation period: 1-6 days, but most often within 2-4 days, following exposure and people would die quickly following onset of symptoms.
 - e. Diagnosis: First indication would be a sudden outbreak of illness presenting as severe pneumonia and sepsis. Hemoptysis may differentiate it from inhalational anthrax. Antigen detection lab tests are available only at some state health department, the CDC and military laboratories.
 - f. Treatment – there is no vaccine for pneumonic plague. The fatality rate when treatment is delayed more than 24 hours after symptom onset is extremely high. Tetracycline and doxycycline are FDA approved for prophylaxis and therapy. Ciprofloxacin has been proven effective in animal studies but is not FDA approved. In a casualty setting parental streptomycin or gentamicin is recommended. In a mass casualty setting, doxycycline or ciprofloxacin orally is recommended. A child's recommended treatment is streptomycin or gentamicin. In an exposed community all persons developing a temperature of 38.5 Degrees C or higher begin parenteral antibiotic treatment (or oral if supplies limited). Special measures need to be taken for those who are homeless or mentally handicapped. Asymptomatic persons who have closed contact (defined as 2 meters)) should be treated prophylactically.
 - g. Infection control: Standard surgical mask. Aerosol is estimated to be effective and infectious for as long as 1 hour and would dissipate long before the first case of pneumonic plague occurred.
6. SMALLPOX is identified from pharyngeal swab or from pustules in the skin, using an ELISA or PCR test. The classic progression of symptoms begins with flu-like symptoms, after which a rash develops on the face and extremities. The rash evolves to pustules that are highly contagious. Mortality rates of unvaccinated Consumers are 30% or higher. Adults who were vaccinated as children may have lost some or all of their immunity.
- a. Type: variola major, variola minor (or alastrim)
 - b. Contacted by: primarily spread to household members and friends, large outbreaks uncommon partly because by the time that the transmission of smallpox occurs *at onset of rash", many are confined to bed because of the high fever and malaise of the prodromal illness. Secondary cases usually restricted to those who come into contact with the Consumers usually in the household or hospital. Survivals of

Environmental Care / Disaster / 010

orthopoxviruses usually occur in winter-inversely proportional to both temperature and humidity.

- c. Incubation period: From onset of rash through the first 7-10 days. Infectivity wanes rapidly with scabs.
- d. Initial symptoms: high fever, malaise and prostration with headache and backache. Severe abdominal pain and delirium sometimes present. A maculopapular rash then appears on the mucosa of the mouth and pharynx, face and forearms and spreads to the trunk and legs. Within 1-2 days, the rash becomes vesicular and later, pustules. Pustules are round, tense and deeply embedded in the dermis. Crusts begin to form around day 8 or 9 of the rash. As recovering occurs, scabs separate and pitted scarring gradually develops. Scars most evident on the face and result from destruction of sebaceous glands followed by shrinking of granulation tissue and fibrosis.
- e. Hemorrhagic cases are uniformly fatal and occur among all ages and sexes, pregnant women appear to be unusually susceptible. Shorter incubation period and strong prostrating prodromal illness with high fever and head, back and abdominal pain. Soon, a dusky erythema develops, followed by petechiae and frank hemorrhages into the skin and mucous membranes. Death usually occurs by the 5th or 6th day of onset of rash. Thought to result from a defective immune response.
- f. In the fatal malignant form, the abrupt onset and prostrating constitutional symptoms are similar. The congruent lesions develop slowly, never progressing to the pustule stage but remain soft, flattened and velvety to the touch. The skin has the appearance of a fine-grained, reddish-colored crepe rubber, sometimes with hemorrhages. If the Consumers survive, the lesions gradually disappear without forming scabs or, in severe cases, large amounts of epidermis might peel away. Thought to result from a defective immune response.
- g. Laboratory confirmation only by someone who has been recently vaccinated and who wears glove and a mask.
- h. Post exposure therapy: Supportive therapy plus antibiotics. Cidofovir might prove useful in preventing infection if administered within 1 or 2 days after exposure. No evidence that this is more effective than vaccination in this early period. Utility of Cidofovir is limited as it must be administered intravenously and its use is often accompanied by serious renal toxicity.
- i. Infection Control: Difficult unless checked by vaccination and/or isolation of Consumers and their close contacts. All those in contact should be vaccinated within 4 days. All contacts check their temperatures once per day and if higher than 101 degrees during the 17-day period following last exposure might give cause for isolating the patient immediately, preferably at home. Consumers should be taken care of at home but in the event hospitalization is needed, they should be confined to rooms that are under negative pressure and equipped with high-efficiency particulate air filtration. Gloves, gowns and masks are observed.

7. TULAREMIA is identified initially on Gram stain as a gram-negative coccobacillus. The species is identified by serologic tests. If released in an aerosol, the bacteria will likely produce fever, malaise, substernal discomfort and a nonproductive cough. Progression leads to pleural effusion. Untreated tularemia has a 35 percent mortality rate, although antibiotic therapy is usually effective.
- a. Types:
 - (1) Inhalation,
 - (2) ulceroglandular,
 - (3) oropharyngela,
 - (4) typhoidal,
 - (5) Tularemia sepsis.
 - b. Incubation: Febrile 3-5 days after exposure, incubation range 1-14 days, with pleuropneumonitis developing in a significant proportion of cases during ensuing days and weeks.
 - c. Initial symptoms: Fever, headache, chills and rigor, generalized body aches (often prominent in the low back), coryza and sore throat. A dry or slightly productive cough and substernal pain or tightness frequently occur with or without objective signs of pneumonia, such as purulent sputum, dyspnea, tachpnea, pleurific pain, or hemoptysis. Nausea, vomiting and diarrhea sometimes occur. A sweat, fever and chills, progressive weakness, malaise, anorexia and weight loss characterize continuing illness.
 - d. Contact: Ulceroglandular typically arises from handling a contaminated carcass or following an infective arthropod bite. Oropharyngela is acquired by drinking contaminated water, ingesting contaminated food or sometimes, by inhaling contaminated droplets or aerosols. Inhalation by result of inhaling contaminated aerosols or be secondary to hematogenous spread from a distal site. Typhoidal is used to describe systemic illness in the absence of signs indicating either site of inoculation or anatomic localization of infection. In sepsis, nonspecific findings are also prominent.
 - e. Suspicion of inhalational tularemia should have special diagnostic and safety procedures.
 - f. Treatment: Streptomycin is the drug of choice. Gentamicin may be used intravenously. Treatment should continue for 10 days. Treatment with tetracycline and chloramphenicol are used but relapses and primary treatment failures occur at higher rates and should be given for at least 14 days. In children, streptomycin or gentamicin is recommended as first line dense. Doxycycline and ciprofloxacin and chloramphenicol can be used as alternatives. In mass casualty situations, doxycycline and ciprofloxacin administered orally.
 - g. Infection control: isolation is not recommended given the lack of human-to-human contact.
 - h. Environmental decontamination: May survive for extended periods in a cold, moist environment. 10% bleach solution for 10 minutes on inanimate surfaces wet with material. After 10 minutes, a 70% solution of alcohol can be used to further clean the area and reduce the corrosive action of bleach. Wash body surfaces and clothing with soap water. Standard

Environmental Care / Disaster / 010

levels of chlorine in municipal water sources should protect against waterborne infection. Avoidance of sick or dead animals and on personal protective measures against biting arthropods in an urban release.

8. BOTULINUM TOXIN
 - a. Types: Food borne, wound, intestinal, and man-made inhalation
 - b. Initial symptoms: Acute symmetric, descending flaccid paralysis with prominent bulbar palsies such as diplopia, dysarthria, dysphonia and dysphagia that would typically present 12-72 hours after exposure. Typically present with difficulty seeing, speaking and/or swallowing. Mouth may appear dry and the pharynx injected. As paralysis extends beyond bulbar musculature, loss of head control, hypotonia and generalized weakness become prominent. Clear sensorium and afebrile.
 - c. Effective response will depend on timely clinical diagnosis, case reporting and epidemiological investigation.
 - d. Contact: Most poisonous substance known, inhaled. (1 gram released has potential to kill 1 million people, though technically difficult)
 - e. Treatment: Antitoxin promptly (available from CDC) and, often, mechanical ventilation. Supportive care.
 - f. Diagnosis: Laboratory testing only available at CDC.
 - g. Decontamination: Heating to an internal temperature of 85 degrees for at least 5 minutes detoxify contaminated food or drink. Aerosolization of toxin decays at 2 days. Clothing and skin should be washed with soap and water. Contaminated objects or surfaces should be cleaned with 01% hypochlorite bleach solution if they cannot be avoided for the 2 days required for natural degradation.
 - h. Infection control: Universal precautions. Those with flaccid paralysis from suspected meningitis require droplet precautions.

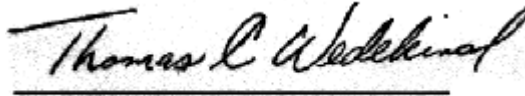
9. It is vital to initiate antibiotic or antiviral therapy as soon as the pathogen has been identified, since some virulent organisms are more difficult to eradicate once they have proliferated inside the body. Antibiotic therapies are availability for some, but not all, potential biological weapons likely to be used by terrorists.

E. ADMISSION AND DISCHARGE CRITERIA

In the event, the authorities determine the Program must hold and quarantine Consumers exposed to biological weapons, the designated holding site will be delegated to Building H on Main Campus. Consumers exposed to chemical weapons who have been decontaminated may be admitted into the general unit's population with local authority approval.

Gang Related Activity

Book/Section/No.:	Environmental Care/Disaster Plan/	20
Effective/Review Date:	01/04, 6/06, 7/14	
Policy:	It is the policy of PEMHS to be aware of and on the lookout for any signs of gang related activity both internally and externally. The Agency will contact local authorities and the Florida Department of Children and Families and follow their directives.	



Executive Director

Definition: A gang is a group of people who want to be seen as different from others and want others to perceive them as a distinct group. This group is organized, has leadership, and is committing criminal acts in the community. Gang membership is not in and of itself illegal. However, when the "group" turns to criminal activity everyone is about to become a loser.

[Florida Statutes 874.03](#) says a criminal street gang is a formal or informal ongoing organization, association, or group of three or more persons who have:

- A common name or common identifying signs, colors, or symbols.
- Members or associates who individually or collectively, engaged in or have engaged in a pattern of youth and street gang activity such as fighting, vandalism, murder, and drug sales.

Does our community have gangs? No single criminal or unlawful activity will indicate there are gangs in our community. These conditions may indicate the **possible** existence of gangs:

- Rampant graffiti on streets, curbs, buildings, in schools, etc.
- Widespread vandalism, auto thefts, robberies/muggings.
- Senseless crimes of violence.
- Fighting between youths followed by crimes committed with weapons.
- Citizen complaints of thugs causing fear and intimidation within their neighborhood.
- Youths commonly seen traveling in groups.
- Most importantly, drug trafficking and use.

How do gangs recruit members?

Lots of sweet talk, peer pressure, or fear and intimidation. Kids are often confronted by gang members in their neighborhoods or in school and are asked to join the gang. A Chicago public school survey showed 41% of students were contacted and asked to join gangs. Young people are told the "Big Lies" about all the good things that happen when they join. They are told they will earn a lot of money, make friends, go to parties, and belong to a close "family" that will care for and 'love' them.

Why do youths join gangs?

This answer all depends on the socio-economic background of the youth. In general terms they join for a sense of power, excitement, recognition/prestige and they believe the gang allows them to achieve a level of status that was impossible to attain outside of the gangs.

- Prestige or power
- Friendship or brotherhood
- Protection/security from gang violence
- Making a lot of money fast
- Feeling of belonging and being cared about
- Media glorification of the gang lifestyle

Do females join gangs?

Female gang membership is sky rocketing. Current trends are that specific female gangs are emerging here in Florida and all over the Nation. Females are valued by the majority of gangs, but they are not true members and are often in support roles like carrying the weapons and drugs.

As gang activity increases so does their graffiti. Graffiti has been called the "newspaper of the streets." Each gang has its unique symbols and cryptic types of writing. Graffiti is *not art work*; it is sophisticated communication that publicizes the gang's power, status, delineates territory, sends messages, and warns intruders. Graffiti upside down or crossed out is generally a 'put down' or threat to a rival gang or person. 'Death warrants' for police officers are known to have been posted with graffiti.

What do you do about gang graffiti?

Read It! Record It! Report It! And Remove It!! Gang graffiti left unchecked can be dangerous. Remember it can communicate an outright threat against an opposing gang or person. First the graffiti must be read and interpreted for danger signals. Second, it should be photographed. Then, a police report should be made for tracking purposes. Finally, the graffiti should be removed to reduce the likelihood of continued violence.

What are gang colors and gang signs?

Colors refers to a gang member representing his/her membership by wearing a specific gang logo, particular colors of clothing, a specific brand name of clothing or clothing worn in a predefined manner. This may also include hair styles, jewelry, or even the way a person stands, walks or folds arms and hands. Colors identify the gang member and show member pride and affiliation.

Hand signals and gang slang are a means of communication. Symbols formed and flashed with the fingers, hands, and body have very specific meaning to the gang. The same goes for buzz words or phrases. Remember all of these may be area or geographic region specific and meanings may vary.

How do you deal with gangs?

- Be decisive, firm, and fair. Lenient treatment is viewed as weakness and they will take advantage of you.
- Intimidation will not work; it will most likely lead to confrontation. Lectures do not work either. Gang members are looking for respect.
- Giving any public or media attention to a gang only feeds their egos and escalates gang activity.
- It is bad news to negotiate with terrorist or criminals, so don't do it with gangs or their members— all it does is give them more recognition and power.
- Remember the four "R's" about graffiti—Read, Record, Report, Remove.
- Prevent conflict whenever possible—look for common ground.

What are some typical pre-gang behaviors?

Gang involvement does not happen overnight. It is a gradual process and if you are alert you will see the signs.

- Poor progress or achievement in school
- Truancy from school
- Lack of hobbies or too much leisure time
- Frequent contact with authority figures or police
- Draws gang insignias/symbols
- Problems at home
- Lives in neighborhood where gangs exist
- Friends are gang members or "dressing down" or "sagging and bagging" in gang attire
- Begins dressing in traditional gang clothes

These items are characteristic of gang involvement. However, some people who join or associate with gangs do not dress in the traditional attire and do not exhibit conspicuous behavior to show gang involvement.

Procedure/Communications/Alert & Warning System:

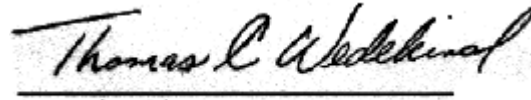
When staff observes Gang related activity, or suspects Gang related activity, the PEMHS Director, the Risk Manager and the Program Manager will be notified. It is the responsibility of the Risk Manager, or their designee, to contact the local authorities after determining if the threat is real.

Important telephone numbers

- Pinellas Park Police Department.....911 or (727) 541-0758
- Pinellas County Sheriff's Department911 or (727) 582-6200
- Emergency911

Visiting or Injured VIP on Campus

Book/Section/No.: Environmental Care/Disaster Plan/ 30
Effective/Review Date: 01/04, 6/06, 7/14
Policy: Although PEMHS does not provide specific security for visiting VIP's, the Chief Operating Officer will work closely with any security details that may be provided or accompanying the VIP. It is the policy of PEMHS to be aware of and on the lookout for any signs of Threats to visiting VIP's, and should an injury occur on campus the Agency will contact local authorities.
Subjects: A. Definition
B. Communication/Alert and Warning System
C. Procedure
D. Recovery Period


Executive Director

- A. DEFINITION
1. Injury to VIP by any means (weapon, fall, or any other injury).
- B. COMMUNICATION/ALERT & WARNING SYSTEM
1. In the event a VIP is injured, a Code five (5) denoting a medical emergency is announced over the intercom system. In the case of a severe or life threatening injury **911 is called as soon as possible**. All administrative staff are notified as soon as feasible.
- C. PROCEDURE
1. In the event someone has been shot or stabbed and the person is no longer threatening, personnel may tend to the victim to the best of their ability while awaiting Emergency Medical Services.
2. Do not attempt heroics.
3. Move as many consumers and staff away from the situation as possible, keep in staff area if necessary.
4. Gather as much information on the assailant as possible.
5. Be prepared to provide Law Enforcement Officers with relevant information:
a. Weapon (type)
b. All available information on the assailant
c. Schematic of area (floors, windows, exits and rooms)
d. Description of the assailant
6. Procedures for medical emergencies and first aid are followed as appropriate.
7. 911 is immediately called for the paramedics.
8. Surrounding staff should make every effort to provide a calm environment, both with the consumers and other staff members.


9. The Executive Director, Program Director and Risk Manager are notified as soon as possible during or after the event.
10. Incident reports and significant event reporting, if applicable, are completed as soon after the incident as possible.
11. Those staff or other persons who witnessed the incident or saw the person who used the weapon should be prepared to talk to law enforcement and provide a description of the person.

D. RECOVERY PERIOD

1. Staff completes an incident report.
2. Chief Operating Officer will notify insurance company, if appropriate.
3. Clinical staff will provide therapy to consumers and staff as indicated.

Violence and Weapons in The Workplace

Book/Section/No.:	Human Resources / Performance & Discipline /	HR-PP 5-12
Effective/Review Date:	8/99, 5/01, 06/04, 09/05, 6/07, 7/08, 2/15, 1/19	
Policy:	<p>All PEMHS, Inc. employees have the right to work in a setting free from violent workplace conduct. We refuse to tolerate violence in the workplace and will make every effort to prevent violent incidents from occurring. Employees who violate our policy prohibiting violent workplace conduct may be disciplined up to and including discharge. This policy is applicable to all employees regardless of their position in this organization. The following guidelines explain our policy prohibiting violent workplace conduct.</p> <p>PEMHS also believes it is important to establish a clear policy that specifically addresses weapons in the workplace. Therefore, except as otherwise provided in this policy, PEMHS prohibits all persons who enter PEMHS' property from carrying a handgun, firearm, knife or prohibited weapon of any kind onto the property and all persons are prohibited from possessing such weapons while on Agency business or otherwise performing their job duties for the Agency.</p> <p>This policy applies to all PEMHS employees, contract and temporary employees, visitors on PEMHS' property and vendors and contractors on PEMHS' property. The only exceptions to this policy will be police officers, security guards, persons who are in compliance with Florida Statute Section 790.251 or other persons who have been given written consent by PEMHS or to carry a weapon on the property.</p>	
Subjects:	<p>A. Workplace Violence</p> <ol style="list-style-type: none"> 1. Procedure Guidelines 2. Behavior Definitions 3. What To Do <p>B. Weapons in the Workplace</p> <ol style="list-style-type: none"> 1. Procedure & Definitions 2. Searches 3. Violations 	



President/CEO

A. WORKPLACE VIOLENCE

1. Procedure Guidelines
 - a. Violent workplace conduct, whether committed by managerial, supervisory or non-supervisory personnel is prohibited.
 - b. We will respond to any complaint alleging violent workplace conduct regardless of whether the acts complained of have been specifically forbidden

and regardless of when or how we became aware of the alleged conduct complained of.

2. Behavior Definitions

- a. Knowingly or intentionally touching another person in a rude, insolent, or angry manner.
- b. Engaging in a course of conduct involving repeated or continuing verbal, non-verbal or physical harassment of another person that would cause a reasonable person to feel terrorized, frightened, intimidated, or threatened.
- c. Communicating a threat to another person with the intent that the other person engage in conduct against his/her will or knowingly or intentionally communicating a threat to another person with the intent that the other person be placed in fear or retaliation for a prior lawful act.
- d. Vandalizing, damaging or destroying Company property or the property of other employees.
- e. Tampering with the Company's computer or voice communications systems.

3. What To Do:

- a. Employees who feel they are victims of violent workplace conduct should advise their supervisor immediately. If this is not appropriate, employees should contact the Human Resources Department. After being advised of the employee's complaint, an investigation will be made immediately.
- b. After the investigation has been completed, a determination will be made as to what action, if any, will be taken. The person making the complaint will be advised of the conclusions drawn from the investigation.
- c. This policy is designed to prevent inappropriate workplace conduct. We reserve the right to take action in response to such behavior even when the behavior does not rise to the level of a violation of the law. Employees who violate our policy may be disciplined, up to and including discharge.

B. WEAPONS IN THE WORKPLACE

1. Procedure & Definitions:

- a. All PEMHS employees, independent contractors, and other persons performing work or services for PEMHS are also prohibited from carrying a weapon while in the course and scope of

performing their job for the Company, whether they are on Company property at the time or not. Employees may not carry a weapon covered by this policy while performing any task on PEMHS' behalf. This policy also prohibits weapons at any PEMHS' sponsored function such as parties or picnics. The only exceptions to this policy will be persons who have been given written consent by the Company to carry a weapon while performing specific tasks on PEMHS' behalf or those who are compliant with Florida law and based upon the conditions described below.

- b. Prohibited weapons include any form of weapon or explosive restricted under local, state or federal regulation. This includes all firearms, illegal knives or other weapons covered by the law. (Legal, chemical dispensing devices such as pepper sprays that are sold commercially for personal protection are not covered by this policy.) If you have a question about whether an item is covered by this policy, please call the Director of Human Resources. You will be held responsible for making sure beforehand that any potentially covered item you possess is not prohibited by this policy. Under Florida Statute 790.001, a weapon is defined as:
- c. "Antique firearm" means any firearm manufactured on or before 1918 (including any matchbook, flint back, percussion cap, or similar early type of ignition system) or replica thereof, and any firearm using fixed ammunition manufactured on or before 1918.
- d. "Concealed firearm" means any firearm, as defined in subsection (6), which is carried on or about a person in, such a manner as to conceal the firearm from the ordinary sight of another person. The same is true for any chemical weapon or device.
- e. "Tear gas gun" or "chemical weapon or device" means any weapon of such nature, except a device known as a "self-defense chemical spray." "Self-defense chemical spray" means a device carried solely for purposes of lawful self-defense that is compact in size, designed to be carried on or about the person, and contains not more than two ounces of chemical.

- f. “Destructive device” means any bomb, grenade, mine, rocket, missile, pipe bomb, or similar device containing an explosive, incendiary, explosive gas, or expanding gas, which is designed or so constructed as to explode by such filler and is capable of causing bodily harm, and property damage; any combination of parts either designed or intended for use in converting any device into a destructive device and from which a destructive device may be readily assembled; any device declared a destructive device by the Bureau of Alcohol, Tobacco and Firearms; and type of weapon which will, is designed to, or may readily be converted to expel a projectile by the action of any explosive and which has a barrel with a core of one-half inch or more in diameter: and ammunition for such destructive devices, but not including shotgun shells or other ammunition designed for use in a firearm other than a destructive device.
- g. "Explosive" means any chemical compound or mixture that has the property of yielding readily to combustion or oxidation upon application of heat, flame, or shock, including but not limited to dynamite, nitroglycerin, trinitrotoluene, or ammonium nitrate when combined with other ingredients to form an explosive mixture, blasting caps, and detonators
- h. “Firearm” means any weapon (including a starter gun) which will, is designed to, or may readily be converted to expel a projectile by the action of an explosive; the frame or receiver of any such weapon; any firearm muffler or firearm silencer; any destructive device; or any machine gun. The term “firearm” does not include an antique firearm unless the antique firearm is used in the commission of a crime.
- i. "Weapon" means any dirk, knife, metallic knuckles, slingshot, “billie”, tear gas gun, chemical weapon or device, or other deadly weapon except a firearm or a common pocketknife, plastic knife, or blunt-bladed table knife.
- j. PEMHS’ property covered by this policy includes, without limitation, all PEMHS owned or leased buildings and surrounding areas such as sidewalks, walkways, driveways and parking lots under the PEMHS’ ownership or control.

PEMHS' vehicles are covered by this policy at all times regardless of whether they are on PEMHS' property at the time.

- k. Consistent with the provisions of Florida law, employees and other persons performing work or services for the Agency who are licensed to carry concealed firearms are permitted to bring firearms onto PEMHS property provided all the following conditions are met:
 - 1) The employee or person has a valid license to carry concealed firearms issued under the provisions of Florida Statute sections 790.06;
 - 2) The firearm remains locked in the employee or person's private motor vehicle;
 - 3) The private motor vehicle containing the firearm is parked and remains in the Agency's parking lot during the employee or person's working hours at PEMHS;
 - 4) If the employee or person is required to use his or her private motor vehicle as part of his or her job duties, the firearm must remain locked inside the private motor vehicle and that vehicle must be parked in the parking lot of the Agency or other entity the employee or person is visiting while on Agency business; and
 - 5) The firearm is never exhibited or any reason other than lawful defensive purposes.
1. Nothing in this policy permits an employee or other person licensed to carry concealed firearms to bring a firearm into the working areas or offices of the Agency. Furthermore, nothing in this policy permits an employee or other person to carry a firearm on his or her person while on Agency business. Finally, nothing in this policy permits an employee or other person to possess a firearm in a motor vehicle that is owned, leased or otherwise provided to the employee or other person by the Agency.

2. Searches

- a. PEMHS reserves the right to conduct lawful searches of any person, vehicle or object that enters onto Company property. Pursuant to this provision, PEMHS is authorized to search lockers, desks, purses, briefcases, baggage, toolboxes, lunch sacks, clothing, vehicles parked on PEMHS' property, and any other item in which a weapon may be hidden. Additionally, PEMHS may search a vehicle owned by it and used by the employee, and a vehicle owned by an employee that is being used to conduct business on behalf of PEMHS, regardless of whether the vehicle is located on PEMHS' property at the time. PEMHS will not, however, search a private motor vehicle in its parking lot for the purpose of ascertaining the presence of a legally concealed firearm. Searches may be conducted by PEMHS' management or local authorities. To the extent the search is requested by PEMHS' management and the employee is present, the employee may refuse the search; provided, however, that such refusal can result in termination of employment for refusal to cooperate. No employee who lawfully has a concealed firearm in his or her private motor vehicle (as defined in sections B. 1. d., above) will be disciplined or retaliated against based upon his or her lawfully concealed firearm. PEMHS reserves the right to conduct searches on its property or authorize searches by law enforcement on its property without the employee being present.

3. Violations

- a. Failure to abide by all terms and conditions of the policies described above may result in discipline up to and including termination. Further, carrying a weapon onto PEMHS property in violation of this policy will be considered an act of criminal trespass and will be grounds for immediate removal from PEMHS' property, and may result in prosecution.

Conclusion:

THIS POLICY SHALL NOT BE CONSTRUED TO CREATE ANY DUTY OR OBLIGATION ON THE PART OF PEMHS TO TAKE ANY ACTIONS BEYOND THOSE REQUIRED OF AN EMPLOYER BY EXISTING LAW.

If you become aware of anyone violating this policy, please report it to Human Resources or Management immediately.

Sewer Outage

Book/Section/No.: Environmental Care/Disaster Plan/ 40
Effective/Review Date: 01/04, 06/06, 7/14, 12/18, 1/19
Policy: It is the policy of PEMHS to be aware of and on the lookout for any signs of a sewer outage. The Agency will contact local public utility agents.
Subjects: A. Definition
B. Communications/ Alert and Warning System
C. Procedure
D. Recovery Period

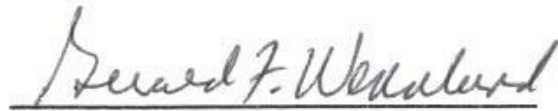


President/CEO

- A. DEFINITION
1. A sewer outage occurs when the regular source of waste disposal is unavailable.
- B. COMMUNICATIONS/ALERT AND WARNING SYSTEM
1. When sewer backs up for building(s) staff will inform Maintenance immediately
- C. PROCEDURE
1. P.E.M.H.S. Maintenance staff will attempt to auger the line to allow sewage to drain through the pipes. If P.E.M.H.S. Maintenance staff is unable to do this a plumbing contractor will be called to do the job
2. Clients will be taken out of effected area
- D. RECOVERY PERIOD
1. The area that was effected by the sewer back up will be sanitized by either the Maintenance staff or by on –site housekeeping .
2. Clients will be brought back to area after it has been sanitized

Compressed Natural Gas

Book/Section/No.: Environmental Care/Disaster Plan/ 50
Effective/Review Date: 01/04, 6/06, 7/14, 12/18, 1/19
Policy: It is the policy of PEMHS to be aware of and on the lookout for any signs of problems with the Compressed Natural Gas (CNG) service that is used by the on site kitchen. The Agency will contact local public utility agents.
Subjects: A. Definition
B. Communications/Alert and Warning System
C. Safety



President/CEO

A. DEFINITION

1. A problem with the Compressed Natural Gas service may be indicated by the lack of working pilot lights, an odor of “gas”, or other indicators.

B. COMMUNICATIONS/ALERT & WARNING SYSTEM

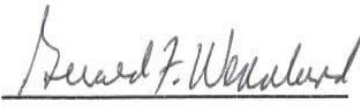
1. Any staff that determines there is a CNG issue will **IMMEDIATELY** contact the facilities Department and report it at once.
2. When a call is received the facilities manager will dispatch a maintenance technician to research the problem. Should there be a problem that the maintenance technician cannot resolve, the CNG provider (Ameri-Gas) will be contacted.

C. SAFETY

1. There will be no smoking or open flames within 50 feet of the CNG tanks during the re-fueling of those tanks.

Fire Suppression/Alarm System

Book/Section/No.: Environmental Care/Disaster Plan/ 60
Effective/Review Date: 01/04, 6/06, 7/14 1/19
Policy: It is the policy of PEMHS to be aware of the safety of their staff, visitors and consumers, therefore all secured consumer units will have a automated fire suppression system. This system will be monitored by a central station and said central station shall report all alarms to the proper fire department based upon location of the alert. Should a major fire occur, the Agency will contact local authorities.
Subjects: A. Definition
B. Procedure



President/CEO

-
-
- A. Definition
1. An automated fire suppression/alarm system is one in which there are detectors which monitor for fire, smoke and/or heat and automatically contact a central station.
- B. Procedure
1. Monthly fire drills will be conducted on each unit, preventive maintenance will be provided by outside vendors that are experts in the suppression/alarm field.
 2. An annual inspection will be conducted by the local Fire Marshal. All reports, repair invoices, inspections, etc. will be maintained by the Facilities Manager in their office. Any repairs necessary will be completed immediately, or a fire watch will be put in place.

Heating, Ventilating and Air-Conditioning (HVAC) Systems

Book/Section/No.: Environmental Care/Disaster Plan/ 70
 Effective/Review Date: 01/04, 6/06, 7/14, 12/18, 1/19
 Policy: It is the policy of PEMHS to be aware of the comfort of their staff, visitors and consumers, therefore all secured consumer units will have a functioning HVAC system. This system will be monitored by the Maintenance Department. Should a major disruption in the system occur, the Agency will contact the local vendor to repair the problem.

Subjects: A. Definition
 B. Maintenance
 C. Notification of Heating/Cooling Problem
 D. Comfort of Consumers



 President/CEO

- A. DEFINITION
1. An HVAC system is one in which the air is heated or cooled based upon the internal temperature of the unit as well as the external temperature and weather.
- B. MAINTENANCE
1. Preventive maintenance will be provided by outside vendors that are experts in the HVAC field.
 2. An Bi-Annual inspection will be conducted by the HVAC Vendor. All reports, repair invoices, inspections, etc. will be maintained by the Facilities Manager in their office. Any repairs necessary will be completed immediately.
 3. The PEMHS Maintenance Department will change filters in the HVAC systems on a monthly basis.
- C. NOTIFICATION OF HEATING/COOLING PROBLEM
1. Should there be a loss of heat/cooling on any consumer unit; unit staff will immediately notify the Facilities Department, or if after normal business hours, the on call maintenance worker.
 2. Facilities will respond and attempt corrective action. Should the maintenance worker not be able to correct the problem, the proper vender will be notified by Facilities, to

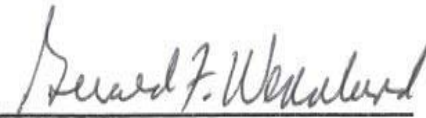
respond to the unit and repair the problem in an expedient manner.

D. COMFORT OF CONSUMERS

1. Should there be a loss of heating on any unit; consumers will be provided with blankets to keep them warm. Should the heating loss be for an extended period of time (24 hours), and the temperature remains at or below 60 degrees in the living area, the proper vendor shall be notified by Facilities, to bring alternative UL approved heating devices to the unit for emergency heating.
2. Should there be a loss of cooling on any unit for an extended period of time (24 hours), and the temperature remains at or above 85 degrees, the proper vendor shall be notified by Facilities, to bring alternative UL approved cooling devices to the unit for emergency cooling.

Severe Heat/Humidity

Book/Section/No.: Environmental Care/Disaster Plan/ 80
Effective/Review Date: 01/04, 6/06, 7/14, 1/19
Policy: It is the policy of PEMHS to assure that the safety of the client is always maintained, therefore should consumers participate in outdoor exercise, work projects or other activities that may cause heat stress, the following procedures shall be enacted.
Subjects: A. Environmental Conditions Affecting Heat Stress
B. Heat Stress Injuries
C. Procedures



President/CEO

A. ENVIRONMENTAL CONDITIONS AFFECTING HEAT STRESS RISKS

1. Hot conditions put your body under a lot of stress. Physical activity stresses the body even more. When heat is combined with physical activity, loss of fluids, fatigue, and other conditions can lead to a number of heat-related illnesses and injuries. Death is even possible. Heat stress is commonly associated with warm weather. It's true that warm weather increases the number of heat-stress injuries and illnesses. Warm weather isn't the only cause of heat stress, though. Heat stress can occur any time the surrounding temperature is elevated. Even if the weather is cool, you may exercise in warm areas, indoors or out. Be alert for conditions which could cause heat stress and take precautions to prevent it.
2. Six main factors are involved in causing heat stress:
 - a. Temperature
 - b. Humidity
 - c. movement of air
 - d. radiant temperature of the surrounding
 - e. Clothing
 - f. physical activity
3. Adjusting to these factors and/or controlling them reduce the chance of heat stress. Your body can adjust to exercising in a warm environment through a process known as "acclimatization." Acclimatization processes involve gradually increasing the amount of time you spend exercising in a hot environment. This gradual increase allows your body to properly adjust to the heat. Keep in mind, though, even if you're already acclimatized, conditions can change which stress your body even more. Bright sunshine, high humidity, and sources of heat in the facility can affect your body's

ability to cool itself. If conditions change, make sure you re-acclimate yourself to the new conditions. Engineering controls can be implemented to reduce the possibility of heat stress. These include:

- a. control the heat source through use of insulation and reflective barriers
 - b. exhaust hot air or steam away from the exercise area
 - c. use of air-conditioning
 - d. use of air-conditioned rest areas
 - e. use of fans to circulate the air
 - f. reduce the physical demands of the exercise
4. Administrative controls are also effective to prevent heat stress injuries. These include:
 - a. Increase the frequency and duration of rest breaks.
 - b. Schedule tasks to avoid heavy physical activity during the hottest parts of the day.
 - c. Provide cool drinking water or an electrolyte-replacement drink and encourage its consumption. Staff will provide consumer water before during and after exercise group. In the event of an off site activity, water or electrolyte beverage will be brought with the consumer by the staff.
 - d. Make sure everyone understands the signs and symptoms of heat stress.
 5. Common-sense precautions, such as dressing properly for the exercise, include:
 - a. Wearing lightweight clothing which allows moisture to evaporate quickly.

B. HEAT STRESS INJURIES

1. There are a number of types of heat stress injuries. Some are annoying but not very serious. Others can quickly lead to life-threatening situations. Knowing what to look out for is important. This is especially true because the more serious heat stress conditions cause the victim to become disoriented and unaware of their condition. **People who are overweight, physically unfit, suffer from heart conditions or are not acclimated to the temperature are at greater risk of heat stress and should seek and follow medical advice.**
2. The major heat stress injuries and illnesses are described here:
 - a. **Heat Rash** is caused by a hot, humid environment and plugged sweat glands. It is a bumpy red rash which itches severely. It is not life-threatening but is very annoying. Dry clothes that help sweat evaporate will reduce the chance of heat rash. Washing regularly and keeping the skin clean and dry will help prevent heat rash.
 - b. **Heat Cramps** are painful muscle cramps caused by a loss of body salt through excessive sweating. To help prevent heat cramps, drink plenty of caffeine-free fluids while exercising in a hot environment. Anyone suffering from heat cramps should be watched carefully for signs of more

serious heat stress. If the cramps persist or other symptoms develop, seek medical attention immediately.

- c. **Heat Syncope** (pronounced "sin-co-pay") is sudden fainting caused by a reduced blood flow to the head. The victim's skin will be cool and moist and their pulse will be weak. Immediate medical attention is needed in the event of syncope.
- d. **Heat Exhaustion** results from inadequate salt and water intake and is a sign the body's cooling system is not working properly. The victim will sweat heavily, their skin will be cool and moist, their pulse weak, and they will seem tired, confused, clumsy, irritable or upset, they may breathe rapidly--even pant--and their vision may be blurred. The victim may strongly argue that they are okay even with these obvious symptoms. If you suspect heat exhaustion, don't let the victim talk you out of seeking immediate medical attention. The heat exhaustion will affect their ability to exercise good judgment. Until medical help arrives, try to cool the victim and offer sips of cool water as long as the victim is conscious. Immediate medical attention is required. Heat exhaustion can quickly lead to heat stroke.
- e. **Heat Stroke** is the deadliest of all heat stress conditions. It occurs when the body's cooling mechanism has shut down after extreme loss of salt and fluids. The body temperature will rise, the victim's skin is hot, red, and dry, their pulse fast, and they may complain of headache or dizziness. They will probably be weak, confused, and upset. Later stages of heat stroke cause a loss of consciousness and may lead to convulsions. In the event of heat stroke, seek immediate medical attention. Until help arrives, try to cool the victim and offer sips of cool water if the victim is conscious.

C. PROCEDURES

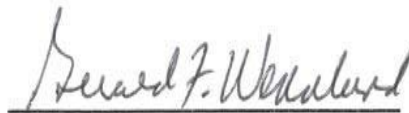
1. Recognizing the symptoms of heat stress is very important, particularly since the victim may not realize what is happening. Preventing heat stress is a matter of controlling the factors that cause it.
2. Staff shall be aware of factors affecting heat stress risks: obesity, level of conditioning, level of hydration, medications which may affect heart rate response, the body's heat regulatory conditions, and type of clothing worn.
3. **Should any of the above major heat stress injuries and illnesses be noted by staff or other consumer, staff is to be notified immediately, staff will then notify a supervisor who will contact nursing or 911 to examine the consumer. Nursing or EMS personnel will take further action as necessary based upon the consumer's condition (transport to hospital).**
4. During outdoor activity, consumer will have access to water or some other hydrating liquid. If the outdoor temperature is greater

Environmental Care / Disaster / 80

than 92 degrees and the humidity is greater than 90 percent, exercise will be held indoors. The temperature and humidity will be checked by accessing “local weather report” by checking **Bay News 9**, and/or checking the outdoor thermometer, prior to holding **strenuous** outdoor activity.

Hail Storms

Book/Section/No.:	Environmental Care/Disaster Plan/	90
Effective/Review Date:	01/04, 6/06, 7/14, 1/19	
Policy:	It is the policy of PEMHS to assure that the safety of the consumer, visitor and staff is always maintained; therefore staff will be on the lookout for severe weather to include Hail Storms.	
Subjects:	<ul style="list-style-type: none"> A. Definition B. Hail Damage C. Hail and Flooding D. Procedure E. Recovery Period 	



President/CEO

A. DEFINITION

1. Hail is the precipitation of balls or pieces of ice with a diameter of 5 mm to 10 cm (about 0.2 to 4 inches). Small hail (also called sleet, or ice pellets) has a diameter of less than 5 mm. Because the formation of hail usually requires cumulonimbus or other convective clouds with strong updrafts, it often accompanies thunderstorms.
2. Large hailstones are often characterized by alternating layers of clear and opaque ice, caused by irregular rates of freezing. In areas where the temperature is not far below 0° C (32° F), freezing occurs slowly, allowing trapped air to escape and producing clear ice. When the hailstone then moves into a much colder area, freezing occurs quickly, trapping air and producing a layer of white ice.
3. Hail is extremely destructive to buildings and crops; if large enough, it may be dangerous to animals and humans exposed to it. Hailstones about 15 cm (6 inches) in diameter have fallen during thunderstorms in the Middle Western United States. Hailstorms are most common in the middle latitudes and usually last around 15 minutes. They ordinarily occur in middle to late afternoon.

B. HAIL DAMAGE

1. Hailstorms are frequent occurrences across the U.S. Most hailstorms occur during either the spring or fall months, are very localized events, and don't cause extensive property damage. However, occasionally hailstones can reach about 1.5 inches in diameter. When this occurs, they can cause significant property damage to cars, windows and siding. When hailstones reach three inches in diameter, they can cause major roof damage.
2. Hail about an inch larger than stones can break windshields. Chasers have witnessed golf ball sized stones about this diameter break glass. It depends on the hardness of the stones and the angle of the impact. Occasionally a motorist can get lucky and get hit with a large soft stone when temperatures aloft are warmer. The soft stones crack apart absorbing the impact. In this case the stones were rock hard.

3. Hail in the wake of a tornadic super cell thunderstorm can cause severe damage to residents to include roofing, siding and windows. Even the non evergreen trees are stripped of leaves and small limbs.

C. HAIL AND FLOODING

1. Deep hail can easily worsen a flash flood situation. Since ice (hail) floats on water it tends to clog drainage paths, culverts and grates. In flat country as found in the high plains states, water, mud and hail combinations begin to cover the roadways fast.

D. PROCEDURE

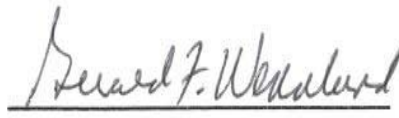
1. Staff will:
 - a. Listen to weather updates about hail activity.
 - b. Seek shelter immediately if they and consumers are caught outdoors – preferably not under a tree.
 - c. Stay indoors until the storm subsides.
 - d. Close drapes, blinds or window shades for protection from the possibility of breaking glass.

E. RECOVERY

1. Maintenance will assess the damage to the Agency.
2. Check trees, shrubs and plants around the campus.
3. Using binoculars check the roof for damage.
4. Check patio covers, screens, windows and soft aluminum roofs for damage.
5. Check vehicles for dents and broken or cracked glass.
6. Cover any broken glass in your car to prevent interior damage.
7. Cover any broken windows and holes in your roof to prevent further damage.
8. Insurance company will be contacted by the Chief Operating Officer or the Director of Operations/Risk Manager

Sinkholes

Book/Section/No.: Environmental Care/Disaster Plan/ 100
Effective/Review Date: 01/04, 6/06, 7/12, 4/16, 1/19
Policy: It is the policy of PEMHS to be aware of and on the lookout for any signs of Sinkholes. The Agency will contact local authorities and follow their directives.
Subjects: A. Definition
B. Procedure
C. Recovery Period



President/CEO

A. DEFINITION

1. Sinkholes are common where the rock below the land surface is limestone, carbonate rock, salt beds, or rocks that can naturally be dissolved by ground water circulating through them. As the rock dissolves, spaces and caverns develop underground. Sinkholes are dramatic because the land usually stays intact for a while until the underground spaces just get too big. If there is not enough support for the land above the spaces then a sudden collapse of the land surface can occur. These collapses can be small or they can be huge and can occur where a house or road is on top.
2. The most damage from sinkholes tends to occur in Florida, Texas, Alabama, Missouri, Kentucky, Tennessee, and Pennsylvania. There have been 48 sinkholes in Pinellas County from 1970 to 1991, and 26 after 1991, www.ledgerdata.com/sinkholes/pinellas/1991/15-522.

