

Appropriations Project Request - Fiscal Year 2017-18

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: 02/07/2017

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

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? Yes

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>	Additional Nonrecurring Request	TOTAL Nonrecurring Request <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:		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 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: Mario Jardon
- b. Organization: President, Citrus Health Network, Inc.
- c. Email: mario@citrushealth.com
- d. Phone #: (305)424-3100

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: Maria Alonso
- b. Organization: COO, Citrus Health Network, Inc.
- c. Email: maria@citrushealth.com
- d. Phone #: (305)424-3100

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

- a. Name: Monica Rodriguez
- b. Firm: Ballard Partners
- c. Email: monica@ballardfl.com
- d. Phone #: (850)577-0444

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

- a. Name: Citrus Health Network, Inc.
- b. County (County where funds are to be expended): Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding): Miami-Dade

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. F) Enter "0" if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Administrative Costs (including accounting, human resources, insurance)	7,600
<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 Manager salary + 20% fringe benefits	45,600
<input checked="" type="checkbox"/> 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	87,600

	Housing/Living Costs, including: motels, apartment deposits and initial rent, group home fees, and utilities); and Staff Mileage and Phone Allowance for Case Manager.	
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		140,800

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?

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. 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	Number of participants linked to a	Safe Haven clients who have been linked to a primary care provider

	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.
<input checked="" type="checkbox"/> 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.
<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 type="checkbox"/> Improve transportation conditions		
<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 checked="" type="checkbox"/> 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.
<input type="checkbox"/> Reduce substance abuse		
<input checked="" type="checkbox"/> 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.
<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 checked="" type="checkbox"/> Other (Please describe): Reduce Homelessness	Number of participants who exited the program and were placed in	The HMIS system collects the Destination of clients who have left

	permanent housing.	the program. The system can track how many clients were discharged with a placement in permanent housing.
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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:	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?

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