



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1236

1. **Title of Project:** Replacement of Henderson Behavioral Health Crisis Stabilization Unit

2. **Senate Sponsor:** Perry Thurston

3. **Date of Submission:** 02/04/2019

4. **Project/Program Description:**

Replacement of Crisis Stabilization Unit (CSU) in disrepair and in an inaccessible area.

5. **State Agency to receive requested funds :** Department of Children and Families

State Agency Contacted? No

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	
Fixed Capital Outlay	1,000,000
Total State Funds Requested	1,000,000

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	1,000,000	8.47%
Federal	0	0.00%
State (excluding the amount of this request)	500,000	4.24%
Local	1,000,000	8.47%
Other	9,300,000	78.81%
Total Project Costs for Fiscal Year 2019-2020	11,800,000	100.0%

8. **Has this project previously received state funding?** Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		
2018-19		500,000	380A	No

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

10. **Details on how the requested state funds will be expended**

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	None	0
Other Salary and Benefits	None	0
Expense/Equipment/Travel/Supplies/Other	None	0
Consultants/Contracted Services/Study	None	0



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Operational Costs:		
Salary and Benefits	None	0
Expense/Equipment/Travel/Supplies/Other	None	0
Consultants/Contracted Services/Study	None	0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	To construct a replacement crisis stabilization unit currently in disrepair in order to provide mental health stabilization services to the citizens of Broward County in a more accessible area	1,000,000
Total State Funds Requested (must equal total from question #6)		1,000,000

11. Program Performance:

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

To build a replacement crisis stabilization unit (CSU) in disrepair, in an inaccessible neighborhood.

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

The activities and services that will be provided are CSU behavioral health services and programs. This includes psychiatric, psychological, social work and nursing services. Patients and families will get the services they need to stabilize a mental health crisis as well as linkage and follow-up to aftercare.

c. What are the direct services to be provided to citizens by the appropriations project?

Crisis Stabilization Services for citizens suffering acute mental health conditions.

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

Adults with mental health conditions; 1200 annually.

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

The expected benefit is a significant percentage in CSU patients being helped in the County. The service milieu will be a contemporary and welcoming unit, located in a safe and accessible neighborhood. Number of admissions will be measured daily, weekly, monthly and annually. Clinical outcomes are tracked via validated instruments and aftercare appointments are followed-up. Other outcomes include a reduction in recidivism, leading to lower treatment costs per patient and an increase in public safety. All of this data will be measured.

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

Performance improvement plans and corrective action.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

Henderson Behavioral Health, Inc.



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13. Requestor Contact Information:

- a. **Name:** Steven Ronik
- b. **Organization:** Henderson Behavioral Health, Inc.
- c. **E-mail Address:** sronik@hendersonbh.org
- d. **Phone Number:** (954)777-1626

14. Recipient Contact Information:

- a. **Organization:** Henderson Behavioral Health, Inc.
- b. **County:** Broward
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)
- d. **Contact Name:** Steven Ronik
- e. **E-mail Address:** sronik@hendersonbh.org
- f. **Phone Number:** (954)777-1626

15. Lobbyist Contact Information

- a. **Name:** Larry Overton
- b. **Firm Name:** Larry J. Overton & Associates, Inc.
- c. **E-mail Address:** loverton@loverton.net
- d. **Phone Number:** (850)224-2859