B. POLICY

1. Should a sink hole occur that threatens a consumer unit the Agency will establish an activation of the COOP and evacuate the effected consumers to a safe facility.

C. RECOVERY PERIOD

1. Staff completes an incident report.
2. Chief Operating Officer will notify insurance company, if appropriate.
3. Clinical staff will provide therapy to consumers and staff as indicated.

BOMB THREAT PROCEDURE

Book/Section/No. Environmental Care/Emergency _Disaster Plan 110
Effective/Review Date: 1/04, 6/06, 7/14, 4/16, 6/18, 1/19

Policy: It is the policy of PEMHS to be aware of and on the lookout for any signs of Bomb Threat. The Agency will contact local authorities and follow their directives.

Definition: A bomb threat has been received in writing or verbally that there is an explosive device on or near the Agency grounds.

PROCEDURE:

1. **See Attached Bomb Threat Questionnaire** – Ask person reporting the bomb threat questions listed on the form. Complete to the best of your ability. Try to obtain location of the bomb.
2. **Get a co-worker's attention** to initiate Bomb Threat Procedure
3. **Do not use walkie-talkies or cell phones in the area of the bomb threat**
4. **IF BOMB IS VISIBLE OR FOUND, DO NOT HANDLE IT, TOUCH IT OR MOVE IT.**

Staff:

1. _____ Call 911 immediately to report the threat.
2. _____ Call a Code
 - i. Lift handset, depress * (star) button twice and clearly state three times "BOMB THREAT", evacuation and location." (Be specific, i.e. "Bomb Threat, evacuation, CSU - A") **DO NOT GO TO BOMB THREAT LOCATION IF YOU ARE NOT IN THAT AREA.**
3. _____ Notify Access Center
4. _____ Access Center will notify IT 727-902-7887
5. _____ IT will send out a mass text alert to All Staff
6. _____ Complete the ***BOMB THREAT and the location*** an additional three times.
7. **Begin evacuation:**
 - a. _____ Collect medication book
 - b. _____ Collect census list
 - c. _____ Turn off / disable cell phones
 - d. _____ Collect Walkie-Talkies (**do not use until outside of the building**)
 - e. _____ Line consumers up calmly at the designated exit door and call roll.

- i. Building H/CSU B will evacuate out north unit doors to the back yard area of building “J”
- ii. Building J/CSU A will evacuate out front Access center entrance to the back yard area of building “H”
- iii. Palm Way will evacuate off property
 1. All staff at the Palm Way location must notify their supervisor via text message that they have safely evacuated the property.

- f. _____ Designate staff member to check all rooms to insure they are empty.
The doors to the rooms are to be left open.
- g. _____ Turn off air-conditioning or heating system.
- h. _____ Leave building as designated.
- i. _____ Another roll call is to be taken at the evacuation site.
- j. _____ Do not leave the area until an all clear is announced
(after consultation with proper authorities)

If the bomb is found do not handle, touch or move it.

All Administrative Buildings:

1. Designate employee to check all rooms to insure they are empty. The doors to all rooms should be left open.
2. Turn off air conditioning or heating system.
3. Leave buildings as designated.
4. Do not return to building until security has consulted with proper authorities.

If There Is An Explosion:

1. Take cover under sturdy furniture, or leave the building if directed to do so by emergency responders.
2. Stay away from windows.
3. Do not light matches.
4. Move well away from the site of the hazard to a safe location.

Recovery Period:

1. Executive Director or Designee will announce the all clear.
2. Re-secure consumer’s areas by insuring doors/windows are closed and locked where appropriate.
3. Turn on Air-conditioning or Heating system.
4. Return consumers and employees to their areas.
5. Staff completes and incident report.

BOMB THREAT CHECKLIST

(STAY CALM AND COLLECT AS MUCH INFORMATION AS POSSIBLE)

Name of person receiving the threat: _____

Date & Time of the Threat: _____

How was the Threat Received (by phone, in person): _____

What location was threatened? _____

State the Threat that was made: _____

QUESTIONS TO ASK THE PERSON MAKING THE TREAT:

WHEN is the bomb going to explode? _____

WHERE is the bomb located? _____

WHAT kind of bomb is it? _____

WHAT does it look like? _____

WHO placed the bomb? _____

WHY was the bomb placed? _____

WHERE are you calling from? _____

DESCRIPTION OF THE CALLER'S VOICE:

Caller's Name: _____ Male _____ Female _____

Young _____ Old _____ Accent _____

Tone of Voice (excited, calm, angry, stuttered) _____

Was voice on the call: Taped _____ Well-Spoken _____ Irrational _____

Is the Voice Familiar? _____ If so, who did it sound like? _____

Were there any other voice characteristics? _____


Describe any background noises: _____

Comments: _____

Completed by: _____ Phone: _____

Chemical Spill

Book/Section/No.:	Environmental Care/Disaster Plan/	120
Effective/Review Date:	01/04, 6/06, 7/14, 1/19	
Policy:	It is the policy of PEMHS to be aware of and on the lookout for any signs of Chemical Spills. The Agency will contact local authorities and follow their directives.	
Subjects:	<ul style="list-style-type: none"> A. Definition B. Communications/Alert and Warning System C. Important numbers D. Evacuation E. Recovery Period 	



 President/CEO

A. DEFINITION

1. A chemical spill is a crisis situation where toxic or flammable materials pose a threat to the Agency.

B. COMMUNICATIONS/ALERT AND WARNING SYSTEM

1. Upon notification from the Emergency Medical Services & Fire Administration, Emergency Management Administration Disaster Assistance or the city Pinellas Park regarding a chemical spill, the following will occur:
 - a. Emergency Management is contacted to assist with a plan of action for the Disaster Team. The Disaster Team will convene and implement plan.
 - b. The Disaster Team will notify the unit.
 - c. If the event should take place after business hours, staff will notify the Executive Director/designee.
 - d. Areas threatened by the chemical spill will be notified by a Disaster Team Member.
 - e. Evacuation will begin immediately.
 - f. Employees other than in the location affected will be called upon to assist with the clients and gathering needed articles/supplies.

C. IMPORTANT PHONE NUMBERS

Emergency Medical Services & Fire Administration..... 911 or (727) 587-6200
 Emergency Management Administration Disaster Assistance(727) 464-3800
 Emergency number for the city of Pinellas Park911

Poison Control Center.....911
Poison Information Center.....1-800-282-3171

OR

The Emergency numbers for the services necessary, found on the County Agency Directory.

D. EVACUATION


1. All employees not involved with clients care shall immediately secure their offices and leave the premises.
2. All clients will be transported to the unaffected Campus, unless directed to remain in place.
3. Direct care staff will be expected to remain with the clients at the evacuation site.
4. When preparing clients for evacuation, the following should be transported with them or by staff member arriving separately:
 - a. Nurse: Medication and MARs
 - b. Social Work: Client records
 - c. Program Manager: Secure building
 - d. Technicians: Quiet activities, Food/snacks as able, Pillows, blankets, towels, soap, toothbrushes and toothpaste.

E. RECOVERY PERIOD

1. The Agencies noted above will notify the PEMHS when it is safe for buildings to be re-inhabited.
2. Program Manager/Facilities will complete a walk through to insure it is safe prior to staff or consumers returning.
3. Clients will return by the Agency's transportation.
4. Clinical staff will meet with the clients to work through fears and anxieties.
5. Administrative staff will contact Facilities to determine a safe return and may return when deemed appropriate.

Civil Disturbance/Demonstration

Book/Section/No.: Environmental Care/Disaster Plan/ 130
Effective/Review Date: 01/04, 6/06, 7/14, 1/19
Policy: It is the policy of PEMHS to be aware of and on the lookout for any signs of any **Civil Disturbance/Demonstrations**. Should these occurrences occur the Agency will contact local authorities and follow their directives.



President/CEO

A. DEFINITION

1. A civil disturbance is any situation where a person or group of persons disrupts operations or threatens the safety of individuals. Precautionary protective measures must be taken. If participants enter the building, remain calm and do not provoke aggression.

B. PROCEDURE

1. Staff:
 - a. Most demonstrations are peaceful and people not involved should attempt to carry on business as usual. Avoid provoking or obstructing demonstrators. Should a demonstration or disturbance occur, notify the Program Manager, Director of Juvenile Justice Programs, or Director of Operations/Risk Manager.
2. Management:
 - a. Once notified of the incident, will access the immediate situation for threat, and notify the appropriate law enforcement agency.
 - b. If the disturbance seems to threaten the occupants of the building take the following actions:
 - 1) Alert all persons in the area of the situation.
 - 2) Lock all doors and windows.
 - 3) Close blinds to prevent flying glass.
 - 4) If necessary to evacuate, follow directions from law enforcement and implement COOP.

C. RECOVERY PERIOD

1. The Law Enforcement Agency will notify PEMHS when it is safe for buildings to be re-inhabited.
2. Program Manager will complete a walk through to insure it is safe prior to staff or clients returning.
3. Clients will return by the Agency's transportation.
4. Clinical staff will meet with the clients to work through fears and anxieties.
5. Administrative staff will contact Facilities to determine a safe return and may return when deemed appropriate.

Communications and Crisis Line Failures

Book/Section/No.: Environmental Care/Disaster Plan/ 140
Effective/Review Date: 01/04, 6/06, 7/14, 8/18, 1/19
Policy: It is the policy of PEMHS to be aware of and on the lookout for any signs of a communications failure. The Agency will contact local public authorities and follow their directives.
Subjects: A. Definition
B. Communication/Alert and Warning System
C. Procedure
D. Recovery Period



President/CEO

- A. DEFINITION
1. A Communications Failure occurs when the regular source of communications is unavailable.
- B. COMMUNICATIONS/ALERT AND WARNING SYSTEM
1. The Program leader will contact the Facilities Manager to call the telephone Company to notify them of the communications outage and to obtain an estimate of the length of time the outage will occur or to have maintenance come out to reset phone system.
2. Emergency Telephone Number:
Southern Telephone (primary)..... 1-727-823-3333
Telephone Company..... 1-800-483-5000 or 611
- OR
- The Emergency numbers for the services necessary found on the County Agency Directory.**
- C. PROCEDURE
1. Cellular telephones will be used when normal communications are interrupted.
- D. RECOVERY PERIOD
1. The telephone system automatically returns to active service when communication services are re-established by the local phone provider.
2. Security will check affected areas to assess damage to telephone equipment.
- E. CRISIS LINE FAILURE
1. In the event the Crisis Line is interrupted and /or non-functioning, the Suicide Prevention Lifeline emergency support line **(877) 796-3991** will be called immediately to request removal from the call routing until the outage is resolved.

Emergency Management Water Plan

Book/Section/No.: Environmental Care/Disaster Plan/ 145
Effective/Review Date: 3/07, 7/14, 1/19



President/CEO

Personal Enrichment through Mental Health Services, Inc. (PEMHS) provides residential behavioral health care services to the citizens of Pinellas County .

MAIN CAMPUS –

11254 58th Street North, Pinellas Park, Florida 33782 - 60 beds.

For emergency management situations, PEMHS will maintain at each location, as stipulated, three (3) gallons of water per person per day for a three (3) day period, with one (1) gallon of the three (3) being potable. This water will be kept in secure plastic containers and stored in easily accessible location.

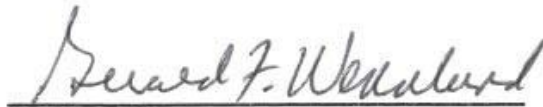
The emergency water supply to be kept the Main location in the event of natural disaster or emergency situations will be, then, as follows:

MAIN CAMPUS

300 gallons of potable water, 660 gallons of non-potable water

Fresh Water Flooding/Water Main Break

Book/Section/No.: Environmental Care/Disaster Plan/ 150
Effective/Review Date: 01/04, 6/06, 7/14, 12/18, 1/19
Policy: It is the policy of PEMHS to be aware of and on the lookout for any signs of Fresh Water Flooding. The Agency will contact local authorities and follow their directives.
Subjects: A. Definition
B. Procedure



President/CEO

A. Definition

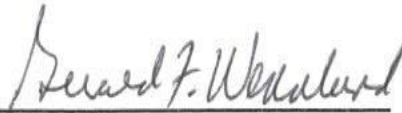
1. Fresh water flooding may be caused by extreme cases of constant rain, rivers or lakes overflowing their banks or water main breaks.
2. There are no records of fresh water flooding in Pinellas County that have required a large scale evacuation.

B. Procedure

1. In the event that fresh water flooding should occur, the evacuation and recovery plan as set forth in the Continuity of Operations (COOP) should be followed with the following exceptions:
 - a. Members of the Agency County Emergency Operations Team (ACEOT):
 - 1) Monitor radio and weather communications for safe evacuation routes.
 - b. All employees:
 - 1) Take Extra precaution in placing paperwork in waterproof seal-able plastic bags and place above expected flood level or remove from premises.
 - 2) Remove or place office equipment above expected flood levels.
 - 3) Follow all instructions given by Pinellas County's Disaster Relief Teams.

HAZARDOUS MATERIALS INCIDENT

Book/Section/No.: Environmental Care/Disaster/ 160
Effective Date: 01/04, 6/06, 10/09, 1/19
Policy: It is the policy of PEMHS to be aware of and on the lookout for any signs of **Hazardous Materials Incidents**. The Agency will contact local authorities, and follow their directives.



President/CEO

Definition: A **Hazardous Materials Incident** is a crisis situation where toxic or flammable materials pose a threat to the Agency.

Communications/Alert and Warning system:

Upon notification from the Emergency Medical Services & Fire Administration, Emergency Management Administration Disaster Assistance or the city of Pinellas Park, Largo or St. Petersburg regarding a hazardous material incident, the following will occur:

- 1) During business hours, as many members as possible of the Disaster Team will meet to discuss the situation and implement a plan.
- 2) Disaster Team members will notify the affected unit(s) and provide instructions..
- 3) If the event should take place after business hours, staff will notify the Executive Director/designee and/or the Administrator-On-Call who will contact members of the team to discuss/implement the plan.
- 4) Areas threatened by the hazardous material incident will be notified by a member /designee of the Disaster Team either by phone or in person.
- 5) Evacuation will begin immediately.
- 6) Employees other than in the location affected will be called upon to assist with the consumers and gathering needed articles/supplies.

Important Phone Numbers:

Emergency Medical Services & Fire Administration911 or (727) 587-6200
Emergency Management Administration Disaster Assistance.....(727) 464-3800
Emergency number for the city of Pinellas Park..... 911
Poison Control Center 911
Poison Information Center 1-800-282-3171

OR

The Emergency numbers for the services necessary found on the County Agency Directory.

Evacuation:

- 1) All employees not involved with consumers care shall immediately secure their offices and leave the premises.
- 2) All consumers will be transported to another one of PEMHS Campus, depending upon who is affected unless directed to remain in place by local experts and authorities.

- 3) Direct care staff will be expected to remain with the consumers at the evacuation site.
- 4) When preparing consumers for evacuation, the following should be transported with them or by staff member arriving separately.

Nurse:	Medication cassettes and MAR records
Social Work:	Consumers records
Maintenance:	Secure building
Program Leader/Techs	Quiet activities
	Food/snacks as able
	Pillows, blankets, towels, soap, toothbrushes and toothpaste

Recovery Period:

- 1) The Local Authoritative Agency responsible for informing us it is safe for return will notify the PEMHS.
- 2) Maintenance Staff will complete a walk through to insure it is safe prior to staff or clients returning.
- 3) Clients will return by the Agency's transportation.
- 4) Clinical staff will meet with the clients to work through fears and anxieties.
- 5) Administrative staff will contact Facilities to determine a safe return and may return when deemed appropriate.

PPE – HAZARD ASSESSMENT FORM

Job Classification: _____

HEAD HAZARD				
Tasks that can cause head hazards include: Working below other workers who are using tools and materials, which could fall, working on energized electrical equipment, working with chemicals and working under machinery or processes which might cause materials to fall.				
CIRCLE ALL HAZARDS THAT ARE OBSERVED:				
Chemical Splash	Burn	Electric Shock	Impact	Heat
Particulate				NO HAZARD

Description of hazards: _____

EYE HAZARD				
Tasks that can cause eye hazards include: Working with acids and chemicals, chipping, grinding, furnace operations, sanding, welding, and woodworking.				
CIRCLE ALL HAZARDS THAT ARE OBSERVED:				
Chemical Splash	Burn	Electric Shock	Impact	Heat
Dust	Light Radiation	Flying Fragments	Furnace	Welding
Brazing	Mists	Fumes		NO HAZARD

Description of hazards: _____

HAND HAZARD				
Tasks that can cause hand hazards include: Cutting materials, working with chemicals and hot objects.				
CIRCLE ALL HAZARDS THAT ARE OBSERVED:				
Chemical Splash	Burn	Electric Shock	Impact	Sharp Objects
				NO HAZARD

Description of hazards: _____

BODY HAZARD				
Tasks that can cause hand hazards include: Cutting materials, working with chemicals and hot objects.				
CIRCLE ALL HAZARDS THAT ARE OBSERVED:				
Chemical Splash	Burn	Electric Shock	Impact	Sharp Objects
				NO HAZARD

Description of hazards: _____

FOOT HAZARD				
Tasks that can cause foot hazards include: Carrying or handling materials that could be dropped, performing manual material handling and working with chemicals.				
CIRCLE ALL HAZARDS THAT ARE OBSERVED:				
Chemical Splash	Burn	Electric Shock	Impact	Sharp Objects
Rolling Objects	Compression			NO HAZARD

Description of hazards: _____

RESPIRATORY HAZARD				
Tasks that can cause respiratory hazards include: Spraying, dipping, welding, cutting and working with chemicals.				
CIRCLE ALL HAZARDS THAT ARE OBSERVED:				
Chemical Splash	Burn	Welding	Dipping	Cutting
				NO HAZARD

Description of hazards: _____

NOISE HAZARD				
Tasks that cause employees to be exposed to noise levels exceeding 85 decibels, over an 8 hour shift.				
CIRCLE ALL HAZARDS THAT ARE OBSERVED:				
Noise 85-90 db	Noise 90 db & higher			NO HAZARD

Description of hazards: _____

PPE Required: _____

Completion Date: _____

Completed By: _____

ELECTRICAL HAZARD		Tasks that cause employees to be exposed to exposed high voltage electrical conductors or electrical flash/arc including.		
CIRCLE ALL HAZARDS THAT ARE OBSERVED:				
High voltage contact	Flash-arc			NO HAZARD

Description of hazards: _____

PPE Required: _____

Completion Date: _____

Completed By: _____

D. RECOVERY PERIOD

1. Notify pertinent parties (Directors, program leaders, psychiatrists, etc.)
2. Clinical Staff will process event with consumers and/or staff.
3. A subcommittee of The Disaster Team will convene to study the situation to determine if plan was adequate and report back to PEMHS Safety Committee.

Power Outage

Book/Section/No.: Environmental Care/Disaster Plan/ 180
Effective/Review Date: 01/04, 6/06, 7/14, 12/18, 1/19
Policy: It is the policy of PEMHS to be aware of and on the lookout for any signs of a power outage. The Agency will contact local public authorities and follow their directives.
Subjects: A. Definitions
B. Communications/Alert and Warning Systems
C. Important Phone Numbers
D. Procedure
E. Recovery Period



President/CEO

A. DEFINITION

1. A power outage occurs when the regular source of electricity is unavailable; PEMHS has emergency generators at their campuses which provide emergency power to specific buildings when there is a power outage.

B. COMMUNICATIONS/ALERT AND WARNING SYSTEM

1. Unavailable electricity is self-evident in any of the Agency's buildings.
2. Maintenance will check electrical breakers.
3. The Facilities Department (after hours, maintenance on call) will call the Power Company to notify them of the power outage and to obtain an estimate of the length of time the outage will occur. Then report back to E.S. the length of time

C. IMPORTANT PHONE NUMBERS

- a. **Emergency Telephone Number: Power Company..... 1-800-700-8744**

OR

The Emergency numbers for the services necessary found on the County Agency Directory.

D. PROCEDURE

1. For the Programs that do not have an emergency back up generator, a portable generator is available should low power requirements be necessary for a short period of time. Should the Program be without power for extended periods the Program will evacuate to a PEMHS building with emergency generator power.

2. The emergency lighting system automatically turns on when power is disrupted.

E. RECOVERY PERIOD

1. The emergency lighting system automatically turns off when power returns.
2. Maintenance will check affected areas to assess damage to electrical equipment.
3. Generators will be checked by the Maintenance Department, re-fueled if needed and prepared for future emergency service as necessary.

Radiological Incident/Nuclear Terrorism

Book/Section/No.: Environmental Care/Disaster Plan/ 190
Effective/Review Date: 01/04, 6/06, 7/14, 1/19
Policy: It is the policy of PEMHS to be aware of and on the lookout for any signs of **Radiological Incidents**. The Agency will contact local authorities and follow their directives.
Subjects: A. Definition
B. Indicators of Radiological Incident
C. Communications/Alert and Warning Systems
D. Important Phone Numbers
E. Evacuation
F. Recovery Period



President/CEO

A. DEFINITION

1. A Radiological Incident/Nuclear Terrorism is a crisis situation where radioactive materials have been released and pose a threat to the Agency.

B. INDICATORS OF A POSSIBLE RADIOLOGICAL INCIDENT/NUCLEAR TERRORISM

1. Unusual numbers of sick or dying people or animals.
 - a. Strong consideration should be given to calling local hospitals to see if additional casualties with similar symptoms have been observed.
 - b. Casualties may occur hours to days or weeks after an incident has occurred. The time required before symptoms are observed is dependent on the radioactive material used and the dose received. Additional symptoms include skin reddening and, in severe cases, vomiting.
2. Unusual metal debris.
 - a. Unexplained bomb/munitions-like material.
3. Radiation Symbols
 - a. Containers may display a radiation symbol.
4. Heat Emitting Material
 - a. Material that seems to emit heat without any sign of an external heating source.
5. Glowing material/particles

- a. If the material is strongly radioactive, then it may emit a radio-luminescence (glow).
- b.

C. COMMUNICATIONS/ALERT AND WARNING SYSTEM

- 1. Upon notification from the Emergency Medical Services & Fire Administration, Emergency Management Administration Disaster Assistance or the city of Pinellas Par, Largo and St. Petersburg regarding a Radiological Incident, the following will occur:
 - a. The Disaster Team will convene and implement plan based on recommendations from the county authority.
 - b. Designated disaster team members will notify the unit.
 - c. If the event should take place after business hours, staff will notify the Executive Director and Program Director.
 - d. Areas threatened by the Radiological Incident will be notified by a Disaster Team Member /designee either by phone or in person.
 - e. Evacuation will begin immediately.
 - f. Employees other than in the location affected will be called upon to assist with the clients and implementing the plan. One source of help would be by gathering needed articles/supplies.

D. IMPORTANT PHONE NUMBERS

- 1. Emergency Medical Services & Fire Administration: 911 or (727) 587-6200
- 2. Emergency Management Administration Disaster Assistance: (727) 464-3800
- 3. Emergency number for the cities of Pinellas Park, Largo or St. Petersburg: 911
- 4. Poison Control Center: 911
- 5. Poison Information Center: 1-800-282-3171

OR

The Emergency numbers for the services necessary found on the County Agency Directory.

E. EVACUATION

- 1. All employees not involved with clients care shall immediately secure their offices and leave the premises.
- 2. All clients will be transported to another PEMHS' Campus or, if necessary, the COOP will be implemented, unless directed to remain in place
- 3. Direct care staff will be expected to remain with the consumers at the evacuation site.

4. When preparing consumers for evacuation, the following should be transported with them or by staff member arriving separately:
 - a. Nurse: Medication cassette/ MAR records
 - b. Social Work: Consumers records
 - c. Maintenance: Secure building
 - d. Program Leader/Techs: Quiet activities, Food/snacks as able, Pillows, blankets, towels, soap, toothbrushes and toothpaste.

F. RECOVERY PERIOD

1. The appropriate local authoritative agency will notify PEMHS when it is safe for buildings to be re-inhabited.
2. The Facilities Department will complete a walk through to insure it is safe prior to staff or consumers returning.
3. Clients will return to their program by the Agency's transportation.
4. Clinical staff will meet with the clients to work through fears and anxieties.
5. Administrative staff will contact Facilities to determine a safe return and may return when deemed appropriate.

Sick Building Syndrome (SBS)

Book/Section/No.: Environmental Care/Disaster Plan/ 200
Effective/Review Date: 01/04, 6/06, 7/14, 1/19
Policy: It is the policy of PEMHS to be aware of and on the lookout for any signs of a Sick Building Syndrome. The Agency will contact local authorities and follow their directives.



President/CEO

A. DEFINITION

1. PEMHS and their Programs may be faced with an indoor air quality (IAQ) concern only when building occupants complain they feel ill. In the past, building occupants who complained about feeling ill were often ignored or viewed as hypochondriacs. While often the causes of the symptoms or illnesses are never confirmed, it is frequently discovered that something is indeed wrong with the indoor air—a malady sometimes referred to as "Sick Building Syndrome" (SBS).
2. The term SBS usually describes cases where there is no easily identifiable cause. More recently, the science of evaluating IAQ has advanced to the point where the causes of an SBS situation are more readily identifiable and more easily avoided. Standard maintenance techniques and attention to the materials used to furnish, renovate, and construct buildings have helped in this matter.

B. SOURCES AND TYPES OF IAQ PROBLEMS

1. IAQ problems can occur at any time when contaminants or pollutants are introduced to the air inside a building from either the inside or the outside. IAQ problems are generally associated with the following categories:
 - a. Poor or inadequate ventilation that could be the result of insufficient air flow into air intakes, insufficient makeup air, poor coordination of workspace design with the plenum/ductwork network, or an excess of the appropriate capacity of a workspace based on acceptable HVAC design criteria. Common chemical indicators of poor or inadequate ventilation or makeup air include elevated carbon dioxide, carbon monoxide, and wide swings in relative humidity.
 - b. Pollutants, contaminants, or odors from combustion sources such as oil, gas, kerosene, coal, wood; tobacco products; off-gassing of building materials,

furnishings, carpets, cleaning and maintenance products, central heating and cooling systems, and humidification devices; and outdoor sources such as radon, pesticides, and outdoor air pollution from industry, vehicles, or other sources. Common chemical pollutants include volatile organic compounds such as benzene (gasoline) or toluene (nail polish remover), odors, chlorinated hydrocarbons (dry cleaning solvents), and others.

- c. Airborne mold, fungal spores, and mold byproducts (such as mycotoxins), or bacteria and their airborne byproducts (endotoxins) resulting from growth in a moist space inside a building. Sources of moisture and water leaks can include faulty gutters or downspouts, condensation inside building envelopes, bad window or door seals, overflowing HVAC condensate pans, poorly maintained or malfunctioning air handling units, leaking roofs, and a host of other possible water sources.

C. PROCEDURE

1. Staff:
 - a. Will look for signs of SBS and poor IAQ while conducting rounds and document any problems on the Environmental Checklist.
2. Management:
 - a. Will report any signs to SBS to the PEMHS Facilities Manager at (727) 545-6477 ext. 325
3. PEMHS Facilities Department:
 - a. Will investigate, and contact/contract with external experts in IAQ and SBS to remediate any problems found to exist.

Terrorist Event

Book/Section/No.:	Environmental Care/Disaster Plan/	210
Effective/Review Date:	01/04, 6/06, 7/14, 1/19	
Policy:	It is the policy of PEMHS to be aware of and on the lookout for any signs of Terrorist Incidents (Internal or External). The Agency will contact local authorities and follow their directives.	
Subjects:	<ul style="list-style-type: none"> A. Definition B. Potential Sites C. Communications/Alert and Warning System D. Important Phone Numbers E. Evacuation F. Recovery Period 	



President/CEO

- A. DEFINITION
 - 1. Terrorism has been defined by the Federal Bureau of Investigation as "The unlawful use of force or violence against persons or property to intimidate or coerce a government; the civilian population; or any segment of it, in furtherance of political or social objectives."
- B. POTENTIAL SITES
 - 1. Potential vulnerable sites include: government institutions, dams, water supply sources, power distribution systems, communications terminals, and financial centers. Corporate headquarters of high profile businesses are also vulnerable to terrorist attacks. Random acts of violence such as the detonation of an explosive device in a public area are also within the scope of terrorism.
- C. COMMUNICATIONS/ALERT AND WARNING SYSTEM
 - 1. Upon notification from the County or State Emergency Medical Services & Fire Administration, Emergency Management Administration Disaster Assistance, other State Agency or the City of Pinellas Park, Largo or St. Petersburg regarding a Terrorist Event, the following will occur:
 - a. The Disaster Team will meet and implement plan
 - b. Designated Disaster Team members will notify the unit.
 - c. If the event should take place after business hours, staff will notify the Executive Director/designee and the Program Director, who is responsible for notification to Law Enforcement.
 - d. Areas threatened by the Terrorist Event will be notified by a Disaster Team member either by phone or in person.
 - e. If possible, evacuation will begin immediately.
 - f. Employees other than in the location affected will be called upon to assist with the clients and gathering needed articles/supplies.

D. IMPORTANT PHONE NUMBERS

1. Emergency Medical Services & Fire Administration: 911 or (727) 587-6200
2. Emergency Management Administration Disaster Assistance: (727) 464-3800
3. Emergency number for the cities of Pinellas Park, Largo or St. Petersburg: 911
4. Poison Control Center: 911
5. Poison Information Center: 1-800-282-3171
6. Pinellas Park Police Department: 911 or (727) 541-0758
7. Largo Police Department: 911 or (727) 586-7427
8. St. Petersburg Police Department: 911 or (727) 893-7575
9. Pinellas County Sheriff's Department: 911 or (727) 582-6200
10. Emergency: 911

OR

The Emergency numbers for the services necessary found on the County Agency Directory.

E. EVACUATION

1. All employees not involved with client care shall immediately secure their offices and leave the premises.
2. The COOP will be implemented, unless directed to remain in place
3. Direct care staff will be expected to remain with the clients at the evacuation site.
4. When preparing consumers for evacuation, the following should be transported with them or by staff member arriving separately:
 - a. Nurse: Medication cassettes and MAR records
 - b. Social Work: Consumers records
 - c. Maintenance: Secure building
 - d. Program Leader/Techs: Quiet activities; Food/snacks as able, Pillows, blankets, towels, soap, toothbrushes and toothpaste

F. RECOVERY PERIOD

1. The authoritative agency will notify PEMHS when it is safe for buildings to be re-inhabited.
2. The Facilities Department will complete a walk through to insure it is safe prior to staff or clients returning and notify the program leader when it is approved for their return.
3. Clients will return by the Agency's transportation.
4. Clinical staff will meet with the clients to work through fears and anxieties.

Bldg A _____ **Monitor name**
 Bldg B
 Bldg C
 Bldg D & E not Safe Areas - **REPORT TO BUILDING F or H**
 Bldg F
 Bldg H
 Bldg J
 Bldg I & Maintenance shed Not safe areas – **Report to other safe building**

TORNADO DRILL CHECKSHEET

Definitions:

Tornado Watch: Conditions are favorable for severe thunderstorms and possible tornado to develop

Tornado Warning: Tornado has been sighted or detected by radar.

Communications, Alert and Warning System: ACCESS CENTER IS CENTRAL COMMAND STATION “will listen for weather updates on the radio when conditions are favorable for a tornado to develop”

Notifications:

Transportation to be notified to get off roadway ASAP (6am-1pm, 7 days a week)

Administration and the Disaster Coordinator on campus (Monday through Friday 8:30 a.m. to 5:00 p.m.) to be notified 24 hours; 7 days a week.

Weekend Supervisory Personnel (weekends only)

In the event a tornado watch or warning is announced, the areas of the Agency in danger will be contacted by telephone by the Access Center

*Staff working the unit will be contacted by telephone by Access Center. The **paging system will not be used** in order to not to alarm the consumers.*

In the event a tornado is sighted in the immediate area, the staff member sighting the tornado should announce over the paging system, "TORNADO SIGHTED, TAKE COVER IMMEDIATELY" three times.

Procedure:

Tornado Watch Procedure and Checklist

- 1. All staff move from manufactured homes**
- 2. Remove any article that could become projectile** during high winds from shelves and walls in the “safe area.”

Possible projectile articles were removed? Yes No

3. At the onset of the watch, check all flashlights, walkie-talkies and radios for batteries and that they are in good working condition.

Flashlights, walkie talkies and radios were checked for batteries and good working condition?

Yes No

4. If time permits, assign staff to clients during shift report and provide staff with census sheet

5. Nurse will collect all first aid materials and emergency medication supplies and move to designated area. Safety of lives is first priority

6. Assign staff member to issue each individual 2 blankets

Staff was designated to assign 2 blankets to each client and staff?

Yes No

7. Direct all clients and staff, with 2 blankets, immediately to appropriate building's and designated safe area(s)

Clients and staff were directed with 2 blankets to the designated safe area? Yes
No

8. Take roll call of clients

Roll call was taken? Yes No

9. Locate exits in this area (building) to be used if needed

Exits were located? Yes No

10. Place clients and staff in the middle of the designated area away from doors or windows in a sitting position. Yes No

Clients and staff positioned themselves in the middle of the designated area away from doors or windows in a sitting position? Yes No

11. If time permits, move records to designated area.

Charts moved to designated area? Yes No, If no, why not

12. Check all rooms and leave doors open

Staff checked all rooms and left doors open? Yes No

13. At first signs (sounds, wind) that a tornado is approaching, have all clients and staff **assume the duck and cover position.** If are available, place one blanket over the body and the other over the head.

Staff and clients assumed the duck and cover position at the first signs (sound, wind) that a tornado was approaching? Yes No

14. When the tornado has passed, unless client and staff are in immediate danger, **remain in designated areas until Access Center or Supervisory personnel provide instructions to return** to their previous areas.

All remained in designated area until supervisory personnel gave instructions to return to previous area? Yes No

15. Nursing/Technician staff **assess for injuries and other medical needs of clients and staff**

Did nursing and Technician staff assess for injuries and other medical needs of clients and staff? Yes No

16. Tech staff **contact 911 per nursing request or as needed** for any emergency medical needs

Did staff contact 911 per nursing request or as needed for any emergency medical needs?

Simultaneously

17. **Conduct post tornado roll call** to ensure that everyone is accounted for

Did staff conduct post tornado roll call

Building “A” Safe Areas

Maintenance Supervisor Office
Printer Room off the kitchen area
Cindy’s Office
Dee’s office would be a safer place

Building “B” Safe areas

Back break room down administrative hallway
Human Resources Office down administrative hallway
Restroom in patient waiting room
Transportation Office

**Group Room
Susan's Office
Amanda Renz's office
Joan's Office
Clothes Closet**

**Building "C" safe areas
Restroom off main area
Old seclusion/restraint room off main area**

Buildings D and E are not considered safe areas

Building "F" safe areas

**Restrooms in main area
Large and small interview offices off main living area**

Building "J" Safe Areas

**Seclusion/restraint rooms,
Unit restroom,
Clothing closet,
Back hallway in ES leading to unit
Back hallway in Recovery Room**

Building "H" Safe Areas

**Seclusion/restraint rooms
Unit restrooms
Staff restroom behind seclusion restraint rooms
Medication Room**

Building "I" safe areas is not considered a safe area

3. Clinical staff will provide therapy to clients and staff as indicated.

Weapon Injury on Campus

Book/Section/No.: Environmental Care/Disaster Plan/ 230
Effective/Review Date: 01/04, 6/06, 7/14, 1/19
Policy: It is the policy of PEMHS to be aware of and on the lookout for any signs of threats to clients or staff, should a weapon injury occur on campus the Agency will contact local authorities and follow their directives.
Subjects: A. Definition
B. Communications/Alert and Warning System
C. Procedure
D. Recovery Period



President/CEO

-
-
- A. DEFINITION
1. Client, staff or visitor injury by shooting, stabbing or other means.
- B. COMMUNICATION/ALERT & WARNING SYSTEM
1. In the event a person is suspected of having a weapon on campus or has used the weapon, **911 is called as soon as possible**. If safe, a Code 5 should be called to care for the victim. All administrative staff are notified as soon as feasible.
- C. PROCEDURE
1. In the event someone has been shot or stabbed and the person is no longer threatening, personnel may tend to the victim to the best of their ability while awaiting Emergency Medical Services.
 2. Do not attempt heroics.
 3. Move as many clients and staff away from the situation as possible, keep in staff area if necessary.
 4. Gather as much information on the assailant as possible.
 5. Be prepared to provide Law Enforcement Officers with relevant information:
 - a. Weapon (type)
 - b. All available information on the assailant
 - c. Schematic of area (floors, windows, exits and rooms)
 - d. Description of the assailant
 6. Procedures for medical emergencies and first aid are followed as appropriate.
 7. 911 is immediately called for the paramedics.
 8. Surrounding staff should make every effort to provide a calm environment, both with the consumers and other staff members.
 9. Administrative staff (Executive Director/designee and Director of Service) are notified as soon as possible during or after the event.

Environmental Care / Disaster / 230

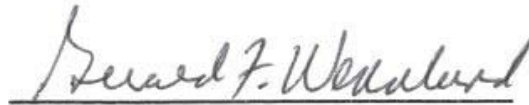
10. Incident reports, significant event reporting and juvenile justice incident reports are completed as soon after the incident as possible.
11. Those staff or other persons who witnessed the incident or saw the person who used the weapon should be prepared to talk to law enforcement and provide a description of the person.

D. RECOVERY PERIOD

1. Staff completes an incident report.
2. Chief Operating Officer will notify insurance company, if appropriate.
3. Clinical staff will provide therapy to clients and staff as indicated.

Structural Implications to Physical Plant

Book/Section/No.:	Environmental Care/Disaster Plan/	240
Effective/Review Date:	01/04, 6/06, 7/14, 12/18, 1/19	
Policy:	It is the policy of PEMHS to be aware of and on the lookout for any signs of Structural Implications to the physical plant as to assure the continued safety to consumers, visitors or staff. In the event of some type of physical impact to the physical plant (due to a large crash into the facility by a vehicle or aircraft, an explosion, fire, flooding, etc.) the Facilities Manager shall survey the immediate damage and contact outside vendors (structural engineers, architects, local officials, Etc.) to inspect and attest to the safety of the building.	
Subjects:	<ul style="list-style-type: none"> A. Definition B. Procedure C. Recovery Period 	



Gerard F. Woodward
President/CEO

A. DEFINITION

1. Structural Implications of buildings are defined as:
 - a. Whenever any portion thereof has been damaged by fire, earthquake, wind, flood, or by any other cause, to such an extent that the structural strength or stability thereof is materially less than it was before such catastrophe and is less than the minimum requirements of the building code for new buildings of similar structure, purpose or location;
 - b. Whenever any portion or member or appurtenance thereof is likely to fail, or to become detached or dislodged, or to collapse and thereby injure persons or damage property;
 - c. Whenever any portion of a building or structure, or any member, appurtenance or ornamentation on the exterior thereof is not of sufficient strength or stability, or is not so anchored, attached, or fastened in place so as to be capable of resisting a wind pressure of one-half of that specified in the building code for new buildings of similar structure, purpose or location without exceeding the working stresses permitted in the building code for such buildings;
 - d. Whenever any portion thereof has wrecked, warped, buckled or settled to such an extent that walls or other structural portions have materially less resistance to winds or other natural events than is required in the case of similar new construction;
 - e. Whenever the building or structure, or any portion thereof, because of (a) dilapidation, deterioration, or decay; (b) faulty construction; (c) the removal, movement or instability of any portion of the ground necessary for the purpose of supporting the building; (d) the deterioration, decay or inadequacy of its foundation; or (e) any other cause, is likely to partially or completely collapse;

f. Or other dangerous condition.

B. PROCEDURE

1. Upon finding or notification of a structural implication staff shall notify the Chief Operating Officer and/or the Facilities Manager. The Chief Operating Officer will contact PEMHS Insurance Company and work with them toward resolution. The building will be surveyed by PEMHS and based upon the extent of the damages will either remain in service or will be closed pending inspection by experts (structural engineers, architects, local officials, Etc.) and found to be safe for consumer use.
2. Following the inspection by outside experts a decision will be made by PEMHS management team to repair or replace the damaged building.
3. Should clients need to be evacuated from the building, the PEMHS COOP plan may be activated, and relocation begun.

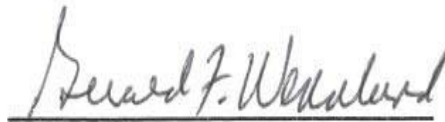
C. RECOVERY PERIOD

1. Staff completes an incident report.
2. Chief Operating Officer will notify insurance company, if appropriate.
3. Clinical staff will provide therapy to clients and staff as indicated.

External Disaster and/or Emergency in the Community

Book/Section/No.: Environmental Care/Disaster Plan/ 250
Effective/Review Date: 01/04, 6/06, 7/14, 1/19
Policy: It is the policy of PEMHS to be aware of and on the lookout for any signs of External Disaster and/or Emergency in the Community as to assure the continued safety to clients, visitors or staff as well as provide emergency help and/or care to the community at large. In the event of some type community disaster and/or large scale emergency (due to an aircraft crash, an explosion, fire, flooding, HAZMAT incident, severe weather, etc.) the Executive Director, Chief Operating Officer, or their Designee will contact the local authorities and offer to provide assistance.

Subjects: A. Definition
B. Practice
C. Important Phone Numbers
D. Recovery Period



President/CEO

A. DEFINITION

1. Any large scale event that impacts the health, safety or well-being of the community.

B. PRACTICE

1. Upon gaining knowledge independently or upon notification by the local authorities of some type of community disaster and/or large scale emergency (due to an aircraft crash, an explosion, fire, flooding, HAZMAT incident, severe weather, etc.) the Executive Director, Chief Operating Officer, Risk Manager or their Designee will contact the local authorities and offer to provide assistance.

