

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: The Renaissance Manor - Assisted Living Services for Mental Health Clients
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Joe Gruters
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
If answer to 4a is ?No? skip 4b and 4c and proceed to 4d, Col. E
- b. What is the most recent fiscal year the project was funded? 2017-18
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non-vetoed amounts provided in Column A)	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:		600,000	600,000		600,000	600,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? No
 - 5a. If yes, which state agency?
 - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Children and Families
 - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes
 - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

The managing entity, Central Florida Behavioral Health Network (CFBHN), requires services and people served to be uploaded and maintained in the Electronic Records System (CHDS). CFBHN requires this information to be uploaded to their system to ensure the amount of services provided equals (or exceeds) the invoiced amount. If there is not enough data uploaded into their system to indicate services provided per contract requirements, CFBHN will reduce the payment to the provider.

6. Requester:

- a. Name: J. Scott Eller
- b. Organization: Community Assisted and Supported Living, Inc.
- c. Email: scott.eller@caslinc.org
- d. Phone #: (941)928-1814

7. Contact for questions about specific technical or financial details about the project:

- a. Name: J. Scott Eller
- b. Organization: Community Assisted and Supported Living, Inc.
- c. Email: scott.eller@caslinc.org
- d. Phone #: (941)928-1814

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Frank Mayernick
- b. Firm: The Mayernick Group
- c. Email: frank@themayernickgroup.com
- d. Phone #: (850)251-8898

9. Organization or Name of entity receiving funds:

- a. Name: Community Assisted and Supported Living, Inc.
- b. County (County where funds are to be expended): Sarasota
- c. Service Area (Counties being served by the service(s) provided with funding): Charlotte, Collier, Lee, Manatee, Sarasota

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)

- Local Government
- University or College
- Other (Please describe)

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

This program seeks to assist the SPMI population, throughout the State of Florida, with low income housing that provides case management and other supportive housing services. Approximately 90% of our residents have an income of \$0.00 to \$8,940 per year, or 19% of area median income. In Sarasota County, the HUD fair market rent for an efficiency unit is \$769/month or \$9,228/year.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?0? if request is zero for the category
Administrative Costs:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Program director who is responsible for: information management, program/contract compliance, program audits/monitoring, supervising case managers, and to act as security and privacy officer.	67,500
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Part time account for processing payroll, financial reports, financial audit compliance and compliance with Generally Accepted Accounting Principles. Employee benefits to include health insurance, disability insurance, and dental.	60,000
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		

<input checked="" type="checkbox"/> e. Salaries and Benefits	Case Management salaries and other cost for employment such as: worker's compensation, health insurance, payroll taxes, and state unemployment taxes.	424,317
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Each Case Manager is provided with an office, cell phone, computer, and mini van or four door car. The vehicles are used for transporting clients to appointments, social outings, shopping, etc. The funds will be used for gas, vehicle maintenance, cell phone usage, office space, office supplies, IT Support, and Electronic Health Record system.	48,183
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		600,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

N/A

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

The Sheriffs in both Sarasota and Lee County have publicly supported our program. The human services directors in Sarasota, Charlotte,

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

In studies, Take a Look at Homelessness, 2016 Annual Report on the Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant and the 2016 report from Sarasota County on the SHIFTS program have all reached the same conclusions of the reduction in the acute care system, forensic system, and criminal justice system of people with a severe and persistent illness who gain access to permanent supportive housing.

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

Services provided by CASL assist the State in the management of a system of care for persons with mental illnesses. This care is designed to reduce the occurrence, severity, duration and disabling aspects of mental and behavioral disorders. CASL helps individuals to progress towards recovery, self-fulfillment, and actualization through the provision of supportive services and housing. CASL and its assisted living facility (ALF), Renaissance Manor, seek to assist each individual with the services

17b. Describe the direct services to be provided to the citizens by the funding requested.

The case managers will perform services essential to maintaining stability and independence for persons with severe and persistent mental illness to remain in the community with the goal of promoting resiliency, independence and self-determination. The direct services will include, but not limited to, developing a FARs (Functional Assessment Rating Scale) evaluation, ISP (Individualized Service Plan), a minimum of two home visits per week, goal progress, and support.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth

- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe)

17d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input type="checkbox"/> Improve physical health		
<input checked="" type="checkbox"/> Improve mental health	People residing in the permanent supportive housing program will have access to psychiatric outpatient services and follow up care as they will have a case manager who will ensure follow up.	Case Managers will conduct assessments, state outcomes and create service plans every six months, They will meet with the client/resident at least once per week.

<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input checked="" type="checkbox"/> Improve transportation conditions	Each case manager will have access to a vehicle for the purposes of transporting residents to doctors appointments, out patient services, grocery shopping, access to cultural enrichment activities and other daily living needs for which transportation is deemed necessary.	Transportation services will be documented on the electronic health records system.
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		

<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2018-19 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	600,000	23.6%	N/A
2. Federal:	1,107,701	43.6%	Yes
3. State: (Excluding the requested Total Amount in #4d, Column F)	180,000	7.1%	No
4. Local:	409,678	16.1%	Yes
5. Other:	245,000	9.6%	No
TOTAL	2,542,379	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

Yes

20a. How much state funding would be requested after 2018-19 over the next 5 years?

- <1M
- 1-3M
- >3-10M
- >10M

20b. How many additional years of state support do you expect to need for this project?

- 1 year
- 2 years
- 3 years
- 4 years
- ≥ 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select ?ongoing activity?.

- Ongoing activity ? no total cost
- <1M
- 1-3M
- >3-10M
- >10M