

# Budget Detail Request - Fiscal Year 2016-17

Your request will not be officially submitted unless all questions and applicable sub parts are answered.

1. Title of Project: Safe Haven for Homeless Youth
2. Date of Submission: 01/22/2016
3. House Member Sponsor(s): David Richardson

## 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? 2015-16
- 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 2015-16 (If appropriated in FY 2015-16 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2016-17 (If no new Recurring or Nonrecurring funding is requested, enter zeros.)			
	Column: A	B	C	D	E	F	G
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 )	<b>INCREASED or NEW Recurring Requested</b>	<b>TOTAL Nonrecurring Requested</b>  (Nonrecurring is one time funding & must be re-requested every year)	<b>Total Funds Requested Over Base Funding</b>  (Recurring plus Nonrecurring: Column E + Column F)
Input Amounts:	0	100,000	100,000		140,800	0	140,800

- e. New Nonrecurring Funding Requested for FY 16-17 will be used for:
- f. New Recurring Funding Requested for FY 16-17 will be used for:

## 5. Requester:

- a. Name: Mario Jardon
- b. Organization: Citrus Health Network, Inc.

- c. Email: mario@citrushealth.com
- d. Phone #: (305)424-3100

6. 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

7. Write a project description that will serve as a stand-alone summary of the project for legislative review. The description should summarize the entire project's intended purpose, the purpose of the funds requested (if request is a sub-part of the entire project), and most importantly the detail on how the funds requested will be spent - for example how much will be spent on positions and associated salaries, specifics on capital costs, and detail of operational expenses. The summary must list what local, regional or statewide interests or areas are served. It should also document the need for the funds, the community support and expected results when applicable. Be sure to include the type and amount of services as well as the number of the specific target population that will be served (such as number of home health visits to X, # of elderly, # of school aged children to receive mentoring, # of violent crime victims to receive once a week counseling etc.)

From 2013-2015, the Citrus Health Network Safe Haven for Homeless Youth program served adolescents and young adults (ages 14-23) who are among the most vulnerable in Miami-Dade County. These young people have been thrown out of their homes, or are running away from an abusive environment, and research has shown that they are at a high risk of being recruited into sexual and human trafficking.

Beginning in October 2013, the program provided safe, temporary housing combined with supportive services, including specialized case management, and therapeutic behavioral health services and primary care services to stabilize these youth, to prevent high risk behavior and discourage running away. These youth were then transitioned to foster care with specially trained foster parents, or prepared for independent living, as appropriate based on their age.

During the program's operation, its partners raised additional funds through local matching dollars and in-kind services for an outreach coordinator, primary care and additional behavioral health services, supplemental room and board and rental assistance, and administrative funds. The \$140,800 in state funding is crucial to the success of the Safe Haven program.

The program was part of the Miami-Dade Continuum of Care for housing services. In order to track data and outcomes, the data is inputted into the Homeless Management Information System, a technology system of the U.S. Department of Housing and Urban Development.

8. Provide the total cost of the project for FY 2016-17 from all sources of funding:

- Federal: 0
- State: 0 (Excluding the requested Total Amount in #4d, Column G)
- Local: 0

Other: 100,000

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

No