C. IMPORTANT PHONE NUMBERS

1. Emergency Medical Services & Fire Administration: 911 or (727) 587-6200
2. Emergency Management Administration Disaster Assistance: (727) 464-3800
3. Emergency number for the city of Pinellas Park: 911
4. Poison Control Center: 911
5. Poison Information Center: 1-800-282-3171
6. Pinellas Park Police Department: 911 or (727) 541-0758
7. Pinellas County Sheriff's Department: 911 or (727) 582-6200
8. Largo Police Department: 911 or (727) 586-7427
9. St. Petersburg Police Department: 911 or (727) 653-3400

10. Emergency: 911

OR**The Emergency numbers for the services necessary found on the County Agency Directory.****D. RECOVERY PERIOD**

1. Should PEMHS have been affected the Agencies noted above will notify PEMHS when it is safe for buildings to be re-inhabited.
2. The Facilities Department will complete a walk through to insure it is safe prior to staff or consumers returning.
3. Clients will return by the Agency's transportation.
4. Clinical staff will meet with the clients to work through fears and anxieties.
5. Administrative staff will contact Facilities to determine a safe return and may return when deemed appropriate.
6. If external assistance is requested, the PEMHS Disaster Team will call a planning meeting as soon as possible. All directors are included in this meeting. Coverage of needs and assignments are determined at the meeting.
 - a. Clinical directors will notify their employees as necessary and inform them of their assignment(s). The needs of the community may require work on a mandatory overtime basis, if needed. Off duty employees may be contacted by their manager by telephone to report to work. If necessary, Human Resources may be contacted for home telephone numbers.
 - b. Staff completes their assigned duties and keeps designated records. Where appropriate, the Administration Office will centralize information and handle any inquiries.
 - c. Responsibilities:
 - 1) Executive Director/designee:
 - a) Coordinates activities
 - b) Implements disaster plan
 - c) Communicates with the press
 - d) Maintain community liaison for coordination of services and obtaining supplemental assistance
 - e) Maintains communication with the Disaster Coordinator
 - 2) Disaster Team:
 - a) Implements, participates, oversees and evaluates the plan
 - 3) Directors/Coordinators/Managers/Supervisors:
 - a) Prepare a list of personnel in their service with home addresses and phone numbers
 - b) Determines the number, quality and type of Personnel available
 - c) Assist as requested or needed
 - 4) All other unit staff:

Environmental Care / Disaster / 250

- a) Be available to assist in the community

Emergency Paging Codes

Book/Section/No.: Environmental Care/Disaster Plan/ 260

Effective/Review Date: 6/00, 4/01, 1/04, 6/06, 3/07, 1/19

Policy: It is the policy of PEMHS to provide a safe and therapeutic milieu for our staff, clients and visitors. At times, it is necessary to use codes to alert staff in taking appropriate and necessary precautions or to follow specific instructions without alarming the consumers.


Dr. Mary Lowrey, Medical Director


President/CEO

A. Emergency paging codes

The following codes are used over the telephone paging system when appropriate and necessary. Staff press the ICM, *, * on the telephone and clearly state the code and the location three times.

Code	Definition
"Code Blue"	Cardiac and/or Respiratory arrest
"Code Red"	Fire
"Code 5"	Medical Emergency
"Dr. Green"	A psychiatric situation requiring the assistance or show of extra staff members. Staff walk to the unit and arrive unobtrusively on the scene to assess the needs of the unit staff.
"Code 1"	Psychiatric emergency where the Code Team responds as quickly as possible to a violent situation.
"Code 2"	Psychiatric emergency where the Code Team has already responded to the calling unit or to another unit and all other additional staff are needed to control the situation or another situation arising at the same time.
"Code 99"	Bomb Threat"
Tornado, Take – Immediate Cover"	A tornado is sighted in the immediate area, requires immediate action on part of staff.
Active Shooter	Someone is on property wanting to do harm stay in buildings

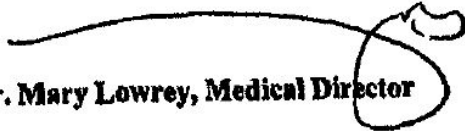
Youth Riots

Book/Section/No.: Environmental Care/Disaster Plan/ 270

Effective/Review Date: 6/00, 4/01, 1/04, 6/06, 7/14, 1/19

Policy: It is the policy of PEMHS to provide a safe and therapeutic milieu for our staff, clients and visitors, therefore staff working on the children's units must always be on the alert for signs of an impending riot by the youth.

- Subjects:
- A. Definition
 - B. Communications/Alert and Warning System
 - C. Important Phone Numbers
 - D. Procedure
 - E. Recovery Period



Dr. Mary Lowrey, Medical Director



President/CEO

A. DEFINITION

- 1. A situation in which three or more youth assemble together in a program to create disorder and confusion and often resort to a physical means of violence to control the unit and/or staff.

B. COMMUNICATIONS/ALERT & WARNING SYSTEM

- 1. When the threat of a riot is known, either by word of mouth or an extreme feeling of tension indicating the youth may be planning an episode, staff will contact other staff on their campus by telephone and their Director to alert them.
- 2. When it is evident a riot is about to happen or underway, staff will notify the appropriate law enforcement agency and transportation for assistance. If the riot is on PALMWAY or Main Campus, a Code II may be announced over the paging system.
- 3. The proper technique for paging a Code II is "**Code II, name of unit**". It must be said three times.

C. IMPORTANT PHONE NUMBERS

- 1. Emergency Medical Services & Fire Administration: 911 or (727) 587-6200
- 2. Emergency Management Administration Disaster Assistance: (727) 464-3800
- 3. Emergency number for the city of Pinellas Park: 911
- 4. Poison Control Center: 911
- 5. Poison Information Center: 1-800-282-3171
- 6. Pinellas Park Police Department: 911 or (727) 541-0758
- 7. Pinellas County Sheriff's Department: 911 or (727) 582-6200
- 8. Largo Police Department: 911 or (727) 586-7427
- 9. St. Petersburg Police Department: 911 or (727) 893-7575
- 10. Emergency: 911

OR

The Emergency numbers for the services necessary found on the County Agency Directory.

D. PROCEDURE

1. Follow Communications/Alert & Warning Systems procedure.
2. Remain as calm as possible, use verbal de-escalation techniques. Ask non-involved youth to go to their rooms and remain they are instructed to return to the dayroom.
3. Notify administrator-on-call, Program Leader, Program Director and the attending Psychiatrist. Follow directions given.
4. Remove as many dangerous objects that may become weapons as necessary by putting out of sight either in locked room or cabinet.
5. When possible to do safely, use appropriate physical intervention techniques and physically restrain involved youth.
6. Upon direction of the nurse, seclusion and restraint may be used if the youth and program meets criteria for the procedure.
7. When law enforcement arrives, let them take control of the situation. Provide them with as much information as necessary keeping in line with confidentiality laws and not revealing diagnosis.

E. RECOVERY PERIOD

1. When riot has ceased, send all youth to their rooms for a minimum of one hour.
2. Attend to any first aid or medical needs.
3. Straighten back up the unit.
4. Complete an incident report. Make needed changes to Level Systems.
5. Follow directions given by administration and the program psychiatrist.
6. The youth should return to the unit for a group session to discuss what occurred and why as well as how the situation should have been handled before resorting to a riot.
7. The Program Leader will evaluate the occurrence and steps taken to resolve it. The Manager or Director will meet with staff to process the event and develop a plan to prevent reoccurrence of the event.

Emergency Contingency 29**FIRE**

Book/Section/No.:	Environmental Care/Disaster Plan/	273
Effective/Review Date:	7/14, 4/16, 1/19	
Subjects:	A. Definitions	
	B. Communications/Alert and Warning System	
	C. Important Phone Numbers	
	D. Fire Equipment	
	E. Evacuation Procedure	
	F. Evacuation Routes	
	G. Procedure for Fire outside of Facility	
	H. Recovery Period	
	I. Training Procedure	
	J. Attachments: Records on file	



President/CEO

A. DEFINITIONS

1. Fire emergency: A burning fire, smoke or threat of fire that has activated fire protection equipment or can be seen on or near Agency grounds.
2. Smoke Detectors:
 - a. Cream colored box or disks attached to walls or ceilings located throughout buildings. Activated by smoke, they emit a high-pitched whistle and a small continuous red light. At most locations they are connected to the fire monitoring system that sets off fire horns, strobes and notifies Fire Department. They receive monthly testing and inspection.
3. Sprinkler heads:
 - a. Silver cones attached to ceilings or walls located throughout buildings which are activated by extreme heat. When set off, they activate fire monitoring system and spray floor area in water. They receive year inspection and testing by engineer.
4. Pull Station:
 - a. 3" x 4" Red metal box with glass pull bar activated by staff member. The box contains a switch located near the emergency exits. When pulled, it breaks glass bar and sets off fire horns and strobe signal. The Fire Department is automatically notified. They receive monthly inspection and yearly testing.

5. Fire exit signs:
 - a. Illuminated signs to all approved fire exits which automatically switch on with loss of power. Receive monthly maintenance.
 6. Fire Monitor Control Panel:
 - a. Large control box located in each facility with monitor system.
 - b. Each Fire Control Panel has zone indicator displays code to help pinpoint the fire area. They are:
 - 1) Zone 1: Sprinkler heads
 - 2) Zone 2: Smoke Detector
 - 3) Zone 3: Head Detector
 - 4) Zone 4: Pull Station
 - c. The system has a trouble silence and system reset button. These are to be pushed only after all possible fire locations have been inspected.
 7. Fire Equipment Diagram:
 - a. Every location has a fire equipment location where fire equipment is available. This diagram is also located in the Fire Safety Log section of the procedure manual.
- B. COMMUNICATIONS/ALERT & WARNING SYSTEM
1. To call a code on the Main Campus:
 - a. A code may be called from any multi-button phone console.
 - b. This procedure is to be used by staff or the receptionist to alert staff on campus not to go near the area.
 - c. Lift handset, depress * button twice and clearly state three times "Code Red and location". (Be specific, i.e. "Code Red, CSU")
 2. If a fire is detected by staff:
 - a. Immediately go to pull station and pull alarm.
 - b. Call a code red to the building 3 times
- C. IMPORTANT PHONE NUMBERS
1. Fire Departments:
 - a. PEMHS Main Campus: Pinellas Park 911
 - b. Palm Way Campus: Largo 911
 - c. PEMHS South: St. Petersburg 911

OR

The Emergency numbers for the services necessary found on the County Agency Directory.
- D. FIRE EQUIPMENT:
1. Fire Extinguishers: Red cylinders hanging on walls throughout Agency. For creation of an exit route.
- E. EVACUATION PROCEDURE for Agency **in-house fire** when alarm sounds:
1. All areas of business with fire detection systems will: **TREAT ALL FIRE ALARMS AS REAL**
 2. UNIT staff will:
 - a. Collect medication book
 - b. Collect census list

- c. Announce to all staff and consumers on the unit that a fire alarm has sounded and everyone is required to prepare to the building by lining up by the exit door.
 - d. Line consumers up calmly at the designated exit door and call roll. (If there is visible fire, smoke or the smell of smoke - clients are to be immediately escorted outside in the fenced area adjacent to each exit. Roll call will be called at that time. Look on evacuation list on following pages to determine correct exit. Prevent panic among the clients. Prompt and proper action in carrying out duty assignments will reduce the possibility of fear and panic and help in confining the fire to the area in which it started.
 - e. Designate a staff member to check all rooms to insure they are empty. The doors to the rooms are to be closed, with a pillow placed against closed door to indicate room has been checked and is empty.
 - f. Turn off air conditioning/heating system.
 - g. Wait for confirmation of fire and evacuation.
 - h. Exit building to evacuation location as designated on following pages.
 - i. Another roll call is to be taken at evacuation site.
 - j. Designate staff member to check for any obvious fires at that location.
 - k. Do not leave the area until an all clear is announced. Staff are required to stay with consumers until situation is resolved.
3. Management:
- a. Collect any personal items within reach, i.e. keys or purse. Take important documents with you.
 - b. Executive secretary is to place any important business related items in fire file and insure it is closed and locked.
 - c. Directors/Managers/Coordinators place any and all important items, i.e. checks or documents into safe and secure as well as obtaining the last back-up tape from the computer and taking it with them.
 - d. Facilities to turn off air conditioning/heating system and check all rooms for persons.
 - e. Designate employee to insure all doors are closed.
 - f. Designate staff member to check for any obvious fires at that location.
 - g. Leave building via approved fire exit route closing doors behind you.

F. EVACUATION ROUTES

- 1. MAIN CAMPUS Pinellas Park, Florida
 - a. Bldg. J- 11254 1/2 58th St. N:
 - 1) Out back doors to fenced in area west of building
 - 2) Alternate -Out front or Access Center entrance and cross to Bldg H
 - b. Bldg. B-11254 1/2 58th St. N:

Environmental Care / Disaster / 273

- 1) Out back unit doors to fenced in recreation area
 - 2) Alternate-Out north unit doors to Bldg F
 - c. Bldg. H-11176 1/2 58th St.:
 - 1) Out back door to fenced recreation
 - 2) Alternate - Out front or north side door to Bldg J
 - d. Bldg. F -11176 58th St. N:
 - 1) Out west entrance into fenced area
 - 2) Alternate - Out main entrance to Bldg C
 - e. Bldg. C- 11176 58th St. N:
 - 1) Out west entrance into fenced area
 - 2) Alternate - Out front entrance to Bldg F
 - f. Bldg. E - 11176 1/2 58th Street N:
 - 1) Out exit into fenced area away from building
 - 2) Alternate - Out any exit to Bldg F
 - g. Bldg. G-11176 1/2 58th Street N:
 - 1) Out exit into fenced area away from building
 - 2) Alternate - Out any exit to Bldg F
 - h. Access Center-11254 1/2 58th St. N:
 - 1) Out Access Center entrance and cross to Bldg H
 - 2) Alternate - Out back door of CSU to fenced in area west of building
 - i. Bldg. A – Administration- 11258 58th St. N, Pinellas Park:
 - 1) Out any exit away from building at least 50 yards away from building.
2. PALM WAY CAMPUS 1614 Palm Way, Largo, Florida
- a. Bldg. A
 - 1) Out back door to fenced in area
 - 2) Alternate-Out front door to Bldg C
 - b. Bldg. B
 - 1) Out back door to back of yard
 - 2) Alternate-Out front door to Bldg C
 - c. Bldg. C
 - 1) Out back door to back of yard
 - 2) Alternate-Out front door to Bldg A
 - d. Administration
 - 1) Out any exit away from building
 - 2) Alternate-Out any exit to Bldg unaffected
3. PEMHS South 401 16th Street, St. Petersburg, FL
- a. CSU C
 - 1) Proceed out back door and wait at the fenced in recreation area.
 - 2) Alternate – Out side door to FETC program
 - b. FETC – 100 15th St. North, St. Petersburg, FL
 - 1) Evacuate through exit doors away from building at least 50 yards from building.

G. PROCEDURE FOR FIRES OUTSIDE OF FACILITY

1. When a brush or other fire or large amounts of smoke are observed, staff will notify the Fire Department by calling 911.
2. Close windows if smoke is entering the building.
3. Keep all clients and staff within the building.
4. Be prepared for evacuation upon notification from the local authorities.

H. RECOVERY PERIOD

1. An all clear will be announced over the telephone system once it has been determined by the Fire Department, Facilities Executive Director or designee that the building is safe to re-enter.
2. Return clients to units. Employees in non-client areas may re-enter.
3. Turn on heating/air conditioning system.
4. Complete an incident report whether fire existed or not.
5. Any false alarm may be used as your monthly fire drill when properly documented.
6. False Alarm Procedure by Transportation:
 - a. Check to see if activated:
 - 1) Heat sensors - constant red light with high pitched whistle
 - 2) Smoke detectors - constant red light with high pitched whistle
 - 3) Pull stations - Broken glass bar with thrown switch
 - 4) Sprinkler heads – water
 - b. After false alarm has been verified or a fire has been completely extinguished can the system be turned off and reset.
 - 1) Go to Fire Control panel
 - 2) Push zone deactivation button and trouble silence (this shuts off horn but it will still beep)
 - 3) Notify PEMHS Facilities to reset alarm
 - 4) Notify ADP at 321-8003 of occurrence
 - c. Sprinkler requires turning off water system. The Fire Department is responsible for this.
 - d. System Testing: All aspects of system are tested and recorded.

1) Procedure:

1. Smoke detectors:	One each will be tested at each building twice annually by activation with smoke. Tested one a month during site inspection.
2. Pull station:	One each will be tested at each facility twice annually by opening and activating switch.
3. Heat detectors:	Tested yearly by engineer. Monthly during site inspections.
4. Sprinkler heads:	Tested yearly by sprinkler engineer.

5. Exit signs/ Emergency lights:	Tested monthly.
6. Fire extinguisher:	Checked monthly. Tested and refilled annually.
7. Flow test:	Test valve is opened and system operation is evaluated upon actual conditions - annually by fire Department and ACHA. Quarterly - Suncoast Sprinklers

I. Training Procedure

1. Fire precautions and procedures are covered in orientation of new staff.
2. All staff receives annual training in the use of fire safety and extinguisher operation through in-services.
3. Monthly fire drills are held in all client locations with a rotation of shift so that quarterly each shift will hold one.
4. Each fire drill is timed and evaluated by the person in charge or Maintenance Personnel on the form provided by the Facilities Department.
5. All documentation on fire procedure/drills must be kept in the fire log by the Maintenance Department as part of the Fire Drill Log:
 - a. Equipment maintenance
 - b. Fire drill evaluations
 - c. Continuous staff education
 - d. False alarm incident reports and system failure
6. The Maintenance Technician regularly approaches staff with questions concerning fire safety and noting their answers. This is taken to the Safety Committee for personal and system evaluation.

J. Examples: (Record on file in Facilities Department)

FIRE POLICY APPROVAL BY FIRE MARSHAL

I have reviewed PEMHS' Fire Policy and Fire Prevention policy. My signature indicates approval of the policies.

Signature

Date

FIRE POLICY TRAINING

Employee_____

Date_____

The above employee has been trained in the following:

____ Fire drills and procedures

____ Building evacuation

____ Fire fighting equipment

____ Fire alarm system

Trainer signature

Fire Prevention Policy

Book/Section/No.: Environmental Care/Disaster Plan/ 280

Effective/Review: Date: 7/14, 4/18, 1/19

Policy: It is the policy of PEMHS to provide to employees the safest practical workplace free from areas where potential fire hazards exist. The primary goal of this fire prevention program is to reduce or eliminate fire in the workplace by heightening the fire safety awareness of all employees. Another goal of this plan is to provide all employees with the information necessary to recognize hazardous conditions and take appropriate action before such conditions result in a fire emergency.

This fire prevention program has been prepared to provide assistance in compliance with OSHA standard 1910.38. Our local district is the: Tampa District
9215 Florida Avenue, Suite 105, Tampa, FL 33612-7905 (813) 658-3142 or call 1-800-367-4378

Subjects:

- A. Information
- B. Classification of Fires
- C. Determining Fire Hazards
- D. Storage and Handling Procedures
- E. Potential Ignition Sources
- F. Housekeeping Preventative Technique
- G. Fire Prevention Equipment
- H. Training
- I. Appendix:
 - A- Fire Prevention Checklist
 - B- Inspection Logs and Fire Incident Report Examples
 - C- Identified Fire Hazards and Responsible Personnel
 - D- Training Record Examples
 - E- Fire Extinguisher Locations



President/CEO

A. INFORMATION

1. This fire prevention plan complies with the OSHA requirements of 29 CFR 1910.38(b).

This plan details the basic steps necessary to minimize the potential for fire occurring in the workplace. Prevention of fires in the workplace is the responsibility of everyone employed by the company but must be monitored by each supervisor overseeing any work activity that involves a major fire hazard. Every effort will be made by the company to identify those hazards that might cause fires and establish a means for controlling them.

The fire prevention plan will be administered by the Safety Officer who will compile a list of all major workplace fire hazards, the names or job titles of personnel responsible for fire control equipment maintenance, names or job titles of personnel responsible for control of fuel source hazards, and also locations of all fire extinguishers in the workplace. The Safety Officer, must also be familiar with the behavior of employees that may create fire hazards, as well as periods of day, month and year in which the workplace could be more vulnerable to fire.

This fire prevention plan is reviewed annually and updated as appropriate both to maintain compliance with changing regulations and to keep up with the state of the art and consensus industry standards. Inspection logs and fire incident reports should be maintained in Appendix B and are used to provide corrections and improvements for this fire prevention plan.

This plan will be kept in the workplace and made accessible for employee review.

B. CLASSIFICATION OF FIRES

Fire is a chemical reaction involving rapid oxidation or burning of a fuel. It needs four elements to occur as illustrated below in the tetrahedron.

The first component of the tetrahedron is fuel. Fuel can be any combustible material: solid (such as wood, paper, or cloth), liquid (such as gasoline) or gas (such as acetylene or propane). Solids and liquids generally convert to gases or vapors before they will burn.

Another component of the tetrahedron is oxygen. Fire only needs an atmosphere with at least 16 percent oxygen.

Heat is also a component of the tetrahedron. Heat is the energy necessary to increase the temperature of the fuel source to a point in which sufficient vapors are emitted for ignition to occur.

The final side of the tetrahedron represents a chemical chain reaction. When these components are brought together in the proper conditions and preparations, fire will develop. Take away any one of these elements, and the fire cannot exist or will be extinguished if it was already burning.

Fires are classified into four groups according to sources of fuel: Class A, B, C and D. Table 1 describes the classifications of fire which can be used in making hazard assessment.

Class A	Ordinary combustible materials such as paper, wood, cloth and some rubber and plastic materials.
Class B	Flammable or combustible liquids, flammable gases, greases and similar materials, and some rubber and plastic materials.
Class C	Energized electrical equipment and power supply circuits and related materials.
Class D	Combustible metals such as magnesium, titanium, zirconium, sodium, lithium, and potassium.
Class K	Flammable cooking oils and greases such as animal and vegetable fats.

C. DETERMINING FIRE HAZARDS

This section consists of two steps: first, identifying the existing fire hazards in the workplace and, second, taking action to resolve them. The inspection checklist, in Appendix A, provides a guide for precise fire-safe practices that must be followed. The location of these major fire hazards are denoted in Appendix C. Also included in Appendix C is a listing of the personnel responsible for the maintenance of the equipment and systems installed to prevent or control fires.

Material hazards shall be identified, as evident on the specific material safety data sheets, and labeled on containers as soon as they arrive in the workplace. The identification system shall also include incorporation into the company's hazard communication program.

OXYGEN-ENRICHED ATMOSPHERES

Oxygen-enriched atmospheres involve oxygen tents as used by ambulances, fire and police or rescue squads; cutting and welding. An aid to the identification of hazards associated with medical agents and gases is NFPA 704, Standard Systems for the Identification of the Fire Hazards of Materials.

D. STORAGE AND HANDLING PROCEDURES

The storage of material shall be arranged such that adequate clearance is maintained away from heating surfaces, air ducts, heaters, flue pipes, and lighting fixtures. All storage containers or areas shall prominently display signs to identify the material stored within. Storage of chemicals shall be separated from other materials in storage, from handling operations, and from incompatible materials. All individual containers shall be identified as to their contents.

Only containers designed, constructed, and tested in accordance with the U.S. Department of Transportation specifications and regulations are used for storage of compressed or liquefied gases. Compressed gas storage rooms will be areas reserved exclusively for that purpose with good ventilation and at least 1 hour fire resistance rating. The gas cylinders shall be secured in place and stored away from any heat or ignition source. Pressurized gas cylinders shall never be used without pressure regulators.

ORDINARY COMBUSTIBLES

Piles of combustible materials shall be stored away from buildings and located apart from each other sufficiently to allow fire fighting efforts to control an existing fire.

FLAMMABLE MATERIALS

Flammable liquids shall be stored outdoors and away from buildings. Smaller quantities are subsequently brought into a mixing room where they are prepared for use. The room shall also have sufficient ventilation to prevent the accumulation of flammable vapor concentrations in the explosive range.

Small quantities (limited to amount necessary to perform an operation for one working shift) of flammable liquids shall be stored in, and also dispensed from, approved safety containers equipped with vapor-tight, self-closing caps, screens or covers.

Flammable liquids shall be stored away from sources that can produce sparks.

Flammable liquids shall only be used in areas having adequate and, if feasible, positive ventilation. If the liquid is highly hazardous, the liquid shall only be used in areas with a local exhaust ventilation.

Flammable liquids shall never be transferred from one container to another by applying air pressure to the original container. Pressurizing such containers may cause them to rupture, creating a serious flammable liquid spill.

When dangerous liquids are being handled, a warning sign will be posted near the operation, notifying other employees and giving warning that open flames are hazardous and are to be kept away.

The storage and usage areas will include fire-resistive separations, automatic sprinklers, special ventilation, explosion-relief valves, separation of incompatible materials, and the separation of flammable materials from other materials.

E. POTENTIAL IGNITION SOURCES

- Ensure that utility lights have some type of wire guard over them.
- Don't misuse fuses. Never install a fuse rated higher than specified for the circuit.
- Investigate any appliance or equipment that smells strange. Space heaters, microwave ovens, hot plates, coffee makers and other small appliances shall be rigidly regulated and closely monitored.
- The use of extension cords to connect heating devices to electric outlets shall be prohibited.
- If a hot or under-inflated tire is discovered, it should be moved well away from the vehicle. As an alternative, the driver should remain with the vehicle until the tire is cool to the touch, and then make repairs. If a vehicle is left with a hot tire, the tire might burst into flames and destroy the vehicle and load.

Table 2 lists common sources of ignition that cause fires in the workplace, gives examples in

Sources of Ignition	Examples	Preventive Measures
Electrical equipment	Electrical defects, generally due to poor maintenance, mostly in wiring, motors switches, lamps and hot elements.	Use only approved equipment. Follow <i>National Electrical Code</i> . Establish regular maintenance.
Friction	Hot bearings, misaligned or broken machine parts, poor adjustment.	Follow a regular schedule of inspection, maintenance, and lubrication.
Open flames	Cutting and welding torches, gas and oil burners, misuse of gasoline torches	Follow established welding precautions. Keep burners clean and properly adjusted. Do not use open flames near combustibles
Smoking and matches	Dangerous near flammable liquids and in areas where combustibles are stored or used.	Smoke only in permitted areas. Make sure matches are out. Use appropriate receptacles
Static electricity	Occurs where liquid flows from pipes.	Ground equipment Use static eliminators. Humidify the atmosphere.
Hot surfaces	Exposure of combustibles to furnaces, electric lamps or irons	Provide ample clearances, insulation, air circulation. Check heating apparatus prior to leaving it unattended

Table 2 Sources of Ignition Examples

WELDING AND CUTTING

Welding and cutting will not be permitted in areas not authorized by management.

If practical, welding and cutting operations shall be conducted in well-ventilated rooms with a fire-resistant floor. If this practice is not feasible, the Safety Officer shall ensure that the work areas have been surveyed for fire hazards; the necessary precautions taken to prevent fires; and issue a work permit. This work permit shall only encompass the area, item and time which is specified on it.

If welding is to be performed over wooden or other combustible type floors, the floors will be swept clean, wetted down, and covered with either fire-retardant blankets, metal or other noncombustible coverings.

Welding will not be permitted in or near areas containing flammable or combustible materials (liquids, vapors, or dusts). Welding will not be permitted in or near closed tanks that contain or have contained flammable liquids unless they have been thoroughly drained, purged and tested free from flammable gases or vapors. Welding shall not begin until all Annex C1

Combustible materials have been removed at least 35 feet from the affected areas or, if unable to relocate, covered with a fire retardant covering. This also applies to walls, partitions, ceilings, or roofs of combustible materials. Openings in walls, floors, or ducts shall be covered if located within 35 feet of the intended work area. Welding will not be permitted on any closed containers.

Fire extinguishers will be provided at each welding or cutting operation. A trained watcher will be stationed at all times during the operation and for at least 30 minutes following the completion of the operation. This person will assure that no stray sparks cause a fire and will immediately extinguish fires that do start.

OPEN FLAMES

No open flames will be permitted in or near spray booths or spray rooms. If indoor spray-painting work needs to be performed outside of standard spray-painting booths, adequate ventilation will be provided. All potential ignition sources will also be eliminated.

Gasoline or alcohol torches shall be placed so that the flames are at least 18 inches away from wood surfaces. They will not be used in the presence of dusts, vapors, flammable or combustible liquids, paper or similar materials. Torches shall never be left unattended while they are burning.

The company has a specific policy regarding cigarette/cigar/pipe smoking in the workplace. Smoking and no-smoking areas will be clearly delineated with conspicuous signs. Rigid enforcement is maintained at all times. The Safety officer enforces observance of permissible and prohibited smoking areas for employees and outside visitors to the workplace. Fire-safe containers will be provided where smoking is permitted. Non-smoking areas will be checked periodically for evidence of discarded smoking materials.

STATIC ELECTRICITY

PEMHS recognizes that it is impossible to prevent the generation of static electricity in every situation, but does realize that the hazard of static sparks can be avoided by preventing the buildup of static charges. One or more of the following preventive methods will be used: grounding, bonding, maintaining a specific humidity level (usually 60 -70 percent), and ionizing the atmosphere.

Where a static accumulating piece of equipment is unnecessarily located in a hazardous area, the equipment will be relocated to a safe location rather than attempt to prevent static accumulation.

F. HOUSEKEEPING PREVENTIVE TECHNIQUES

The following are housekeeping techniques and procedures to prevent occurrences of fire.

- Keep storage and working areas free of trash.
- Place oily rags in covered containers and dispose of daily.
- Do not use gasoline or other flammable solvent or finish to clean floors.
- Use noncombustible oil-absorptive materials for sweeping floors consisting of sawdust or some other combustible material treated with oil.
- Dispose of materials in noncombustible containers that are emptied daily.
- Remove accumulation of combustible dust.
- Don't refuel gasoline-powered equipment in a confined space, especially in the presence of equipment such as furnaces or water heaters.
- Don't refuel gasoline-powered equipment while it is hot.

- Follow proper storage and handling procedures.
- Ensure combustible materials are present only in areas in quantities required for the work operation.
- Clean up any spill of flammable liquids immediately.
- Ensure that if a worker's clothing becomes contaminated with flammable liquids, these individuals change their clothing before continuing to work.
- Post "No Smoking" caution signs near the storage areas.
- Report any hazardous condition, such as old wiring, worn insulation and broken electrical equipment, to the supervisor.
- Keep motors clean and in good working order.
- Don't overload electrical outlets,
- Ensure all equipment is turned off at the end of the work day.
- Maintain the right type of fire extinguisher available for use.
- Use the safest cleaning solvents (nonflammable and nontoxic) when cleaning electrical equipment. Such solvents include inhibited methyl chloroform, or a blend of Stoddard solvent and perchloroethylene.
- Ensure that all passageways and fire doors are unobstructed. .
- Periodically remove overspray residue from walls, floors, and ceilings of spray booths and ventilation ducts.
- Remove spray contaminated filters from the building as soon as replaced, or keep immersed in water until disposed.
- Don't allow materials to block automatic sprinkler systems, or to be piled around fire extinguisher locations. To obtain the proper distribution of water, a minimum of 18 inches of clear space must be maintained below sprinkler deflectors. If there are no s sprinklers, a 3 foot clearance between piled material and the ceiling must be maintained to permit use of hose streams. These distances must be doubled when stock is piled higher than 15 feet.
- Check daily for any discarded lumber, broken pallets or pieces of material stored on site and remove properly.
- Re - pile immediately any pile of material which falls into an aisle or clear space.
- Non-toxic weed killers are used to not pose a fire hazard.

G. FIRE PROTECTION EQUIPMENT

Every building will be equipped with an electrically managed, manually operated fire alarm system. When activated, the system will sound alarms that can be heard above the ambient noise levels throughout the workplace. The fire alarm will also be automatically transmit to the fire department. Any fire suppression or fire detection system will automatically actuate the building alarm system.

The automatic sprinkler system, if applicable, will adhere to NFPA 13, Standard for the Installation of Sprinkler Systems. The sprinkler system and components will be electrically supervised to ensure reliable operation. This includes gate valve tamper switches with a local alarm at a constantly attended site when the valve is closed. If a single water supply is provided by a connection to the city mains, a low pressure

monitor is included. If pressure tanks are the primary source of water, air pressure, water level, and temperature shall be supervised. If fire pumps are provided to boost system pressure, supervision will monitor loss of pump power, pump running indication, low system pressure, and low pump suction pressure.

A smoke control system can be a substitute for an outside window.

Portable fire extinguishers are placed in all buildings. Fire extinguishers must be kept fully charged and in their designated places. The extinguishers will not be obstructed or obscured from view. A map indicating the locations of all fire extinguishers for this company is located in Appendix E. The fire extinguishers will also be inspected by , at least monthly, to make sure that they are in their designated places, have not been tampered with or actuated, and are not corroded or otherwise impaired.

The location of all hydrants, hose houses, portable fire extinguishers, or other fire protective equipment shall be properly marked with arrows and signs painted on the pavement.

H. TRAINING

All employees shall be instructed on the locations and proper use of fire extinguishers in their work areas. Employees shall also be instructed as to how to operate the building's fire alarm system, and be familiar with evacuation routes. The training of all employees shall include the locations and types of materials and/or processes which pose potential fire hazards. The training program shall also emphasize the following:

1. Use and disposal of smoking materials
2. The importance of electrical safety
3. Proper use of electrical appliances and equipment
4. Unplugging heat-producing equipment and appliances at the end of each work day
5. Correct storage of combustible and flammable materials
6. Safe handling of compressed gases and flammable liquids (where appropriate)

Ongoing training shall include regularly scheduled fire drills. Training documentation shall be placed in Appendix D.

Appendix A

FIRE PREVENTION CHECKLIST

This checklist should be reviewed regularly and kept up-to-date.

ELECTRICAL EQUIPMENT

No makeshift wiring Extension cords serviceable Motors and tools free of dirt and grease Lights clear of combustible materials Safest cleaning solvents used

Fuse and control boxes clean and closed Circuits properly fused or otherwise protected
Equipment approved for use in hazardous areas (if required) Ground connections clean and tight and have electrical continuity

FRICITION

Machinery properly adjusted and/or aligned

Machinery properly lubricated SPECIAL FIRE-HAZARD MATERIALS

_ Nonmetal stock free of tramp metal

Storage of special flammables isolated WELDING AND CUTTING

_ Combustibles removed or covered Permit issued

_ Area surveyed for fire safety OPEN FLAMES

_ Portable torches clear of flammable surfaces No gas leaks

_ Kept away from spray rooms and booths PORTABLE HEATERS

Set up with ample horizontal and overhead clearances Secured against tipping or upset Combustibles removed or covered

Safely mounted on noncombustible surface Use of steel drums prohibited Not used as rubbish burners

HOT SURFACES

Hot pipes clear of combustible materials Ample clearance around boilers and furnaces

_ Soldering irons kept off combustible surfaces Ashes in metal containers

SMOKING AND MATCHES

_ "No smoking" and "smoking" areas clearly marked Butt containers available and serviceable

No discarded smoking materials in prohibited areas

SPONTANEOUS IGNITION

_ Flammable waste material in closed, metal containers Flammable waste material containers emptied frequently

_ Piled material, cool, dry, and well ventilated Trash receptacles emptied daily

STATIC ELECTRICITY

_ Flammable liquid dispensing vessels grounded and bonded Moving machinery grounded

Proper humidity maintained

HOUSEKEEPING

No accumulations of rubbish Safe storage of flammables Passageways clear of obstacles ___ Automatic sprinklers unobstructed

Premises free of unnecessary combustible materials ___ No leaks or dripping of flammables and floor free of spills Fire doors unblocked and operating freely with fusible links intact

FIRE PROTECTION

Proper type of fire extinguisher Fire extinguisher in proper location Access to fire extinguishers unobstructed Access to fire extinguishers clearly marked Fire protection equipment turned on

Extinguishing system in working order Service date current Personnel trained in use of equipment Personnel exits unobstructed and maintained

Appendix B

INSPECTION LOGS AND FIRE INCIDENT REPORTS

**Please Review Logs that are kept in the Facilities
Department**

Appendix C

IDENTIFIED FIRE HAZARDS AND RESPONSIBLE PERSONNEL

Example - refer to original in Facilities Department

Type	Location	Control Procedure	Extinguisher Location	Responsible
Gasoline	Maintenance shed	Flammable Cabinet	Shed wall	Robb Feld
Paint Thinner	Maintenance shed	Flammable Cabinet	Shed wall	Robb Feld
Acetone	Maintenance shed	Flammable Cabinet	Shed wall	Robb Feld
WD-40	Maintenance shed	Flammable Cabinet	Shed wall	Robb Feld
Lacquer thinner	Maintenance shed	Flammable Cabinet	Shed wall	Robb Feld
Spray paint	Maintenance shed	Flammable Cabinet	Shed wall	Robb Feld
Thinner for rubber cement	Maintenance shed	Flammable Cabinet	Shed wall	Robb Feld
Oil for 2 stroke engines	Maintenance shed	Flammable Cabinet	Shed wall	Robb Feld
Charcoal lighter fluid	Maintenance shed	Flammable Cabinet	Shed wall	Robb Feld

Appendix E

FIRE EXTINGUISHER LOCATION

**FIRE EXTINGUISHERS ARE NOTED ON EGRESS PLANS THAT ARE POSTED IN
EACH BUILDING**

Press Release During an Emergency

Book/Section/No.:	Environmental Care/Disaster Plan/	290
Effective/Review Date:	6/00, 4/01, 1/02, 6/04, 6/06, 7/14, 10/19, 5/20	
Policy:	It is the policy of PEMHS to have consumers, by choice, to sign a press release in the event of a disaster or emergency where the media may be present. It authorizes the media to take photographs in which the consumer may be present and authorizes the Agency to release necessary information at the discretion of the Executive Director and or Chief Operating Officer.	

Subjects: A. Responsibility

Maxine Booker CEO

A. Responsibility

1. Medical Records Department personnel will obtain a list of consumers currently in treatment with the Agency.
2. Medical Records personnel will enlist available Agency employees to assist in having competent consumers/parents/legal guardians sign the Press Releases in the most expeditious manner possible.
3. Medical Records personnel will keep record of who has not signed a Press Release and why. Incompetent consumers and minors are not allowed to sign the Releases.
4. Press Releases will be maintained by and in the Medical records Department until it is determined whether it is appropriate that they be placed in the consumer's record (i.e. disaster has been canceled/cleared, etc.).
5. In the event it is requested that consumer information be released to the news media and/or press, authorization must first be obtained from the Executive Director who will determine whether it is necessary for information regarding the consumer(s) be released and, if approved, what information is authorized to be released.

PRESS RELEASE

In the case of a disaster, I _____, authorize the media and press to take photographs in which I may be present. In addition, I authorize PEMHS to release information to the media and press with the understanding that only necessary information will be released and only upon approval by the Executive Director.

I hereby release PEMHS from any liability or damages which may arise as a result of the use of this information and/or photographs.

This release will expire 30 days from the date of consent.

Date: _____ Consumer Signature: _____

4. Cellular telephones will be used if there is interruption in regular communications systems. The cellular phones will be used by Directors, Coordinator of the Disaster Team and Transportation to remain in touch when and if the telephone system unavailable.
5. Cellular phone systems are expected to be available within 2-5 days post storm. Telephone lines are expected to be available within 2 days to 5 weeks.
6. PEMHS Emergency Cell phone number (Transportation Vans cell phones) **656-1806 or 656-2622**. Foster parents are to call a PEMHS Emergency Cell phone as soon as able after the hurricane or disaster to inform the Agency of their status and request assistance needed. Access Center will provide information regarding the Agency and return to work instructions.
7. Disaster Team phone numbers are updated annually prior to Hurricane Season and distributed to members
8. Emergency Assistance numbers are as follows:
 - Fire, medical, police, chemical and weather related emergencies..... 911
 - Red Cross
 - Upper Pinellas..... 446-2358
 - St. Petersburg..... 898-3111
 - Progress Energy..... 824-6400
 - Pinellas Emergency Management 464-3800
 - Pinellas Hurricane Hotline 462-0500
 - DCF Disaster Preparedness 588-6643
 - National Linen Supply 327-5011
 - Pharmacyext 363
 - Helpline 211

ALERT AND WARNING SYSTEM

1. Members of the Disaster Team will listen to the Emergency Broadcasting System when weather is favorable for hurricane activity. An emergency Disaster Team meeting will be called when a threat of a hurricane exists. Portions of the plan to be implemented will be determined at that time.
2. Hurricane watches and warnings are received from the following Emergency Broadcasting Systems for countywide disasters, additionally there area weather radio’s located at strategic locations throughout the PEMHS campuses. When a hurricane watch is expected, the Disaster Team will meet again and implement the full plan, discussing evacuation plans.

WARM 94.9 FM	WSUN 620 AM
RRBQ 1380 AM	105 FM
Bay News 9	
3. When a Hurricane Watch and Warning is received, the Disaster Team will notify all departments in person and shall provide:
 - a. Immediate direction as indicated below

- b. Written instructions for each employee's duties.
 - c. Distribute large plastic bags
4. 2-1-1 will be contacted to report PEMHS' closures/relocation or change in services.
5. If the phone system is not working, the agency shall send a staff member to notify foster parents.

EVACUATION

When a storm watch is issued, all foster parents will be contacted by a staff member of the foster care team to confirm the foster parent's disaster and evacuation plan as per the information provided in their licensing packet. Staff will ensure that foster parents have copies of the agency's Disaster Team phone numbers and agency disaster plan. Program staff will complete a disposition log on all foster families.

MANUFACTURED AND HIGH RISK BUILDINGS:

Foster families residing in manufactured buildings are to vacate their premises as soon as possible and must be before the arrival of the Tropical Storm Winds.

RECOVERY PERIOD

With the assistance of agency foster care staff as available, foster families will complete the following post-disaster tasks:

1. Foster parents will contact the PEMHS emergency line (**656-1806 or 656-2622**) to report their status, location and contact number.
2. Damage assessment will be completed.
3. Organize and complete as many repairs as possible.
4. Insurance Company will be contacted.
5. Community assistance for food and supplies need to be determined in order to support foster families, clients, and provide clinical care.
6. If applicable, Red Cross will be contacted to assist in providing food/supplies for clients and foster families.

CLIENT DISPOSITION LOG SHEET
UNIT: _____ DATE: _____

NAME	TO	TIME	RETURN DATE/TIME IF APPLICABLE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			

Staff Signature: _____

LOCKDOWN OF CAMPUS

Book/Section/No.: Environmental Care/Disaster Plan/ 310
 Effective Date: 11/07, 7/09, 4/15, 1/19

Policy: It is the policy of PEMHS to provide procedures outlining how to lockdown each campus should an adverse event occur that requires such measures.



President/CEO

Definition: Lockdown, for the purposes of this policy, is a series of procedures used to keep any risk of human life at a minimum. It does so by eliminating or limiting access of the threatening person(s) to any others.

