

# Appropriations Project Request - Fiscal Year 2017-18

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Broward County's Sheriff's Office Inmate Portal

2. Date of Submission: 01/30/2017

3. House Member Sponsor: Bobby DuBose

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? No

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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring Request</b> <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:		600,000	600,000		600,000	600,000

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 Corrections

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 (Please retype if same as Requester):

- a. Name: Paula Smith
- b. Organization: Broward County Office of Sheriff
- c. Email: Paula\_Smith@sheriff.org
- d. Phone #: (954)375-6177

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

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

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

- 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 live in Broward County. The services includes screenings, risk assessment, case management, plan of care, criminal registration, mentor, family reunification, 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. F) 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 (\$66,126.13 per employee), 1 Treatment Counselor (\$69,433.19), and 1 Job Developer(\$72,959.54). These positions provide direct service to the clients. Maintenance position paid hourly (\$4,895.44)	250,500

<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. Client direct service operating cost include buss passes for clients, emergency stipends, food, clothing, etc.	65,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Client transitional and emergency housing, professional services for mental health, health costs, peer support.	284,500
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
<b>TOTAL</b>		<b>600,000</b>

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?

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 Organizatons, 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:

NOVA 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 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 clearly demonstrate a need for intervention and assistance to this pop.

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	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, 3mo, 6mo. 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 3mo, 6mo. 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 checked="" type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)	The recidivism rate or re-arrest rate for this population is 63% which relates to 1450 known crimes to	by reducing recidivism rates by 50% for this population, approximately 725 less crimes will be committed in the

	occur within three years of release.	community resulting in fewer victims and millions of dollars in criminal justice savings
<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, 6months.
<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):		
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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:	600,000	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
<b>TOTAL</b>	<b>600,000</b>	<b>100%</b>	

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

No