



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1196

**1. Project Title**

**2. Senate Sponsor**

**3. Date of Request**

**4. Project/Program Description**

Henderson, a non-profit 501(c)(3) org., operating for 70 years and serving 22,000 people annually, will develop 12 additional units of affordable supportive housing in Broward County for individuals with behavioral health conditions. Of the 6,000 people that come through Henderson Behavioral Health's Centralized Receiving System of Care, the majority do not have stable or affordable housing, and it is one of the most requested services. In South Florida, the lack of affordable housing has become a crisis, leading the nation in the highest income-to-housing discrepancy gap. As rental prices continue to increase, lower-income persons are unable to find adequate housing they can afford, resulting in many ending up homeless. Supportive housing increases mental health stability for people with severe and persistent mental health conditions, but also improves health and lowers public costs by reducing the use of publicly funded crisis services, including shelters, hospitals, and jail.

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

**State Agency contacted?**  No

**6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024**

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	2,500,000
<b>Total State Funds Requested</b>	<b>2,500,000</b>

**7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2,500,000	50%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	2,500,000	50%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>5,000,000</b>	<b>100%</b>

**8. Has this project previously received state funding?**  No

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

**9. Is future funding likely to be requested?**  No

**a. If yes, indicate nonrecurring amount per year.**

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



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

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

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

Planning     Design     Construction

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

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

There are no facility owners. Henderson Behavioral Health is a 501(c)(3) non-profit organization that is overseen by a volunteer board of directors.

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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Construction/renovation of supportive and affordable residential housing that accommodates 12 residents.	2,500,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>2,500,000</b>

14. Program Performance

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



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An increase in affordable housing inventory for people with mental health disorders in Broward County will be achieved. The U.S. Department of Housing and Urban Development defines affordable housing as “housing in which the occupant is paying no more than 30% of gross monthly income for housing costs.” In Broward, the most recent ALICE Report (Asset Limited, Income Constrained, Employed) shows that 77,000 renters — two-thirds of whom are people of color — are severely cost burdened, spending more than 50% of their monthly income on housing. Moreover, 54% of all employees in the county earn less than 60% of the area median income. And finally, Broward is ranked last in the state’s 67 counties in affordable available housing to this population, with less than 25 units for every 100 families. Additionally, we anticipate a reduction of use of publicly funded crisis services, incarceration and homeless of individual served by the project.

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

Henderson Behavioral Health will acquire one or more existing properties in Broward County and renovate as needed. These units will be targeted to Broward County residents with a severe and persistent mental illness. Persons served by the project must be income eligible. They must meet the Low or Extremely Low median income guidelines as established by HUD. Supportive services will be provided by Henderson Behavioral Health.

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

Persons served will receive safe and affordable housing. Supportive services will be offered to housing recipients. Henderson uses a client centered, community based model that focuses on assessing needs, referring to services, assisting with accessing services, and coordinating and monitoring on-going treatment. The comprehensive support services include; case management, certified peer support counseling, behavioral healthcare services, Medicaid and Medicare enrollment, access to employment services, and coordinating care for primary care and specialty care services.

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

This project will serve adults age 18 and over with a behavioral health diagnosis who may also have a concurrent substance use disorder. Persons served may also be experiencing homelessness at time of program entry. Persons served by the project must be income eligible. They must meet the Low or Extremely Low median income guidelines as established by HUD. Supportive services will be provided by Henderson Behavioral Health. It is anticipated the program will serve a minimum of 12 individuals annually over a period of 10 years.

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

Anticipated outcomes include:  
 Housing stability – As determined by persons served retaining the housing placement for a minimum of 12 months.  
 Reduction in hospitalizations-Data obtained from HIPPA-compliant data-sharing agreements with local hospitals  
 Reduction in incarceration-Data obtained from public arrest and jail records.  
 Improvement in participant overall mental/emotional status- The Mini-International Neuropsychiatric Interview tool will be used to evaluate this outcome.  
 Improved overall quality of life – The Ferrans and Powers Quality of Life Index will be used to evaluate this outcome.  
 To test for these effects and assess cost-effectiveness the evaluation design is a single group pre/post intervention with placement into permanent housing as the intervention.  
 Quality of life is assessed to determine change in stability, and the cost benefit analysis will be completed to determine change in hospital and community service costs.

**f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for the contract?**

A reduction or return of funding may be considered if Henderson Behavioral Health were to fail in meeting deliverables or performance measures provided for in the contract.

**15. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**



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d. Phone Number  Ext.

#### 16. Recipient Contact Information

a. Organization

b. Municipality and County

#### c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)

d. First Name  Last Name

e. E-mail Address

f. Phone Number

#### 17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number