Communications/Alert & Warning System:

Event occurring on campus or potential event on camp:

- **Announce three times through the emergency communication device “Attention all staff, we are in a lockdown status starting in Building ___”.**
- The announcement will be re-announced every 15 minutes until an all clear is called. An all clear must be received from law enforcement or the Executive Director or designee.
- The following are notified during their shifts and are the ones authorized to **contact 911**: This person must have access to the computer for the policies and procedures and campus monitors, carry a cell phone and have the necessary phone numbers of administrators.
 - Weekend Supervisor 7 a.m. – 7 p.m.
 - Emergency Services Nurse Monday through Friday, hours variable
 - Emergency Services all other times
 - When contacting 911:
 - Calmly describe the situation as descriptively as possible
 - If it is a bomb threat, hostage situation, barricaded person or if any weapons are involved, the 911 operator must be informed as the police or swat team will need to know of any special equipment to bring.
 - Notify 911 that the key and the layout of the campus and buildings are at the police station

- If it is safe to do so and someone needs to meet them outside, inform them of where and give a description of the person.
 - Ask the 911 operator to place a B.O.L.O. out that we are temporarily on divert at this time due to the situation.
- Notify Executive Director, Chief Operation Officer and Program Manager and follow chain of command.
 - Main Campus
 - Executive Director
 - Chief Operating Officer
 - Program Manager
 - Administrator on Call
 - The above will notify all appropriate
 - Access Center Nurse
 - PalmWay Campus
 - Executive Director
 - Chief Operating Officer
 - Program Manager
 - Administrator on Call
 - The above will notify all appropriate
 - PEMHS South
 - Executive Director
 - Chief Operating Officer
 - Program Manager
 - Administrator on Call
 - The above will notify all appropriate

For notification from external source (i.e. Police)

- The call should be directed to Emergency Services or Administration.
- When a call is received, verification should take place that the call is valid. Caller ID will suffice or a call back to the party.
- Emergency Services will call I.T. to send out all staff Lockdown notification
- The caller will be asked to call back when an all clear can be announced. After all clear is called I.T. will be notified for an all clear notification
- If a call is received after hours, the administrator on call for that campus must be contacted. The administrator on call will give directions to staff following the above guidelines of announcing a campus lockdown three times and every 15 minutes until an all clear is called.
- Any expected staff, physicians and expected regular visiting entities such as case managers, vendors, court personnel, transportation staff off site, instructors, etc are to be notified as soon as possible not to enter the campus.
- The administrator on call will notify the Executive Director and/or the Chief Operating Officer of the situation.

Procedure:

Staff:

- All staff, clients, visitors, vendors, etc. must remain inside a building during the situation. No one is allowed to leave the building until they have been visited by the designated person from the above list informing them that they are clear to do so.
- The patrol officers must get to the situation where the event is happening; they will be the first responders. If they cannot handle the situation, they will contact S.W.A.T., which could take up to 45 minutes to assemble their team. Law enforcement are the authority decision maker in the situation once they arrive on campus.
- Emergency Services personnel and Nursing Supervisors will interact with Law Enforcement
- In the event there is a situation that the police determine a need to evacuate the campus, the jail may agree to take the clients with the assistance of law enforcement transportation.
- When no evacuations are necessary because the situation can be adequately handled and /or resolved, an all clear will be called by Emergency Services

Recovery Period:

- Notify pertinent parties (Directors, program leaders, psychiatrists, etc.)
- Clinical Staff will process event with consumers and/or staff if there was any client involvement

A subcommittee of The Disaster Team will convene to study the situation to determine if plan was adequate and report back to PEMHS Safety Committee.

EMERGENCY PREPAREDNESS / SEVERE WEATHER PLAN

Book/Section/No.: Environmental Care/Disaster/COOP/
Effective Date: 01/04, 6/06, 5/07, 5/08, 1/2010, 3/10, 5/10, 5/12, 12/12, 8/13, 7/14, 7/15, 7/16, 7/17, 7/18, 7/19, 10/19, 5/20

Maxine Booker CEO

HURRICANE, TORNADO, TROPICAL STORM OR OTHER SEVERE WEATHER

- To be updated annually and as needed
- Two Desktop Drills will also be conducted annually

HURRICANE PLAN-

1. Definition
2. Evacuation Zones for PEMHS
3. Hurricane Categories
4. Communications/Emergency Information
5. Emergency Assistance telephone numbers
6. Alert and Warning System
7. Evacuation and routes
8. Facility shutdown
9. Organizational Relocation and Essential Operations)
10. Recovery Period
11. Annex D

Annex D

- Annex D-1. Unit Data Sheet
- Annex D-2. Supply Checklist (Units, Purchasing, Security and Maintenance)
- Annex D-3. Disaster Team Checklist
- Annex D-4. Staff Information Sheet
- Annex D-5. Staff Responsibilities Checklist
- Annex D-6. Client Instruction Sheet
- Annex D-7. Hurricane Disposition Log Sheet
- Annex D-8. Hurricane Shelter Protocol
- Annex D-9. Instructions for emergency drinking water germicidal tablets

Annex E

Tornado

Annex F

Tropical Storm or other severe Weather

Environmental Care / Disaster / Severe Weather Plan

At the onset of a Hurricane Watch, the attachments will be copied and distributed to the appropriate parties by the Disaster Team.

Disaster Team 2020

Maxine Booker
Jahenein Nagel
Mandy Hines
Shannon Albert
Jeff Oppenheim
Amanda Renz
Sandra Benton
Robb Feld
Courtney Covington
Angela Carpenter
Gayle McNeill

Prior to Hurricane Season / Pre- Preparation:

- Managers to review staff plans in event of a hurricane (evacuation plan, flood level status, who will be willing to volunteer to work during a storm, etc.)
- Scheduling will create a running “emergency staff” roster to include those staff who are willing to work ES / CSU during a storm.
- Have all staff update phone numbers / demographics (in ADP and agency list)
- Do a campus walk-through (Main and PACES campus) to identify any potential hazards during a storm.
- Trim all trees on campus
- Have McMullen Oil top off fuel supply
- IT will create a packet of paper versions of Avatar forms in the event that the EMR system goes down.
- Robb Feld will participate in county Coalition for Health and Medical Preparedness (Pinellas CHAMP) meetings, and ensure hurricane supplies, including PPE, are sufficiently stocked.
- Community programs staff will review and document evacuation plans with each family served.

HURRICANE PLAN

This plan consists of two levels - **Watch** and **Warning**

DEFINITIONS

Level Watch

- The hurricane watch indicates that a hurricane has already formed and may threaten our area in 24-36 hours. This is PEMHS' Preparation stage for a Hurricane storm and possible evacuation.
- During the hurricane watch, an evacuation order may be received.

Level Warning

- A hurricane is threatening our area within 24 hours.

EVACUATION ZONES & Levels for each PEMHS' location are as follows:

Main Campus Zone 110..... Level D*

Palmway Campus Zone 127..... Level D

*PEMHS Main Campus has a waiver from Emergency Operations raising evacuation Zone to Level D

HURRICANE CATEGORIES

<u>Category</u>	<u>Sustained Winds</u>	<u>Damage</u>
1	74-95 mph	Minor
2	96-110 mph	Moderate
3	111-130 mph	Major
4	131-155 mph	Severe
5	above 155 mph	Catastrophic

COMMUNICATIONS/EMERGENCY INFORMATION

1. The Access Center will become the communication center for the agency. . Clients being evaluated for admission will be either admitted or sent home, depending on severity of condition and family support available
2. Cellular telephones will be used if there is interruption in regular communications systems. The cellular phones will be used by Directors, Coordinator of the Disaster Team and Transportation to remain in touch when and if the telephone system unavailable. Staff may contact the Agency by using the transportation van's cellular phone.
ES staff will have Ham Radios – Sandra Benton(ES) has been trained/certified to operate the radios.
3. Cellular phone systems are expected to be available within 2-5 days post storm. Telephone lines are expected to be available within 2 days to 5 weeks. Main campus will be equipped with radios via a radio tower on campus.
4. PEMHS Staff Emergency phone number **727-262-2675** . Employees are to call as soon as able after the hurricane to inform the Agency of their status and request assistance needed. Access Center will provide information regarding the Agency and return to work instructions.

Environmental Care / Disaster / Severe Weather Plan

Transportation van cell phones are:

5. **727-262-2905, 727-262-2084, 727-481-7871**

6. Disaster Team phone numbers are updated annually prior to Hurricane Season and distributed to members

7. Emergency Assistance numbers are as follows:

Fire, medical, police, chemical and weather related emergencies.....	911
Cysco Food Service.....	.(813)316-4500
Duke Energy.....	443-2641
Pinellas Emergency Management	464-3800
CFBHN Emergency Line	813-670-9932
Let Linen Supply	327-7802
Helpline	211
DeLorenzo Tire (Emergency Vehicle Storage).....	540-0492
McMullen Oil Co.....	573-0016

ALERT AND WARNING SYSTEM

1. Members of the Disaster Team will listen to the Emergency Broadcasting System when weather is favorable for hurricane activity. An emergency Disaster Team meeting will be called when a threat of a hurricane exists. Portions of the plan to be implemented will be determined at that time.
2. Hurricane watches and warnings are received from the following Emergency Broadcasting Systems for countywide disasters, additionally there area weather radio's located at strategic locations throughout the PEMHS campuses. When a hurricane watch is expected, the Disaster Team will meet again and implement the full plan, discussing evacuation plans.
3. When a Hurricane Watch and Warning is received, the Disaster Team will notify all departments in person and shall provide:
 - a. Immediate direction as indicated below
 - b. Written instructions for each employee's duties.
 - c. Distribute large plastic bags to cover computers, etc.
4. Law enforcement, 2-1-1, and hospitals will be contacted to report PEMHS' closures/relocation or change in services. Contact with key contacts at Baycare to coordinate evacuation plan for clients if Level D or E evacuation is called.
5. The Chief Executive Officer/designee will decide as to when the consumers will be informed. It will be the Program Leader's responsibility to provide the information and the plan to the consumers in a way as to not arouse alarm. Staff should implement the plan calmly so as not to frighten consumers.
6. Informacast system will be used to notify staff of emergency situations and office closures due to inclement/hazardous weather conditions.

EVACUATION

MANUFACTURED AND HIGH RISK BUILDINGS:

Maintenance and employees located in the manufactured buildings are to vacate their premises as soon as possible and must be before the arrival of the Tropical Storm Winds.

PALMWAY CAMPUS:

UNITS: Bldg A – Offices
Bldg B – Offices
Bldg C – Offices
Bldg D – Offices
Bldg E – Offices

1. At the onset of a Hurricane Watch, all staff will begin preparation by securing offices, buildings, and grounds. Managers will update all contact information with staff including cell phone and evacuation plans. Staff will contact all clients to obtain contact information and evacuation information. Once the status changes to warning, the Palm Way Campus will be secured and staff sent home. Facilities staff will ensure that all buildings are secure with electricity shut off.

MAIN CAMPUS:

BLDG A - ADMINISTRATIVE OFFICES
BLDG B - OFFICES
BLDG C – OFFICES AND PHARMACY
BLDG D – OFFICES
BLDG E – OFFICES (MANUFACTURED BLDG)
BLDG F – OFFICES
BLDG H – CSU B (30 BED ADULT UNIT)
BLDG I – ACTIVITY CENTER/BOARD ROOM & MEDICAL RECORDS
BLDG J – CSU A (15 BED ADULT UNIT) CSSU (15 BED CHILDREN’S UNIT) & ACCESS CENTER
BLDG K – MAINTENANCE (METAL BLDG)

Access Center

The Access Center will become the communication center for the agency . Clients being evaluated for admission will be either admitted or sent home, depending on severity of condition and family support available.

The Access Center will remain open and receive clients through Level A,B and C evacuations (until winds reach 40 MPH). All non disaster PEMHS' Access Center staff are to vacate the premises as soon as possible after a hurricane watch is issued and prior to the arrival of 40mile per hour tropical storm winds. ES will cease to receive clients in a Level D issued evacuation.

Administrative Offices

When a hurricane watch is issued, all PEMHS' administrative staff are to vacate the premises as soon as possible and prior to the arrival of the tropical storm winds. Records and equipment are to be secured. For example, computers should be removed from the floor and placed in a trash bag on a desk.

Buildings F, H and J are considered safe buildings structurally and have a generator system for electrical back up. All clients and staff will be housed during the storm and possibly during a recovery phase, in one of these buildings.

Environmental Care / Disaster / Severe Weather Plan

Discharges

Clients, where clinically appropriate and where family or friends are available in a safe zone, may be discharged home by PEMHS' transportation, cab service, or with their family/friends at the onset of a hurricane watch. The unit social workers will determine which clients live in an appropriate zone for discharge. If no family or home, clients will be referred to shelters outside of evacuation zones. The goal is to maintain no more than 30 clients on CSUB during an Evacuation Level C. PEMHS staff and consumers must evacuate in the event of an Evacuation Level D or E.

Transportation

PEMHS has 5 nine passenger, 2 seven passenger and 2 cars with 3 seats available for transporting. After all discharges have been transported, agency vans will be secured to resist flooding. Pinellas County EOC will provide bus services to PEMHS to transport discharges and consumers who do not meet admission criteria to appropriate shelters based on medical review and shelter admission criteria. Minors may require one to one with staff during transport for safety purposes.

Level A and B for clients and staff:

1. Clients remain in current locations in Bldg. H and J. All other offices close (Bldg. A,B, C, D, E, F)
2. None-disaster staff will vacate the premises as soon as possible after a hurricane watch is issued.
3. Access Center will continue to accept clients until tropical storm winds reach 40 miles per hour .

Level C Evacuation for remaining clients and staff:

1. Clients remain in current locations in Bldg. H. All other offices should already be closed and vacated (Bldg. A, B, C, D, E, F)
2. Access Center will cease all admissions when tropical force winds reach 40mph.
3. Facilities staff will install "Door Dam" devices after all staff and clients are secured within Bldg. H.
4. Working staff may shelter immediate family members in Bldg J.

Level D and E Evacuation:

All staff and remaining consumers will be evacuated off property and sheltered in Baycare facilities. The county will provide transportation of clients to arranged shelter settings.

FACILITY SHUTDOWN

[Refer to Phase II Alternate Operations \(Dis 005\)](#)

ORGANIZATIONAL RELOCATION and ESSENTIAL OPERATIONS

[Refer to Phase II Alternate Operations \(Dis 005\)](#)

RECOVERY PERIOD

1. Employees will follow the checklist in Annex D
2. Damage assessment will be completed.
3. Facilities staff will organize and complete as many repairs as possible.
3. Insurance Company will be contacted.
4. Community assistance for food and supplies need to be determined in order to return clients to the Agency and provide clinical care.

Environmental Care / Disaster / Severe Weather Plan

5. If applicable, Red Cross will be contacted to assist in providing food/supplies for clients.
6. DCF will be contacted for PEMHS' employees to provide assistance as needed in the community. Staff may be expected to obtain a picture ID at the DCF Building and assist in mental health or other community needs.
7. PalmWay or Main Campus will set up an Administrative Building, depending on damage assessment.
8. Access Center, client units and Business Office will be first priority for repairs and return to pre-storm functioning.
9. Employees may be expected to work assigned responsibilities that may be different from their routine job description.
10. 2-1-1 will be contacted to report any agency re-opening, change in hours or operation, status of building, status of services.
11. Law enforcement approval will be obtained prior to returning to any building which has been vacated.

Environmental Care / Disaster / Severe Weather Plan

ANNEX D
Attachments

Annex D-1
Unit Data Sheets

MAIN CAMPUS

BLDG J - CSU A, CSSU, and ACCESS CENTER

CSU-A, CSSU, and Access Center

Name: Crisis Stabilization Unit A, CSSU
 Address: 11254 58th St. N. Pinellas Park, FL
 Location: Building J
 Telephone lines: CSU-A 545-6477 Ext. 375, 377
 545-6424, patient line
 Fax 545-6467
 CSSU 545-6477 Ext. 328, 370
 Fax 545-6467
 Access Center 545-6477 Ext. 330, 390
 Fax 545-6467

License number: 8500
 Client capacity: 30
 Type of services: Adult and Child psychiatric crisis stabilization unit
 Evacuation zone: 110
 Evacuation level: D
 Evacuation color: yellow
 Evacuation destination: Level C.....Bldg. H.
 Flood Zone:..... X
 Proximity to Railroad: 1.75 miles
 Proximity to Transportation Artery: 0.5 miles
 Proximity to Nuclear Plant: Over 50 miles

Chain of Command
 Chief Nursing Officer.....Jahenein Nagel
 Chief Clinical Officer.....Mandy Hines
 Chief Executive Officer..... Maxine Booker

BLDG H - CSU B

Name: Crisis Stabilization Unit B
 Address: 11254 58th St. North Pinellas Park, FL
 Location: Building H
 Telephone lines: 545-6477, ext. 360, 387, 359
 545-6474, outside line
 545-6476, patient line
 545-6465, fax line

License number: 8520

Environmental Care / Disaster / Severe Weather Plan

Annex D 2

SHELTER UNIT SUPPLY CHECKLIST

INSTRUCTIONS:

- A. The designated shelter units must have the following supplies. The Facilities Dept. is to be contacted ASAP if they are not available.

Shelter Units:

Level A through C Main Campus Bldg. J & H

- B. Evacuating units are to bring supplies on this list from their unit to the shelter units.

SUPPLIES

Aspirin, Tylenol, Milk of Magnesia	floor supply
Soap and liquid detergent	1 soap per client, 5 detergents
Sheets	1 set per client plus 20 extra
Pillows	1 per client plus 5 extra
Blankets	2 per client plus 10 extra
Towels	2 per client plus 20 extra
Toothpaste, toothbrushes	1 per client plus 5 extra
Deodorant	1 per client
Paper towels	15 rolls
Toilet paper	20 rolls
Disposable plates, cups and eating utensils	7 day supply
Paper cups	700
Paper napkins	500
Aluminum Foil	10 rolls
Feminine Supplies	12 boxes
Household chlorine bleach	15 gallons
Sunscreen	10
Plastic garbage bags and ties	200
First Aid Kit	
Books, quiet games and playing cards	
Non-electric can opener	1 per unit
PPE	7 day supply for clients and staff

Environmental Care / Disaster / Severe Weather Plan

PURCHASING TO SUPPLY TO SHELTER UNITS:

Wet wipe cloths	10 boxes
Utility knife	1 per unit
Camping toilets	2-4 per unit
Water purification kit	7 day supply
Insect repellent	5 per unit
Whistles	2 per unit
Matches in waterproof containers	2 per unit with 2 boxes of matches
Needle and thread kit	1

FACILITIES TO DISTRIBUTE TO SHELTER UNITS:

Levels A through E

Generators are available in Bldg J, K and H on Main Campus, Bldg C on Palm Way and at PEMHS S

Flashlights	2 each unit
Lanterns	4 each unit
Battery operated radio	1 each unit
Batteries	7 days worth

WATER:

Levels A through C

Tanks for storage of potable water are located as follows:

- Main Campus: over 20 gallons of potable water per licensed bed are located at the northwest side of Building H (rear of dietary entrance) This water supply is for dietary use only and must be boiled and Emergency Drinking Water Germicidal Tablets added prior to consuming.
- Twenty 5-gallon water containers are available on Main Campus. These containers are to be used to draw water from the tanks. Containers will be filled prior to Storm Warnings and stored in Bldg H dining room.
- An additional 10 cases of bottled water will be stored in the Kitchen's dry storage.
- Note: Annex D-9 for Emergency Drinking Water Germicidal Tablets.

Environmental Care / Disaster / Severe Weather Plan

ANNEX D-3**DISASTER TEAM RESPONSIBILITY CHECKLIST**

Chief Executive Officer:	Approve plan implementation
Disaster Team Coordinator	Call Disaster Team Meeting Review plan with disaster team Coordinate notification of Directors Provide written instructions to staff Secure equipment and records. Obtain consumer census information
Transportation:	Provide transportation for consumers Fill gasoline tanks in vehicles Distribute to units flashlights, radio and batteries Once client transportation is completed all vans are to be moved to DeLorenzo Tire and Auto at 4545 118 th Ave N. Clearwater.
Chief Operating Officer:	Direct Computer System back up as necessary Notify Personnel to provide an updated list of staff, phone numbers and addresses to Transportation Dept. Gather cellular phones and distribute Notify Main Campus Administration to protect equipment, data and records
Facilities Manager:	Secure supplies per checklist Secure inventory control sheets Order additional linen as necessary Centralize, fill and distribute water tanks and containers per census information Instruct staff on water purification use Deliver portable toilets and instruct staff on use Begin facility shutdown
Chief Nursing Officer	Ensure 14 day medication supply is available at appropriate shelter sites Coordinate transfer of Pharmacy to Bldg H (courtroom) including inventory and records Ensure 14 day medical supply available at appropriate shelter sites Ensure 7 day food supply available at appropriate shelter sites. Review consumer diets, taking into consideration special diets and any food allergies Coordinate transport of food supplies Notify families of status & plan and obtain information in families plan.
Chief Clinical Officer:	Set up Communications Center in Emergency Services Shut down Access Center Notify pharmacy for 7 day supply of medications and potential large order of discharge medications Notify program coordinators/managers to begin disaster preparations: discharges, evacuation, supply determination and unit shutdowns. Work with staffing specialist to ensure disaster staff coverage Assist crisis units as needed

Annex D-4

STAFF INFORMATION SHEET FOR HURRICANE WATCH AND WARNING

Information: This plan consists of information needed in the event of a Hurricane Watch and Hurricane Warning.

Definitions:
 Watch The National Weather Service has issued a hurricane watch indicating that a hurricane has already formed and may threaten our area in 24-36 hours. PEMHS' hurricane plan is implemented in a "watch".

Warning The National Weather Service has issued Pinellas County a Warning that a hurricane is threatening our County within 24 hours.

Evacuation zones for PEMHS' locations:

Main Campus.....	Zone 110.....	Level D*
Palmway Campus.....	Zone 127.....	Level D

*PEMHS Main Campus has a waiver from Emergency Operations raising evacuation Zone to Level D

Hurricane Categories

Category	Sustained Winds	Damage
1.....	74-95 mph.....	Minor
2.....	96-110 mph.....	Moderate
3.....	111-130 mph.....	Major
4.....	131-155 mph.....	Severe
5.....	Above 155 mph.....	Catastrophic

Communications

1. Regular telephone lines will be used if they are available. If damaged, they are expected to be available in 2 days to 5 weeks.
2. In the event they are no longer available, cellular telephones will be used. These are expected to be available 2-5 days post storm. Staff is to contact the staff call in line when they are able. This phone is available 24 hours a day, 7 days a week. Directors will be contacting this line for message retrieval and providing directions.
3. All employees are to call the staff call in line as soon as they are able to notify of their safety, assistance needed and to receive information regarding the status of the Agency and return to work instructions. Radio's will be available via an on-site radio tower which will allow communication with the AOC.

Staff Call-in cell..... 727-262-2675

Important emergency assistance telephone numbers:

- Fire, medical, police, chemical and weather related emergencies.....911
- Red Cross
 - St. Petersburg.....898-3111
- Duke Energy.....443-2641
- Pinellas Emergency Management.....464-3800
- CFBHN Emergency Line813-670-9932
- Lett Laundry/ Contact. Tim Sobczak.....327-7802
- Pharmacy.....363

Environmental Care / Disaster / Severe Weather Plan

Unit Evacuations:

Main Campus

Level A-C evacuation

All clients remain in Bldg J

Level D-E evacuation

All staff and remaining consumers (BA8 status) will be evacuated off property and sheltered in Baycare facilities. The county will provide transportation of clients to arranged shelter settings.

Palm Way campus

Level A – E Staff leave premises and buildings secured

Recovery Period:

All Staff

1. After the hurricane, listen for media or civil defense report for update on the community.
2. Staff will call their manager as soon as able either by phone or cellular phone. Notify them of your safety status, assistance needed and work availability. You may be needed immediately to relieve disaster staff.
3. In the event you do not have phone availability, report to Main Campus as soon as possible and capable and after Civil Defense clears the Community. Wear heavy shoes, have long pants and a long sleeved shirt available to wear.
4. Staff may be asked to participate in community work by DCF or will be assigned specific duties for the recovery period.
5. Organization relocation may be at the Main Campus, Bldg F.

Managers / Directors:

1. Managers will report their staff's status to Chief Clinical Officer who will maintain a staff tracking log. Managers will attempt to contact staff who have not called in within 24 hours after the storm passes.
2. Chief Financial Officer to contact insurance company after assessment of damages.

Access Center

1. Acts as the triage and consumer information center. Access Center staff and social workers should report to work as soon as capable and safe to do so.

Facilities/Maintenance/Transportation drivers:

1. Report to work as soon as able.
2. Make emergency repairs for client and staff safety
3. Assess damages and report to Chief Operating Officer.
4. Transportation to transport clients back to their home units upon direction of Disaster Team

Transportation van cell phones are:

7a-3p – 727-262-2905 or 727-418-7871

3p-11p - 727-262-2084

727-262-2911 (spare phone)

Environmental Care / Disaster / Severe Weather Plan

**ANNEX D-5
STAFF HURRICANE PREPAREDNESS RESPONSIBILITIES**

All designated disaster staff are encouraged to go home and prepare their homes & loved ones for the hurricane at the onset of a "watch". Contact the Disaster Team if you have family or pets needing attention during the storm.

Nurses:

- Centralize client records, medication books, prepare medication cassettes and first aid supplies
- Contact physicians for discharge and discharge medication orders
- Order discharge medication
- Complete abbreviated nursing discharge responsibilities.
- Contact pharmacy with names of remaining clients in Agency for disaster medication supply order.
- If evacuating to a shelter unit, prepare med cassettes, stock meds, med book and transport.
- Complete client disposition log or delegate
- Regularly performed client roll call
- Maintain CDC guidelines for infection control

Technicians

- Determine linen amount and dietary supplies needed per supply checklist to either remain on unit or take to shelter unit.
- Complete discharge procedures
- Assist clients being evacuated to another unit gather belongings and pack in pillow case.
 - 3 sets of clothes 2 pairs of shoes 2 towels Pillow
 - 1 sheet set 2 blankets sleepwear hygiene articles
 - belongings client requests
- Keep a therapeutic milieu for clients
- Distribute client information sheet

Social Workers

- Assist with discharges and contact families or significant others to determine disaster plans.
- Arrange transportation for discharged clients who live in a non-evacuating zone
- If client is evacuating within PEMHS, notify family, representatives and guardians, as appropriate, of evacuation plans
- For units evacuating, be responsible for transporting the client records to the shelter unit

Program Leaders

- Centralize important papers and records, secure with plastic and place high
- Coordinate and assist with unit responsibilities as needed.
- Insure correct telephone numbers and addresses of staff
- Contact off duty staff and inform of plan for consumers.
- For units evacuating, insure unit shutdown completed.

Administration

- Centralize important papers, wrap in plastic bags and place high. Back up computers
- Assist where needed in programs

Directors

- Contact all your departments to follow up on implementation of plan.
- Assist where needed
- Centralize important papers, wrap in plastic gabs and place high. Back up computers.

If you are not a designated disaster staff person and the designated disaster staff has returned to the facility, contact your Program Leader to notify them you are now leaving and let them know when you can return barring any problems. Disaster staff will need to be relieved.

Environmental Care / Disaster / Severe Weather Plan

ANNEX D-6
INSTRUCTIONS TO OUR CLIENTS

It is necessary to take Hurricane precautions at this time and our staff will help you to take proper precautions to insure your safety. Your cooperation is needed at this time and will be appreciated now and through the duration of the storm.

One of three things will occur:

1. If your condition is such that you may be discharged , the social worker will check to see if the location you would go to is in an evacuation zone that is projected to be called to evacuate. If not and your family or loved ones agree, PEMHS' will transport you to stay with your family during the storm. If so, whether you will be released depends upon your family's evacuation plan, or
2. You will remain on your unit if you are in any of our crisis units, or

Evacuations are as follows: *(note: only those units listed are required to evacuate)*

Level A - C evacuation:

Phone # Direct Dial

Palm Way Campus

All programs

to

Leave Premises

Main Campus-Clients remain in J

Bldg. J (362-4328 or 362-4370)

Main Campus-Clients remain in H

Bldg H. (362-4360 or362-4387)

Level D-E evacuation:

All staff and Clients (BA8 status) will be evacuated off property and sheltered in Baycare facilities. The county will provide transportation of clients to arranged shelter settings.

Environmental Care / Disaster / Severe Weather Plan

ANNEX D-7

CLIENT DISPOSITION LOG SHEET

UNIT: _____ **DATE:** _____

NAME	TO	TIME	RETURN DATE/TIME IF APPLICABLE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			

Staff Signature: _____

Environmental Care / Disaster / Severe Weather Plan

ANNEX D-8

Hurricane Shelter Protocol within PEMHS

Consumer Unit Shelter Selection & Evacuation:

All consumer evacuations are to be completed as soon as possible and prior to tropical storm winds. This includes transport drivers returning to the Agency prior to tropical storm winds reaching 40 mph.

EVACUATION OF CLIENTS

a. Affected Bldgs./Units: MAIN CAMPUS

- a. Main Campus
 - i. Level A-C
Clients remain in J and H
 - ii. Level D-E
Full evacuation of the campus

b. Staff responsibilities:

- a. Nurses
 - i. Obtain discharges orders from psychiatrist
 - ii. Handle discharge procedures
 - iii. Gather medication cassettes, anticipated stock meds and MAR record
 - iv. Gather any supplies needed for medical treatments
 - v. Perform Regular client roll call
 - vi. Enforce CDC guidelines for infection control
- b. Discharge Planners
 - i. Assist in discharge procedures, arrange transportation
 - ii. Notify families of evacuation shelter for those clients who are not able to phone themselves
- c. Crisis Technicians
 - i. Continue with client monitoring and care
 - ii. Assist clients with obtaining 1-2 sets of clothing, pillow, sheet, 2 blankets, 2 towels, 2 wash clothes and have them as much as possible in pillowcase.
 - iii. Gather hygiene articles to take to shelter
 - iv. As directed, gather food and staples to take to shelter
 - v. Prepare client charts to take to shelter
 - vi. Complete disaster disposition log

d. Program Leader

Environmental Care / Disaster / Severe Weather Plan

- i. Working with Disaster Team list, arrange or delegate arrangement of staff for the storm and for the recovery staff.
- ii. Prepare list of staff with addresses and phone numbers for Emergency Services. Keep copy
- iii. Assist as needed with clients
- iv. Assist as needed with disaster preparations
- v. Secure building once consumers and staff have left.
- vi. Notify Emergency Services unit evacuation is complete and building has been secured

c. Shelter disaster staff needed

i. Main Campus – Level A – B

1. Building H
 - a. Adult
 - b. Expected census – Up to 30
 - c. Minimum staff needed
 - i. 1 RN
 - ii. 1 LPN
 - iii. 6 technicians or support staff

2. Building J

- a. Youth and Adult
- b. Expected census – Up to 30
- c. Minimum staff needed
 - i. 1 RN
 - ii. 1 LPN
 - iii. 4 technicians or support staff

4. Shelter Unit staff during and after evacuated client's arrival:

- a. Keep environment calm by using a soft voice and speaking at a normal rate of speed.
- b. Write each client's name in the census log.
- c. Direct all clients with their belongings to the dayroom.
- d. Instruct everyone on the unit's physical layout, program rules, sleeping arrangements and where they are to be and what positions to take during the high winds.
- e. Provide snacks, cards, board games, magazines and other quiet activities.
- f. Set up sleeping arrangements.
- g. Follow CDC guidelines for infection control.

5. When the hurricane arrives, clients and staff will locate themselves in the designated areas:

MAIN CAMPUS

Building J.....Seclusion/Restraint rooms, hallway

Building HSeclusion/restraint rooms, dayroom away from window

Building F..... West part of front dayroom

6. Instructions

- 1) Clients and staff are to remain in their designated area until the second set of winds have stopped.
- 2) No one is allowed outside until the hurricane is officially over and the grounds have been inspected by our Facilities staff.

Environmental Care / Disaster / Severe Weather Plan

ANNEX D-9

INSTRUCTIONS FOR EMERGENCY DRINKING WATER GERMICIDAL TABLETS

1. GENERAL INFORMATION:

“POTABLE AQUA” drinking water germicidal tablets are intended for emergency disinfection of drinking water.

For use only when water is of questionable quality or known to be substandard, not to be used on a continuous basis.

2. DIRECTIONS:

Add (1) tablet to (1) quart or liter of water and cap loosely to allow a small amount of leakage, wait 3 minutes. Shake container to allow screw threads on the closure to be moistened, then tighten cap. Wait 10 minutes before drinking.

For Giardia* control or if water is a poor quality or very cold, use 2 tablets per 1 quart or liter of water and wait 20 minutes before drinking.

* An intestinal infection by a parasitic protozoan that may cause prolonged pain, diarrhea, etc.

3. IMPORTANT:

Keep cap on bottle tightly sealed. Humidity, moisture and exposure to air will reduce effectiveness of tablets.

4. WARNING:

Tablets may be harmful if swallowed. Avoid eye contact. Will cause severe irritation to eyes and mucous membranes, avoid contamination of food, and wash after handling.

5. FIRST AID:

If tablet is swallowed, drink freely a thin paste of starch or flour (2 tablespoons in water), or drink a sodium thiosulfate solution (approximately 1/2 teaspoon in water. In case of contact with eyes, flush thoroughly with water. Call physician.

Environmental Care / Disaster / Severe Weather Plan

ANNEX E

TORNADO

Definitions:

Tornado Watch: Conditions are favorable for severe thunderstorms and possible tornadoes to develop

Tornado Warning: Tornado has been sighted or detected by radar.

Communications, Alert and Warning System:

The Access Center is the communication center for the agency. The weather radio is located in ES. ES staff will listen for weather updates on the radio when conditions are favorable for a tornado to develop.

In the event a tornado watch or warning is announced, the areas of the Agency in danger will be contacted by telephone by ES staff.

Staff working the unit will be contacted by telephone. The paging system will not be used in order to not to alarm the consumers.

In the event a tornado is sighted in the immediate area, the staff member sighting the tornado should announce over the paging system, "TORNADO SIGHTED, TAKE COVER IMMEDIATELY" three times.

Tornado Watch Procedure Checklist

- 1. All staff and clients evacuate manufactured buildings and move to designated safe areas immediately.
- 2. All employees in buildings:
 - Remove loose articles from shelves and walls.
 - Check all flashlights and lanterns to be sure in working condition
 - Insure all staff is aware of designated safe area and exits in building

MAIN CAMPUS

- Building IHallway
- Building JSeclusion/Restraint rooms, hallway,
.....bathrooms
- Building H.....Seclusion/restraint rooms, bathrooms,
dayroom away from window in hall
area
- Building BHallway, North and East
- Building FSeclusion/Restraint rooms, copy room
- Building E.....Evacuate to Bldg. F unless tornado is
.....close then Bldg. E restroom

Environmental Care / Disaster / Severe Weather Plan

- Building D.....Evacuate to Bldg. F unless tornado is close then Bldg. D.central hallway/office area in back
- Building C.....Hallway
- Building A.....Center Hallway 1st Floor

PALM WAY CAMPUS

- Building A.....Hallway
- Building B.....Center Hallway
- Building D.....Hallway
- Building C.....Bathrooms, seclusion/restraint rooms
- Building E.....Bathrooms, Time Out room

- Assign staff member to collect all first aid materials and emergency medications which may be needed.
- Assign staff member to issue each individual 2 blankets.

Tornado Warning Checklist Procedure:

- 1. Direct all clients and staff, with 2 blankets each, immediately to the building's designated safe area. See Tornado Watch Checklist on previous page.
- 2. Take roll call of clients and staff. Have 3 copies available of client list.
- 3. Locate the exits in this area to be used if needed.
- 4. Place clients and staff in the middle of the designated area away from doors or windows in a sitting position.
- 5. Nurses must move (or med techs) first aid and emergency medications must move supplies to designated area.
- 6. If time permits, move records to designated area.
- 7. Check all rooms and leave doors open.
- 8. At first signs (sounds, wind) that a tornado is approaching, have all clients and staff lay flat on the floor and cover head with pillow and blanket.
- 9. When tornado has passed, **UNLESS CLIENTS AND STAFF ARE IN IMMEDIATE DANGER, REMAIN ON THE FLOOR IN DESIGNATED AREA UNTIL INSTRUCTED TO LEAVE.**
- 10. Ensure roll call takes place after clients moved and in place
- 11. Access Center staff, Maintenance or other trained staff will turn off the propane tanks outside of the kitchen.

Recovery Period

Staff: Follow all instructions given by Facilities Manager and wait for All Clear before leaving the evacuation area.

Maintenance or Fire Department or Police:

- 1. Checks for:
 - a. fallen electrical wires
 - b. open flames or fires
 - c. fallen trees or utility poles
 - d. damaged or weakened buildings

Environmental Care / Disaster / Severe Weather Plan

- e. polluted drinking water (contact city)
- f. broken glass and nails
- g. gas leaks and spills
- h. flooding
- 2. Assign new designated safe areas, if necessary.
- 3. Assess damages and report to Facilities Manager and Chief Executive Officer
- 4. Makes emergency repairs as necessary for safety or protection of buildings upon direction of the Facilities Department

Chief Financial Officer:

- Contacts Insurance Company

Chief Executive Officer

- Directs maintenance and transportation

Disaster Team/Directors:

- 1. Report to affected area when deemed safe to do so.

Environmental Care / Disaster / Severe Weather Plan

ANNEX F

TROPICAL STORM – SEVERE WEATHER

Definition:

A tropical storm is an intense storm with heavy rains and winds up to the hurricane level. It can produce flooding and tornadoes.

Communication/Alert & Warning System:

The Disaster Team meets at the onset of a tropical storm warning and determines which parts of the hurricane plan to implement at that time. The decision is based upon the current and suspected winds, rains and potential for flooding.

All staff is informed by their representative on the Disaster Committee in regards to the precautions to be taken.

A. Initial Procedures:

1. At the warning of the storm, all outside objects are brought inside or secured by staff and the maintenance department.
2. Clients will not be taken out for recreation time outside but alternative inside recreational therapies will be offered.
3. Program Leaders will contact their staff to determine who may be willing to work extended hours in the event of the storm and have a list available as soon as possible.

B. Disaster Team Procedures

1. Meet as soon as possible after the announcement of a tropical storm or potential tropical storm.
2. Review hurricane policy and determine which steps to implement.
3. Inform all staff of their duties and responsibilities.
4. Inform contracted services to arrange needed services.

Environmental Care / Disaster / Severe Weather Plan

ANNEX G

FATALITIES

It is possible that as a result of a severe storm, a hurricane in particular, that a fatality or fatalities may occur. In the event that a fatality should occur PEMHS has three body bags kept with the hurricane supply inventory located in building K.

Should a fatality occur, the RN will verify that that the person is deceased and note the time and circumstances of the occurrence. Staff will call 911 for emergency assistance.

Should assistance be delayed because of the storm, the RN will direct staff in attaching an ID tag to the body, placing the body in the body bag, and placing the body in a separate room. Should more than three fatalities occur, staff will use a sheet or other available cover in lieu of a body bag. All bodies will be kept in the same room.



DISASTER CONTACT PHONE LIST

Disaster Team Members

*Revised 10/2019***APPENDIX 5**

Essential PEMHS Staff Phone Tree

(Area Code is 727 unless listed differently)

Employee Name		Phone Numbers		Location	E-Mail
First	Last	Work	Cellular		
Maxine	Booker	362-4395	727-902-7740	Bldg B – Main	mbooker@pemhs.org
Jahenein	Nagel	362-4397	727-902-7913	Bldg B – Main	jnagel@pemhs.org
Mandy	Hines	362-4398	727-902-7354	Bldg B – Main	mhines@pemhs.org
Kathy	Neumann	362-4310	727-902-7860	Bldg H – Main	kneumann@pemhs.org
Kristin	Ryan	362-4333	727-902-7347	Bldg A - Main	kryan@pemhs.org
Jeff	Oppenheim	362-4383	727-902-5357	Off site with PAR	joppenheim@pemhs.org
Zofia	Whiting	362-4317	None	Off site with PAR	zwhiting@pemhs.org
Robb	Feld	362-4323	727-902-7438	Bldg. I – Main	rfeld@pemhs.org
Gayle	McNeill	362-4225	727-902-7931	PACES Campus	gmcneill@pemhs.org
Courtney	Covington	362-4289	727-902-7785	PACES Campus	ccovington@pemhs.org



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/2/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Wallace Welch & Willingham, Inc. 300 1st Ave. So., 5th Floor Pinellas Park FL 33782	CONTACT NAME: Certificates/Commercial Lines PHONE (A/C. No. Ext): 727-522-7777 FAX (A/C. No.): 727-521-2902 E-MAIL ADDRESS: certificates@w3ins.com												
INSURER(S) AFFORDING COVERAGE													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURER A : Lloyd's London</td> <td style="width: 20%;">NAIC #</td> </tr> <tr> <td>INSURER B : FIT / Markel Global Reinsurance Co.</td> <td>10829</td> </tr> <tr> <td>INSURER C : Accident Fund Insurance Company of America</td> <td>10166</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>		INSURER A : Lloyd's London	NAIC #	INSURER B : FIT / Markel Global Reinsurance Co.	10829	INSURER C : Accident Fund Insurance Company of America	10166	INSURER D :		INSURER E :		INSURER F :	
INSURER A : Lloyd's London	NAIC #												
INSURER B : FIT / Markel Global Reinsurance Co.	10829												
INSURER C : Accident Fund Insurance Company of America	10166												
INSURER D :													
INSURER E :													
INSURER F :													
INSURED Personal Enrichment Through Mental Health Services 11254 58th Street North Saint Petersburg FL 33705	PERSENR-01												

COVERAGES **CERTIFICATE NUMBER: 849504688** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> *Abuse & Molesta GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			FITGL336502020	6/1/2020	6/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			FITAU336502020	6/1/2020	6/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			FITXS336502020	6/1/2020	6/1/2021	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	1400012793	7/1/2020	7/1/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
B A	Directors & Officers Cyber Liability			FITDO336502020 ESJ0321692666	6/1/2020 10/1/2020	6/1/2021 10/1/2021	Limit/ \$25,000 Retent Limit/ \$5,000 Ded 1000000/1000000 1000000/1000000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 FLORIDA INSURANCE TRUST REINSURER: MARKEL GLOBAL REINSURANCE COMPANY - AM BEST RATED A XV; NAIC #10829
 *Policy #FITGL336502020 Additional Coverage:
 Professional Liability (Claims-Made/ Retro Date 10/1/2003): \$1,000,000 Each Claim/\$3,000,000 General Aggregate/\$0 Deductible**
 Abuse & Molestation Liability (Claims- Made/ Retro Date 10/1/2003): \$1,000,000 Each Claim/\$3,000,000 General Aggregate/\$0 Deductible
 Employee Benefits Liability (Claims- Made/ Retro Date 10/1/2003): \$1,000,000 Each Claim/\$3,000,000 General Aggregate
 **For Professional Liability: This Certificate of Insurance is only for covered services, performed for the Named Insured, under the Professional Liability Policy. Any services provided to any other organization, or person(s), than the Named Insured would not be covered. **
 See Attached...

