

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: RESTORE Ex Offender Reentry
2. Date of Submission: 11/14/2019
3. House Member Sponsor: Michael Gottlieb  
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<br>for FY 2019-20<br><i>(If appropriated in 2019-20 enter the<br/>appropriated amount, even if vetoed.)</i> |                               |   | Develop New Funds Request<br>for FY 2020-21<br><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<br><br><i>(Recurring plus Nonrecurring:<br/>column A + column B)</i> | Recurring Base Budget<br><br><i>(Will equal non-vetoed amounts provided in Column A)</i>                        | <b>Additional Nonrecurring Request</b> | <b>TOTAL Nonrecurring plus Recurring Base Funds</b><br><br><i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i> |
| Input Amounts:     |   | 250,000                       | 250,000   |   | 500,000                                | 500,000   |

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 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.  
Financial penalties have been incorporated into our contract with the FDOC for failure to meet deliverables.

6. Requester:

- a. Name: Stephanie Sejnoha
- b. Organization: Palm Beach County Board of County Commissioners
- c. Email: ssejnoha@pbcgov.org
- d. Phone #: (561)712-6473

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

- a. Name: Nicole Bishop
- b. Organization: Palm Beach County Board of County Commissioners
- c. Email: nishop@pbcgov.org
- d. Phone #: (561)355-1723

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

- a. Name: Rebecca DeLaRosa
- b. Firm: Palm Beach County Board of County Commissioners
- c. Email: rdelarosa@pbcgov.org
- d. Phone #: (850)284-7235

9. Organization or Name of entity receiving funds:

- a. Name: Palm Beach County Board of County Commissioners
- b. County (County where funds are to be expended): Palm Beach
- c. Service Area (Counties being served by the service(s) provided with funding): Palm Beach

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?

Palm Beach County (PBC) in collaboration with the Florida Department of Corrections (FDC) and community-based reentry partners facilitate the successful reintegration of ex-offenders returning to PBC. The Regional and State Transitional Offender Reentry (RESTORE) Initiative, established in 2011, is a comprehensive model for inmate reentry designed to reduce recidivism.

12. Provide specific details on how funds will be spent. (Select all that apply)

| Spending Category   | Description  | Nonrecurring<br>(Should equal 4d, Col. E) Enter "0" if<br>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 checked="" type="checkbox"/> d. Consultants/Contracted Services/Study    | Funds will be used to provide ex-offender reentry case management and support services by qualified case managers through three contracted agencies. Case management services include outreach, needs assessment, plan of care, follow up/plan review, and employment assistance. Support services include transportation, employment assistance, medical financial assistance, education preparation classes, substance abuse/mental health assessments and transitional housing. | 500,000  |
| Operational Costs:  |  |  |

|   |  |                |
|---|--|----------------|
| <input type="checkbox"/> e. Salaries and Benefits                             |  |                |
| <input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other          |  |                |
| <input type="checkbox"/> g. Consultants/Contracted Services/Study             |  |                |
| Fixed Capital Construction/Major Renovation:                                  |  |                |
| <input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering |  |                |
| <b>TOTAL</b>  |  | <b>500,000</b> |

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:

In 2017, letters of support were received from the Florida Department of Corrections, the Chief Judge for Circuit 15, Palm Beach County Sheriff's Office and Palm Beach County CareerSource.

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:

At the request of Palm Beach County, program evaluations have been completed by the University of South Florida, RTI International and the Urban Institute verifying the success of the project.

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?

In order to meet our intended purpose all reentry staff will be sufficiently trained in the following areas; motivational interviewing, cognitive behavioral interventions, LSI-r assessment amongst others. In addition, staff will meet monthly with County staff to discuss relevant data, progress, resources, and barriers and provide any additional trainings.

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

Individuals housed at Sago Palm Reentry Center will receive case management in addition to a wide variety of vocational training and life skills. Prior to any services being delivered, coordinators will administer the LSI-r assessment to determine their risk, needs and protective factors which will guide their plan of care. Pre-release coordinators will facilitate job readiness classes, CDL and Forklift training and certification.

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                                  | Increase number of clients gaining access to health insurance.      | Clients connected to the local Health Care District will be tracked in the RENEW database. |
| <input checked="" type="checkbox"/> Improve mental health                                    | Increase number of clients connected the mental health treatment.   | Clients connected to mental health treatment will be tracked in the RENEW database.        |
| <input type="checkbox"/> Enrich cultural experience  |   |  |
| <input type="checkbox"/> Improve agricultural production/promotion/education                 |   |  |
| <input checked="" type="checkbox"/> Improve quality of education                             | Increase number of clients that obtain GED or post-graduate degree. | Clients that obtain GEDs or college degrees will be tracked in the RENEW database.         |
| <input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality |   |  |
| <input checked="" type="checkbox"/> Protect the general public from harm (environmental,     | Increase number of clients that do not                              | Recidivism rates are tracked in the  |

|   |   |  |
|---|---|--|
| criminal, etc.)   | commit new crimes.  | RENEW database.  |
| <input type="checkbox"/> Improve transportation conditions                                  |   |  |
| <input type="checkbox"/> Increase or improve economic activity                              |   |  |
| <input type="checkbox"/> Increase tourism   |   |  |
| <input checked="" type="checkbox"/> Create specific immediate job opportunities             | Increase number of clients that are connected to employment.  | Clients connected to employment will be tracked in the RENEW database.   |
| <input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency | Increase number of clients that are connected to employment.  | Clients connected to employment will be tracked in the RENEW database.   |
| <input checked="" type="checkbox"/> Reduce recidivism                                       | The expected benefit is an increase in public safety, safer communities, cost savings on a local and state level, continued reduction in recidivism and an overall improvement in the quality of life for those returning to our community. Outcomes will be measured by capturing data regarding rearrests, re-conviction and return to FDC rates. | Data collection and analysis will be evaluated on a regular basis to ensure adequate oversight and compliance. |
| <input checked="" type="checkbox"/> Reduce substance abuse                                  | Increase number of clients that receive substance abuse treatment.  | Clients connected to substance abuse treatment will be tracked in the RENEW database.                          |
| <input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system            | Decrease number of clients that are rearrested. Decrease number of clients that return to the Florida Department of Corrections.  | Clients rearrested or returned to FDC will be tracked in the RENEW database.                                   |
| <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 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: | 500,000        | 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>500,000</b> | <b>100%</b>      |   |

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