

Appropriations Project Request - Fiscal Year 2020-21

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: 11/07/2019
3. House Member Sponsor: Nicholas Duran
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? 2019-20
- 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 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
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 plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		140,800	140,800		155,000	155,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? 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? No
 - 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.
Conduct an audit.

6. Requester:

- a. Name: Mario Jardon
- b. Organization: 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:

- a. Name: Mario Jardon
- b. Organization: Citrus Health Network, Inc.
- c. Email: mario@citrushealth.com
- d. Phone #: (305)424-3100

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

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of entity receiving funds:

- 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 are running away from an abusive environment. Many are at high risk of being recruited into human trafficking. Safe Haven will provide at least 50 youth with transitional housing for 1-3 months, and supportive services, including behavioral health and primary care, based on their individual needs. At least 70% will be transitioned to stable, long-term placements.

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 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, etc)	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 Housing/Living Costs, including: motels, apartment deposits and initial rent, group home fees, and utilities);	101,800

	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		155,000

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)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

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:

Citrus Health Network was able to leverage state funding for the Safe Haven for Homeless Youth to obtain a grant from the U.S. Department of Housing and Urban Development of nearly \$1 Million. State funding for Safe Haven for Homeless Youth serves as valuable state matching dollars, which allows Citrus Health Network to provide services to additional young adults.

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, program data is inputted into the Homeless Management Information System (HMIS) to track data and outcomes. HMIS is integrated into the county-wide 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 and data on provision of housing and services to homeless individuals, and families and persons at risk of homelessness

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?

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 preparation and testing and other educational resources, and job preparation skills. On average, 75 percent of Safe Haven clients are employed and/or enrolled in school.

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

The Safe Haven Program serves homeless youth ages 18-24 who have been thrown out of their homes, or are running away from an abusive environment. Many of them are at high risk of being recruited into human trafficking. Safe Haven 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 preparation and testing and other educational r

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 checked="" type="checkbox"/> 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.
<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 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
<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 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 2020-21 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:	155,000	14.1%	N/A

2. Federal:	940,000	85.5%	Yes
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	5,000	0.5%	Yes
TOTAL	1,100,000	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 2020-21 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