CERTIFICATE HOLDER For Information Only 11254 58th St N. Pinellas Park FL 33782	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
---	--

AGENCY CUSTOMER ID: PERSENR-01

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Wallace Welch & Willingham, Inc.		NAMED INSURED Personal Enrichment Through Mental Health Services 11254 58th Street North Saint Petersburg FL 33705	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Policy #FITDO336502020 Additional Coverage:
 Employment Practices Liability (Retro Date 4/12/1999): \$1,000,000 Limit/ \$25,000 Retention
 Fiduciary Liability: \$1,000,000 Limit/ \$25,000 Retention

**Re: Zachary Zimko, DO covered under the Professional Liability

**Pinellas Community Foundation
Pinellas CARES Nonprofit Partnership Fund Grant Application**

**DO NOT ADD ANY LINE ITEMS TO THIS BUDGET SUMMARY. IF YOU ARE UNSURE
OF WHERE A COST BELONGS, PLEASE CONTACT PCF STAFF.**

Organization Name: Personal Enrichment Through Mental Health Services, Inc.

Project Name: Emergency Services Expansion due to COVID

FROM (date): 10/01/2020 TO (date): 12/30/2020

Budget Category/Line Item	Program Budget - Total	Pinellas CARES Grant
Personnel (<i>salaries, wages, benefits, payroll taxes, time allocation on the project for all personnel involved in program</i>)	153,075	-
Equipment (<i>computers, furniture, etc., less than \$3,000 per item</i>)	11,302	9,266
Supplies (<i>office materials, program related purchases, program necessities to deliver services, etc.</i>)	30,047	28,577
Occupancy (property rent, mortgage, utilities, telephone, internet, etc. assigned as program expenses)	15,557	7,184
Local Travel (mileage, tolls, parking for regular local travel, rental/leasing cost of transportation)	1,347	-
Training (<i>staff development, conferences, long distance travel</i>)	-	-
Design, Printing, Marketing & Postage (for direct program related services only)	50,245	50,000
Capital (<i>Buildings, vehicles, equipment \$3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities</i>)	331,963	331,963
Purchased Services (<i>consultants, legal, accounting services, logistical partner costs, technology enhancements, computer software licensing/agreements</i>)	153,549	131,690
TOTAL	747,085	558,680

Pinellas Community Foundation
PCF CARES Application
BUDGET NARRATIVE FORM

If you are applying under multiple funding areas, please indicate which funding area (food, behavioral health, and/or eviction mitigation through legal aid) each cost belongs to.

- **BEHAVIORAL HEALTH**

This narrative is to explain the costs in the Pinellas CARES Grant Column of the Budget Summary

Organization Name: Personal Enrichment Through Mental Health Services (PEMHS, Inc.)

Project Name: Emergency Services Expansion due to COVID-19

FROM (month/year): 09/2020

TO (month/year): 12/2020

ALL DESCRIPTIONS BELOW SHOULD BE CLEAR AS TO HOW REQUESTED FUNDS BY AREA RELATE TO ADDITIONAL COSTS THAT WOULD NOT HAVE BEEN INCURRED OR PLANNED IF NOT FOR COVID-19

Personnel (salaries, wages, benefits, payroll taxes, time allocation, and a brief description of the responsibilities on the project for all personnel involved in program)

N/A

Equipment

- PEMHS will be purchasing a digital phone services from ipfone in the amount of \$2021 to assist with increasing needs of the emergency services 24/7 suicide hotline cause by COVID-19, and to allow staff to answer every call in real time, without dropped or abandoned calls, thus connecting each caller to appropriate services. After a careful selection process during which three other suppliers were reviewed (Spectrum, Verizon and Southern Tell), ipfone proved to offer the best quality, support and cost savings.
- Dell laptops will be assigned to emergency services staff to monitor calls on line, create call logs, and assist with data collecting and progress reporting. Ten Dell laptops cost \$6,045.
- Quidel Sofia SARS Antigen FIA (COVID/flu testing) machine will be purchased in the amount of \$1,200. The COVID/flu testing machine will prevent further spread of COVID and prevent unnecessary exposure of clients and staff. Quidel is a world renown medical supplier distributed by PEMHS' current pharmacy supplier McKesson Medical.

Supplies (office materials, program related purchases, program necessities to deliver services, etc.)

- Clorox 360 Liquid is a powerful magnetic disinfectant liquid that will significantly lower chances of infection on our units, due to COVID or other viruses or bacteria. Imperial Dade is PEMHS' trusted supplier providing cost effective cleaning solutions. Total cost for twenty cases of cleaning solutions totals \$2,025.00
- COVID and flu tests will be purchased from Quidel, a supplier of SARS Antigen FIA (COVID/flu testing) machine to ensure compatibility and accuracy of results. One hundred COVID test are priced at \$2,300.00. Two hundred flu tests cost \$2,700.
- As of 10/06/2020, \$17,689 was spent on PPE to comply with the CDC regulations and protect our clients as well as staff from contracting COVID-19. We anticipate PEMHS will spend an additional 3,863 until the end of the year (2020) for the total of \$21,552.

Occupancy (property rent, mortgage, utilities, telephone, internet, etc. assigned as program expenses)

- In the next three months (October through December of 2020) iphone monthly service in the total amount of \$7,184 will allow PEMHS to acquire a telephone system that will allow the Emergency Services Department to do the following:

- Answer each call
- Allow for real time responses
- Prevent the busy signal
- Decrease the number of abandoned calls
- Keep a recording of calls
- Keep a report of calls
- Track the destination of calls
- Access the system via internet
- Allow for calls to come straight to the MCRT phone
- Allow for multi call routing
- Keep hotline functionality within Pinellas County
- Prevent call reroutes to other near national hubs

The organizational impact of COVID-19 has made it difficult for PEMHS to meet the need of individuals in crisis in the aforementioned ways. This year, staff project that there will be over 20,000 people calling the hotlines as a direct result of the destabilizing effects of COVID-19. Therefore, PEMHS will need to have an updated telephone system that will allow for long-term management of high call volume. Approval of this funding request will allow PEMHS to meet the increased crisis demand efficiently and keep potential patients safe from the spread of coronavirus for years to come.

Local Travel (mileage, tolls, parking for regular local travel, rental/leasing cost of transportation)

N/A

Design, Printing, Marketing & Postage (for direct program related services only)

- PEMHS' suicide hotline number was chosen to be the behavioral health number for Pinellas County. Foundation for a Healthy St. Petersburg (FHSP) has partnered with PEMHS and will include PEMHS in its 'YouGood?' marketing campaign that will reach Pinellas County community in mid-October via many different marketing sources. \$50,000 will fund this marketing campaign to ensure wellbeing of all Pinellas County residents. Collateral materials such as video, video vignettes, stickers, window clings, social media shares and a call to artists will be used as methods to reach micro communities to include murals, dance, posters, jingles etc. The campaign will be entrusted to roundhouse Creative Studio a local (St. Petersburg) web and graphic design studio who pride in striving for excellence, making time to give back to our community, and doing right by our planet are all part of our daily culture.

Capital (buildings, vehicles, equipment \$5,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities)

- Capital purchases include:
 - PandaDoc – digital document signing software (cost \$11,408.00) will allow staff to safely collect signatures digitally and thus stay compliant with the requirement of funders and managing entities. PEMHS has been experiencing difficulties collecting signatures from clients necessary to provide services, due to social distancing requirements caused by

COVID. Many of our clients experience severe consequences caused by the pandemic and are only comfortable with communicating digitally.

- Clorox 360 Machine will be purchased from ImperialDade, PEMHS' trusted supplier, in the amount of \$3,995.00 per machine (total of \$7,990.00 for two machines). This electrostatic disinfecting machine sends a stream of powerful disinfecting fluid to all surfaces in its surrounding. Since the fluid is magnetic and the machine electrostatic the particles do not follow one another but land where there are no particles, thus significantly saving the disinfecting fluid usage while effectively cleaning the surfaces.
- The onset of COVID-19 has illuminated the fact that the design of the current office where intake is conducted does not keep persons seeking crisis services safe. The space does not allow for the social distancing guidelines (six feet distance) set forth by the CDC to be effectively implemented and will not allow for persons who would seek COVID-19 testing services the space necessary to receive services in a space that would keep them, other clients and staff as safe as possible from the spread of coronavirus. Thus PEMHS will renovate the Emergency Services Department to allow for social distancing of staff and clients which is currently impossible. This renovation will be entrusted to Clement Foss Architects in the amount of \$62,000.00. Clement Foss Architects have successfully renovated and redesigned GracePoint Mental Health Facility and thus have the expertise to assist PEMHS. Two modulars will be purchased and placed between the current buildings. Modular I will cost \$88,190.00 and will serve as a COVID/flu testing space prior to allowing clients access to the units, thus protecting other clients as well as staff, from exposure to infection by COVID or any other virus or flu. Modular II will serve as office space for PEMHS therapists, it will house the inventory room as well as the bed bug machine. The current space they occupy on the units will be used to expand emergency services department to allow for CDC guidelines full implementation. This modular will cost \$69,375.00.
- Cameras (\$3,000.00) and DVRs (\$4,313.00) are essential for monitoring and recording client and staff interaction. DVRs record 24/7 to provide indisputable proof in case of an accident of client initiated dispute or lawsuit. DVR will be purchased from Optiview and the cameras from Go Cable, LLC. Both companies have already collaborated with PEMHS *and are familiar with the specific needs of a mental health facility. Both cameras and DVRs will be installed in the new modulars. The modulars will allow PEMHS to fully implement CDC social distancing guidelines, which are very difficult in PEMHS' current space. The modulars will add an additional layer of safety for clients as well as staff, since they will allow for screening and testing for infectious diseases prior to entering the emergency services and the units. We will not be purchasing telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation or any subsidiary or affiliate of such entities. Our supplier is a U.S. based company called Optiview.*
- Piper Fire Protection will safely provide electricity to both modulars. Installation will cost \$8,375.00.
- Six recliners for the recovery room, priced at \$4000.00 each (total \$24,000.00), will allow for improvement of the recovery room area, which has so far not been used as intended due to lack of furniture. The recovery room acts as a diversion area to allow those who do not necessarily need to be admitted to the crisis unit to stabilize enough to receive outpatient services. Many of those clients suffer from consequences of the COVID-19 pandemic and would benefit from a more wellness-oriented area to recover, instead of being admitted to a crisis unit. The recliners will be purchased from Commercial Design Services, a distributor of furniture designed especially for the needs of mental health institutions. Delivery, installation and freight cost \$3,700.00

- *Vinyl Composition Tile (VCT) Flooring will be purchased from Carpet Barn & More in the amount of \$49,612.00. This includes the removal and disposal of existing glued down vinyl planks. PEMHS' current flooring has grooves and is not uniform, thus allowing for dirt, bacteria and viruses, including COVID-19, to accumulate in the crevices and grooves. New VCT flooring will be smooth and allow for ease of cleaning and disinfecting by preventing dirt accumulation and infectious disease prevention.*

Purchased Services (consultants, legal, accounting services, logistical partner costs, technology enhancements, computer software licensing/agreements)

- PaloAlto Firewall allows PEMHS' to store clients' information safely on PEMHS' servers and will prevent any unwanted cyberattack or intrusion. Total cost is \$2,690.03. PaloAlto Firewall will protect the new ipfone system purchased due to increased call volume caused by COVID and thus protect client's information and prevent any HIPAA violations. The new phone system includes PEMHS' new and improved internet connection. Many services have been and will be conducted virtually due to COVID and PEMHS' old internet connection was not able to support the increase in demand and it would often cause interruptions in services. The new ipfone supported internet connection, protected by PaloAlto Firewall, will ensure the continuum of services (virtual therapy) and client virtual visitations, without intrusions or leaking of client vital information.
- Xenex Germ-Zapping Solutions is a state of the art disinfection solution for SARS-CoV-2 Across Industries. Xenex's pulsed, high energy, broad spectrum UV light technology is uniquely lethal to microorganisms – it's 4300x more intense in peak power than a mercury lamp¹. Disinfection cycles are fast, allowing you to disinfect a patient room in as little as 5-10 minutes. Xenex's solutions include training and advanced workflow consulting to help speed room turnover and improve throughput. Xenex collaborates with visionary clinicians and leading disinfection experts around the world to fuel continuous improvement and prevention of the spread of COVID. A twelve-month lease and set up costs \$59,000.00.
- The Wellness Connection has developed The Pinellas County Universal Behavioral Health Campaign that will help meet the behavioral health needs of the community by creatively providing a point of contact and will yield collateral materials that direct individuals to a website and the PEMHS crisis hotline telephone number (727-791-3131), should they seek assistance. Community informed, specific communication venues to promote the "You good?" concept will include a Wellness Connection Website who's creating will be entrusted to Roundhouse Creative Studio in the amount of \$20,000.00. PEMHS will then provide crisis intervention, stabilization and/or referral services for callers who have learned about services via the "You good?" campaign and the Wellness Connection website.

Foundation for Healthy St. Petersburg collaboration with the Wellness Connection To Expand and Market Hotline Services due to impact of COVID-19

1. \$20,000 - Wellness Connection Website: Behavioral stakeholders are creating a collective unified response to the behavioral health needs of community caused by COVID-19 pandemic. The website will be a point of contact and system navigation for potential consumers. The Pinellas County Universal Behavioral Health Campaign will yield collateral materials that direct individuals to the website and PEHMS crisis telephone number, should they seek assistance. Foundation for a Healthy St Petersburg is supporting the efforts of the campaign. Roundhouse Creative, the current communications consultant working in tandem with the community to bring the campaign to fruition, will be the vendor procured to buildout the website to meet the increasing needs of the community as a result of the pandemic, particularly as they are driven to the website and phone number by the campaign.

2. \$50,000 - Collateral Materials to Support Universal Behavioral Health Campaign caused by COVID-19: The campaign is a community-led effort facilitated by FHSP and supported by Roundhouse Communications, as the communications consultant. The *You Good?* campaign concept and theme was birthed after many iterations of various concepts of answering to crisis, such as a COVID-19 pandemic, were presented to stakeholders. Once the theme was chosen, a poll was held as to the collateral materials the stakeholders sought in order to optimize the dissemination of the *You Good?* campaign. The following materials have been requested:

1. Campaign Video — a single video that encapsulates the meaning and importance of the campaign with a strong call to action for all who have been impacted by the COVID-19 pandemic. This can be hosted on each organization's website and/or included in social posts. It could also appear on paid advertising like YouTube or broadcast TV but that would require a separate conversation / budget.

- \$9,500 - \$18,500+ (range reflects a "simple" approach vs. a more robust production which could include actors, etc)

2. Video Vignettes — A series of short videos from community members identifying with the issue (mental health challenges caused by COVID-19) and/or supporting the campaign. We would need help from FHSP and/or the organizations in identifying participants.

- \$8,500 - \$15,000+ (range reflects both the quality approach and the total number of videos we can create)

3. Sticker/window cling — this could be a simple sticker as we showed in one of the mockups, or a more elaborate window cling, or both

- \$250 - \$400

4. Social Media Shareables — a collection of images and pre-written posts that organizations can use as-is or tailor to their audiences:

- \$2,500 (15 unique post examples)

5. Flyer / Leave Behind — a print piece with the COVID-19 consequences campaign brand and messaging. This could take the form of a business card size accordion fold out or similar.

- \$450 - \$600

3. \$50,000 - Call to Artists: In partnership with Creative Pinellas, the campaign will activate artists to create a unique interpretation of the *You Good?* concept that will be generated to target micro-communities, particularly where disparities in behavioral health persists, caused by COVID-19. A call to action will be released in September with the expectation that artists will complete their work before the end of the year. Work may include, but not limited to, murals, posters, dance, jingle, collective artist project, video vignettes, etc.

These efforts will have a sustained impact long after the funding is exhausted.

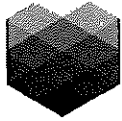
COVID-19 Expenditures

Date	Vendor	Amount	Description	Ck #	Date
03/24/20	CC Center (JO) - HD Headsets	\$ 908.95	Wireless Headsets for ES per Maxine/Mandy	128067	04/09/20
03/03/20	CC Center (RF) - Filter Masko	\$ 179.95	Filter Masks **Waiting on Credit	128069	04/09/20
03/05/20	CC Center (RF) - Amazon	\$ 125.99	N95 Safety Masks	128069	04/09/20
03/09/20	Wal Mart	\$ 17.50	Lunch Bags to hold 10-day masks when not in use	Online	04/17/20
03/13/20	CC center (RF) - CCWBags.com	\$ 272.47	(8) boxes Hand Sanitizer	128069	04/09/20
03/13/20	Wal Mart	\$ 25.11	Hand Santizer Bottles & 2oz Sprayer	Online	04/17/20
03/16/20	Imperial Florida LLC	\$ 101.25	Total 360 Clorox Cleaner	128035	04/02/20
03/18/20	Wal Mart	\$ 28.58	Hand Santizer Bottles	Online	04/17/20
03/20/20	Wal Mart	\$ 39.52	(4) Hand Pumps for Units	Online	04/17/20
03/24/20	CC Center (RF) - Great Medical Supplies	\$ 266.89	Gowns	128069	04/09/20
03/24/20	Imperial Florida LLC	\$ 237.64	Clorox Wipes Germicidal Bleach	128035	04/02/20
03/27/20	CC Center (RF) - Amazon	\$ 53.97	Thermometer Probe Covers	128069	04/09/20
03/18/20	CC Center (HC) - CVS Pharmacy	\$ 48.51	Plastic Bottles for Hand Sanitizer	128068	04/09/20
03/20/20	CC Center (HC) - CVS Pharmacy	\$ 23.88	Plastic Bottles for Hand Sanitizer	128068	04/09/20
03/24/20	CC Center (HC) - Pro Forma	\$ 455.39	(250) Forhead Thermometer Kits	128068	04/09/20
03/26/20	Wal Mart	\$ 99.40	(5) Two-Way Radios for Staff	128252	05/14/20
03/27/20	Health Care Logistics	\$ 68.73	4oz plastic amber Oval Medicine Bottles (for Rx made Hand Sanitizer)	128072	04/09/20
03/27/20	CC Center (RF) - Shoplet.com	\$ 173.70	Super-Sorb Liquid Spill Absorbent	128238	05/14/20
03/31/20	Lightwave Mgmt Resources Inc.	\$ 1,541.00	Sonic Wall - 50 Licenses for secure Mobile Access	128013	04/02/20
03/26/20	McKesson Medical-Surgical	\$ 31.08	Pad - Alcohol Prep	128111	04/16/20
03/26/20	McKesson Medical-Surgical	\$ 65.70	Safety Glasses for Staff PPE	128111	04/16/20
03/31/20	Imperial Florida LLC	\$ 387.60	Gloves Vinyl Exam - MED/LG/XL	128073	04/09/20
04/01/20	CC Center (RF) - CQTusa	\$ 520.00	Masks, Gloves	128238	05/14/20
04/03/20	CC Center (RF) - PayPal (SquareTrade)	\$ 15.95	5 Infrared Thermometers	128238	05/14/20
04/03/20	Wal Mart	\$ 7.84	Lunch Bags to hold 10-day masks when not in use	128252	5/14/2020
04/03/20	Home Depot	\$ 39.98	RCA Indoor Amplified Antenna *To monitor news report	128363	6/4/2020
04/08/20	McKesson Medical - Surgical	\$ 10.92	Thermometer Probe Covers	128175	4/30/2020
04/09/20	Imperial Florida LLC	\$ 290.70	Gloves Vinyl Exam MED/LG/XL	128172	4/30/2020
04/15/20	McKesson	\$ 70.42	Alcohol Prep Pads	Auto Db	
03/24/20	CC Center (RF) - Amazon	\$ 34.94	950ml Bottle of Isopropyl Alcohol *To Make Hand Santizer	128238	5/14/2020

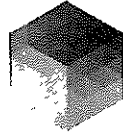
03/24/20	CC Center (RF) - Amazon	\$ 53.97	Digital Thermometer Probe Covers	128069	4/9/2020
03/26/20	CC Center (RF) - Amazon	\$ 39.88	Safety Glasses For Staff PPE	128238	5/14/2020
03/30/20	CC Center (HC) - Coast Brothers	\$ 1,692.18	Misc Cleaning Supplies, Hand Santizer Wipes, Gloves	128237	5/14/2020
03/30/20	CC Center (RF) - Amazon	\$ 139.98	Security Camera - To Monitor COVID-19 Supplies	128238	5/14/2020
04/03/20	CC Center (RF) - Ebay (SquareTrade)	\$ 224.95	(5) No Touch Infrared Digital Forehead Thermometer	128238	5/14/2020
04/10/20	CC Center (RF) Nat'l Cncl of Beh Health	\$ 280.00	Face Masks	128238	5/14/2020
04/10/20	CC Center (RF) - Amazon	\$ 14.69	Cellophane Wrap Roll - To Make Care Pkgs for Employees	128238	5/14/2020
04/14/20	CC Center (RF) - Amazon	\$ 79.99	Alcohol Prep Pads	128370	6/11/2020
04/14/20	CC Center (RF) - Amazon	\$ 19.50	Alcohol Swabs	128238	5/14/2020
04/15/20	CC Center (RF) Nat'l Cncl of Beh Health	\$ 280.00	Face Masks	128238	5/14/2020
04/16/20	Imperial Florida LLC	\$ 140.42	Gloves Vinyl Exam LG	128172	4/30/2020
04/23/20	CC Center (RF) - Amazon	\$ 18.82	HDMI Cable - To Monitor DVD for COVID supplies	128238	5/14/2020
04/23/20	CC Center (RF) - Amazon	\$ 249.50	(5) Infrared Thermometers	128238	5/14/2020
04/29/20	CC Center (RF) - Coast Brothers	\$ 176.97	Disinfecting Lysol Wipes	128370	6/11/2020
04/30/20	WB Mason	\$ 499.00	Hand Sanitizer	128397	6/11/2020
05/01/20	FDOT ExpressWay Authority	\$ 5.72	Tolls while picking up masks for COVID supplies	128265	5/21/2020
05/06/20	Imperial Florida LLC	\$ 188.44	Hand Sanitizer	128302	5/28/2020
05/07/20	Imperial Florida LLC	\$ 193.80	Gloves Vinyl Exam (2 ea) LG/MED/XL	128302	5/28/2020
05/11/20	Operation Par, Inc.	\$ 1,163.50	APEX - Gowns	128304	5/28/2020
05/19/20	Waste Management	\$ 254.68	Rental of 20 yard dumpster to clean Bldg F for Covid Test	128362	6/4/2020
05/27/20	Central Florida Behavioral Health	\$ 487.50	(150) KN-95 Masks	128298	5/27/2020
05/27/20	Imperial Florida LLC	\$ 120.52	Clorox Wipes Germicidal Bleach	128416	6/18/2020
05/27/20	Imperial Florida LLC	\$ 60.26	Clorox Wipes Germicidal Bleach	128416	6/18/2020
06/03/20	WalMart	\$ 5.82	Lunch Bags to hold 10-day masks when not in use	128496	7/2/2020
06/04/20	Imperial Florida LLC	\$ 60.82	Clorox Wipes Germicidal Bleach	128446	6/25/2020
06/10/20	Imperial Florida LLC	\$ 101.25	Total 360 Disinfectant Cleaner	128482	7/2/2020
06/10/20	Operation Par, Inc.	\$ 344.95	APEX - Thermometers	128386	6/11/2020
06/12/20	Imperial Florida LLC	\$ 101.25	Total 360 Disinfectant Cleaner	128446	6/25/2020
06/16/20	Imperial Florida LLC	\$ 303.75	Total 360 Disinfectant Cleaner	128482	7/2/2020
06/17/20	Baby Cycle Diaper Bank	\$ 26.93	COVID-19 Emergency Diaper Order 3/26/20	128436	6/25/2020
06/18/20	Home Depot	\$ 7.36	Clorox Bleach Foamer Spray	128515	7/9/2020
06/24/20	Bob Barker Company, Inc.	\$ 64.98	Shoe Cover, Blue One Size	128526	7/16/2020
06/30/20	Home Depot	\$ 20.88	Clorox Disinfectant Bathroom Spray	128630	8/6/2020
07/06/20	Imperial Florida LLC	\$ 248.84	Clorox Fuzion Disinfectant	128533	7/16/2020

07/07/20	Imperial Florida LLC	\$ 124.42	Clorox Fuzion Disinfectant	128533	7/16/2020
07/07/20	Imperial Florida LLC	\$ 168.00	Gloves Vinyl Exam LG	128533	7/16/2020
07/07/20	Home Depot	\$ 17.40	Clorox Disinfectant Bathroom Spray	128630	8/6/2020
07/09/20	CC Center (RF) - Proforma	\$ 1,100.00	2000 3-Ply Face Masks	128618	8/6/2020
07/17/20	Imperial Florida LLC	\$ 118.82	Clorox Wipes Germicidal Bleach	128569	7/23/2020
08/11/20	Imperial Florida LLC	\$ 101.25	Total 360 Disinfectant Cleaner	128777	9/3/2020
08/11/20	Imperial Florida LLC	\$ 303.75	Total 360 Disinfectant Cleaner	128777	9/3/2020
08/11/20	Imperial Florida LLC	\$ 188.44	Purell Hand Sanitizer	128777	9/3/2020
08/18/20	Operation Par, Inc.	\$ 400.00	Tri-Glo Cleaning (due to COVID infection)	128698	8/20/2020
08/20/20	WalMart	\$ 13.92	Clorox Foamer	128751	8/27/2020
09/09/20	Imperial Florida LLC	\$ 182.46	Clorox Wipes Germicidal Bleach	128862	9/18/2020
09/23/20	Sysco-West Coast Florida	\$ 1,156.35	Vinyl Gloves Large/X-Large	128924	9/25/2020

Total: \$ 17,689.47



Foundation for a
Healthy St. Petersburg



CENTER FOR
HEALTH EQUITY

September 25, 2020

RE: CARES Act Dollars for Personal Enrichment through Mental Health Services, Inc. (PEMHS)

Dear Review Committee:

Foundation for a Healthy St. Petersburg (FHSP) is in dedicated support of the enhancement of services provided, and facilitated by, Personal Enrichment through Mental Health Services, Inc. (PEMHS) with the use of Pinellas County Cares Non-Profit Grant Funds. The funding request aligns with the behavioral health priority area for Cares dollars.

As Senior Community Engagement Advocate, I wish to express full support for the PEHMS application. FHSP is a private foundation formed in 2013 following the sale of the nonprofit Bayfront Health St. Petersburg. We are stewards of almost \$180 million in assets to improve the health and well-being of residents in Pinellas County, particularly those in greatest need. The mission of the Foundation is, "To achieve race equity via a health equity focus to improve population health "

FHSP, because of the unique stressors related to COVID-19, facilitated the development and implementation of a universal behavioral health campaign for Pinellas County. The campaign, entitled "You Good?", was created after several months of collaboration among diverse stakeholders and a creative consultant. "You Good?" will be deployed via social media and other designed collateral materials. Additionally, a call to artists to activate their creative interpretation of "You Good?" will be launched. The campaign and call to artists will be released mid-October and will be rolled out in incremental phases throughout 2020.

As part of the campaign efforts, a website and a telephone number needed to be designated so an individual may be directed toward taking action for help. Ultimately, that is the goal of the campaign; if you, or someone you know, are not "good", reach out for help. The behavioral health stakeholders were surveyed and a meeting was held, facilitated by FHSP, to determine which number and website should be used for "You Good?", at which point the Wellness Connection website was selected and the PEHMS crisis hotline: 727.791.3131. This decision stems from collective stakeholder movement toward a coordinated access model and the creation of a minimal community data set designed to capture data that will drive resources and responses to need. It is anticipated that call volume will increase with the release of the campaign, as will online searches for services.

The request for Cares dollars will help scale the "You Good?" campaign and build the capacity of the system's ability to respond. Funds are needed to print and distribute the collateral materials designed by the creative consultant. Funds are also needed to buildout the Wellness Connection website. Additionally, to optimize the experience of potential behavioral health consumers, improvements to the PEMHS Access Center/Emergency Services are needed, such as: advanced call routing, increased staffing, and enhanced data collection affording informed decision-making.

In addition to supporting the development and rollout of the "You Good?" campaign, FHSP is funding the creation of the Wellness Connection website landing page as the initial phase of website development. We are also committed to exploring the ongoing behavioral health needs of our community and will partner with organizations as needs arise, that align with our mission.

We enthusiastically support PEHMS in their efforts expand accessibility to their services in response to the ever increasing behavioral health needs our community is experiencing as a result of COVID-19. I will remain appointed as the FHSP advocate and community thought partner throughout the deployment of the campaign, as well as continue to serve as the community engagement advocate actively involved in ongoing behavioral health initiatives throughout Pinellas County.

Foundation for a Healthy St. Petersburg looks forward to ongoing collaboration with a focus on health and race equity.

Sincerely,

A handwritten signature in black ink, appearing to read "Julie Rocco".

Julie Rocco
Senior Community Engagement Advocate

THE WELLNESS CONNECTION

CONCEPT PAPER

A community collaborative to build consensus and design
a comprehensive behavioral health system of care.

Table of Contents		Page(s)
Cover	Title Page	1
	Table of Contents	2
Project Narrative	Introduction	3-4
	Statement of Need	4-5
	Geographic Area	5
	Target Population	6
	Behavioral Health Services Currently Available	7-8
	Behavioral Health Services Needed to Enhance and Expand Access	8
	Project Opportunities for Success	8
Scope of Activities	Goal and Objectives	9
	Guiding Principles	9-10
	Project Design	10-12
	Services	13-17
	Evidenced Based Approaches	18
Project Approach	Define, Design, Test, Implement and Control	19
	Timeline	20
	Staffing	21
Organizational Commitment	Formal Agreement	22
Performance Management	Technology Support	23
	Performance Measures	24
Attachments	A. Project Work Plan	25
	B. Operational Cost Model	26
	C. Operational Cost Model - Narrative	27
	D. Operational Cost Model - Personnel	28
	E. Capital Cost Model	29
	F. Inputs for Costing Estimates	30
	G. Guiding Documents	31

PROJECT NARRATIVE

Introduction

As long standing experienced and qualified agencies within Pinellas County, the members of the ***Pinellas Behavioral Health System of Care (PBHSOC)*** are strongly committed to improving access to behavioral health care services and have invested significant time and financial resources, particularly over the past five years, to addressing some of the greatest barriers to care. The intent of the group is to continue building upon progress made in developing multi-faceted systems of care, which focus on sustainable financing, cross system collaboration, the creation of policy/infrastructure, evidenced based approaches and innovative data-driven practices.

Since 2016, the ***PBHSOC***, with a membership of 50 community stakeholders, has been coordinating and collaborating to alleviate gaps and sustain limited behavioral health resources. This is a community-based group with the goal of finding community-based solutions. Through a 2016 needs assessment and prioritization process, the group identified the need for a Centralized Receiving Service (CRS) as a priority gap and continues to support the need to address the identified gap. In addition, the Faith and Action for Strength Together (FAST), a ministry organization made up of thirty-eight congregations in Pinellas County, has also made the need for a Centralized Receiving System a strategic goal for the organization.

The members of ***PBHSOC*** offer a continuum of mental health, substance use and medical care, located throughout Pinellas County - at multiple ambulatory, intermediate care and inpatient psychiatric facilities. The continuum possesses the core competencies and practice framework to address the major goals and objectives of a Centralized Receiving System and at the same time have a focus on the understanding of the contextual social determinants impacting health, particularly among the most vulnerable populations. A few of the services currently provided through ***PBHSOC*** for adults and children include:

- Crisis Stabilization, Detoxification and Hospital Based Inpatient Psychiatric Care;
- Central Receiving Facilities, Emergency Services and Mobile Crisis Team;
- Psychiatric Services, Integrated Behavioral Health and Primary Care;
- Care Coordination Specialty Programs for High Utilizers and Other Populations;
- Full continuum of community-based substance use, mental health, and primary care and dental. Services include outreach, intervention, prevention, overlay, case management, outpatient, residential, Medication Assisted Treatment, psychiatry, housing, employment, etc.;
- Florida Assertive Community Treatment (FACT);

- Pinellas Community Empowerment Team;
- *Pinellas Integrated Care Alliance.*

Despite these efforts, there remains critical gaps in the system of care. Individuals with psychiatric, substance use and co-occurring behavioral or health disorders are populations with complex needs, which usually result in poorer outcomes and utilization of high cost services. This project, entitled **The Wellness Connection**, is a community collaborative to improve access to behavioral health services and primary medical care. Through on-site and virtual collaboration between behavioral health treatment providers, local acute care receiving facilities, community primary care providers, homeless providers, NAMI, law enforcement, educational institutions, and the faith based community, Pinellas County can ultimately create and sustain a seamless integrated behavioral health care system, where individuals can receive appropriate, timely, and quality behavioral health care. **The Wellness Connection** will serve as a single point of entry and virtual hub linking the spokes of the ambulatory community network through a “no wrong door” approach to screening, assessment and placement. Intensive case management/care coordination and outpatient services will assure rapid linkage and connectivity.

Statement of Need

Pinellas County has been experiencing an increasing demand for crisis services for individuals with a mental health and/or substance use disorder. Limited capacity for triage screenings, assessments, placement and intensive models of care management contribute to the growing need for coordination of crisis services. With the highest rate for Baker Acts in Florida and Marchman Act involuntary referrals continuing to increase, not necessarily attributable to population increase, Pinellas County needs a strong infrastructure and programming necessary to streamline services, create cost efficiencies and improve individual engagement in continuing care services that maximize resources. State and local funding has not increased to meet the growing demand for services let alone invest in bold infrastructure development. Limited processing space in conjunction with increased demand necessitates facility realignments and co-located supports. Providers receiving referrals need an enhanced infrastructure to provide transparency of operational processes and increased metrics management.

Pinellas is fortunate to have a large network of collaborative service agencies who have formed the **PBHSOC**, in addition to support from the **Central Florida Behavioral Health Network (CFBHN)**. As one of the Managing Entities for the State of Florida, **CFBHN** is a not for profit 501(c)(3) corporation and a CARF Accredited Service Management Network organization

contracting with community service organizations to provide a full array of public funded mental health, substance use and recovery support services within the SunCoast Region.

However, not having a systemized approach to transition as well as an enhanced strategy to address segments of the population who are “lost in the cracks” of the system - results in an ineffective way to provide care, treatment and improve outcomes as evidenced by data provided by PEMHS (community Baker Act receiving facility) and Pinellas County Sheriff’s office:

- Approximately 12% of individuals admitted on a Baker Act have three (3) or more admissions over a five-year period (3/13 - 3/18);
- Approximately 26% of individuals admitted on Baker Act have two (2) or more admissions over a five-year period (3/13 - 3/18);
- Over a nineteen-month period (5/17 - 11/18), 1,266 substance use Marchman Acts were accepted into the Pinellas jail with 490 being diverted to local ER due to medical reasons.

Rigid legal standards for involuntary treatment paired with a lack of an adequately funded behavioral health system of care have led to high cost, resource-intensive placements and difficulty accessing low cost and low intensity effective intervention/prevention services. The goal of a Centralized Receiving System would be to efficiently and effectively link and engage individuals with provider services across multiple agencies through rapid and coordinated transfers of care. This plan would include multiple phases that could be deployed/invested in stages while systematically building the core elements of a Centralized Receiving System. These investments would serve the community through an emphasis on evidence-based practices, comprehensive and coordinated screening and assessments, inclusion of certified Peer Recovery Specialists, prioritized linkages to housing and primary healthcare and service engagement through intensive care coordination using lessons learned from the pilot programs Pinellas Community Empowerment Team and Pinellas Integrated Care Alliance.

Geographic Area

Pinellas County

Target Populations

- Adults and children needing evaluation or stabilization under section 394.463, F.S., the Baker Act.
- Adults and children needing evaluation or stabilization under section 397.675, F.S., the Marchman Act.
- Adults and children needing crisis services as defined in subsections 394.67(17)-(18), F.S.
- Adults with a serious mental illness (SMI), substance use disorder (SUD), or co-occurring disorders who demonstrate high utilization of acute care services, including crisis stabilization, inpatient, and inpatient detoxification services.
- Adults with a SMI awaiting placement in a state mental health treatment facility (SMHTF) or awaiting discharge from a SMHTF back to the community.
- Persons with a SMI, SUD, or co-occurring disorders who have a history of multiple arrests, involuntary placements, or violations of parole leading to institutionalization or incarceration.
- Caretakers and parents with a SMI, SUD, or co-occurring disorders involved with child welfare.
- Opioid users.
- Individuals identified by TWC Project Partners as potentially high risk due to concerns that warrant Care Coordination (e.g. homeless, elderly, etc.).
- Children and adolescents with or at risk of developing a serious emotional disturbance or co-morbid disorder.
- Individuals, adults, children, and/or families requesting outpatient services and supports to prevent a need for more intensive, invasive, or costly services.
- Underserved; unidentified; uninsured and underinsured.

Behavioral Health Services Currently Available

PROVIDER	PINELLAS CORE SERVICES
ACTS	Detoxification (Addictions Receiving Facility), Assessment/Intervention/Outpatient
BayCare Behavioral	Assessment/Intervention/Outpatient, Inpatient Psychiatric, Intensive Outpatient, Psychiatric Services
Boley Centers	Community Based Care, Housing, Homeless Services, Recovery and Residential Services, Employment Services, Veteran Services, Assessment/Intervention/Outpatient, Case Management
Directions for Living	Child Safety and Family Preservation Services, Psychiatric Services, Assessment/Intervention/ Outpatient, Case Management, Community Based Care, Assisted Outpatient Treatment, Homeless Services, Care Coordination
Gulf Coast	Children and Family Services, Assessment/Intervention/Outpatient, Elder Services, Refugee Services, Residential Treatment, Supportive Housing and Living, Prevention, Community Based Care
HCA Healthcare	Inpatient Hospitalization, Crisis Stabilization, ECT, Assessment/Intervention/Outpatient, Intensive Outpatient, Partial Hospitalization Program, Psychiatric Services
Operation PAR	Medication Assisted Treatment, Psychiatric Services, Detoxification Inpatient and Outpatient, Laboratory Services, Residential Treatment, Assessment/Intervention/Outpatient, Case Management, Child Development Services, Community Based Care, Prevention, eService's
PEMHS	Crisis Stabilization, Emergency Services, Crisis Intervention and Diversion, Mobil Crisis, Community Based Care, Pinellas Integrated Care (PIC), System Navigation, Access Center BNET, Juvenile Addiction Receiving, In-Jail Adult Marchman Screening, Psychiatric Services, Outpatient for Federal Probation, Pretrial Intervention, Care Coordination, Recovery Room, 23 Hour Observation, 24/7 Suicide Hotline, Partnership National Suicide Prevention Lifeline, Assessment, Outpatient
Suncoast Center	Outpatient Behavioral Health services including assessment, individual and group therapy services, psychiatric services including injection clinics for long acting injectable medication for psychiatric treatment. Specialized outpatient and in-home therapy services are available for individuals who have experienced trauma, including sexual assault trauma. Case Management Services including both Targeted Case Management and specialized case management support for forensically involved clients and other specialty populations. In home & community-based services continuum including preventative family support & therapy services, Early Childhood Services for young children with behavioral issues and their families, school-based therapy services in select Pinellas County Schools, intensive in-home services for youth at risk of more intensive services. Florida Assertive Community Treatment team provides comprehensive ACT services to some of the most psychiatrically needy clients. In addition, Suncoast Center is the Children's Advocacy Center to Pinellas County and the Rape Crisis Center for Pinellas County.
WestCare	Emergency Intervention Shelter, Assessment/Intervention/Outpatient, Residential, Transitional Housing, Prevention, Medication Assisted Treatment
Windmoor Healthcare	Inpatient Treatment, Inpatient Detoxification, Crisis Stabilization, ECT, Assessment/Intervention/Outpatient, Intensive Outpatient, Partial Hospitalization Program, Psychiatric Services, Veterans Services

<p>Community Health Centers of Pinellas, Inc. (CHCP)</p>	<p>A primary care provider who assists in co-management of patients with behavioral health and substance use issues. Coordinates medical care for patients of all ages: pediatrics, family medicine, obstetrics / gynecological care and dental care. Where appropriate, provides for support in medication management and the transition of care among the partners. Provides onsite, integrated behavioral health (inclusive of substance use) to primary care patients and makes appropriate referrals to Wellness Connection partners.</p>
--	--

Behavioral Health Services Needed to Enhance and Expand Access

<p>ADULT MENTAL HEALTH and SUBSTANCE USE SERVICES</p>	
<ul style="list-style-type: none"> Expanded Adult Mobile Crisis 	<ul style="list-style-type: none"> Co-Located Marchman and Baker Act Facility
<ul style="list-style-type: none"> Increased Staffing for Central Receiving System 	<ul style="list-style-type: none"> Increased Bed Capacity for Adult Residential
<ul style="list-style-type: none"> Increased Adult Jail Diversion Services 	<ul style="list-style-type: none"> Increased Availability of Recovery Housing
<ul style="list-style-type: none"> Transition Clinic/Urgent Care Design and Approach 	<ul style="list-style-type: none"> Increased Adult Transitional Housing Beds
<ul style="list-style-type: none"> Bridge Appointments for Inpatient to Outpatient 	<ul style="list-style-type: none"> Increased Supportive Employment Services
<ul style="list-style-type: none"> Expanded Model for Care Coordination 	<ul style="list-style-type: none"> Increased Psychiatric Evaluation Availability
<ul style="list-style-type: none"> Increased Focus High Need/High Utilizer Patients 	<ul style="list-style-type: none"> 24/7 Availability Medication Assisted Treatment
<ul style="list-style-type: none"> Increased Access to Wet Housing 	<ul style="list-style-type: none"> Tele Psychiatry and Virtual Care Options
<ul style="list-style-type: none"> Increased OP Therapy Availability for Uninsured 	

Project Opportunities for Success

- Secure infrastructure and operational funding and effectively braid existing funding;
- Increased access for all including uninsured and under-insured populations regardless of ability to pay;
- Reducing communal stigma of persons in treatment, with addictions and in recovery;
- Implementing Recovery Oriented System of Care across all providers and levels of care;
- Maintaining and increasing provider treatment capacity;
- Addressing social determinants of health as part of all screenings;
- Assuring rapid access and effective care coordination strategies;
- Focusing on transportation and lack of affordable housing;
- Engaging healthcare providers and low-cost healthcare opportunities;
- Legislative changes;
- Payment/reimbursement changes.

SCOPE OF ACTIVITIES

Goal and Objectives

The goal of **The Wellness Connection** is to improve access to appropriate behavioral health treatment resources and to decrease the utilization of hospital emergency departments, jails, prisons, and homeless programs due to behavioral health emergencies. Through improved access to services, the community can ultimately create a seamless integrated behavioral health care system, where individuals receive appropriate, timely, and quality behavioral health care.

