



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

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

2. **Senate Sponsor:** Perry Thurston

3. **Date of Submission:** 12/07/2017

4. **Project/Program Description:**

Replacement of Crisis Stabilization Unit (CSU) that is currently in a state of disrepair and located in an inaccessible area.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
Department of Children and Families

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
	2,000,000	2,000,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	1,000,000	12.5%
Other	5,000,000	62.5%
TOTAL	6,000,000	75.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 8,000,000

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

10. Is future-year funding likely to be requested?

No

11. Program Performance:

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

Replacement of 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. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		



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<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	To replace CSU in disrepair and in an inaccessible neighborhood to a more central location.	2,000,000
TOTAL		2,000,000

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

Crisis stabilization services.

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

Adults with mental health conditions; 1200 annually.

f. 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 this data will be measured.

g. 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.

The owner of the facility is the same as the entity. The entity is Henderson Behavioral Health, Inc.

13. Requestor Contact Information:

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

14. Recipient Contact Information:

- a. **Organization:** Henderson Behavioral Health, Inc.
- b. **County:** Broward



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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. If there is a registered lobbyist, fill out the lobbyist information below.

a. Name: Larry Overton

b. Firm: Larry J. Overton and Associates, Inc.

c. Email: loverton@loverton.net

d. Phone Number: (850)224-2859