

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Broward County Sheriff's Office Portal Initiative
2. Date of Submission: 11/07/2017
3. House Member Sponsor: Manny Diaz
Members Copied: Bobby DuBose

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 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <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:		400,000	400,000		521,518	521,518

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 Corrections
 - 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.
1% of funding withheld for non compliance with reporting requirements or 1% withheld for unsuccessful discharges over 35%

6. Requester:

- a. Name: David Scharf
- b. Organization: Broward County Office of Sheriff
- c. Email: David_Scharf@sheriff.org
- d. Phone #: (954)375-6176

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Paula Smith
- b. Organization: Broward County Office of the Sheriff - Department of Community Programs
- c. Email: Paula_Smith@sheriff.org
- d. Phone #: (954)375-6177

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

- a. Name: Amy Bisceglia
- b. Firm: The Rubin Group
- c. Email: amy@rubingroup.com
- d. Phone #: (813)361-4805

9. Organization or Name of entity receiving funds:

- a. Name: Broward County Sheriff's Office
- b. County (County where funds are to be expended): Broward
- c. Service Area (Counties being served by the service(s) provided with funding): Broward

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 Broward County Sheriff's Office Portal Initiative is a comprehensive post-release reentry program for offenders released from the Florida Department of Corrections that are returning to Broward County. The services include screenings, risk assessments, case management, plan of care, criminal registration, career development/life skills, education preparation class, assistance in obtaining records, employment assistance, housing and referrals

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 type="checkbox"/> b. Other Salary and Benefits		
<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	Salary and Benefits for 2 Supervision Specialists, 1 Treatment Counselor and 1 Job Developer. These positions provide direct service to the clients	263,281
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Operating costs for staff include mileage reimbursement, office supplies, copier rental and use, janitorial services, phone service, criminal registration supplies, software maintenance and licensing, and utilities. Client direct service operating costs include bus passes	36,937

	for clients, emergency stipends, food, clothing, etc.	
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Client transitional and emergency housing, professional services for mental health, health, peer student, and treatment	221,300
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		521,518

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?

Yes

15a. Please Describe:

The Broward County reentry Coalition comprised of community stakeholders support this project. The Coalition members include representation from local churches, OIC, Veteran Organizations, private business owners, Career Source, the recovery community and organizations, the United Way, AA/NA, non profits working with the offender population, Broward Health, Mental Health Association, FDOC, Chrysalis Health Center, etc. Many of these organizations actively participate in the BREC project.

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:

NOVAQ University, BSO's research partner was commissioned to complete a study on the recidivism rates of offenders being released from FDOC to Broward County (published late 2016). The research found that 62.2% of the released prisoners were arrested for a new crime within 3 years. Approximately 1/3 of these new arrests were within the first 6 months after release and 45% within the first year. These results demonstrate a need for intervention and assistance to this population.

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?

The purpose of the funds are to provide assistance to the FDOC population returning to Broward County in need of reintegration services and goods. Case management, screenings, care plans, criminal registration, career development/ life skills classes, employment assistance, housing assistance, SA treatment and mental health services.

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

Clients served by these funds will receive screenings, risk assessments, case planning and management, plan of care, criminal registration, career development/life skills, education preparation class, assistance in obtaining records, employment assistance, housing, referrals. Emergency food, clothing, transportation, mental health and substance abuse services, stipend etc.

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	Clients take and have access to prescribed medication. Clients access appropriate level of medical care.	Percentage of clients that have and take medication after release. Percentage of clients that have enrolled in insurance benefits. Percentage of clients that access emergency room visits for non emergency services.
<input checked="" type="checkbox"/> Improve mental health	Clients take and have access to prescribed mental health medication. Clients access appropriate level of mental health services.	Percentage of clients that have and take prescribed MH medication after release. Percentage of clients that access MH services as indicated in plan of care.
<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 checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Clients are gainfully employed after participating in Employability Skills Workshops	Percentage of clients that obtain employment. Percentage of clients that retain employment after 3 months and 6 months.
<input checked="" type="checkbox"/> Reduce recidivism	Clients reduce their criminal activity.	Percentage of clients that have not been arrested 1,2, and 3 years after participating in the program.
<input checked="" type="checkbox"/> Reduce substance abuse	Clients reduce their use of illicit substance use	Percentage of drug offender clients that test negative while on DOC supervision. Percentage of offenders with drug charges rearrested on new drug charges.
<input type="checkbox"/> Divert from 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 type="checkbox"/> Other (Please describe):		

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:	521,518	100.0%	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:	0	0.0%	No
TOTAL	521,518	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 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