The objectives of **The Wellness Connection** project are:

- To provide a system of care for targeted populations, inclusive of adults and children;
- Provide initial screening, assessments, triage, case management, and related services;
- Provide virtual triage to support law enforcement officers, emergency medical services providers, and emergency room providers;
- Improve access and reduce processing time for law enforcement officials transporting individuals needing behavioral health services;
- Provide opportunities to enhance current jail diversion services;
- Reduce the inappropriate utilization of emergency rooms;
- Increase the quality and quantity of services available through coordination of care and recovery support services such as: assertive engagement, expanded capacity of psychiatric services, an adult addiction receiving facility, intensive case management, and wrap-around services; and
- Implement standardized behavioral health screening/assessment tools and procedures for services;
- Improve the health outcomes of persons with behavioral health and substance use.

Guiding Principles

The guiding principles of **The Wellness Connection** align with a recovery-oriented system of care approach that is integral and evident in-service delivery that includes:

- A “no wrong door” approach for individuals with co-occurring mental health and substance use including those individuals with co-occurring disorders;
- Person-centered, culturally relevant, safe, welcoming environment focusing on the individual’s needs and preferences;
- Trauma informed environment with a focus to avoid imposing any further trauma throughout a crisis response;

- A strength-based approach building on assets and resources including family, community, and other natural supports;
- Creating an opportunity for hope and a pathway to recovery including the recovery community with peer involvement;
- Consideration for a balance between treatment and public safety;
- Effective partnerships and continuity of services and supports;
- Services offered in the least restrictive environment, with a diversion from inpatient admissions or incarceration as a routine method of intervention;
- Outcome driven system of care with accountable collaboration;
- First responders, law enforcement, treatment providers, persons served, families and natural supports as partners;
- Comprehensive crisis screening and evaluation provided in a safe, non-threatening, non-coercive manner, and always respectful of individual rights;
- Access to a higher level of care when appropriate;
- Linkage to outpatient services as needed for on-going behavioral health treatment;
- Individualized, person-centered services tailored to gender, age, race, sexual orientation, culture, literacy and abilities of the individual to communicate with staff;
- Peer Specialists/Care Coordinators available during and following the initial crisis;
- Services that consider advance directives, preferred providers, personal choices, and options for financing care;
- Shared responsibility and decision making between providers and persons served;
- A defined responsibility for care coordination with clear consents and collaborative methods for gathering and sharing necessary information to promote integrated physical and behavioral health services;
- Integration of primary care providers as part of the behavioral health team for effective co-management of individuals.

Project Design

The goal of a Centralized Receiving System is to improve access to the most appropriate treatment resources and to decrease the utilization of hospital emergency departments, jails, prisons and homeless programs for behavioral health emergencies.

Comprehensive behavioral health services including prevention, case management, medical evaluation, treatment and recovery support, crisis response and stabilization, are crucial elements of public behavioral health systems. There is a considerable body of evidence suggesting that a comprehensive continuum of services can improve outcomes for individuals,

reduce inpatient hospital stays and costs, and facilitate access to other appropriate health services and supports. In many communities, crisis response services also perform important public health, public safety, and community well-being functions. Pediatric practices, as part of a Juvenile Welfare Board initiative, are implementing universal behavioral health screenings of children, along with other stigma reducing prevention efforts, that will add to the volume of people seeking interventions for lower intensity services. These community efforts, of identifying individuals early will stretch system capacity.

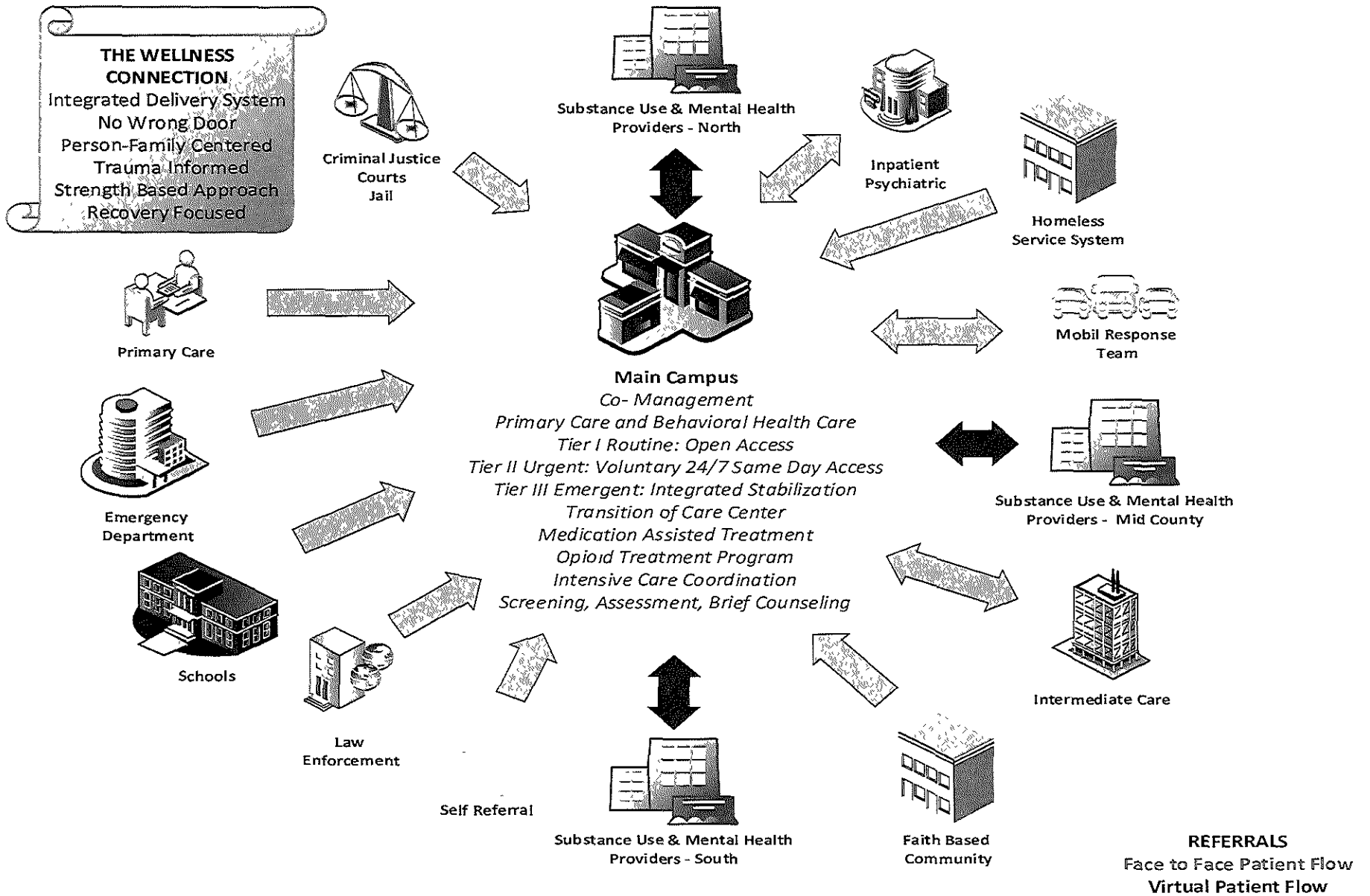
The Wellness Connection goal will be to optimize and improve the infrastructure, adding capacity and coordination of care so that individuals receive the right level of care at the right time, enabling management of newly identified individuals. Through improved coordination and engagement, the community will realize a seamless integrated and combined behavioral health, primary care system, where individuals will receive appropriate, timely, and quality care. The 2015-2016 General Appropriations Act authorized the Department of Children and Families to implement a Special Proviso Project described as “... a statewide initiative to fund centralized receiving facilities designed for individuals needing evaluation or stabilization under section 394.463 or section 397.675, Florida Statutes, or crisis services as defined in subsections 394.67(17)-(18), Florida Statutes”. Although Pinellas County was not able to participate in that specific project the **PBHSOC** supported the initiative submitted and has developed a foundation for a Pinellas Centralized Behavioral Health Receiving System, a physical and virtual solution entitled, **The Wellness Connection**.

The Wellness Connection model is both a physical and virtual site. The physical site is a welcoming, engaging, and supportive environment for adults seeking behavioral health support at all Tiers (I-III). The physical site includes 24-hour behavioral health information, screening and assessment capability, an access center, integrated acute care secure detox and crisis stabilization unit, a recovery room (23-hour hold), mobile crisis unit, medication assisted treatment program, a transition center, and on-site community providers. The virtual site is accessible by phone, video conferencing, electronic chat support, and will include community-based kiosk sites embedded in community locations. This project allows for screening and assessment at a variety of access points that would use standardized care pathways and placement criteria that are common among community providers. Using care path protocols removes variability in screening and assessments and leads to increased positive outcomes for people seeking services. The concept allows for timely access and transition to community providers that are supported by warm hand offs through peer support, care coordination and intensive case management based upon the need of each individual and their situation. **The Wellness Connection** concept also supports follow-up processes to ensure that individuals

receive the community-based services they are seeking. The project will be working closely with the Behavioral Health Provider Community, Community Health Centers of Pinellas, Law Enforcement, Criminal Justice and Jail, Juvenile Justice and Juvenile Assessment Center, Emergency Medical Services, School Board, Primary Care and Department of Health, Hospitals, and the County Government to enhance communication and data sharing between systems.

The Wellness Connection concept visualizes a Behavioral Health Center that is the gateway to every level of care and defined by three (3) tiers of entry; regardless of location to include *primary care practices*.

- Tier I: Routine Care - Same Day Access (Main Hub and Virtual Access)
- Tier II: Urgent Care - Voluntary 24/7 (Main Hub)
- Tier III: Emergent Care - Involuntary 24/7 (Main Hub)



Services

Assessment and Intake Protocols

Upon admission to all Tiers, a uniform and standardized intake screening and a bio-psychosocial assessment obtains information regarding presenting problem and immediate need. Each Tier of entry will vary in the screening tools and protocols offered. A few of the specific tools and protocols include:

- Standardized Clinical Bio-Psychosocial Assessment
- Trauma Exposure Screening
- Psychiatric Evaluation
- Review of Currently Prescribed Psychiatric Medications
- Risk of Harm Assessment
- ASAM Placement Criteria
- Multidimensional Quality of Life Questionnaire
- Social Determinants of Health Screening Tool
- Recovery Capital Screening Tool
- Financial Screening
- Medical Assessment/Physical

Clinical Care Pathways

Levels of Care have been developed and standardized through the expertise and knowledge of our behavioral health subject matter experts and review of the most current treatment literature. Using care pathway protocols removes variability and leads to increased positive outcomes with the core feature being enhanced engagement at every step of the process to insure effective treatment. The stratification of risk is determined based upon the totality of the screenings, assessments, diagnosis, and symptomology, health status, and social determinants of health. The care pathways will be uniform among partners/community providers and will include screening and direct referral, suicide prevention, crisis unit discharge, detox discharge, mobile crisis services, and substance use interventions.

BH Emergent Care 24/7 (Main Hub) - Tier III

Serves as one of the communities designated receiving facilities for emergent involuntary commitments. Staffing designed to manage the behavioral health, medical and safety needs of these individuals as a single point of entry. Designed as a convenient point of entry into the behavioral health system for immediate assessment as well as subsequent referral and linkage to the appropriate level of care. Initiates stabilization/detoxification or step-down bed placement. Includes 23-hour hold and inpatient care coordination. Services available 24/7, 365

days per year, physician consult and immediate Medication Management for stabilization. Individuals assessed for care based on a triage model. Nursing assessments conducted for co-occurring medical conditions. Ability to zoom and/or have mobile communication between law enforcement and nursing staff to determine medical clearance prior to transport.

BH Urgent Care (Main Hub) - Tier II

Designed for voluntary “urgent” access to care needs. Provides triage, crisis assessment, safety check, and may initiate crisis intervention or linkage to Mobile Crisis Team, physician services, medication management and care coordination. Generally operated with extended hours beyond normal business hours. Does not include involuntary commitments that receive assessment at Tier III. Transition Clinic is part of Tier II service line.

Same Day Access (Main Hub Open Access and Virtual Access) - Tier I

Same day access offered at both the Main Hub and at designated community locations. Tele-behavioral health access is for a routine type of access needs completed without the need to be face-to-face at the main hub. This process allows using HIPPA compliant video conferencing technology in convenient community locations such as community health centers, health departments, and emergency rooms. This will enable access to a uniform screening and assessment and complete the same process that takes place at the main hub. Warm transfers to mental health units, community-based services and other resources can happen virtually, and the person accessing services virtually, can receive follow-up processes to ensure linkage. In some cases, using a virtual lobby, the person may be able to access the level of care in the same virtual session. Law Enforcement Officers could also use this virtual concept to access services for individuals that do not need acute placement.

Integrated Co-Occurring Crisis Stabilization Unit

Will serve all individuals who present with either an acute mental illness or substance use impairment, or a co-occurring mental illness and substance use disorder. This innovative approach integrates the services lines of crisis stabilization and detoxification services within the same facility, but tailors the treatment to each person based on their needs. This model would co-locate the service lines of residential detoxification and crisis stabilization into one comprehensive secure service line with a Baker/Marchman Act receiving facility as the point of entry.

Mobile Crisis Teams

Mobile crisis services assist in diversion from involuntary treatment and support the engagement and linkage to less restrictive services through the Transition Clinic. Mobile Crisis

teams can also be deployed from the HUB location to potential clients in crisis and assist with the stabilization of the client, including setting forth a safety plan and linking to community services. The Mobile Crisis team can divert from a Baker Act while ensuring the client has support while they engage in ongoing community care. The Mobile Crisis Team may also assist Law Enforcement in determining if a Baker Act can be diverted

Recovery Room

This concept allows a process to divert individuals from involuntary commitment for resolvable or fleeting crises. The Recovery Room is a calming and inviting place that allows individuals and families to receive on-site counseling to develop robust plans to support safety and wrap needed services around the individuals in care. Includes physician consult, therapy and discharge/safety planning.

Intensive Care Coordination

Intensive Care Coordination using elements of the Wraparound Model and IMPACT Collaborative Care Model versus traditional case management/care coordination will provide intensive care coordination utilizing proven engagement processes such as motivational interviewing and feedback informed treatment. Lessons learned from the Pinellas Community Empowerment Team and the Pinellas Integrated Care Alliance will enhance the engagement protocols including linkage and engagement to recovery and social support services that positively contribute to social determinants of health. The focus of services will be to:

- Improve transitions from acute and restrictive to less restrictive community-based levels of care;
- Improve transitions of care between primary care and behavioral health care providers;
- Increase diversions from state mental health treatment facility admissions;
- Decrease avoidable hospitalizations, inpatient care, incarcerations, and homelessness;
- Focus on an individual’s wellness and community integration;
- Identify care gaps;
- Shift from an acute care model of care to a recovery model; and
- Offer an array of services and supports to meet the consumer’s path to recovery.

Transition Center

Designed to seamlessly transition adults and children from acute care settings into outpatient care. Clinic provides rapid access and coordination for medical or behavioral health follow up. Patients seen within 3-7 days of referral on site as well as in the home or community by Care

Navigators. Clinic provides short-term services such as focused intensive case management, crisis support, medication management, baseline assessment and brief psychotherapeutic treatment. Collaborates closely with local primary care clinics for coordinated care. Program is voluntary and individuals must be medically stable and non-violent. Clinic is referral point for outpatient behavioral health continuum.

Community Based Partners

Offices will be co-located on-site at the main hub and will allow for an immediate welcoming transition from crisis and intervention to ongoing care and co-management at the most convenient outpatient location or virtual connection for the individual. This immediate face-to-face engagement allows the individuals to engage with the clinical provider who will hear their needs, concerns, and to help orient them to the healing process, instilling hope, promoting resilience, and confidence. Community providers will be co-located onsite at the main hub to include:

- **Outpatient Counseling** to include but not be limited to individual, family and group counseling, intervention and psychosocial rehabilitation.
- **Co-Management** integration of primary care.
- **Case Management and Care Navigation.**
- **Psychiatric Services** including medication management.
- **Medication Assisted Treatments** such as a long acting injectable clinic for mental health individuals and MAT for substance use disorders. Services would be offered 24/7 virtual access and main hub would be certified as an Opioid Treatment Program (OTP).
- **Intermediate Care** includes specialized residential care for addictions, eating disorders, and short term residential.
- **Recovery Support Services** to include but not be limited to supportive employment, *supportive housing, drop-in, SOAR, and incidental support funds.*
- **Wellness and Social Connectedness Support Services** that recognize the importance of social determinants for health and wellness. The campus envisions welcoming space that supports wellness groups, skill building groups, and healthy activities that are supportive of individuals, families and social connectedness.
- **Future state services** proposed include an on-site Pharmacy, Patient Assistance Program, and Syringe Service Program.

Evidenced Based Approaches

Screening/Assessment/Placement	Care Coordination	Counseling/Intervention
Columbia Suicide Severity Rating Scale	SOAR (SSI, SSD, Outreach, Access, Recovery)	Trauma Informed Cognitive Behavioral Therapy
PHQ-9/PHQ-A (Patient Health Questionnaire)	Peer Recovery	Medication Assisted Treatment
CRAFFT (Alcohol/Other Drug Screening)	IMPACT Model	Thinking for a Change
DAST (Drug Abuse Screening Test)	Self Sufficiency Matrix	Matrix Model
AUDIT-C (Alcohol Use Disorder Identification Test – Consumption)	WRAParound Model	Living in Balance
GAD 7 (General Anxiety Disorder)	Motivational Interviewing	Seeking Safety
CAGE AID (Alcohol Screening)	Stages of Change	Family Therapy/Family Systems Therapy
Mental Status Examination	Safety Planning	
ACE and ACE Q (Adverse Childhood Screening)		
ASAM (American Society of Addiction Medicine Placement Criteria)		
Resiliency Assessment		
Readiness to Change Assessment		

PROJECT APPROACH

The **Wellness Connection** will be broken down into three phases over an estimated and flexible thirty (30) month period in order to realize full implementation of the project.

Phase I: Define and Design Product Scope & Project Scope (15 months)

Phase I is to define the product and where the goal is to measure and validate value and feasibility. The concept paper outlines the Product Scope, defines the business case and utilizes subject matter experts to evaluate the feasibility of the project. The Product Scope delivers a high-level conceptual framework of tangible deliverables for the Pinellas Behavioral Health System of Care members to review and approve. The Product Scope is specified as clearly as possible related to preconditions, functional requirements, operational requirements, financial requirements and design limitations.

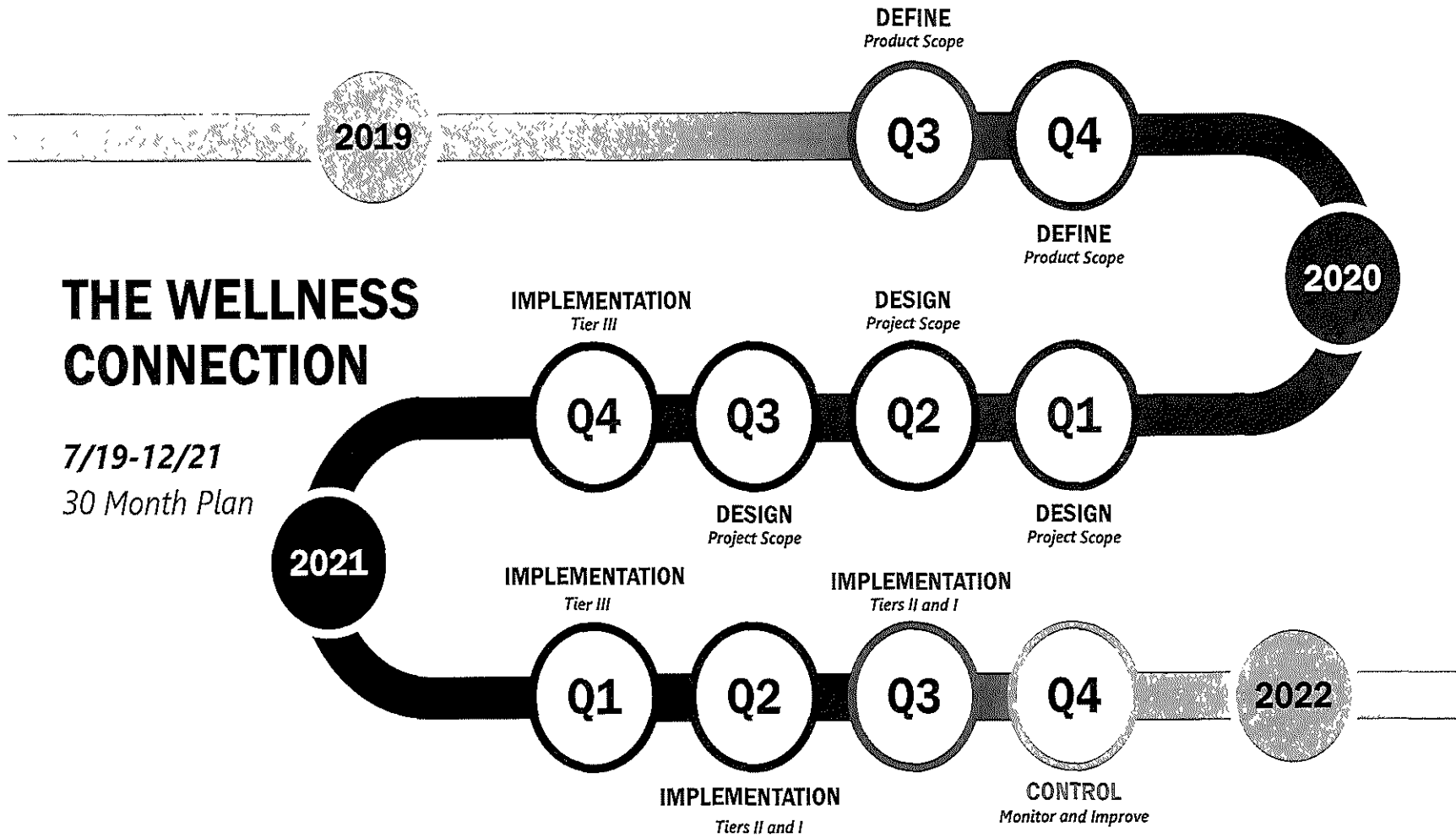
The second step of Phase I is to develop the Project Scope. This is the required work needed to create, test and complete the Product Scope. All activities to complete the project are outlined in a deliverable-oriented format around which the project will be built. There is a focus on the “how” we will do it thinking of the system components, but in much more detail. The objective is to add increasing detail to the Project Work Plan and the various elements of the design and then set timelines and duration for implementation.

Phase II: Implement (15 months)

The project takes shape during this period. TWC will phase in selected elements of the design through a Stage 1 and Stage 2 period as outlined in the project Workplan. Phase II involves the actual construction, test, and deployment of the project result. This is the doing phase. At the end of each implementation stage (1 and 2), the results are evaluated according to the deliverables set forth in the design plan.

Phase III: Control (Ongoing)

Phase III centers around the project control plan that will help ensure that all processes are deployed with consistency. It will also help identify key points in any process where measurement data, adjustments or additional outcomes are needed.



Staffing

Title	Need	Responsibilities	Qualifications
Project Director	1.0	Oversees the programmatic and clinical supervision of The Wellness Center. Serves as liaison to the community and stakeholders involved in project. Functions as Florida qualified supervisor	Active Florida LMHC/LCSW and Florida Qualified Supervisor 5 years supervisory experience in similar clinical setting.
Medical Director	.50	Serves as Medical Director responsible for all psychiatric, addiction and medical protocols. Actively participates in the development and review of all policies and procedures. Provides direct service as needed as well as responsible for ensuring on-call coverage 24/7.	Board Certified M.D. or D.O. Board Certified or Board Eligible in psychiatry and licensed to practice medicine in the state of Florida and X waiver Board certified in Addiction Medicine.
APRN	1.0	Responsible for providing direct psychiatric and medical assessment and treatment planning through comprehensive assessment. Provides consultation, and medication management as authorized by Medical Director.	Masters, post-masters, or doctoral degree in a nursing specialty, with an active Florida state license and X waiver.
Care Coordinator	8.00	Bachelor level performs comprehensive functions related to successful care transition. Assist individuals with the services and supports they need to transition successfully from The Wellness Center to community-based care. Includes assessment for social determinants of health and connections to natural supports, primary care, behavioral health, peer services, housing, education and the justice system. Provides a single point of contact until an individual is adequately connected.	Minimum of bachelor's degree in behavioral sciences, human services, nursing or related field.
Clinician Assessor (CRS)	14.00	Masters licensed eligible or Florida licensed clinician. Provides intake assessments, screening of referrals, and enhanced engagement to individuals experiencing acute or chronic psychiatric or addiction disorders Functions as part of the centralized receiving service, recovery room, triage area.	Master's degree in related field, licensed preferred, and experience in diagnostic assessment and screening.
Clinician Assessor (MRT)	8.00	Masters licensed eligible or Florida licensed clinician. Provides mobile crisis response assessments, screening, enhanced engagement and linkage to care.	Master's degree in related field, licensed preferred, and experience in diagnostic assessment and screening.
Peer Specialist	2.00	Serves as advocate providing recovery support services to assigned caseload in collaboration with care/coordinators/case managers.	Minimum high school diploma or equivalent. Required to obtain Certified Peer Specialist certification during first 12 months of employment

ORGANIZATIONAL COMMITMENT

Formal Agreement

Since its inception, the Pinellas Behavioral Health System of Care (**PBHSOC**) members have focused on bringing **The Wellness Connection** concept to fruition. The group has supported a foundation building process with all providers working towards the same goals in grant applications and community supports. Partners understand that the implementation of this plan will require significant changes in current processes and would entail significant provider investments of time and resources. All partners anticipate that elements of the plan will be sequential and prioritized, with some elements deployed quickly with available investments, and other elements taking significant time and large investments. Thus, in order to carry this vision to reality, mutual expectations, shared decision-making and accountability will require formal relationships.

A formal relationship is through contract, Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA) or such other formal arrangement describing the mutual expectations and establishing accountability for service provision and/or funding sought. All formal relationships will:

- Embrace the goal, objectives and guiding principles of the project;
- Meet State required staffing, licensure and credentialing requirements and assure that staff are culturally and linguistically trained to serve the needs of the target populations;
- Offer services in a manner accessible and available to include access times, prompt intake and engagement, access regardless of ability to pay and place of residence, access or linkage to crisis services, and consumer choice in planning and services;
- Provide Care Coordination as defined in Section 394.4573(1)(a), F.S. and outline in DCF Guidance Document #4;
- Provide scope of service as outlined in their formal agreement;
- Participate in quality, data collection and other reporting activities;
- Participate in the development of common care pathways and protocols;
- Accept electronic referrals and supporting documentation;
- Provide timely information regarding the status of referrals and services;
- Participate in coordinating practice and problem resolution;
- Provide comprehensive and high-quality services in a manner reflecting evidenced based approaches and best practices in the field of behavioral health.

PERFORMANCE MANAGEMENT

Technology Support

Includes electronically exchanging behavioral health information quickly and efficiently in a clinically supported, accessible, and actionable form. Activities supported by:

- The existing technology of **Care Connect** that allows the exchange of referral, screening and assessment information to community providers in real time.
- The use of the existing **Universal/Multiparty Release of Information**. This release allows for the exchange of information with prior, current, and potential providers, with the Hub. It sets the stage for effective transitions of care and supports quick and efficient information exchange among the teams of providers serving the clients. Although there are logistical issues to resolve for this release in multiple systems, promoting the multiple site knowledge of expiration dates, will improve the maintenance of the *ongoing exchange of information to promote continuity of care*.
- A **Behavioral Health Information Exchange** will support best practices and reduce redundancies by partners by utilizing technology that allows electronic referral documentation and support exchanged bi-directionally in a HIPPA secure manner. This will support the project's objective to provide efficient crisis services and triage, and transition individuals and families to community-based care quickly and seamlessly. Within the concept, the exchange of information will improve and include the common screening, assessment, and safety planning tools as well as the risk stratification results and care pathway determination. With improved efficiencies in the information exchange process and development of supportive workflows, the client information is available for the clinician providing services without barriers.
- A **Continuity of Care Document (CCD)** that electronically sends information to primary health providers and behavioral health providers who can receive the CCD, such as the *Pinellas County Health Department, Federally Qualified Health Centers, Primary Care Physicians, and Hospital Systems*. When primary health care providers are able to receive this standardized information into their systems and create, actionable workflows the health care providers will be better able to support whole health care for their patient.
- **Connections to Health Care and Primary Care** will take place via case management care or, as the Hub develops, by onsite healthcare providers. This linkage could include health hub sites, telehealth access for primary care, on- site primary care providers, and wellness programming.

Performance Measures

- Adults and Children served annually through centralized system;
- Adults and Children served annually through expanded services;
- Reduce drop-off processing time for law enforcement;
- % of persons connected to community-based services post TWC referral;
- % of persons served who received services they needed;
- % of persons satisfied with TWC services;
- % of persons served linked with community-based behavioral health services within 7 days of discharge from Central Receiving or Integrated Stabilization Unit;
- % of persons served who do not have primary care services will be successfully linked with a provider or a behavioral health medical home within four weeks of discharge;
- % of persons identified as high-need high-utilizer diverted from all crisis services.

**ATTACHMENT A
PROJECT WORK PLAN**

**ATTACHMENT B
OPERATIONAL COST MODEL**

ATTACHMENT C
OPERATIONAL COST MODEL - NARRATIVE

ATTACHMENT D
OPERATIONAL COST MODEL - PERSONNEL

**ATTACHMENT E
CAPITAL COST MODEL**

**ATTACHMENT F
INPUTS FOR COSTING ESTIMATES**

**ATTACHMENT G
GUIDING DOCUMENTS**

ipfone
Your Business Connection

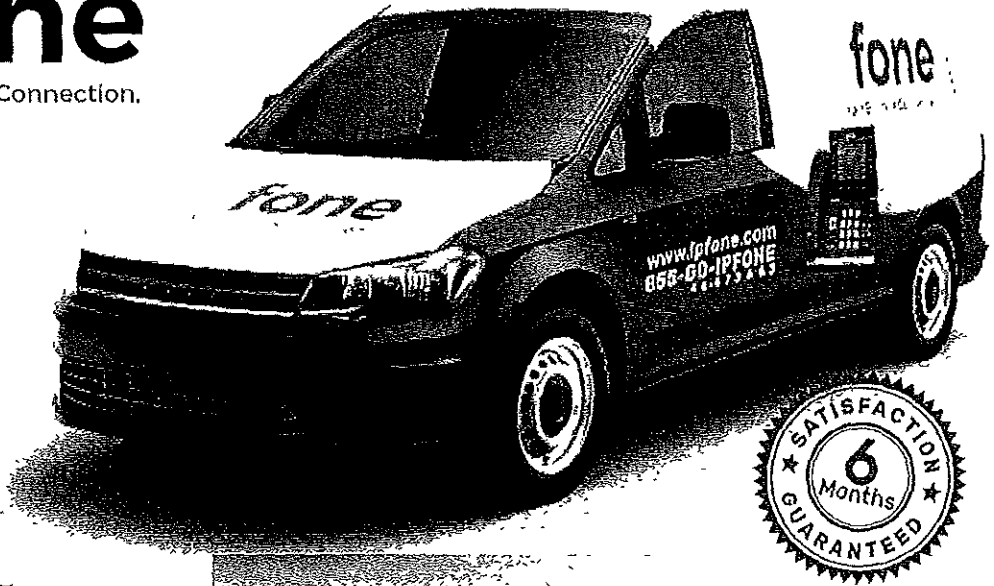


Service Proposal for
PEMHS
Jeff Oppenheim

Prepared by
Stu Kolinsky
Business Specialist
5619396699
stu@ipfone.com

www.ipfone.com

IPFone
Your Business Connection.



Why IPFone?

IPFone service delivers the most flexible solution for your business. Our customers improve the quality of their work environment with enhanced business productivity and efficiency with IPFone's connectivity and key features.

Customer Reviews

4.9 ★ ★ ★ ★ ★

Google
Reviews ★ ★ ★ ★ ★

EXPERIENCE AND EXPERTISE

With 20+ years in the telecom industry we have the experience you can depend on.

PRODUCT SUITE

We offer Hosted PBX, Unified Communications (UC), Mobile Integration; SIP Trunks, Call Reporting, Call Recording, Internet Access, CRM Integration, and more.

SIMPLICITY AND FLEXIBILITY

From 1 to 1000 seat deals, from 1 to many locations local, nationwide or worldwide sites, we have a platform that accommodates small, medium and enterprises.

PROFESSIONAL SUPPORT

Our business class VoIP solution is fully hosted and managed by our professionals. We offer 24/7 support, in-house field engineers, and our own truck rolls for any event.

COST SAVINGS

Most customers experience up to 30% savings in telecom expenses.

ONSITE INSTALL AND TRAINING

Our in-house team of professional project managers, field engineers and corporate trainers ensure a smooth on-boarding process.

www.ipfone.com



Testimonials

What Our Customers Say

Customer Reviews

4.9 ★ ★ ★ ★ ★

Google
Reviews ★ ★ ★ ★ ★

★★★★★ "The customer service is outstanding. I have been using IPfone since 2010 in 2 separate companies. Quick response - easy solutions"

★★★★★ "Fantastic, prompt and courteous service and support with quick response times!"

★★★★★ "Great Customer service and very professional technical support. No issues using IPfone for more than 7 years"

★★★★★ "Nice people and always someone to help promptly"

★★★★★ "Great Company, always willing to help the customers, what I love about IPfone is that they provide top of the line services also they are very hands on with the clients. IPfone keep up the great work!"

★★★★★ "Completed our migration over to IPFhone today - totally pain free, from start to finish! The sales rep, project manager, technician and trainer were all extremely knowledgeable and the customer service was A+. After many bad experiences and years of trying to get it right, I think this time is it. Thanks guys for a job well done!"

★★★★★ "Great pricing and good customer service. knowledgeable staff and support team."

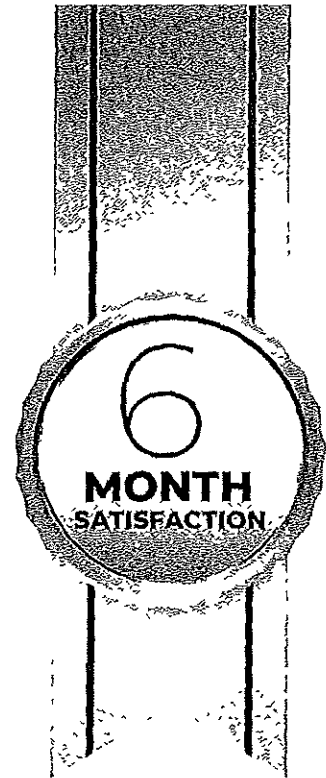
★★★★★ "My company needed to upgrade our systems in 2 locations. IPFhone really went above and beyond. The transition was quick with no down time in our busy office. I highly recommend them!"

Thank you for choosing IPFhone!

www.ipfone.com



6-MONTH SATISFACTION GUARANTEE



WE GUARANTEE SATISFACTION

IPFone offers a six (6) Month (180 day) Satisfaction Guarantee to all new customers; the following policy applies for all of IPFone's IP-based voice services

Under the terms of this policy, new customers may discontinue services due to material failure in the provision of services during the initial six (6) month period immediately following implementation, and IPFone fails to remedy the situation within five (5) days of receipt of written notice. If you choose this option, you will not be liable for any early termination charges that would otherwise be due under the terms of your service agreement.

You are a new IPFone Hosted PBX customer. You remain current on all payments due on your account during the Guarantee Period. Accounts with balances due or balances past due may not receive any waiver or refund until the account is paid in full. All written requests must be made within the six (6) month guarantee for any claims to be valid, whether five (5) day service request or termination request.

- » E-mail, in detail, all requests to support@ipfone.com and CC the email to 6month@ipfone.com. All Service Requests must be CCed to be considered valid. Five (5) working day period begins the day form is received by IPFone.
- » Complete IPFone Satisfaction Guarantee Claim Form that will be provided by your sales representative and send to IPFone (by certified mail or overnight courier - signature required) to address provided on Claim Form within the Guarantee Period (no less than six (6) months from date immediately following implementation completion).
- » Place your re-installation order with your previous provider. (Re-installation is the customer's responsibility; IPFone will not be held liable for any delays in re-installation of previous service from date - agreed upon by both parties - of IPFone service termination).



Unlimited International Calling

Free Unlimited International Calling to Over 40 Countries!

Making international calls can be expensive. Now IPfone provide plans with Unlimited International Calling. IPfone Unlimited International Calling enables business and end users to make unlimited long distance calls using our Hosted PBX service to 40+ countries.



AMERICAS

- Argentina
- Brazil
- Canada
- Chile
- Costa Rica
- Colombia
- Mexico
- Panama
- Paraguay
- Peru
- Venezuela
- US Virgin Islands
- Puerto Rico

EUROPE

- Bulgaria
- Croatia
- Cyprus
- Denmark
- Germany
- Greece
- Ireland
- Israel
- Italy
- Norway
- Poland
- Portugal
- Romania
- Spain
- Sweden
- Switzerland
- United Kingdom

ASIA

- India
- Japan
- Malaysia
- Taiwan
- Thailand
- Turkey

AFRICA

- Morocco

OCEANIA

- Australia

*US and Canada includes fixed and mobile calling. Other countries excludes Mobile, Special and Premium Numbers.

STRATEGIC PARTNERS



www.ipfone.com



Your Business Connection.

Service Proposal

Date	Sales Agent	Quote Number	Service Term
09/02/2020	2396 Stu Kolinsky	00041239	3 Years

Customer Information	
Account	PEMHS
Name	Jeff Oppenheim
Street Address	11254 58th st
City, State, Zip	Pinellas Park, FL, 33782
Phone	727 545 6477

Service Location	
Name	PEMHS Default Location
Street Address	11254 58th st
City, State, Zip	Pinellas Park, FL, 33782
NPA/ NXX	727 / 545
Phone	727 545 6477

Monthly Services - Description	Category	QTY	Unit Price	Monthly	One Time
Cisco ProPBX Premium User - Unlimited +	Cloud PBX	30	\$ 15.95	\$ 478.50	\$ 0.000
Cisco ProPBX Standard User - Unlimited +	Cloud PBX	120	\$ 12.95	\$ 1554.00	\$ 0.000
Extension User Basic user for paging set up	Cloud PBX	5	\$ 10.00	\$ 50.00	\$ 0.000
IPFone MobileLink Mobility- at no charge. Included	Cloud PBX A la Carte	50	\$ 0.000	\$ 0.000	\$ 0.000
Location Package Includes Multi-tier Autoattendant, Call Park- Pickup, Hunt Groups, Music on hold, Call Reporting, Voice Portal, Calling plans, Account- authorization codes and lot more. One LP is required for each customer site location that is configured on the IPFone	Cloud PBX A la Carte	1	\$ 20.00	\$ 20.00	\$ 0.000
Analytics 1000 per Extension Live Call Reporting and Dashboards	Cloud PBX A la Carte	19	\$ 2.75	\$ 52.25	\$ 0.000
Analytics 1000 per Supervisor Supervisor Access to Live Call Reporting and Dashboards	Cloud PBX A la Carte	2	\$ 12.00	\$ 24.00	\$ 0.000
Call Recording Premium per user Includes all features of the Standard package, plus Live monitoring Agent evaluation (score cards)	Cloud PBX A la Carte	20	\$ 6.95	\$ 139.00	\$ 0.000
Call Recording Supervisor	Cloud PBX A la Carte	1	\$ 6.95	\$ 6.95	\$ 0.000
Managed Services Managed voice gateway to ensure call quality 2900 per ABE Failover feature Included. EM 7301 Survivability mode for internal communications	Managed Services	1	\$ 70.00	\$ 70.00	\$ 0.000
Total				\$ 2394.70	\$ 0.000

Hardware - Description	Category	QTY	Unit Price	Monthly	One Time
ALGO 8186 SIP Horn Speaker - Weatherproof Indoor/ Outdoor Paging Horn - Can also work as a bridge to Polycom Group Paging - Requires single Cat5 PoE connection	Hardware	5	\$ 349.00	\$ 0.000	\$ 1745.00
Cisco 112 ATA Gateway For Analog phone lines integration This is a replacement for the PAP2	Hardware	4	\$ 69.00	\$ 0.000	\$ 276.00
Rental Program - Cisco 8841 IP Phone 5 lines 5 inch Color Screen 10/100/1000 Port 1/36 month agreement required	Hardware Rental	100	\$ 7.00	\$ 700.00	\$ 0.000
Rental Program - Cisco 8811 IP Phone 5 lines 5 inch Mono Screen 10/100/1000 Port 1/36 month agreement required	Hardware Rental	39	\$ 6.00	\$ 234.00	\$ 0.000
Professional Installation and Training Included at no charge	Installation and Training	1	\$ 0.000	\$ 0.000	\$ 0.000
Total				\$ 934.00	\$ 2021.00



Your Business Connection.

Term: 36 Months	Monthly: \$ 3328.70	One Time: \$ 2021.00
------------------------	----------------------------	-----------------------------

Additional Comments

This is a Budgetary Quote
6 Month Guarantee is included
Up to 10 cable runs include - for free at no cost

General Terms and Conditions
Pricing is valid for 30 days, unless otherwise stated. All quotes are subject to and incorporated by reference the terms and conditions of the Master Services Agreement & Finance agreement. Charges quoted above exclude all applicable fees and taxes. Proposal is subject to credit review. Shipping charges apply to all phones and equipment delivery. Additional charges apply for all local, long distance and 8YY features, network access charge, CPE maintenance and directory listings. Rental program. Phones and any hardware must be returned if the service is cancelled. Ancillary services/hardware may be required for overhead speakers integration, door openers, analog lines, fax services, or various other services may impact monthly charges and can be added at any time.

Customer Initials

: **ipfone**

Your Business Connection.

Master Service Agreement

This sets forth the terms of the Service Agreement ("Agreement") made this September 2, 2020, (the "Effective Date") by and between Interactive Services Network, Inc. ("IPFONE") and PEMHS, a US Corporation. The term of this Agreement is for 36 months ("Term"). All services provided subject to the terms and conditions below and on the attached service orders.

