Appropriations Project Request - Fiscal Year 2018-19
For projects meeting the Definition of House Rule 5.14

1. Title of Project: Citrus Health Network - Safe Haven for Homeless Youth
2. Date of Submission: 11/10/2017
3. House Member Sponsor: David Richardson
    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:		140,800	140,800		140,800	140,800

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.

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Citrus Health Network will be providing in-kind behavioral health and primary care services for Safe Haven clients. Citrus Health Network is committed to the Safe Haven program and state funding is crucial to its success. The loss of state funds would greatly diminish staffing and transitional housing availability.

6. Requester:
    a. Name: <u>Mario Jardan</u>
    b. Organization: <u>President & CEO, Citrus Health Network, Inc.</u>
    c. Email: <u>mario@citrushealth.com</u>
    d. Phone #: <u>(303)424-3100</u>

7. Contact for questions about specific technical or financial details about the project:
    a. Name: <u>Maria Alonso</u>
    b. Organization: <u>COO, Citrus Health Network, Inc.</u>
    c. Email: <u>maria@citrushealth.com</u>
    d. Phone #: <u>(303)424-3100</u>

8. Is there a registered lobbyist working to secure funding for this project?
    a. Name: <u>Monica Rodriguez</u>
    b. Firm: <u>Ballard Partners</u>
    c. Email: <u>monica@ballardfl.com</u>
    d. Phone #: <u>(850)577-0444</u>

9. Organization or Name of entity receiving funds:
    a. Name: <u>Citrus Health Network, Inc.</u>
    b. County (County where funds are to be expended): <u>Miami-Dade</u>
    c. Service Area (Counties being served by the service(s) provided with funding): <u>Miami-Dade</u>

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?

The Safe Haven program serves homeless youth ages 18-24 who have been thrown out of their homes, or running away from an abusive environment and are at a high risk of being recruited into commercial sexual exploitation and human trafficking. The program provides transitional housing and supportive services to ?throwaway? and runaway young people, until placed in an independent living setting. Participants will have access to behavioral health, primary care, and other supportive services.

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:		
☐a. Executive Director/Project Head Salary and Benefits		
☑b. Other Salary and Benefits	Administrative Costs (including accounting, human resources, insurance)	7,600
☐c. Expense/Equipment/Travel/Supplies/Other		
☐d. Consultants/Contracted Services/Study		
Operational Costs:		
☑e. Salaries and Benefits	Case Manager salary + 20% fringe benefits	45,600
☑f. Expenses/Equipment/Travel/Supplies/Other	Direct client assistance (incidental expenses, including: food, clothing, bus passes, books, and furniture); Room and Board and/or Rental Assistance (Transitional Housing/Living Costs, including:	87,600

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	motels, apartment deposits and initial rent, group home fees, and utilities); and Staff Mileage and Phone Allowance for Case Manager.	
☐g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
☐h. Construction/Renovation/Land/Planning Engineering		
TOTAL		140,800

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?
No

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:
While a study has not been completed, in order to track data & outcomes for the program, data is inputted into the Homeless Management Information System (HMIS) which is integrated into the countywide system led by the Miami-Dade Homeless Trust. HMIS is a locally operated information technology system of the U.S. Department of Housing and Urban Development (HUD) to collect client-level data & data on provision of housing & services to homeless individuals, families, and persons at risk.

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?
   All participants will have access to behavioral health, primary care, and other supportive services depending on their individual needs. At least 70% will be transitioned to stable, long-term placements.In the last contract year 57 young people were served. In the current contract year 26 clients have been served so far with 14 currently actively engaged in the program. Approximately 75 percent of Safe Haven program clients are employed and/or enrolled in school.

17b. Describe the direct services to be provided to the citizens by the funding requested.
   Clients receive transitional housing with a focus on preparation for permanent housing, transportation support, counseling and case management, linkage to health and dental services and HIV/STD testing , referrals to GED prepaparation and testing and other educational resouces, and job preparation skills.

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?

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○< 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
☑Improve physical health	Number of participants linked to a primary care provider	Safe Haven clients who have been linked to a primary care provider(PCP) will have a PCP noted in their electronic health record. If a CHN provider is the PCP, the client will also have a record in the primary care electronic health record.
☑Improve mental health	Number of participants linked to a behavioral health provider.	Safe Haven clients who have been linked to behavioral health services will have documentation of programs and services in their electronic health record.
☐Enrich cultural experience		
☐Improve agricultural production/promotion/education		
☐Improve quality of education		
☐Enhance/preserve/improve environmental or fish and wildlife quality		
☐Protect the general public from harm (environmental, criminal, etc.)		

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☐Improve transportation conditions		
☐Increase or improve economic activity		
☐Increase tourism		
☐Create specific immediate job opportunities		
☐Enhance specific individual?s economic self sufficiency		
☑Reduce recidivism	Number of participants whose Prior Living Situation was ?Jail/prison? who have not returned to jail/prison.	The HMIS system collects information about the client?s ?Prior Living Situation?, where the client slept in the week prior to entering services, including Jail/prison. HMIS also collects data in the ?Destination? section about how many clients are discharged to ?Jail/prison.? Clients who had previously been in jail who did not return to jail saw a reduction in recidivism.
☐Reduce substance abuse		
☑Divert from Criminal/Juvenile justice system	Number of participants whose Prior Living Situation was ?Jail/prison? who have not returned to jail/prison.	The HMIS system collects information about the client?s ?Prior Living Situation?, where the client slept in the week prior to entering services, including Jail/prison. HMIS also collects data in the ?Destination? section about how many clients are discharged to ?Jail/prison.? Clients who had previously been in jail who did not return to jail saw a reduction in recidivism/diversion from the

		Criminal/Juvenile Justice system.
☐Improve wastewater management		
☐Improve stormwater management		
☐Improve groundwater quality		
☐Improve drinking water quality		
☐Improve surface water quality		
☑Other (Please describe): Reduce Homelessness	Number of participants who exited the program and were placed in permanent housing.	The HMIS system collects the Destination of clients who have left the program. The system can track how many clients were discharged with a placement in permanent housing.

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:	140,800	96.7%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	4,800	3.3%	Yes
TOTAL	145,600	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?
<u>Yes</u>

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