

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 1236

1. Project Title	Affordable Supportive Housin Disabilities	g Expa	insion for People with	Mental Health		
2. Senate Sponsor	Lori Berman					
3. Date of Request	02/03/2023					
4. Project/Program De	escription					
individuals with a set Services (FACT). In income-to-housing d adequate housing, re and persistent menta funded crisis service	ral Health will develop 12 addition vere and persistent mental healt South Florida, the lack of affordatiscrepancy gap. As rental prices esulting in homelessness. Supposal health conditions, but also impos, including shelters, hospitals, and of FACT services are most often	h cond able ho contin ortive h proves and jail	itions that are receiving the state of the transfer of the tra	ng Florida Assertive crisis, leading the rincome persons are that health stability blic costs by reducing awarded a second partly awarded a second process.	e Community Treatment nation in the highest re unable to find for people with severeing the use of publicly cond FACT team in	
5. State Agency to rec	ceive requested funds De	partme	ent of Children and Fa	amilies		
State Agency conta	cted? No					
6. Amount of the Nonr	ecurring Request for Fiscal Ye	ear 202	23-2024			
Type of Funding	Type of Funding Amount					
Operations				0		
Fixed Capital Outlay				2,400,000		
Total State Funds Requested 2,400,000						
7. Total Project Cost fo	or Fiscal Year 2023-2024 (inclu	ıding r	matching funds avai	lable for this proje	ect)	
Type of Funding			Amount	Percentage		
Total State Funds R	equested (from question #6)		2,400,000	50%		
Matching Funds						
Federal			0	0%		
State (excluding the	amount of this request)		0	0%		
Local			0	0%		
Other			2,400,000	50%		
Total Project Costs	for Fiscal Year 2023-2024		4,800,000	100%		
8. Has this project pre	eviously received state funding	g?	No			
Fiscal Year (уууу-уу)	Amount Recurring Nonrecur	ring	Specific Appropriation #	Vetoed		
9. Is future funding lik	raly to be requested?		No			
•	•					
a. If yes, indicate n	onrecurring amount per year.					
b. Describe the sou	rce of funding that can be use	ed in li	eu of state funding.			



Planning

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If yes, indi	the amount of funds received and what the funds were used for.
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•	estions 11 and 12 for Fixed Capital Outlay Projects
Complete 1. Status of C	·

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

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

c. What is the estimated start date of construction?

Construction

d. What is the estimated completion date of construction?

03/31/23

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		
Administrative Costs:				
Executive Director/Project Head Salary and Benefits		0		
Other Salary and Benefits		0		
Expense/Equipment/Travel/Supplies/Other		0		
Consultants/Contracted Services/Study		0		
Operational Costs: Other				
Salary and Benefits		0		
Expense/Equipment/Travel/Supplies/Other		0		
Consultants/Contracted Services/Study		0		
Fixed Capital Construction/Major Renovation:				
Construction/Renovation/Land/ Planning Engineering	Construction/purchase/renovation of supportive and affordable residential housing that accommodates 12 residents	2,400,000		
Total State Funds Requested (m	ust equal total from question #6)	2,400,000		

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 disabilities in Palm Beach 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.") 56% of Palm Beach County renters are cost burdened making Palm Beach County one of the most unaffordable places to live in the U.S. For low and extremely low income people, especially those with mental health disabilities, it is nearly impossible obtain affordable housing. These funds will be utilized to make housing available for this population. With affordable housing, additional purpose served is to decrease hospitalization, homelessness and incarceration, reducing use of publicly funded services and improve behavioral health and health outcomes, reducing costs related to healthcare.

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 Palm Beach County and renovate as needed. These units will be targeted to Palm Beach County residents with a severe and persistent mental illness, receiving FACT services. In addition, 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, individual therapy, medication management, nursing, 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 and that are enrolled in FACT services. 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 in the contract.

15. Requester Contact Information

a. First Name	Steven	Last Name	Ronik
b. Organization	Henderson Behavioral He	alth	
c. E-mail Address	sronik@hendersonbh.org		



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	d. Phone Number	(954)777-1626	Ext.			
16.	16. Recipient Contact Information					
	a. Organization Henderson Behavioral Health					
	b. Municipality and	Palm Beach				
	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	Steven	Last Name	Ronik		
	e. E-mail Address	sronik@hendersonbh.org				
	f. Phone Number	(954)777-1626				
17.	17. Lobbyist Contact Information					
	a. Name	None				
	b. Firm Name	None				
	c. E-mail Address					
	d. Phone Number					