Company Name PEMHS			
Contact Name Jeff Oppenheim		Contact Phone # 727 545 6477	
Service Address 11254 58th st	City Pinellas Park	State FL	Zip Code 33782

By signing this Agreement, the Customer hereby authorizes IPFONE to provide the Services listed herein and on any/all attachments. The Agreement shall be effective on the Effective Date, the Term of the Agreement shall commence upon the later of (i) installation of the initial Service or (ii) the Effective Date. In the event that Customer terminates this Agreement any time after the Effective Date but prior to the expiration of the Term, Customer shall pay IPFONE all sums then due and unpaid. Customer shall also be liable for an early termination charge equal to 100% of the last three months average billing multiplied by the number of months remaining under the term of the Agreement. In the event customer makes changes to its services during the initial term of agreement, Customer is responsible for maintaining a minimum monthly commitment of at least 50% of the total monthly recurring charges not considering any rental charges. Upon expiration of the Term, the Agreement shall renew automatically for successive renewal terms, each for a period of time equal to the original Term, unless either Party serves the other Party with written notice of such Party's intent not to renew the Agreement at least thirty (30) days prior to the expiration of the then current Term. In addition to the rates for the Services (s), Customer shall be responsible for payment of all local, state, and federal taxes, fees, and surcharges, however designated, imposed on or based upon the provision, sale or use of the Services. All bills are due and payable upon receipt, but in no case later than thirty (30) days after the invoice date. If Customer's bill is not paid within thirty (30) days after the invoice date listed on the bill, Customer also shall pay IPFONE a monthly late charge amount equal to 1.5% of the unpaid balance due (or such lesser amount as is the maximum amount permitted under applicable law) or \$5.00, whatever is greater. Customer shall bear the risk of loss arising from any unauthorized or fraudulent usage of Services provided under this Agreement to Customer. IPFONE reserves the right, at its sole discretion, to suspend or terminate the Services without advance notice due to Customer's (i) failure to pay any sum due hereunder, (ii) misuse of the Services, (iii) suspected fraud or other activity by Customer that adversely affects the Services, IPFONE or IPFONE's network. IPFONE reserves the right to determine, at its sole discretion, what constitutes misuse of the Services and Customer agrees that IPFONE's determination is final and binding on Customer. IPFONE may require an activation fee to resume a suspended account.

The quality of service provided hereunder shall be consistent with common carrier industry standards, government regulations and sound business practices. IPFONE MAKES NO OTHER WARRANTIES ABOUT THE SERVICE PROVIDED HEREUNDER, EXPRESSED OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. IN NO EVENT SHALL IPFONE BE LIABLE TO THE CUSTOMER FOR ANY INDIRECT, SPECIAL, INCIDENTAL, CONSEQUENTIAL OR EXEMPLARY DAMAGES, INCLUDING, WITHOUT LIMITATION, DAMAGES FOR LOSS OF REVENUE, LOSS OF PROFITS, OR LOSS OF CUSTOMERS, CLIENTS OR GOODWILL ARISING IN ANY MANNER FROM THIS AGREEMENT AND/OR THE PERFORMANCE OR NONPERFORMANCE HEREUNDER.

The Service Agreement shall be interpreted, construed, and enforced in accordance with the laws of the State of Florida, without regard to its conflict of law principles. This Agreement is subject to and controlled by IPFONE's federal and state tariffs as applicable, and/or by IPFONE's standard terms and conditions of service and the service specific terms and conditions as located at <http://www.ipfone.com/msa> as such tariffs and terms may be modified from time to time and all of which are hereby expressly incorporated by reference.

Accepted By Customer	
Signature:	<u>(MAXINE BOOKER)</u>
Print Name:	<u>MAXINE BOOKER</u>
Title:	<u>PRESIDENT / CEO</u>
Date:	<u>9/2/2020</u>

CMI

Computer Management International
 3212 W. 25th St
 Cleveland, OH 44109
 Phone (216)398-0142 Fax (216)398-0651

PEMHS**P.O. NUMBER:****DATE: 9/8/20****BILL TO:**

PEMHS
 11254 58TH St. N
 Pinellas Park, FL 33782

SHIP TO:

Operation PAR - PEMHS
 13800 66th St N
 Y Bldg. 3rd Floor
 Largo, FL 33771

Buyer	Sale Rep	SHIPPED VIA	F.O.B. POINT	Terms
Jeff Oppenheim	Brendan Mahoney	Fedex Ground	Shipping Point	Net 30

QTY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL
10	Laptop	Dell Latitude E7470 UltraBooks - 14.1" Intel(R) Core i7-6600U 2.6GHz 16GB RAM 512GB SSD Touchscreen FHD 1920 X 1080 Webcam Backlit Keyboard Windows 10 Pro -- 64 Bit Microsoft Authorized Refurbished **One Year Warranty	\$595.00	\$5,950.00
			SUBTOTAL	\$5,950.00
			SALES TAX	\$0.00
			SHIPPING & HANDLING	\$95.00
			TOTAL	\$6,045.00



Proposal

for PEMHS

Prepared for

Joseph Stumpo
PEMHS

Prepared by

Joey Patti
PandaDoc

Table of contents

Proposal for PEMHS

Table of contents

Proven & trusted

Quote for 50 users (non-profit pricing)

Safe & secure



Proven & trusted

Thousands of companies choose PandaDoc to power their businesses worldwide. We pride ourselves on building a great product and providing a great service.

Award-winning Proposal, Contract, and eSignature software



In 2020, PandaDoc continues to dominate the proposal, contract, and eSignature software categories of G2. These awards are entirely based on customer feedback and experience.

Don't take our word for it, read what our customers have to say on [G2Crowd](#) and [TrustRadius](#).

Proudly serving 20,000+ companies

TATA STEEL



AUTODESK

TOMTOM

riverbed

SGS

Drift

Bonusly

Hilton



LOTUS Club Software

calendly

Quote for 50 users (non-profit pricing)

PandaDoc Subscription Plan	Price/Year/User	QTY	Discount	Subtotal
Business Plan	\$588.00	1	-\$117.60	\$470.40

Includes:

- Unlimited Templates & Documents
- Unlimited eSignatures
- Document Analytics
- Custom Branding
- Integrations with CRMs & Other Tools
(Salesforce not included)
- Content Library
- Manager Approval Workflow
- Document Expiration Settings
- Auto Reminders
- Zapier
- 24/7 Email Support

Available for purchase at this level (\$/doc):

- Template Embed
- Bulk Send

Business Plan Esign Seats	\$228.00	49	-\$2,234.40	\$8,937.60
----------------------------------	----------	----	-------------	------------

Limited license that includes:

- All Business Plan features that do not require access to the editor
- Permissions still determined by Account Roles
- Sending of documents
- Signing of documents
- Uploading Documents (PDF & .docx)
- Viewing of Documents
- Approving
- Commenting

**Onboarding & Implementation Services
(One Time Fee)**



PandaDoc, Inc. 101 California St.
STE 3975, San Francisco, CA 94111

Proposal for
PEMHS

eSignature: Get Started

\$2,000.00

1

\$0.00 \$2,000.00

Get started on the right foot with your eSignature Plan. Enjoy One hour of private training and have your Documents Uploaded for you with Fields Added by our conversion team.

- Upload assistance for up to 20 pages
- Integration assistance
- Provide personal Admin training via screenshare & End User Guides

Discount

-\$2,352.00

Total

\$11,408.00



PandaDoc

PandaDoc, Inc. 101 California St
STE 3975, San Francisco, CA 94111

Proposal for
PEMHS

Safe & secure

Your document security is a top priority at PandaDoc. Your business documents contain information that only you and your clients need to see, and we intend to keep it that way.



HIPAA compliant

PandaDoc is fully committed to helping healthcare providers protect patients' healthcare information when sending ePHI via PandaDoc.

[Learn more](#)



Certification

PandaDoc is SOC II Type II certified. We can provide an SSAE 16 SOC 2 report and attestations of compliance, [upon request](#).

[Learn more](#)



GDPR compliance

We've completed extensive research and created a resources page with detailed information explaining how PandaDoc is compliant.

[Learn more](#)



Physical security

PandaDoc data centers (handled by Amazon AWS) are state of the art, utilizing innovative architectural and engineering approaches.

[Learn more](#)



Third-party Subprocessors

PandaDoc currently uses third-party [Subprocessors](#) to provide various business functions after due diligence to evaluate their defensive posture.

[Learn more](#)



PandaDoc, Inc. 101 California St.
STE 3975, San Francisco, CA 94111

Proposal for
PEMHS



Federal tax ID: 22-3009648
 290 Davidson Ave.
 Somerset, NJ 08873
 Phone: 888-235-3871
 Fax: 732-805-9669

Please remit payment to:
 SHI International Corp
 P.O. Box 952121
 Dallas, TX 75395-2121
 Wire information: Wells Fargo Bank
 Wire Rt# 121000248
 ACH Rt# 021200025
 Account#2000037641964
 SWIFT Code: WFBUS6S
 For W-9 Form, www.shi.com/W9

INVOICE NO. B11914/36

Invoice date 6/25/2020
 Customer number 1126569
 Sales order S51930538

Finance charge of 1.5% per month will be charged on past due accounts - 18%/yr.
 All returns require an RMA# supplied by your SHI Sales team.

Bill To

PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES, INC
 11254 58th St N
 Pinellas Park, FL 33782
 USA

Ship To

PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES, INC
 11254 58th St N
 Pinellas Park, FL 33782
 USA
 061720/Jeff Oppenheim

Ship Date	Salesperson	Purchase Order	Ship Via	FOB	Terms
6/25/2020	Nick Beltran/Corp-SMB	061720	FEDEX GROUND	FOB ORIGIN	NET 30

Item No. Mfg Part No.	Description	Qty Ordered	Qty Shipped	Unit Price	Extended Price
33415179 PAN-PA-220 Hardware Palo Alto Networks	Palo PA-220 - Security appliance - GigE Hardware Maintenance From date: 6/18/2020 Maintenance To date: 6/18/2023	1	1	687.93	687.93
33404062 PAN-PA-220-GP-3YR Optl upd via downld Palo Alto Networks	Palo GlobalProtect Gateway for PA-220 - Subscription license Multiple platforms English Optl upd via downld Software Maintenance From date: 6/18/2020 Maintenance To date: 6/18/2023	1	1	342.07	342.07
37394400 PAN-PA-220-DNS-3YR Optl upd via downld Palo Alto Networks	Palo Alto DNS Security - subscription license 3yrs 1 device Multiple platforms English Optl upd via downld Software Maintenance From date: 6/18/2020 Maintenance To date: 6/18/2023	1	1	292.68	292.68
33404174 PAN-PA-220-TP-3YR Optl upd via downld Palo Alto Networks	Palo Threat Prevention for PA-220 - Subscription license Multiple platforms English Optl upd via downld Software Maintenance From date: 6/18/2020 Maintenance To date: 6/18/2023	1	1	310.91	310.91
33417012 PAN-PA-220-URL4-3YR Optl upd via downld Palo Alto Networks	Palo PANdb URL Filtering for PA-220 - Subscription license Multiple platforms English Optl upd via downld Software Maintenance From date: 6/18/2020 Maintenance To date: 6/18/2023	1	1	314.48	314.48
33495158 PAN-PA-220-WF-3YR Hardware Palo Alto Networks	WildFire subscription 3-year prepaid, PA-220 Multiple platforms English Hardware Software Maintenance From date: 6/18/2020 Maintenance To date: 6/18/2023	1	1	329.64	329.64



Federal tax ID: 22-3009648
 290 Davidson Ave.
 Somerset, NJ 08873
 Phone: 888-235-3871
 Fax: 732-805-9669

Please remit payment to:
 SHI International Corp
 P.O. Box 952121
 Dallas, TX 75395-2121
 Wire information: Wells Fargo Bank
 Wire Rt# 121000248
 ACH Rt# 021200025
 Account#2000037641964
 SWIFT Code: WFBUS6S
 For W-9 Form, www.shi.com/W9

INVOICE NO. B11914736

Invoice date 6/25/2020
 Customer number 1126569
 Sales order S51930538

Finance charge of 1.5% per month will be charged on past due accounts - 18%/yr.
 All returns require an RMA# supplied by your SHI Sales team.

Bill To
 PERSONAL ENRICHMENT THROUGH MENTAL
 HEALTH SERVICES, INC
 11254 58th St N
 Pinellas Park, FL 33782
 USA

Ship To
 PERSONAL ENRICHMENT THROUGH MENTAL HEALTH
 SERVICES, INC
 11254 58th St N
 Pinellas Park, FL 33782
 USA
 061720/Jeff Oppenheim

33404018	Palo Premium Supp Program - Extended service	1	1	398.44	398.44
PAN-SVC-PREM-220-3YR	agreement - 3yr				
Hardware Wrnty/Srvce	Hardware Wrnty/Srvce Service				
Palo Alto Networks	Maintenance From date: 6/18/2020				
	Maintenance To date: 6/18/2023				

Quote: 18974171

Sales Balance	2,676.15
Freight	13.88
Recycling Fee	0.00
Sales Tax	0.00
Total	2,690.03
Currency	USD



Continuing Guaranty: I, the undersigned, do hereby agree that in consideration of **Imperial Dade**, and/or its subsidiary or associated companies making delivery of paper, paper products, etc. from time to time upon the credit of the above purchasing corporation or company or at the premises above mentioned, I hereby guarantee and agree to assume liability for the payment in full of all bills for such paper, paper products, etc., which are not paid promptly by the said corporation or company when due. I do further promise and agree to pay all of such sums promptly on demand, on or after the date of maturity or upon the insolvency of the purchaser, whichever event shall occur first. I do expressly waive notice of sale and delivery of any goods, wares and merchandise to said purchaser, notice of non-payment thereof, notice of extension of time for the payment of any and all such goods, wares and merchandise and notice of presentment and protest of any notes or other evidences of indebtedness received by you from the purchasing corporation or company. I do further agree that you may from time to time extend the time of payment in whole or in any part of the indebtedness of the purchasing corporation or company without in any way changing, releasing or discharging me from my obligations hereunder.

This guarantee shall remain in full force and effect until revoked by me by registered mail and thereafter until any and all claims that you may have against the purchasing corporation or company shall have been settled and discharged in full

SIGNATURE

CUSTOMER

STREET ADDRESS

CITY STATE



Williams Scotsman, Inc.
 5002 E Hillsborough Avenue
 Tampa FL 33610-4815

Your Williams Scotsman Representative
 Chris Ahr, Territory Sales Manager
 Phone (813)626-2862 Ext. 41616
 Email: cmahr@willscot.com
 Toll Free: 800-782-1500

Contract Number: 1352538
Revision: 1
Date: September 17, 2020

SALE AGREEMENT FOR NEW EQUIPMENT WITH LIMITED WARRANTY

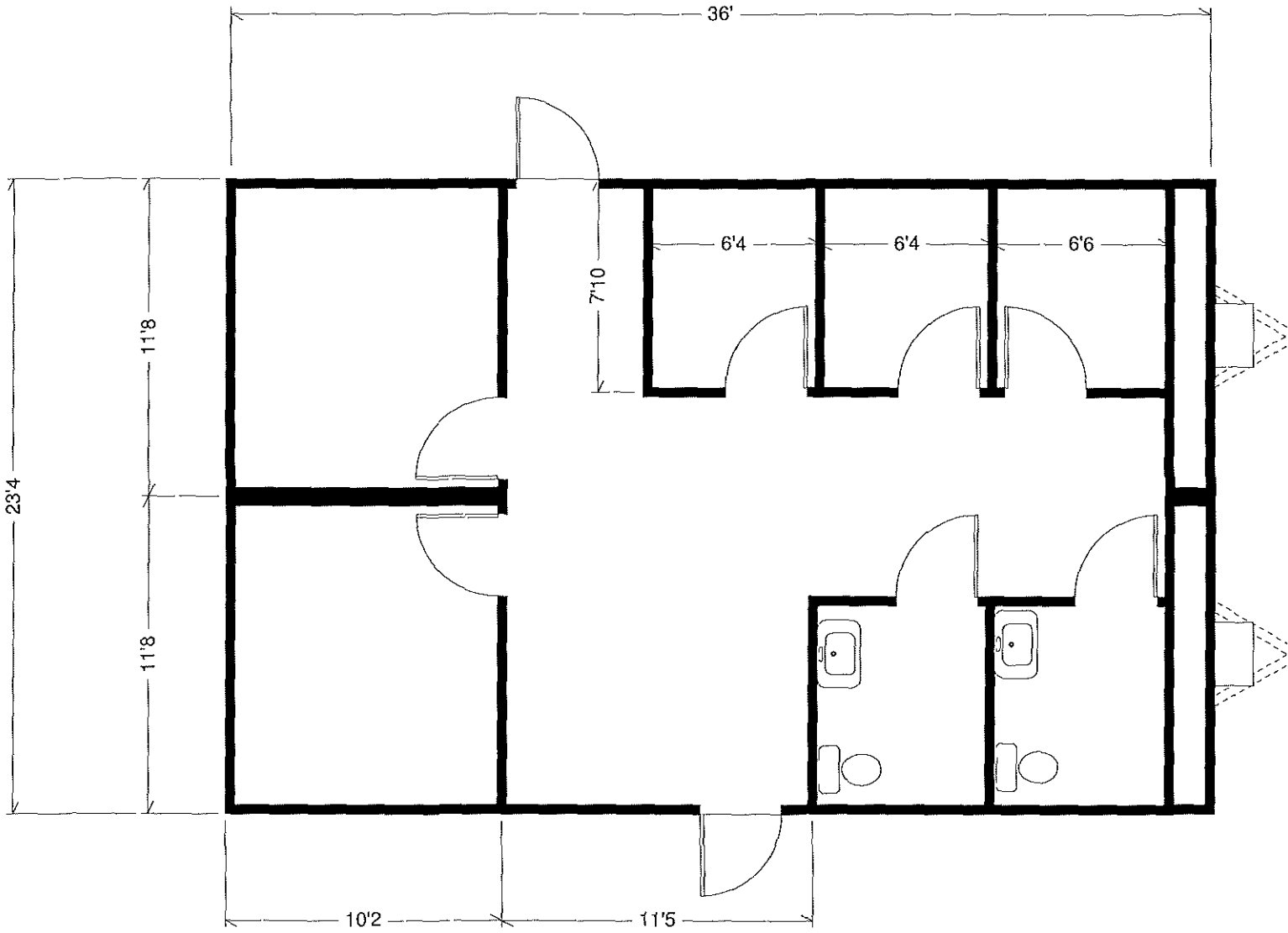
Buyer 1059832	Contact:	Ship To Address:
Personal Enrichment Mental Health Serv 11254 58th Street North Pinellas Park, Florida, 33782	Robb Feid 11254 58th Street North Pinellas Park, FL, 33782 Phone (727) 362-4325 Fax (727) 220-1260 Email rfeid@pemhs.org	11254 58th Street North PINELLAS PARK, FL 33782 US Delivery Date (on or about): 12/08/2020

Unit Description and Pricing	Unit Number	Quantity	Price	Extended
40x24 Modular (36x24 Box)		1	\$60,700 00	\$60,700 00
ADA/IBC Ramp-36' w/ switchback		1	\$9,400 00	\$9,400 00
Steps - Wood Sale		1	\$4,825 00	\$4,825 00
Special Equip required for installation		1	\$625 00	\$625 00
Delivery Freight		2	\$2,310 00	\$4,620 00
Block and Level		1	\$5,440 00	\$5,440 00
Skirting - hardipanel		120	\$21 50	\$2,580 00
Total Purchase Price Including Delivery & Installation (if applicable)* .				\$88,190 00

*All prices exclude applicable taxes

Summary of Charges

Model SM4024	QUANTITY 1	Total Charges for (1) Building(s)	\$88,190 00
--------------	------------	------------------------------------	-------------





Williams Scotsman, Inc
 5002 E Hillsborough Avenue
 Tampa FL 33610-4815

Your Williams Scotsman Representative
 Chris Ahr, Territory Sales Manager
Phone: (813)626-2862 Ext 41616
Email: cmahr@willscot.com
Toll Free: 800-782-1500

Contract Number: 1352538
Revision: 1
Date September 17, 2020

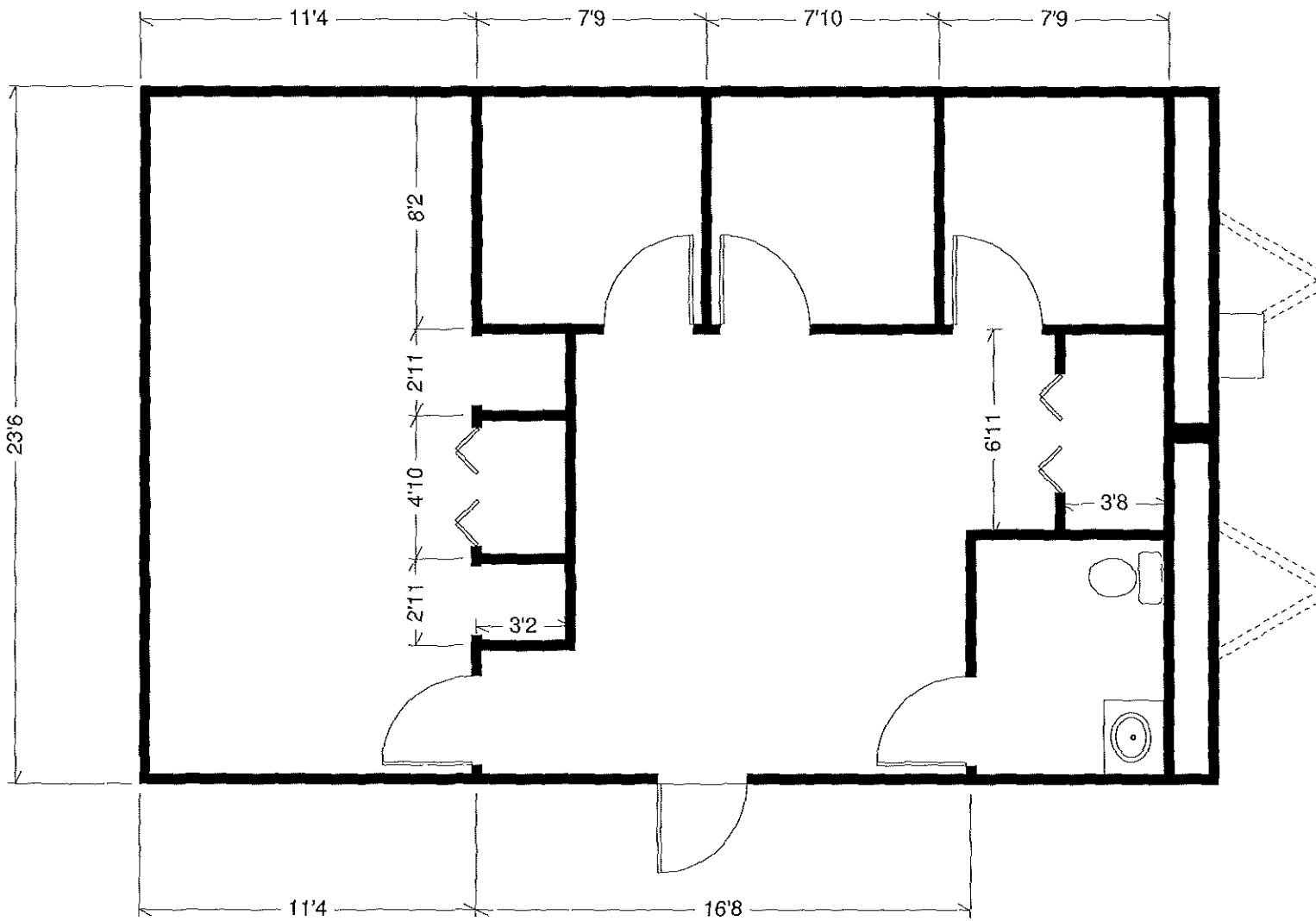
SALE AGREEMENT FOR NEW EQUIPMENT WITH LIMITED WARRANTY

Buyer 1059832	Contact:	Ship To Address
Personal Enrichment Mental Health Serv 11254 58th Street North Pinellas Park, Florida, 33782	Robb Feld 11254 58th Street North Pinellas Park, FL, 33782 Phone (727) 362-4325 Fax (727) 220-1260 Email rfeld@pemhs.org	11254 58th Street North PINELLAS PARK, FL 33782 US Delivery Date (on or about): 12/08/2020

Unit Description and Pricing	Quantity	Price	Extended
40x24 Modular (36x24 Box) Unit Number	1	\$56,110 00	\$56,110 00
Special Equip required for installation	1	\$625 00	\$625 00
Delivery Freight	2	\$2,310 00	\$4,620 00
Block and Level	1	\$5,440 00	\$5,440 00
Skirting - hardipanel	120	\$21 50	\$2,580 00
Total Purchase Price Including Delivery & Installation (if applicable)* :			\$69,375 00

*All prices exclude applicable taxes

Summary of Charges			
Model SM4024	QUANTITY 1	Total Charges for (1) Building(s)	\$69,375 00





Williams Scotsman, Inc
 5002 E Hillsborough Avenue
 Tampa FL 33610-4815

Your Williams Scotsman Representative
 Chris Ahr, Territory Sales Manager
 Phone: (813)626-2862 Ext 41616
 Email cmahr@willscot.com
 Toll Free 800-782-1500

Contract Number: 1352538
Revision 1
Date. September 17, 2020

Payment Terms

Sales Percent Down 30%
 Sales Percent Pre Delivery 60%
 Sales Percent Net 10%

Sales Percent Net Days 10 days
 Credit Terms 30% upon placement of order, 30% due upon approval of drawings, 30% due upon completion of modules at the factory, 10% due Net 10 days from substantial completion, subject to credit review

Acknowledgement

This Sales Agreement (the "Agreement") is made on September 17, 2020, by and between Williams Scotsman, Inc., a Maryland corporation, doing business at 901 S Bond Street Suite 600, Baltimore, Maryland 21231 ("Seller") and Personal Enrichment Mental Health Serv ("Buyer"), doing business at the address noted above

Buyer agrees to purchase from Seller one or more trailer(s) and/or relocatable modular and/or pre-fabricated structures, including stairs, railings, furniture, and other items attached or appurtenant thereto, as noted above and detailed on any Addenda to this Agreement (hereinafter collectively referred to as the "Equipment"), for the purchase price and payment terms and subject to the terms and conditions set forth of this Agreement and as detailed on the Addenda to this Agreement. The Agreement and the Addenda together form the "Contract Documents". The Addenda are as follows and are an integral part of this Agreement

Addenda No addenda are included with this document

*All prices exclude applicable taxes

By its signature below, Buyer hereby acknowledges that it has read and agrees to be bound by the Seller's Sales Agreement Additional Terms and Conditions (11-30-2011) located on Seller's internet site (<https://www.willscot.com/About/terms-conditions>) in their entirety, which are incorporated herein by reference and agrees to purchase the Equipment from Seller subject to the terms therein.

LIMITED WARRANTY. Seller hereby warrants to Buyer that at the time of delivery Seller has good and marketable title to the Equipment, free and clear of all liens and encumbrances arising by or through the Seller. Seller warrants to Buyer that the materials and equipment (the "Equipment") furnished by Seller hereunder will be of good quality and new (factory built) and free from defects for a period of one (1) year from the date of delivery of the Equipment. Further, Seller hereby assigns to Buyer all assignable manufacturers' warranties, which shall be subject to the specific manufacturer's warranty provisions and time period. During the warranty period, Seller shall repair or replace all defective parts of the Equipment which are covered under Seller's warranty, (excluding maintenance items such as HVAC filters, fire extinguishers, fuses/breakers, and light bulbs). Seller's warranty excludes repairs for damage or defect caused by abuse, work or modifications not executed by Seller, Buyer's alteration of the Equipment, improper or insufficient maintenance, improper operation, unreasonable and/or excessive use, or use of the Equipment for a purpose for which it was not intended or other misuse. Seller shall have no liability whatsoever for any consequential or incidental damages, costs or expenses arising from the Equipment, the work or any other factor. Except as expressly stated herein, Seller disclaims any and all other warranties, either expressed or implied, including without limitation all warranties of merchantability, fitness for a particular purpose or usage of trade.

Signatures	
BUYER (Name): Personal Enrichment Mental Health Serv	SELLER: Williams Scotsman, Inc
Signature	
Print Name	
Title	
Date	
PO#	

PLEASE RETURN SIGNED AGREEMENT TO BALLeases@willscot.com

Williams Scotsman now issues paperless invoices via email, an efficient, convenient & environmentally friendly process. Go green and provide us with the proper email address for your invoices

AP Email

No thanks Please mail my invoices to 11254 58th Street North Pinellas Park, Florida, 33782	
--	--

CLEMENT FOSS ARCHITECTS

September 15, 2020

Ms. Maxine Booker, CEO – PEMHS
Re: Expanded Emergency Services Remodel

Dear Ms. Booker,

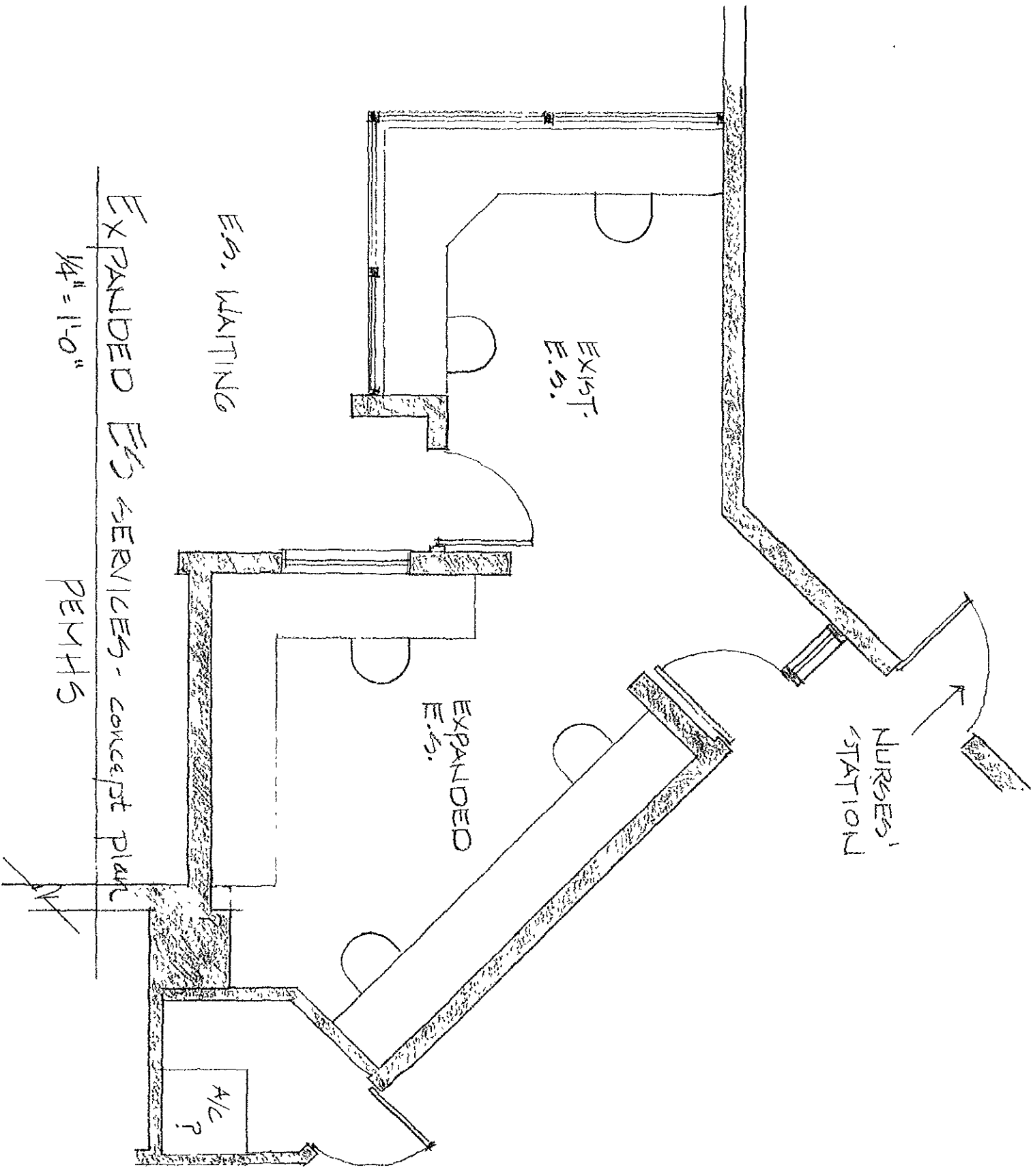
The following information is sent in regard to proposed improvements and the expansion of your Emergency Services facilities, located in Building "J". These improvements will result in space provided for additional staff capacity, the allowance for social distancing and for a more efficient work space and environment. A copy of the space as it currently exists, and the new proposed space are included herein.

The new combined space is approximately 375 Square Feet. The itemized cost estimate for remodeling this space is as follows:

Demolition	\$4,500.00
Framing, CMU	\$2,500.00
Drywall	\$2,000.00
Flooring	\$2,000.00
Base	\$500.00
Paint	\$2,000.00
Ceiling	\$3,000.00
Cabinetry	\$10,000.00
Electrical	\$4,000.00
Lighting	\$1,000.00
Rework A/C	\$1,000.00
Permit	\$1,000.00
General Conditions	\$6,500.00
Architect	\$4,000.00
Contractor OH&P	\$10,000.00
Estimated Project Cost	\$54,000.00*
Contingency (15%)	\$8,000.00
	\$62,000.00

*Phones, Computers and IT are not included in the price above. The 15% Contingency is included due to current Covid working conditions, accelerated time frame of project, small project size and limited current capacity of local subcontractor labor.

THE FLORIDA STUDIO, INC
2709 SOUTH MACDILL AVENUE
TAMPA, FLORIDA 33629
813-831-3223
FL # AA-0003124



NURSES' STATION

EXIST. E.S.

EXPANDED E.S.

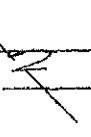
E.S. WAITING

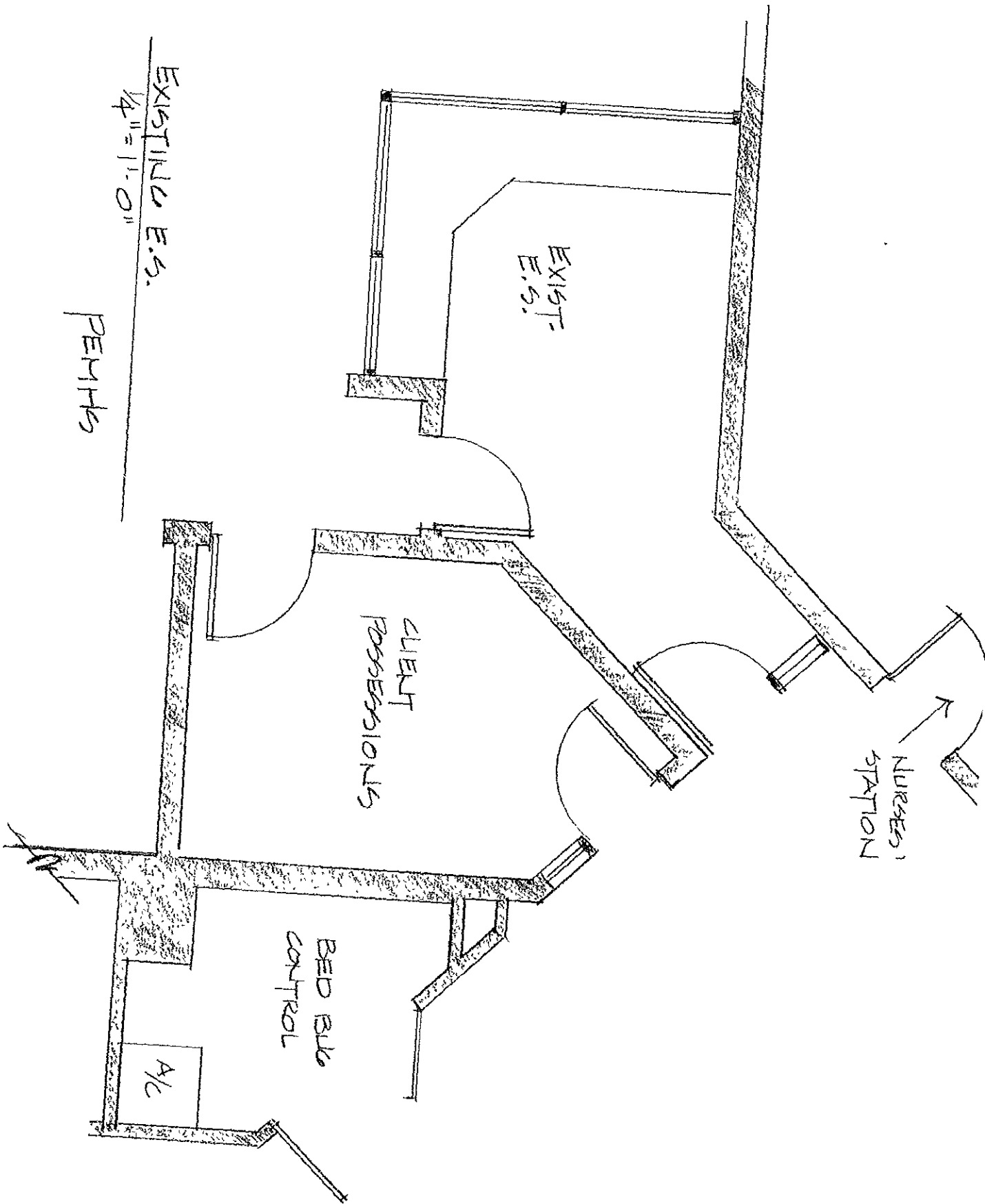
A/C ?

EXPANDED E.S. SERVICES - concept plan

1/4" = 1'-0"

PENHS







Xenex Disinfection Services Inc.
 121 Interpark Blvd. Suite 104
 San Antonio, TX 78216
 800.553.0069 | www.xenex.com

CUSTOMER QUOTE: Xenex Proprietary and Confidential Information – Pricing and Terms May Not Be Disclosed to Any Third Party

Quote Date	09/15/2020	Xenex Account Executive	Kristina Gunn
Quote Expiration Date	10/15/2020	Telephone Number	+1 2108347425
Hospital Name	Personal Enrichment through Mental Health Services	e-mail	kristina.gunn@xenex.com
City, State	Pinellas Park, Florida	GPO Affiliation	Not Designated

QUOTE DETAILS¹

X	Payment Structure	Model #	Qty	Price for Units Ordered	Total Price
	Purchase	Rental Monthly Fee (per unit)	12.00	\$4,500.00	\$54,000.00
	Purchase	Rental One-Time Setup Fee	1.00	\$5,000.00	\$5,000.00
Grand Total: \$59,000.00					
40% non-refundable deposit required to be put on Xenex's Robot build list and paid by either a) Electronic payment: ACH Routing #: 111901014, Bank Account #: 3027063313 OR b) Check sent 1st Class U.S. Mail to Xenex Disinfection Services Inc. P.O. Box 676050 Dallas, TX 75267-6050					

¹Should there be a discrepancy between the terms in this Sales Quote and the final Agreement, the terms in the final Agreement govern.

²The Standard Robot Warranty and the Standard Service Plan for the first year are included in the purchase of the Robot. Customer has the option to purchase the Standard Robot Warranty and Standard Service Plan for years 2-5 at the time of purchase of the Robot for the fixed price set forth above by either (i) paying the full amount of the Standard Robot Warranty Annual Fees and the Standard Service Plan Annual Fees for all four years at the time of purchase of the Robot or (ii) issuing a purchase order for the Standard Robot Warranty and the Standard Service Plan for all four years at the time of placing its purchase order for the Robot. If Customer does not exercise the Prepurchase Option, for each year during the Term, Xenex may increase the Standard Robot Warranty Annual Fee and the Standard Service Plan Annual Fee by up to 3% over the amount in effect for the prior year.

As a representative for Personal Enrichment through Mental Health Services, I would like to receive an Agreement with Terms and Conditions for the payment structure(s) I selected above.

By: _____

Its: _____

Date: _____



Go Cable, LLC

3665 East Bay Dr Ste 204-163
Largo, FL 33771
Phone 727-754-8811
Fax 727-754-3977

Robert B. Barnett

Rob@GoCableFlorida.com
www GoCableFlorida.com

Lic No ES12001332

Date 9-16-20

TO P E H M S
11254 58th St North
Pinellas Park, FL 33782

PROPOSAL

Job Location P E H M S
11254 58th St North
Pinellas Park, FL 33782

Go Cable, LLC will furnish all materials and perform all labor necessary to complete following:

(Trailer 1) Run 15, CCTV cables from DVR closet to 15, camera locations, all cables will be ran exposed under the trailer and properly secured to the bottom of the trailer and ran up the existing conduit to the camera locations, install 30, BNC connectors, 15, CCTV cameras, 1, power supply, connect the cameras to the DVR and the power supply, adjust the cameras, install 1, HDMI cable

(Trailer 2) Run 5, CCTV cables from the DVR closet to 5, camera locations, cables will be ran above the dropped ceiling, install 10, BNC connectors, 5, CCTV cameras, 1, power supply, connect the cameras to the DVR and the power supply, adjust the cameras

All Material will be supplied by P.E M.H S

Service Call N/C

Labor 40 hours @ \$75.00 per hour = \$3000 00

This proposal is no to exceed \$3000 00, if it takes less hours I will adjust the invoice accordingly

All the above work to be completed in a substantial and workmanlike manner according to standard practices for the sum of
Three Thousand Dollars and no cents. \$3000.00

Any alteration or deviation from the above specifications involving extra cost of material or labor will only be executed upon written orders

Payments are to be made as follows: **Paid in full within 30 Days of Completion of work, Made Payable to :**
Go Cable, LLC 3665 East Bay Dr. Ste. 204-163 Largo, FL 33771

Contractor's Signature Robert Barnett

Acceptance of Proposal The above price, specifications and conditions are a satisfactory and are hereby accepted

You are authorized to do the work as specified Payment will be made as listed above

Owners Signature _____ Date _____

Print Name _____



Pinellas
 13075 US Hwy 19N
 Clearwater, FL 33764
 Phone: (727) 581-9339
 Fax: (727) 581-8332

Sarasota
 1595 Barber Road
 Sarasota, Florida 34240
 Phone: (941) 377-2100
 Fax: (941) 377-2001

Proposal

Customer Name	PEMHS	Date:	9/18/2020
Service Address	11254 58th Street North	Inspection #	
City / State / Zip	Pinellas Park, FL 33782	Telephone #	
Contact	Rob Feld (rfeld@pemhs.org)	Fax #	

Description of Work: Quote# Net 30 with Approved Credit

Labor and material to run PVC conduit and AL wire (200A) to feed new weather proof panel and (2) 100A temp trailers.

Material Breakdown

Qty	Location	Equipment	Repair/Replace
1		2.5" PVC & Fittings	
1		250MCM Aluminum w/ #2 Ground	
1		Polaris Connector	
1		1.5" PVC & Fittings	
1		#1 & #4 Aluminum	
1		Panel & Disconnects	
1		Permit Fees	

Additional material from next page(s)

Labor Breakdown

Description	Labor for above described work
Labor Hours	

Additional labor from next page(s)

Quotation is firm for 30 days. Work completed during normal working hours M-F 8:00am-4:30pm.

This Proposal is expressly subject to and shall include the attached STANDARD TERMS & CONDITIONS.

