



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Full Service Reentry Portal

2. **Senate Sponsor:** Randolph Bracy

3. **Date of Submission:** 01/30/2018

4. **Project/Program Description:**

Provides a single facility to evaluate & provide services to those released from prison with 3 goals: #1 find them employment making them tax paying citizens & eliminating the #1 cause of the alarming & expensive rate of recidivism which is joblessness. #2 to reduce substance abuse and the criminal mindset much too prevalent among released inmates & #3 to reduce the victimization of our citizens by repeat offenders.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Corrections

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
419,531	66,500	486,031

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 486,031

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

10. Is future-year funding likely to be requested?

Yes

a. If yes, indicate non-recurring amount per year.

400,000

11. Program Performance:

a. What is the specific purpose or goal that will be achieved by the funds requested?

Dramatic reduction in recidivism that will prove to a model for the rest of Florida

b. What are the activities and services that will be provided to meet the intended purpose of these funds?

Based on evidenced based models & practices portal services will include: *pre-release screening to determine risk & needs (utilizing an evidence based assessment – ORAS) * pre-release personalized program plan based on the assessment * enrollment into a substance abuse/mental health program based on need including medication assisted treatment (Vivitrol) * felony registration * employability readiness * education & literacy development * vocational enrollment based on need * family services programs aimed at connectivity & parenting * interpersonal skills training * personal budgeting lessons * anger management classes * bus passes & agency transport to insure their ability to get to work *support in accessing benefits including health insurance & veteran's benefits * food pantry & clothing closet & more.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Portal Program Director – health insurance	66,100
<input type="checkbox"/> Other Salary and Benefits		



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<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Substance abuse, mental health, housing and reentry services	353,431
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Lease for the facility	66,500
TOTAL		486,031

d. What are the direct services to be provided to citizens by the appropriations project?

Described under b. above

e. Who is the target population served by this project? How many individuals are expected to be served?

Those released from state prison & the # is difficult to determine, however, using Orange County as an example, FDC reports that 518 inmates will be released between 10/1/17 & 3/31/18. That does not include those released from other counties that will return to Orange County.

f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

The 1st critical measurement is tracking recidivism after the first six months, after that the likelihood of reoffending declines. Recidivism is track by FDC for 3 years.

g. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?

To be determined by the FDC in negotiating a contact

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

Presumably the FDC will issue an invitation to negotiate therefore question 12 has not been determined

13. Requestor Contact Information:

a. Name: Mark Flynn

b. Organization: Bridges International



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- c. Email: mflynn@bridgesinternational.us
- d. Phone Number: (407)218-4800

14. Recipient Contact Information:

- a. Organization: Bridges International
- b. County: Orange
- c. Organization Type:
 - ☐ For Profit
 - ☒ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)
 - ☐ Local Entity
 - ☐ University or College
 - ☐ Other (Please specify)
- d. Contact Name: Mark Flynn
- e. E-mail Address: mflynn@bridgesinternational.us
- f. Phone Number: (407)218-4800

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

- a. Name: Mark Flynn
- b. Firm: Bridges International
- c. Email: mflynn@bridgesinternational.us
- d. Phone Number: (407)218-4800