

# Appropriations Project Request - Fiscal Year 2017-18

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Independent Supportive Housing for persons with Severe and Persistent Mental Illness-The Renaissance Manor

2. Date of Submission: 01/25/2017

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***

b. What is the most recent fiscal year the project was funded? 2016-17

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 (Note that column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in column G):

FY:	Input Prior Year Appropriation for this project for FY 2016-17 <i>(If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2017-18 <i>(Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring .)</i>		
	Column:	A	B	C	D	E
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated  <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring Request</b> <i>(Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)</i>
Input Amounts:		500,000	500,000		600,000	600,000

5. Are funds for this issue requested in a state agency?s Legislative Budget Request submitted for FY 2017-18? 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? For example, if the requested issue pertains to services provided to inmates at correctional facilities, the Department of Corrections would be the most appropriate state agency. Department of Children and Families

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 (Please retype if same as 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

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

- 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(Please retype if same as Requestor or Contact):

- 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 or supportive housing services to support the individual in maintaining independent community living in a stable and assisted manner. Approximately 90% of our residents have an income of \$0.00 to \$8,880 per year. Due to limited resources, they cannot afford housing on the open market. In Sarasota County, the HUD fair market rent for an efficiency is \$675/month.

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) 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 (including electronic health record and data), program/contract compliance (Q1/QA), program audits/monitoring, supervise 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, 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 to appointments, social outings, food shopping, etc... The funds will be used for gas, vehicle maintenance, cell phone usage, office space, office supplies, computer with 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		
<b>TOTAL</b>		<b>600,000</b>

13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Fixed Capital Outlay? was not selected, question 13 is not applicable)

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, Lee and Collier Counties have publicly supported CASL supportive housing program.

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 conclusion 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. Describe the target population to be served. 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
- Other (Please describe)

17b. 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 all that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	no answer	no answer
<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 checked="" type="checkbox"/> Increase or improve economic activity	no answer	no answer
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	no answer	no answer
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	no answer	no answer
<input checked="" type="checkbox"/> Reduce recidivism	85% of clients will not use costly acute care or crisis services.	Clients will be linked to medical and psychiatric care.
<input checked="" type="checkbox"/> Reduce substance abuse	no answer	no answer
<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	no answer	no answer
<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 2017-18 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total (Automatically Calculates)	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	600,000	22.1%	N/A
2. Federal:	1,107,701	40.8%	Yes
3. State: (Excluding the requested Total Amount in #4d, Column F)	600,000	22.1%	No
4. Local:	409,678	15.1%	Yes
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>2,717,379</b>	<b>100%</b>	

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 2017-18 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

1-2M

>2-3M

>3-10M

>10M