



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 2136

**1. Title of Project:** Citrus Health - Safe Haven for Homeless Youth

**2. Senate Sponsor:** Travis Hutson

**3. Date of Submission:** 02/22/2019

**4. Project/Program Description:**

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 a high risk of being recruited into commercial sexual exploitation and human trafficking. The Safe Haven program provides transitional housing and supportive services to “throwaway” and runaway young people, until they can be placed in a stable, independent living setting. It is expected that at least 50 youth will be provided safe housing for approximately one to three months. 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. On average, 75 percent of Safe Haven clients are employed and/or enrolled in school.

**5. State Agency to receive requested funds :** Department of Children and Families

State Agency Contacted? No

**6. Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	140,800
Fixed Capital Outlay	
<b>Total State Funds Requested</b>	<b>140,800</b>

**7. Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	140,800	96.70%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	4,800	3.30%
<b>Total Project Costs for Fiscal Year 2019-2020</b>	<b>145,600</b>	<b>100.0%</b>

**8. Has this project previously received state funding? Yes**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		
2018-19		140,800	347	No

**9. Is future-year funding likely to be requested? Yes**



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a. If yes, indicate non-recurring amount per year. \$140,800

#### 10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits	Administrative Costs (including accounting, human resources, insurance)	7,600
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs:</b>		
Salary and Benefits	Case Manager salary + 20% fringe benefits	45,600
Expense/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); and Staff Mileage and Phone Allowance for Case Manager.	87,600
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>140,800</b>

#### 11. Program Performance:

a. What is the specific purpose or goal that will be achieved by the funds requested?

Over the course of the year, at least 50 young adults will be provided safe housing, for approximately 1-3 months each. All participants will have access to behavioral health, primary care, and supportive services, tailored to their individual needs. The goal is that at least 70 percent will be transitioned to stable, long-term placements.

b. What are the activities and services that will be provided to meet the intended purpose of these funds?

Clients receive transitional housing with a focus on preparation for permanent housing, and will have access to behavioral health, primary care, and supportive services tailored to their individual needs. On average, 75 percent of Safe Haven clients are employed and/or enrolled in school.

c. What are the direct services to be provided to citizens by the appropriations project?



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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 resources, and job preparation skills.

**d. Who is the target population served by this project? How many individuals are expected to be served?**

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 these young people are at a high risk of being recruited into commercial sexual exploitation and human trafficking. It is expected that at least 50 youth will be provided safe housing for approximately one to three months.

**e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**

1. Improved Physical Health: Number of clients linked to a primary care provider as reflected in the client's electronic health records. 2. Improve Mental Health: Number of clients linked to a behavioral health provider as reflected in the client's electronic health records. 3. Reduce Recidivism and Divert from Criminal Justice System: Number of participants whose Prior Living Situation was "jail/prison" who have not returned to jail/prison as recorded in the HMIS "Destination" section. 4. Reduce Homelessness: Number of clients who have exited the program linked to permanent housing.

**f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?**

Withhold funds until deliverables are met.

**12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

N/A.

**13. Requestor Contact Information:**

- a. **Name:** Mario Jardon
- b. **Organization:** Citrus Health Network, Inc.
- c. **E-mail Address:** mario@citrushealth.com
- d. **Phone Number:** (305)424-3100

**14. Recipient Contact Information:**

- a. **Organization:** Citrus Health Network, Inc.
- b. **County:** Miami-Dade
- c. **Organization Type:**
  - For Profit
  - Non Profit 501(c) (3)
  - Non Profit 501(c) (4)
  - Local Entity
  - University or College



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Other (Please specify)

- d. Contact Name:** Maria Alonso
- e. E-mail Address:** maria@citrushealth.com
- f. Phone Number:** (305)424-3100

#### 15. Lobbyist Contact Information

- a. Name:** Monica Rodriguez
- b. Firm Name:** Ballard Partners
- c. E-mail Address:** monica@ballardfl.com
- d. Phone Number:** (850)577-0444