

1. Project Title

2. Senate Sponsor

Rosalind Osgood

### The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026

Hurricane Resiliency and Safety Enhancements to Protect Vulnerable Adults with Mental Illness

**LFIR # 1971** 

3.	Date of Request	2/11/2025				
4.	Project/Program De	escription				
	services to the most campuses where 84 furnishings; one outp	vulnerable individu mentally ill adults r patient location that e utilized to ensure	als with severe and eside are in need o serves 3,000+ adu	persistent mental illr f generators, replace Its and 2,000+ youth	ness. Two of our res ment of flooring, bat is in need of a roof	throoms, paint and
5.	State Agency to rec		nds Departme	ent of Children and F	amilies	
	State Agency conta	•				
	Amount of the Nonr		for Figure Voor 20	25 2026		
<b>o.</b>		ecurring Request	TOI FISCAI TEAI 20.			I
	Type of Funding			Amo	ount	
	Operating				0	
	Fixed Capital Outlay				1,875,000	
	Total State Funds F	Requested			1,875,000	
7.	Total Project Cost fo	or Fiscal Year 202	5-2026 (including	matching funds ava	ilable for this proje	ect)
	Type of Funding			Amount	Percentage	
	Total State Funds Re	equested (from que	stion #6)	1,875,000	50%	
Matching Funds						
	Federal			0	0%	
	State (excluding the	amount of this requ	iest)	1,275,000	34%	
	Local			600,000 16%		
	Other			0	0%	
	<b>Total Project Costs</b>	for Fiscal Year 20	25-2026	3,750,000	100%	
0	Has this project pre	viously received	state funding?	Yes		
Ο.	If yes, provide the r	•	_	165		
	ii yes, provide tile i	nost recent mistan				
	Fiscal Year	Amount		Specific	Vetoed	
	(yyyy-yy)	Recurring	Nonrecurring	Appropriation #		
	2023-24	_	2,500,000	387A		
9.	Is future-year fundi	ng likely to be req	uested?	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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### **Complete questions 10 and 11 for Fixed Capital Outlay Projects**

10. Status	of Constructi	ion				
a. What	is the curren	t phase of th	ne project?			
O Pla	nning <u>@</u>	<b>)</b> Design	O Construction	N/A		
b. Is the	<ul><li>b. Is the project "shovel ready" (i.e permitted)?</li><li>c. What is the estimated start date of construction?</li><li>d. What is the estimated completion date of construction?</li></ul>			No		
c. What				06/01/2025		
d. What				<b>?</b> 12/31/2025		
e. What	funding strea	am will be us	sed for ongoing operatio	ns and maintenance o	f the project?	
Current funding includes state and local funding, Medicare, Medicaid and commercial insurance, as well as grants and donations.						
			receive, directly or indi		l outlay funding. Include th	
None	None					
12. Details	on how the r	equested sta	ate funds will be expend	ed		

#### 12.

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			
Salary and Benefits		0	
Expense/Equipment/Travel/Supplies/ Other		0	
Consultants/Contracted Services/Study		0	
Fixed Capital Construction/Major	r Renovation:		
Construction/Renovation/Land/ Planning Engineering	As determinants for cost, we have obtained 3 estimates for roof and 3 estimates for generators. 1 roof replacement for 40,000 square ft outpatient facility \$512,127; 1 generator installation for 20-unit residential level 3 facility \$387,836, 1 generator installation for 64-bed occupancy residential level 2 campus with 4 buildings \$600,037; Replacement for flooring, bathrooms, paint, and furnishings at 64-bed occupancy residential level 1 & 2 campus with 4 buildings \$375,000.	1,875,000	
Total State Funds Requested (must equal total from question #6)			

#### 13. Program Performance

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



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The purpose of these funds is to be able to safely operate our residential and outpatient facilities during and post hurricane force winds. We have two residential treatment campuses where 84 mentally ill adults reside that require generators, replacement of flooring, bathrooms, paint, and furnishings; and one outpatient location that serves 3,000+ adults and 2,000+ youth that is in need of a roof that can withstand storms. Funds would be utilized to purchase a roof, generators, replacement of flooring, bathrooms, paint and furnishings.

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

Funds will be utilized to install generators, replace flooring, bathrooms, paint and furnishings at two residential treatment campuses serving 84 adults with severe and persistent mental illness and to install a new roof for an outpatient facility serving over 5,000 youth and adults so that we can safely remain operational during and post hurricanes.

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

Residential treatment to include housing, medication management, individual, group and family therapy, case management, peer recovery support, psychosocial rehabilitation and supportive employment and outpatient services to include medication management, primary care, individual, group and family therapy, case management, peer recovery support, psychosocial rehabilitation.

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

Over 5,000 individuals will be served annually. Target populations include adults and youth with mental illness, at risk youth, persons with poor physical and mental health, homeless individuals, economically disadvantaged individuals.

- e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
- a. Two residential campuses will have generators to operate the facility and new flooring, paint, bathrooms and furnishings in case of severe wind damage so that we can safely house and treat residents in and post hurricanes as measured by the completion of the installation of 2 generators and installation of replacement flooring, bathrooms, paint and furnishings.
- b. One outpatient facility will have its roof replaced to withstand hurricane force winds so that we can remain open to the public post hurricanes as measured by the completion of the installation of the new roof.
- 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?

101	railing to meet deliverables or performance measures provided for in the contract?
R	eturn of all funds.
14. Is t	this project related to mitigation, response, or recovery from a natural disaster? No
a. If	Yes, what phase best describes the project?
	Mitigation (reducing or eliminating potential loss of life or property)
	Response (addressing the immediate and short-term effects of a natural disaster)
	Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)
b. N	ame of the natural disaster (or Executive Order # for events not under a federal declaration):
15. Ha	s the entity applied for or received federal assistance for this project?
<b>"</b>	Yes, Applied
<b>"</b>	Yes, Received
	No



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□ No, but intends to	o apply				
a. If yes, provide th	ne FEMA project workshe	et ID#:			
b. Provide the total	l project cost listed on th	e FEMA proj	ect worksheet:		
16. Has the entity app	olied for or received state	assistance	for this project (other than	n this request)?	
☐ Yes, Applied					
☐ Yes, Received					
□ No					
☐ No, but intends to	o apply				
a. If yes, specify the Commerce):	e program and state age	ncy (ex. Loca	al Government Emergenc	y Bridge Loan, Department of	
17. Requester Contact	t Information				
a. First Name	Steven	Last Name	Ronik		
b. Organization	Henderson Behavioral He	ealth			
c. E-mail Address	sronik@hendersonbh.org				
d. Phone Number	(954)777-1626	Ext.			
18. Recipient Contact	Information				
a. Organization	Henderson Behavioral He	ealth			
b. Municipality and	d County Broward				
c. Organization Ty	pe				
□For Profit Entity					
☑Non Profit 501(c	☑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		



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e. E-mail Address	sronik@hendersonbh.org				
f. Phone Number	(954)777-1626	Ext.			
19. Lobbyist Contact Information					
a. Name	None				
b. Firm Name					
c. E-mail Address					
d. Phone Number					

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.