

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: One More Child Anti-Sex Trafficking
2. Date of Submission: 11/12/2019
3. House Member Sponsor: Colleen Burton
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:		100,000	100,000		975,000	975,000

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 Children and Families
 - 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.
Repayment of funds

6. Requester:

- a. Name: Jerry T. Haag
- b. Organization: One More Child
- c. Email: jerry.haag@onemorechild.org
- d. Phone #: (863)687-8811

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

- a. Name: Pam Whitaker
- b. Organization: One More Child
- c. Email: pam.whitaker@onemorechild.org
- d. Phone #: (863)577-4468

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

- a. Name: Jon Johnson
- b. Firm: Johnson and Blanton
- c. Email: jon@teamjb.com
- d. Phone #: (850)224-1900

9. Organization or Name of entity receiving funds:

- a. Name: One More Child
- b. County (County where funds are to be expended): Brevard, Charlotte, Collier, Glades, Hendry, Lake, Lee, Orange, Osceola, Polk, Seminole, Sumter
- c. Service Area (Counties being served by the service(s) provided with funding): Brevard, Charlotte, Collier, Glades, Hendry, Lake, Lee, Orange, Osceola, Polk, Seminole, Sumter

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?

Expand direct services through the safe home for statewide for female child and teens of sex trafficking. Expand direct mobile anti sex-trafficking services to children up to age 24, male & female, in 12 counties (Polk, Orange, Seminole, Lake, Osceola, Sumter, Brevard, Charlotte, Lee, Hendry, Glades and Collier counties). Expand ability to provide prevention and education services to school districts and local schools.

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 checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Salary and benefits for 1 Executive Director	41,710
<input type="checkbox"/> b. Other Salary and Benefits		
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Office equipment, supplies, and travel	10,848
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Salaries and benefits for direct care staff	345,135
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Provide direct care services for safe home residents, mobile team services, educational campaign and training for schools, and community advocacy and awareness.	568,707
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Survivor mentors services per state statute	8,600

Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		975,000

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?

No

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

No

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?

Safe Home services for children and teen survivors of sex trafficking, 24 hour mobile crisis intervention services for at risk or identified children, teens and young adult victims of sex trafficking that include counseling, case management and survivor led advocacy and support, as well as prevention and education to various populations to include law enforcement, medical providers, hotel and hospitality industry, community leaders and school districts and educational professionals.

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

The Safe Home provides 24 hour residential care infused with trauma-informed based practices, client-centered milieu modalities specific to trauma as related to sex trafficking, the mobile unit provides 24 hours a day, 7 days a week services of case management, advocacy, and clinical counseling with a team of a Clinician, Survivor Advocate and Survivor Mentor, education and awareness trainings for the community.

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): Community members

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	Safe Home will ensure all clients receive physical, dental exams after admission and any follow-up needs or as needed medical care as indicated. Mobile unit clients will receive appropriate medical referrals as needed upon initial assessment.	Documented within the client chart/copies of medical /dental records. Documented within client notes of medical referrals or self reports of clients.
<input checked="" type="checkbox"/> Improve mental health	Safe Home clients will decrease symptomatology as associated with sex trafficking victimization utilizing individual treatment plan goals, CSEC-CANS improved scores.. Mobile Unit clients will have immediate access to clinicians trained in complex trauma needs and progress as indicated by individualized treatment plans.	Safe Home clients will decrease symptomatology as associated with sex trafficking victimization utilizing individual treatment plan goals, CSEC-CANS improved scores.. Mobile Unit clients will have immediate access to clinicians trained in complex trauma needs and progress as indicated by individualized treatment plans.
<input checked="" type="checkbox"/> Enrich cultural experience	Exposure to a variety of recreational activities to include diverse cultural experiences	Exposure to a variety of recreational activities to include diverse cultural experiences
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Individual education plans will improve quality of education by placement of the client in the most appropriate education setting. Usage of tutors/other education interventions.	Individualized Plan of Services goals as established at admission and evaluated on a monthly basis and at completion of the program-education plan-service log-Revolve data.

<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.)	Educational Trainings, prevention resources and awareness events regarding the dangers and negative impact of sex trafficking	Surveys post events to measure increased understanding, awareness and access to resources regarding sex trafficking.
<input checked="" type="checkbox"/> Improve transportation conditions	Improve access to collateral care needs in the community and/or family contact needs for TPL -CSEC residents by providing necessary transportation and/or coordination/advocation of transportation needs.	Revolve data Incident reports
<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	Each client 16 years of age and older of the Mobile unit will be offered case management services that will allow access to resources for vocational and educational opportunities to enhance economic self sufficiency.	Each client 16 years of age and older of the Mobile unit will be offered case management services that will allow access to resources for vocational and educational opportunities to enhance economic self sufficiency.
<input type="checkbox"/> Reduce recidivism		
<input checked="" type="checkbox"/> Reduce substance abuse	Decrease substance abuse symptomatology as associated with trauma of sex trafficking per individualized treatment plan goals for both Safe Home clients and clients of Mobile unit.	Individual treatment plans, Wellness plan goals

<input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system	Identify and assess correctly victims of minor sex trafficking and adult victims during bio-psycho assessment tools to direct services that address sex trafficking trauma as opposed to specific criminal charges and placement in DJJ or adult criminal justice system.	Human Trafficking Screening Tool, Bio-Psycho-Assessments, Comprehensive Behavioral Health Assessment as available
<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:	975,000	39.0%	N/A
2. Federal:	1,222,735	49.0%	Yes
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	300,000	12.0%	Yes

TOTAL	2,497,735	100%	
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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