

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Continuum of Care Enhanced Offender Rehabilitation
2. Date of Submission: 11/07/2019
3. House Member Sponsor: Byron Donalds
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 for FY 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i> | | | Develop New Funds Request for FY 2020-21 <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: | | 2,961,680 | 2,961,680 | | 3,076,800 | 3,076,800 |

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.
Penalties for failing to meet deliverables or performance measures are addressed in the existing contracts for each of the four facilities.

6. Requester:

- a. Name: Derrick Schofield
- b. Organization: The GEO Group, Inc.
- c. Email: The GEO Group
- d. Phone #: (561)999-8151

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

- a. Name: David Burch
- b. Organization: The GEO Group, Inc.
- c. Email: dburch@geogroup.com
- d. Phone #: (561)999-5902

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

- a. Name: Ronald Book
- b. Firm: Ronald L Book, PA
- c. Email: ron@rlbookpa.com
- d. Phone #: (850)224-3427

9. Organization or Name of entity receiving funds:

- a. Name: The GEO Group, Inc.
- b. County (County where funds are to be expended): Bay, Glades, Palm Beach, Santa Rosa
- c. Service Area (Counties being served by the service(s) provided with funding): Statewide

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 primary goal of the Continuum of Care program is to reduce recidivism. Since implementation of the pilot program at the Graceville facility, Continuum of Care participants have shown a preliminary recidivism rate 40% lower than those individuals who did not participate in the program. Other programs goals are successful community reintegration and increased public safety.

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 | Programming Staff (amount includes staff salary adjustment along with an additional position added for the program in the Bay facility). | 2,077,547 |
| <input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other | Training, post-release services and program expenses. | 999,253 |
| <input type="checkbox"/> g. Consultants/Contracted Services/Study | | |
| Fixed Capital Construction/Major Renovation: | | |
| <input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering | | |
| TOTAL | | 3,076,800 |

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:

Since beginning our pilot program at the Graceville facility in July 2016 we have received letters of support from current post release participants and GEO preferred community service providers.

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:

The level of funding to provide Continuum of Care Programming for the 4 sites is based upon historical data calculated from The GEO Group providing the services at the Graceville Correctional Facility.

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?

Core correctional practices training for facility staff; evidence based in-prison rehabilitative programming for individuals who will be transitioning back into their community; post release support services to support successful reintegration. All Continuum of Care services

are provided, pursuant to a contract with DMS, on a cost reimbursement basis with no profit or administrative fee. Additionally, any costs that exceed the appropriated amount are the responsibility of the contractor.

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

Cognitive behavioral treatment programs to address criminogenic needs; education programs and vocational training to develop work readiness; substance abuse counseling and treatment; one-on-one transition support including individual cognitive behavioral therapy sessions; and, dedicated case management including 24x7 call center and funded individual service packages for basic welfare and support through a wide network of community resource referrals for a period of up to one-year.

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 type="checkbox"/> Improve physical health | | |
| <input type="checkbox"/> Improve mental health | | |
| <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.) | Discipline Reports/SIRs/Criminal Thinking Scales (CTS) Score. | Comparison over time (6 months for each measure) |
| <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 | Education/Vocation and Employment status. | Total # of hours completed in each program and certifications granted. After release, education status at monthly intervals. |

| | | |
|--|---|---|
| <input checked="" type="checkbox"/> Reduce recidivism | Risk Assessment/CTS/Recidivism Rate. | Lower annual risk and CTS at 3-intervals, recidivism rate at 1 & 3 years. |
| <input checked="" type="checkbox"/> Reduce substance abuse | Substance abuse (SA) program, urine analysis. | SA hours and completions and urinalysis over time. |
| <input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system | Post release participants served, employment/education enrollment, community resources. | The # of Post Release Participants at release, whether they are enrolled in education or employment at release (1 month/3 months) and # of community referrals and resources contacted when released. |
| <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: | 3,076,800 | 75.6% | N/A |
| 2. Federal: | 0 | 0.0% | No |
| 3. State: (Excluding the requested Total Amount in #4d, | 0 | 0.0% | No |

| | | | |
|-----------|-----------|-------|-----|
| Column F) | | | |
| 4. Local: | 0 | 0.0% | No |
| 5. Other: | 991,742 | 24.4% | Yes |
| TOTAL | 4,068,542 | 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 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