CUSTOMER APPROVAL TO PROCEED; Please let us know if you wish to proceed with this Proposal and the attached STANDARD TERMS & CONDITIONS, by having an authorized agent sign below and return.

I hereby authorize work to proceed:

Customer - Print Name Date
Customer - Signature Jeff.Botta@PiperElectrical.com

THIS IS NOT AN INVOICE

Gross Amount	\$ 8,375.00
Trip Charge	\$ -
Sub Total	\$ 8,375.00
QUOTE	\$8,375.00

Lic. #: EF-0001219 * Lic. #:57668600012001 * Lic. #:392845000622001 * Lic. #:71286800011990 * Lic. #:45152300011999
 727-309-1518 www.PiperElectrical.com

Optiview Inc.
Jacksonville, FL 32207

Phone: (904) 805-1581
Fax: (904) 727-3411
Tech: (904) 855-1121



Optiview Quote

Date	Estimate #	Rep
9/18/2020	20704	Dan

Name / Address
PEMHS JEFF OPPENHEIM 11254 58TH NORTH PINELLAS PARK FL 33782

Ship To
PEMHS JEFF OPPENHEIM 11254 58TH STREET NORTH PINELLAS PARK, FL 33782

P O. No	Terms
	Net 30

Qty	Item	Description	Price	Total
2	HDVR324M-Q4A-8TB	Optiview 32 channel 5-Way DVR with H 265+ compression Supports 32 x 5MP HD cameras or 32 x IP cameras up to 8MP, Max 128Mbps incoming bandwidth All channels record at 1080P realtime, 5MP @ 20fps. 4/1 Audio In/Out, 16/6 Alarm / Relays. 2 x HDMI ports, 1 x eSATA port. Supports Smart Search, Audio over Coax, Tripwire, Intrusion, Missing or Abandoned, and Facial Detection 4 x SATA for up to 4 x 10TB Hard Drives; 2 x 4 Terabyte Hard Drives installed	1,273.00	2,546.00T
20	HDCD5M-28	Optiview 5 MP HD-over-Coax mini armor ball camera with ultra wide 2.8mm fixed lens and 98ft IR. Features true WDR and is switchable between HD and Analog mode. IP67 weatherproof 12VDC. The HDCD5M-28 is the replacement model number for the HDCD5M-28L	69.00	1,380.00T
2	PWR1820UL	Optiview 18 Output 20 amp CCTV Power Supply PTC - Self Resetting Fuse UL Listed	79.00	158.00T
1	CAB1000B1	1000' Spool RG59 Coaxial with Single Pair 18/2 Power wires - Black color	169.00	169.00T
20	PWRADT	Crimp down to 2.1mm female power pigtail	1.00	20.00T
40	COMBNC	Compression-BNC Connector	1.00	40.00T

Subtotal \$4,313.00

Sales Tax (0.0%) \$0.00

Total \$4,313.00

This quote is valid for 30 days and subject to the Optiview, Inc Terms of Sale effective on the date the product is shipped which Terms of Sale are incorporated herein in full by this reference. The Terms of Sale are available at <https://optiviewusa.com/return-warranty-policy/> and also will be sent by mail or fax to the customer upon request. The Terms of Sale include, among other provisions, the terms and conditions of Optiview, Inc 's (i) Limited Warranty (ii) Return Policy and (iii) Limitation of Liability. Optiview, Inc limits acceptance to the Terms of Sale, and objects to any other additional or different terms in the customer's purchase order or acceptance.

Signature _____



COMMERCIAL DESIGN SERVICES
 5805 Barry Rd
 Tampa, FL 33634
 Tel: (813) 886-0580
 www.commercialdesignservices.com

DATE : 9/21/2020
PREPARED BY : Justin Becker
 jbecker@cdstampa.com
 813-886-0580

PREPARED FOR : Personal Enrichment through Mental Health Services
 Helena Calhoun

DELIVER TO :

Pinellas Park
 FL

PROJECT : IOA RECLINERS

PART NUMBER	PART DESCRIPTION	AREA	QTY	SELL	EXT SELL
PS-618-11PR	CUSTOM GLORIA PSYCH RECLINER, SYNCHRONIZED INTERMEDIATE AND Additional weight added to arms Heavy gauge steel mechanisms No loose fabric on back of the continuous footrest Metal footrest sissor guards Plastic guard on underside of footrest and seat Tamper proof screws Metal plate to enclose underside of recliner Solid formed polyster arms Lower the round stretcher bar in the back Add 1", 11 gauge steel cross member on the back Four transport grade swivel lock casters Seat Moisture Barrier Seat and Back: Momentum, Beeline, Walnut Arm: Standard Polyester Color #44 Toast	A	6	\$4,000.00	\$24,000.00
FREIGHT	Freight from Manufacturer	B	1	\$1,700.00	\$1,700.00
D/I	Delivery and Installation	C	1	\$2,000.00	\$2,000.00
SUBTOTAL :					\$27,700.00
TOTAL :	(WITHOUT SALES TAX)				\$27,700.00



Sofia[®]

**SOFIA 2 SARS ANTIGEN FIA AND
VIRENA PLACEMENT AGREEMENT**

Lisa Hoglund - 31011
Acct - 78190220

This Sofia SARS ANTIGEN FIA and Virena Placement agreement (the "Agreement") is entered into by and between Quidel Corporation, a Delaware corporation ("Quidel"), having a place of business at 9975 Summers Ridge Rd, San Diego, CA 92121 ("Quidel Notice Address"), and the customer set forth below ("Customer").

Customer Information	"Sold To" (Notice Address):		"Ship To" (If different than Sold To):		
Facility Name	Personal Enrichment through Mental Health Services		Personal Enrichment through Mental Health Services		
Address	11254 58th St.		11254 58th St.		
City, ST, ZIP	Pinellas Park FL 33782		Pinellas Park FL 33782		
Primary Contact	Helena Calhoun				
Phone	(727) 362-4333				
Email	hcalhouns@pemhs.org				
Fax					
Quidel Customer #	78190220	Distributor Rep	Alan Rubin	Distributor Account #	McKesson Medical

- NATURE OF THE AGREEMENT.** Quidel desires to sell to Customer and Customer desires to purchase from Quidel or its authorized distributor, as designated, ("Distributor") certain tests used with the Sofia 2 analyzer(s) ("Consumables"), as described herein. In addition, Quidel desires to sell or provide to Customer, and Customer desires to purchase or use, Sofia 2 Analyzer(s) and Virena wireless data service (and related components) (the "Equipment") for use with the Consumables during the Term of the Agreement (respectively, the "Equipment Purchase" or "Equipment Use"). The Equipment Use includes Customer's access via a secure website to Customer's aggregated, de-identified test data, which may be downloaded by Customer or viewed by utilizing a built-in report and chart generator ("Data Access"). Customer's Data Access will be limited to only Customer's specific data and certain aggregated data, such as mapping and prevalence data, shared with the Quidel Cloud by other customers. Customer may use the Data Access for its health care operations and other purposes as permitted by law. Title to the Equipment will remain with Quidel. For purposes of this Agreement, Consumables, Equipment (or Equipment Purchase or Equipment Use, as the case may be), and Data Access are collectively referred to as "Product" or "Products."
- AGREEMENT TERM ("Term").** 36-Months commencing on the Effective Date (as defined below).
- PURCHASE TERMS.** In exchange for Quidel's agreement to provide Customer with the discounts provided herein, Equipment Use and/or Data Access at no additional charge for the Term of this Agreement, and subject to the terms of this Section 3, Customer shall (a) purchase the following Consumables in the following amounts at the following prices for each year during the Term of this Agreement, (b) subject to the limitations described in Section 1 of the "Additional Terms and Conditions" attached hereto and the additional limitation for the Sofia SARS Antigen FIA assays, satisfy its total requirements for Consumables listed below in each rapid diagnostic test category for the duration of the Term of the Agreement, and (c) satisfy the obligations specific to Sofia SARS Antigen FIA assay described herein (the "Annual Consumable Purchase Obligation").

Specific to Sofia SARS Antigen FIA assay, Customer shall (a) satisfy its total requirements for rapid antigen SARS testing by purchasing the Sofia SARS Antigen FIA assay, subject to the "New Alternative Testing Limitation" listed below, (b) utilize Virena to transmit its Sofia SARS Antigen FIA assay test results pursuant to the terms herein, and (c) provide good faith efforts to prioritize Sofia SARS Antigen FIA assay tests for healthcare workers and first responders (the "Sofia SARS Purchase Obligation"). If a new alternative rapid antigen SARS test becomes available after the Effective Date and is shown in published peer-reviewed literature to produce superior test results to the Sofia Antigen FIA assay test in a head-to-head study, offers significant technological advancements, and (i) will significantly improve clinical outcomes or patient care; or (ii) will significantly streamline clinical and/or operational work processes, then Customer's purchase and use of such alternative test will not constitute a breach of the Sofia SARS Purchase Obligation (the "New Alternative Testing Limitation").

Product	Catalog Number	List Price Per Kit	Customer Price Per Kit	List Price Per Test	Customer Price Per Test	Annual Purchase Obligation	
						Tests	\$(Dollar Amount)
SOFIA FLU A+B 25T	20218	\$ 550.00	\$ 337.50	\$ 22.00	\$ 13.50	200	\$ 2,700.00
Sofia SARS Antigen FIA*	20374	\$ 875.00	\$ 575.00	\$ 35.00	\$ 23.00	N/A	N/A
Aggregate Annual Consumable Purchase Obligation:						200	\$2,700.00

*For the sake of clarity, Customer shall have no minimum purchase obligation with respect to the Sofia SARS Antigen Assay.

If Customer fails to satisfy its total requirements obligations and/or purchases less than 75% of the individual test category or aggregate Annual Consumable Purchase Obligation within any annual period, then Customer shall have 30 days ("Cure Period") from the end of the applicable annual period to meet the purchase commitments and/or resume purchases to meet total requirements. If Customer fails to cure the Annual Consumable Purchase Obligation, then Quidel may, in its discretion: (i) raise pricing for the remaining Term of the Agreement, (ii) cause Customer to (and Customer

agrees that it shall) pay to Quidel the aggregate difference between the discounted price for each of the Consumables previously purchased during the Term and the list price referenced in the table above for Consumables, within sixty (60) days of receiving notice of Quidel's determination, and/or (iii) terminate the Agreement and cause Customer to (and Customer agrees that it shall) return all Equipment at Customer's expense and pay to Quidel an amount equivalent to the depreciated value of the Equipment at the termination date using straight line depreciation and list price for the Equipment on the Effective Date. For the sake of clarity, Purchased Equipment shall not be subject of any obligation that requires a return of Equipment nor shall any repayment of depreciation apply to Purchased Equipment. The parties acknowledge and agree that Quidel's offer of the Equipment Use and Data Access set forth at Exhibit A to Customer at no additional charge is conditioned upon Customer's purchase of the Consumables set forth herein for use with the Equipment.

Equipment Customer shall select one of the following two options:

- a) **Equipment Use, Data Access** The following Equipment shall be provided to Customer at no additional charge, subject to the terms and obligations of this Section 3. The value listed below reflects the annual discount amount associated with Customer's annual purchases of Consumables and is provided to support Customer's discount reporting obligations.

Product Description	Fair Market Value of Annual Use, per Unit	Quantity	Total Fair Market Value of Annual Use Provided to Customer (Unit Value x Quantity)	Total Charge
Sofia 2 Analyzer (Cat #20299) with Installation Pack (Cat #20314)	\$500.00	N/A	N/A	No additional charge
Virena Wireless Data Access and Myvirena.com Access (Cat # 29999V)	\$48.00	N/A	N/A	No additional charge
Aggregate Fair Market Value of Annual Use Provided to Customer:			N/A	No additional charge

- b) **Equipment Purchase, Data Access.** Customer shall purchase Equipment and Data Access at the prices set forth hereto, subject to the terms and obligations of this Section 3.

Product Description	List Price Per Unit	Customer Price Per Unit
Sofia 2 Analyzer (Cat #20299) with Installation Pack (Cat #20314)	\$2,000	\$1,200
Virena Wireless Data Access and Myvirena.com Access (Cat # 29999V)	\$48 per year	Included with purchase of Sofia 2

4. ESTIMATED VOLUMES FOR SOFIA COVID-19

In the table below, Customer shall provide its estimated annual test volumes for the Sofia Consumables that test for the COVID-19 virus. For the sake of clarity, these amounts are not included as part of Customer's Annual Consumable Purchase Obligation.

Product	Catalog Number	List Price Per Kit	Customer Price Per Kit	List Price Per Test	Customer Price Per Unit	Estimated Annual Test Volume
						200
Sofia 2 SARS Antigen FIA (25T)	20374	\$875.00	\$575.00	\$35.00	\$23.00	200

[Signature block on following page]

This Agreement, including the Additional Terms and Conditions, exhibits and addendums, attached hereto, is entered into on the Effective Date written below and has been executed by the authorized representatives of Quidel and the Customer

Customer Personal Enrichment through Mental Health Services	Quidel Corporation
<i>Authorized Signature</i>	<i>Authorized Signature</i>
<i>Name</i>	<i>Name</i>
<i>Title:</i>	<i>Title.</i>
<i>Date</i>	<i>Effective Date</i>

EXHIBIT A

DATA ACCESS

VIRENA DATA ACCESS AND FACILITY INFORMATION (REQUIRED TO BE FILLED OUT BEFORE EXECUTION)

The individual identified as the Customer's Organizational Administrator below shall have access to the Virena website at myvirena.com. In addition, access to myvirena.com is given only to the initial authorized users identified below, if known, or upon e-mail request by the Organizational Administrator and confirmed receipt by Quidel, which must include name, e-mail, phone and facility location for each such user. Customer must notify Quidel in writing or via e-mail of any changes to the Organizational Administrator or Authorized Users.

Organizational Administrator				
First Name	Last Name	E-mail	Phone	Facility

Authorized Users				
User First Name	User Last Name	E-mail	Phone	Facility

Facilities/Ship To					
Facility Name	Street	City	State	County	ZIP

(Please attach an additional page for additional authorized users or excluded facilities as needed.)

ADDITIONAL TERMS AND CONDITIONS

PURCHASES OF PRODUCTS THROUGH A DISTRIBUTOR ARE GOVERNED BY CUSTOMER'S AGREEMENT WITH THAT DISTRIBUTOR WITH RESPECT TO PAYMENT, SHIPMENT, RETURNED GOODS, AND WARRANTY TERMS

- 1 **ORDER PLACEMENT; DELIVERY AND SHIPMENT TERMS.** Customer must submit firm written purchase orders for Consumables. No order shall be binding upon Quidel unless and until accepted by Quidel in writing. Customer shall not be entitled to revoke, reschedule, and/or cancel any purchase order after acceptance by Quidel without Quidel's written consent, which consent shall not be unreasonably withheld, conditioned or delayed. Quidel will use reasonable efforts to deliver accepted orders in accordance with its delivery schedule provided by the order acceptance, acknowledgment, confirmation or similar document, and if no such schedule is stated, promptly. Customer acknowledges and agrees that under the circumstances of the global pandemic and limited resources available for the manufacture of medical devices such as the Products herein, Quidel shall not have any liability for any failure to supply the Products herein, nor shall any delay or failure be considered a breach of this Agreement. In the event Customer purchases a third-party replacement product during any period that Quidel cannot supply the Products, such purchase will not constitute a breach of the Annual Consumable Purchase Obligation so long as such third-party products are not purchased at any time that the Products are again available from Quidel. In the event of a conflict between the provisions of a purchase order or acknowledgment and this Agreement, this Agreement shall control. All Products will be shipped by Quidel FOB Origin Quidel's point of shipment. All packing, transportation expenses, handling charges, freight, and/or insurance (if any) shall be for the account of Customer, and Quidel shall charge Customer for all such charges, costs and expenses as a separate line item(s) on Customer's invoice. Quidel will select the mode of shipment and the carrier, but shall not be deemed thereby to assume any liability or responsibility in connection with the shipment nor shall the carrier be construed as an agent of Quidel. Title to the Consumables and risk of loss, damage and/or delay to the Consumables will pass to Customer upon Quidel's tender of delivery of the Consumables at the shipping point. Quidel shall not be obligated to procure additional insurance.
2. **CUSTOMER PRODUCT INSPECTION, ACCEPTANCE AND RETURNED GOODS POLICY.** Customer shall be allowed five (5) days from the date of receipt of any order to provide a written notice of rejection to Quidel of any Product that (i) fails in a material way to meet the Limited Warranty set forth below, (ii) is damaged, (iii) has other visible defects, or (iv) is shipped in error. Otherwise, Customer shall be deemed to have accepted the Product as shipped. PRIOR TO RETURNING ANY PRODUCT, CUSTOMER MUST REQUEST A RETURN GOODS AUTHORIZATION NUMBER FROM QUIDEL (THE "RGA NUMBER") AND DELETE ANY AND ALL PROTECTED HEALTH INFORMATION ("PHI") STORED IN THE EQUIPMENT, INCLUDING PATIENT IDS AND ORDER NUMBERS. UNLESS QUIDEL HAS AUTHORIZED IN WRITING THE RETURN OF ANY PRODUCT, QUIDEL WILL NOT BE OBLIGATED TO ACCEPT, MAKE ANY EXCHANGE, REPLACE OR PROVIDE CREDIT OR REFUND FOR ANY PRODUCT RETURNED BY CUSTOMER. As promptly as practicable after written confirmation by Quidel of properly rejected Product and if Quidel desires that Customer return a Product, Customer shall return the same to Quidel freight prepaid.
3. **PAYMENT TERMS, PRICING AND TAX INFORMATION.** Terms of payment are strictly net thirty (30) days from date of invoice. Prices set forth in the Agreement are guaranteed for one (1) year from the date of this Agreement. Quidel or Distributor, as applicable, may increase prices by an amount not to exceed three percent (3%) or the applicable increase in the National Consumer Price Index (CPI), whichever is lower, in any year beyond the initial year of the Agreement. Customer's obligation to pay outstanding invoices and all other amounts is absolute and unconditional and is not subject to any abatement, reduction, set-off, defense, counterclaim, interruption, deferment or recoupment for any reason whatsoever. All overdue amounts shall bear interest at a rate of one and one-half percent (1.5%) per month or the maximum rate permitted by applicable law, whichever is lower, until all amounts are paid. Unless Customer is fully exempt from all taxes, Customer shall reimburse Quidel or pay directly if requested by Quidel all federal, state and local taxes which may be imposed upon the use, possession, ownership and/or loan of the Consumables and/or Equipment. Without limitation, Quidel shall have all of the rights and remedies of a secured party under the California Uniform Commercial Code with respect to all Products possessed by Customer that have not been purchased and paid in full. Customer also agrees to pay all costs of collection, including without limitation, court costs, reasonable attorneys' fees, and fees for repossession, repair, storage and sale of the Products.
4. **EQUIPMENT AND CONSUMABLES.** Customer shall use Equipment (i) if not purchased, only in the United States or any territory of the United States at the Customer's "ship to" address (unless Quidel consents to moving the Equipment to another location), (ii) for Customer's "own use" and not for resale purposes, (iii) in the manner described in the User Manual, applicable Product labeling or according to Quidel's instructions, and (iv) in accordance with all applicable laws. Customer shall not disassemble, reverse engineer, make derivative works of, make any changes or alterations in, or modifications or attachments to, the Products, or remove any labels, signs, symbols, trademarks, or serial numbers affixed to the Products. Customer may use Quidel Equipment only with Quidel Consumables. As between the parties, Quidel will own all right, title, and interest in and to the intellectual property rights in the Products. Notwithstanding these limitations, Customer may purchase non-Quidel consumables for use with Equipment when such use is safe and appropriate with Quidel Equipment and medically necessary, upon patient request, or if, it is in the best interest of the patient.
5. **SERVICE AND TECHNICAL SUPPORT.** Quidel shall provide service and maintenance for the Equipment (excluding network hardware) provided under this Agreement, during the Term of the Agreement, at no additional charge to Customer, provided that Customer fully complies with this Agreement. Prior to return of the Equipment to Quidel for service or maintenance, Customer must first delete any and all PHI stored in the Equipment. This Agreement does not cover service or parts for any attachments, accessories, or alterations not marketed by Quidel, nor to correct problems from their use. Throughout the term of this Agreement, Customer shall be responsible for routine maintenance of the Equipment, including replacement of batteries and all maintenance and cleaning set forth in the Maintenance and Cleaning section of the User Manual. Customer will be responsible for any damage to the Equipment caused by Customer's acts or omissions, or by any service performed by persons other than Quidel's authorized dealer. Quidel reserves the right to use refurbished Equipment as replacement Equipment. Customer is hereby granted a limited, non-exclusive, non-sublicensable, non-transferable license to use the Quidel software loaded on the Equipment solely to enable Customer's use of the Products. Service includes software upgrades for reliability or operational improvements at no additional charge (excludes menu expansion). Technical support is provided for all Products provided directly from Quidel Corporation. In the event Quidel develops new technology, Customer shall have the ability to upgrade to such new technology upon mutually agreeable terms and conditions. Data Access may be temporarily unavailable for scheduled or unscheduled maintenance by Quidel or third-party suppliers, or for other causes beyond Quidel's reasonable control.
6. **ACTIVATION OF VIRENA AND RIGHT TO TRANSMITTED DATA.** The Virena wireless data service will be configured with the Sofia 2 Analyzer(s) located at the Customer address (or identified participating sites). Customer acknowledges and agrees that, following registration and upon configuration and connection of a Sofia 2 analyzer to the Virena network, which will enable the router to transmit data in accordance with this Agreement, the Sofia 2 analyzer will transmit data, de-identified in accordance with 45 C.F.R. § 164.514(b)(1), from Customer's Sofia 2 analyzer(s) to Quidel's network of secured, third-party remote hosted servers, which will store, manage, and process this data (the "Quidel Cloud"), from which the de-identified data can then be extracted by Quidel. Customer acknowledges and agrees that (i) Quidel will have an unrestricted right to access, aggregate, or otherwise edit the de-identified data Customer transmits to the Quidel Cloud ("Cloud Data"), (ii) Cloud Data will be available for Quidel's unrestricted use, including aggregation with Cloud Data from other customers, including, but not limited to, submission of such de-identified data to the Centers for Disease Control or other entities for public

- health and surveillance purposes, and (iii) Quidel owns, without restriction, all analyses based in whole or in part on Cloud Data and Quidel may use such analyses for any commercial purpose. Quidel may terminate Customer's access to Virena wireless data access upon thirty (30) days' notice. In addition, Quidel may terminate Customer's Data Access during any renewal period in which Customer fails to return loaned Equipment as required.
7. **LIMITED WARRANTY.** QUIDEL WARRANTS (1) THAT THE CONSUMABLES SHALL CONFORM SUBSTANTIALLY WITH THE SPECIFICATIONS SET FORTH IN THE RELATED PACKAGE INSERTS AND COMPLY WITH AND BE MANUFACTURED, PACKED, STERILIZED (IF APPLICABLE), LABELED AND SHIPPED IN MATERIAL COMPLIANCE WITH ALL APPLICABLE LAWS, RULES, REGULATIONS AND STANDARDS, AND (2) THAT THE EQUIPMENT WILL BE MATERIALLY FREE FROM DEFECTS IN MATERIALS AND WORKMANSHIP FOR A PERIOD OF TWELVE (12) MONTHS FROM THE DATE OF SHIPMENT (THE "LIMITED WARRANTY"). QUIDEL'S SOLE LIABILITY AND CUSTOMER'S SOLE REMEDY FOR BREACH OF THE LIMITED WARRANTY, OR IN RELATION TO ANY DELAY OR DEFAULT IN SUPPLYING THE PRODUCTS, OR ANY OTHER CLAIM SHALL BE LIMITED TO, AT QUIDEL'S OPTION, THE REFUND OR CREDIT OF THE PRODUCT PRICE PAID BY CUSTOMER FOR SUCH PRODUCT (INCLUDING SHIPPING COSTS) OR REPAIR OR REPLACEMENT OF SUCH PRODUCT (WITH NEW AND/OR RECONDITIONED PARTS OR PRODUCTS) AT QUIDEL'S COST AND EXPENSE (INCLUDING SHIPPING). QUIDEL MAKES NO OTHER WARRANTIES, EXPRESS OR IMPLIED, BY OPERATION OF LAW OR OTHERWISE, AND EXPRESSLY DISCLAIMS ALL OTHER WARRANTIES, WHETHER AS TO IMPLIED WARRANTIES OF TITLE, MERCHANTABILITY OR FITNESS OF THE PRODUCT FOR ANY PARTICULAR PURPOSE, INTEROPERABILITY, OR NON-INFRINGEMENT, THOSE ARISING BY STATUTE OR OTHERWISE IN LAW OR FROM A COURSE OF DEALING OR USAGE OF TRADE, OR ANY OTHER MATTER. QUIDEL DOES NOT WARRANT, GUARANTEE, OR MAKE ANY REPRESENTATIONS THAT THE PRODUCT SOFTWARE IS ERROR-FREE, SECURE OR WILL OPERATE WITHOUT INTERRUPTION. QUIDEL DOES NOT WARRANT, GUARANTEE OR MAKE ANY REPRESENTATION AS TO THE RESULTS OF ANY TEST PERFORMED USING THE PRODUCTS AND EXPRESSLY DISCLAIMS ANY LIABILITY ARISING FROM CUSTOMER'S OR ANY THIRD-PARTY'S RELIANCE THEREON. QUIDEL'S MAXIMUM LIABILITY FOR ANY DIRECT DAMAGES IN CONNECTION WITH OR ARISING FROM THIS AGREEMENT SHALL NOT EXCEED THE NET PRODUCT PRICE PAID BY CUSTOMER DURING THE TERM FOR THE PRODUCT GIVING RISE TO SUCH LIABILITY EXCEPT FOR LIABILITIES ARISING OUT OF (I) A PARTY'S BREACH OF CONFIDENTIALITY OBLIGATIONS, (II) INFRINGEMENT OR MISAPPROPRIATION BY A PARTY OF THE OTHER PARTY'S INTELLECTUAL PROPERTY RIGHTS, OR (III) A PARTY'S GROSS NEGLIGENCE OR WILLFUL MISCONDUCT, IN NO EVENT SHALL EITHER PARTY OR ITS AFFILIATES BE LIABLE FOR ANY INCIDENTAL, INDIRECT, SPECIAL, PUNITIVE, CONSEQUENTIAL OR EXEMPLARY DAMAGES, INCLUDING, BUT NOT LIMITED TO, DAMAGES FOR LOSS OF USE OR REVENUE, OR PROFITS IN CONNECTION WITH OR ARISING OUT OF QUIDEL'S PROVISION OF ANY PRODUCTS, OR CUSTOMER'S USE OF ANY PRODUCTS PROVIDED BY QUIDEL OR DAMAGE TO SYSTEMS, PROGRAMS, OR DATA, BUSINESS INTERRUPTION, COST OF PROCUREMENT OF SUBSTITUTE GOODS, SERVICES, OR TECHNOLOGY, EVEN IF THE PARTIES HAVE BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. THE LIMITED WARRANTY CONTAINED HEREIN DOES NOT APPLY TO EQUIPMENT DAMAGED THROUGH ABNORMAL USE, MISUSE, MISHANDLING, NEGLIGENCE, ACCIDENT, NEGLIGENCE, TAMPERING OR UNAUTHORIZED SERVICE. THE TERMS SET FORTH HEREIN PURSUANT TO WHICH QUIDEL AGREES TO PROVIDE PRODUCT TO CUSTOMER REFLECT THE PARTIES' AGREED UPON ALLOCATION OF RISK AND LIMITATIONS, DISCLAIMERS AND EXCLUSIONS HEREIN SHALL APPLY EVEN IF ANY LIMITED REMEDY FAILS IN ITS ESSENTIAL PURPOSE.
8. **COMPLIANCE WITH LAWS AND DISCOUNT REPORTING.** The parties shall comply with applicable state and federal laws in the performance of this Agreement, including, without limitation, the federal False Claims Act (31 U.S.C. §§ 3729 et seq.), the federal anti-kickback statute (42 U.S.C. § 1320a-7b(b)), the federal Physician Payment Sunshine Act (the "AKS", 42 U.S.C. § 1320a-7h), the Health Insurance Portability and Accountability Act of 1996 and the Health Information Technology for Economic and Clinical Health Act (collectively, "HIPAA"), and any regulations implementing such laws, the U.S. Foreign Corrupt Practices Act, export sanctions, applicable laws prohibiting bribery of public officials and private persons, influence peddling and money laundering, as well as all comparable state and local laws and regulations. Any discounts provided in connection with the sale of products are intended to comply with the AKS. Customer shall fully and accurately report in applicable cost reports and other submissions to federal healthcare programs all discounts provided and, upon request of the Secretary of the U.S. Department of Health and Human Services or a state agency, shall make available information provided to Customer by Supplier concerning the discounts. Customer acknowledges that compliance with the AKS exception or regulatory safe harbor for discounts, including the reporting obligations, is a condition precedent for the sale of the Products and that Supplier would not have agreed to sell the Products hereunder had Customer not agreed to comply with such obligations. Customer acknowledges and agrees that Quidel is not a HIPAA Business Associate to Customer. Customer acknowledges and agrees that Quidel has the authority, in its sole and absolute discretion, to recall any Product to comply with applicable laws, and Customer agrees to fully cooperate with Quidel in the case of any such recall. If Customer is provided notice, correspondence, subpoena, or other contact that a governmental investigation has been initiated related to this Agreement, Customer shall immediately notify Quidel in writing of the investigation or inquiry, and shall provide Quidel with all assistance reasonably requested in relation to such investigation.
9. **NON-DEBARMENT/EXCLUSION.** Each party represents and warrants that neither it, nor any of its directors, employees, or agents, has ever been barred or excluded from participating in any federal or state health care program, or convicted of a criminal offense with respect to health care reimbursement. Each party shall immediately notify the other party if the foregoing representation becomes untrue, or if either party is notified by the Office of Inspector General of the Department of Health and Human Services or other enforcement agency that an investigation of the party or any of its directors, employees, or agents has begun which could lead to such debarment, exclusion, or conviction. In the event that either party or any of its directors, employees, or agents is debarred or excluded from participating in any federal or state health care program during the term of this Agreement, or if at any time after the Effective Date of this Agreement it is determined that either party is in breach of this section, this Agreement shall, as of the effective date of such debarment or exclusion be automatically terminated.
10. **TERMINATION.** Either party may terminate this Agreement following a default by the other party of its obligations hereunder if such default is not cured within thirty (30) days after delivery of notice of such default to the defaulting party or the other party files a petition in bankruptcy, is adjudicated bankrupt, makes a general assignment for the benefit of creditors, or is voluntarily or involuntarily dissolved. If neither party provides prior written non-renewal notice to the party at least sixty (60) days prior to the end of the Term, then the Term shall be automatically extended for twelve (12) months. Upon termination of this Agreement, if Equipment is not purchased, Customer will carefully pack and ship the Equipment to Quidel in substantially the same condition as received (ordinary wear and tear excepted) in accordance with the terms herein. If the Equipment is returned, Customer shall be responsible and liable for (i) deleting any and all PHI stored in the Equipment, including all Patient IDs and Order Numbers, (ii) the loss of or damage to the Equipment including while it is in return transit, and (iii) the transportation expenses for the return of the Equipment.
11. **DISTRIBUTOR.** Customer, at its sole discretion, may select a Distributor of its choice. Quidel may delegate to Distributor any of Quidel's duties pertaining to distribution of Products or related activities under the Agreement. Customer acknowledges and consents to such delegation to Distributor. Any reference to Quidel in this Agreement that imparts on Quidel any duty that Quidel has delegated to Distributor shall be construed as a reference to Quidel or to Distributor. The terms and conditions contained in any invoice, sales acknowledgement, bill of lading, or other document supplied by Distributor to Customer shall (a) govern the relationship between Distributor and the Customer and (b) supersede any inconsistent terms and conditions of the Agreement and any addendum or exhibits attached thereto, with respect to the terms of shipment and payment for Products delivered to the Customer by the Distributor, which terms include, without limitation, acceptance, damage or loss in transit, credit terms, payment terms, and shipping terms, but exclude any warranty terms (which warranty terms shall be solely as expressly set forth in this Agreement), indemnification terms, or liability terms. For the avoidance of doubt, pricing terms and purchase commitments for the Consumables and Equipment are as set forth in this Agreement.

12. **MISCELLANEOUS** Quidel shall not be liable for nonperformance or delays caused by a shortage of raw materials, manufacturing problems, delivery or labor problems, priorities, acts of regulatory agencies or judicial bodies, discontinuation of a product line, acts of God or third parties, pandemic, infringement claims, or other causes beyond its reasonable control. Customer agrees that in such events Quidel may delay or allocate Products among all purchasers as it deems reasonable, without liability, and Quidel shall not be obligated to purchase substitute products for Customer. This Agreement, including any addenda or exhibits, contains the entire understanding with respect to the subject matter of this Agreement and supersedes all prior written and oral agreements, proposals, and representations made between the parties. No changes to this Agreement shall be made or be binding upon either party unless made in writing and signed by both parties. No right created under this Agreement shall be waived unless expressly waived in writing and signed by the party possessing such right. This Agreement shall be governed by the laws of the State of California, without regard to any conflicts of law provision. The non-prevailing party in any claim arising from this Agreement shall pay the prevailing party reasonable attorneys' fees and expenses incurred in such claim. Customer agrees not to disclose the terms and conditions of this Agreement or any purchase order to any person except as required by law upon receipt of Quidel's prior written consent. Customer warrants that it will not permit or assist any other person or entity to, divulge, disclose, or in any way distribute or make use of Quidel trade secrets or intellectual property. If any law or court of competent jurisdiction makes any provision of the Agreement illegal, invalid or unenforceable, then the remaining terms and conditions shall remain in effect. Any notice between the parties shall be in writing and shall be deemed given only if delivered personally, by registered or certified mail, return receipt requested, or by overnight delivery to the Quidel Notice Address set forth in this Agreement, if given to Quidel, and the Customer Notice Address set forth in this Agreement, if given to Customer. Notices shall be deemed effective upon receipt. Customer may not assign or transfer this Agreement, nor move, transfer, or assign the Equipment without Quidel's prior written consent and any attempted assignment, delegation or transfer by Customer without such consent will be void. Neither party shall have any right, power, or authority to act or to create any obligation, express or implied, on behalf of the other. No expiration or termination of this Agreement shall relieve Customer of any payment or other obligations accrued at the time of such expiration or termination. Any and all rights and obligations set forth in this Agreement, which by their nature and context are intended to survive such expiration or termination shall so survive.

Ship To Addendum

This addendum permits Quidel to accept purchase orders from the following Customer "Ship To" entities referenced below, and permits Quidel to ship products directly to such entities. Customer represents that it has the authority to bind each entity to this Agreement, and each entity shall be bound by this Agreement, as if such entity signed this Agreement. Each entity shall be obligated for their purchases made pursuant to this Agreement.

Participating Sites:

Membership ID	Territory ID	Account Number	Account Name	Address	City	St	Zip
----------------------	---------------------	-----------------------	---------------------	----------------	-------------	-----------	------------

Ordering Information

Distribution partner, please use information below for purposes of placing an initial sales order.

	ITEM NUMBER / SKU	QUANTITY
Starter Pack, Test Kits and Controls	Sofia 2 Flu Starter Kit 1 PK (25T) - #20310 (1 leased Sofia 2 analyzer, 1 Installation pack, 1 flu kit)	
	Sofia 2 Flu Starter Kit 3 PK (75T) - #20311 (1 leased Sofia 2 analyzer, 1 Installation pack, 3 flu kits)	
	Sofia 2 RSV Starter Kit 3 PK (75T) - #20313 (1 leased Sofia 2 analyzer, 1 install pack, 3 RSV kits)	
	Sofia 2 Strep A+ Starter Kit 3 PK (75T) - #20321 (1 leased Sofia 2 analyzer, 1 install pack, 3 Strep A+ kits)	
	Sofia 2 Lyme (MOD) Starter Kit 1 PK (25T) - # 20325 (1 leased Sofia 2 analyzer, 1 install pack, 1 Lyme kit)	
	Sofia 2 Lyme (Waived) Starter Kit 1 PK (15T) - # 20320 (1 leased Sofia 2 analyzer, 1 install pack, 1 Lyme kit)	
	For PURCHASED analyzers: Sofia 2 Analyzer - #20299 Installation pack - #20314 Virena Wireless Data Access and Myvirena com Access - #29999V	
Additional Shipping Info		



Sofia[®]
SARS Antigen FIA

AVAILABLE FOR SALE IN THE USA AS EUA
FOR BOTH SOFIA 2 AND SOFIA INSTRUMENTS

Objective SARS-CoV-2 Results at Your Fingertips



Accurate, objective and automated results in **15 minutes**



Track via **secure, remote instrument management** with **Virena[®]**



Excellent performance compared to molecular methods



Integrated data management automatically stores test and user history



Flexible, dual mode testing for high throughput in variety of laboratory environments

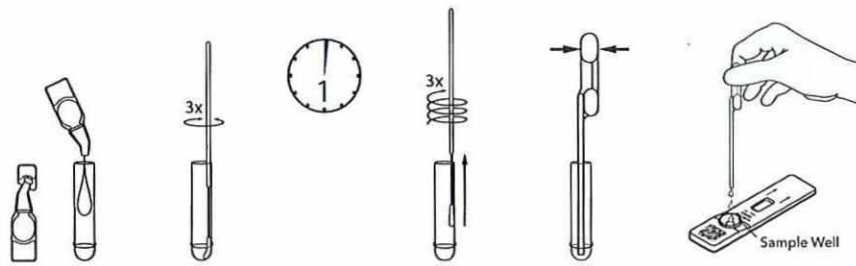


User and patient ID captured with **onboard barcode scanner**



Sofia SARS Antigen FIA – Procedure

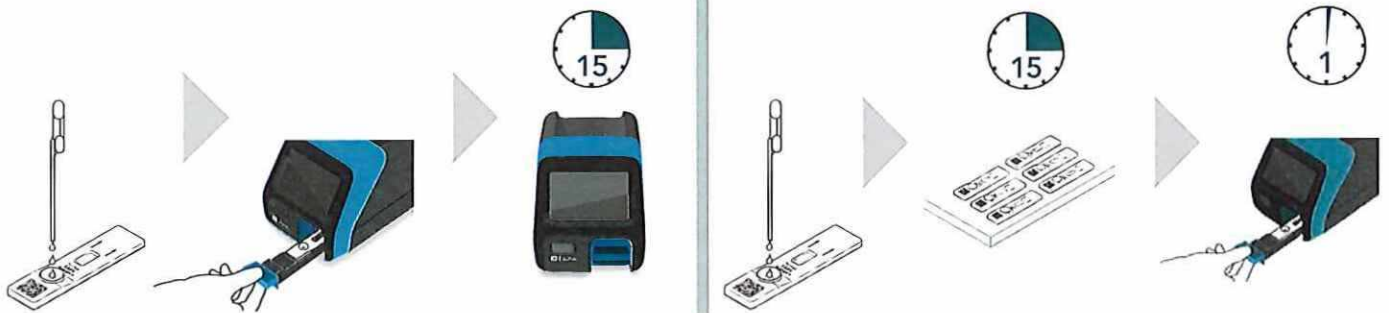
Nasal/Nasopharyngeal Swab Procedure



Sofia Development Modes

WALK AWAY Mode – Walk away and multitask

READ NOW Mode – Batch multiple samples per hour



Sofia SARS Antigen FIA

- Nasal and nasopharyngeal specimens
- Accurate detection with direct samples
- Results in 15 minutes
- Kit includes 25 sterile nasal swabs and a set of positive and negative control swabs
- Room temperature storage

Sofia SARS Antigen FIA Clinical Performance*

	Reference Extracted RT-PCR assay				95% CI			
	POS	NEG	Total	PPA	96.7%	83.3%	99.4%	
Sofia SARS Antigen FIA Assay	POS	29	0	29	NPA	100.0%	97.9%	100.0%
	NEG	1	179	180	PPV	100.0%	88.3%	100.0%
	Total	30	179	209	NPV	99.4%	96.9%	99.9%
					Prevalence	10.3%	7.4%	14.3%
					% agreement	99.7%		

*Please refer to the Package Insert for full study design and explanation.





1633 S. Missouri Ave
 Clearwater, FL 33756
 Phone (727) 441-3900 Fax (727)683-9218

INVOICE

DATE: Oct. 1, 2020
 INVOICE # 7416

Bill To:
 Personal Enrichment Mental Health Services (PEMHS)
 11254 58th Street North
 Pinellas Park, FL 33782

Jobsite:
 Building H & J

Contact: Robb Feld @ 727-362-4325

Robb Cell: 902-7438
 545-6477 (office)

Comments or Special Instructions:

SALESPERSON	P.O. NUMBER	SHIP DATE	SHIP VIA	F.O.B. POINT	TERMS
Jason Lustig		as soon as ready	Installer	Clearwater, FL	See Below

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
15750.00	Furnish & Install: Vinyl Composition Tile (VCT) (3 extra boxes not included in sq. ft. to be left on premises) 100% glued down, as per manufacturer's suggested adhesive & guidelines.	2.18	\$ 34,335.00
15277.00	Removal & disposal of existing glued down Vinyl planks. * Does NOT include moving furniture.	1.00	\$ 15,277.00

* 50% Cancellation fee / Restock Fee applies **	SUBTOTAL	\$ 49,612.00
* "Contractor Licensed" & Insured - Lic # C-10611 & 12	SALES TAX	
*Accredited Member of BBB with "A+" Rating!	Labor	included
-	TOTAL:	\$ 49,612.00
*** <u>Weekly Payments: To be paid each Friday, based on agreed upon approximate square footage of existing LVT removed & new VCT installed.</u>	Deposit	\$ 24,806.00
	*** Weekly payments	
	Total Balance due IMMEDIATELY upon completion.	\$ 24,806.00

Make all checks payable to Carpet Barn & More, Inc
Late payments will be subject to 1.5% COMPOUNDED WEEKLY INTEREST.
 VCT may have intentional shade variations.

Seller is not responsible for shipper delays.
 Unforeseen structural problems upon installation may change the amount due on this invoice.
 If you have any questions regarding this invoice, contact Jason, 727-441-3900, jason@drapes2floors.com

Buyer's signature: _____ Print: _____ Date: _____

THANK YOU FOR YOUR BUSINESS!

PEMHS

LPO List

Name of Organization	Contact Name	Telephone
Suncoast Center, Inc.	Denise Gibbons	727.327.7656 ext. 4172
Directions for Living	Christina Suarez	727.524.4464 ext. 1512
Pinellas Integrated Care Alliance	Sgt. Bowman	727.492.4610
Wellness Connection	Wellness Connection	727. 327.7656 ext. 4101

Email

dgibbons@suncoastcenter.org

csuarez@directionsforliving.org

jbowman1@pcsonet.com

bdaire@suncoastcenter.org