



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 1530

1. **Title of Project:** Brevard County Reentry Portal

2. **Senate Sponsor:** Debbie Mayfield

3. **Date of Submission:** 02/13/2019

4. **Project/Program Description:**

The Brevard County Reentry Portal is a collaboration of My Community Cares (MCC), the Brevard Reentry Task Force, the Brevard Homeless Coalition, and the Florida Department of Corrections (FDC) to facilitate the successful reintegration of ex-offenders returning to Brevard County based on evidenced-based practices. By replicating the model from the Jacksonville Reentry Center (JREC), the Brevard County Reentry Portal will provide State inmates with pre- and post release services to assist in their transition back into the community in order to reduce recidivism and improve public safety.

5. **State Agency to receive requested funds :** Department of Corrections

State Agency Contacted? Yes

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	500,000
Fixed Capital Outlay	
<b>Total State Funds Requested</b>	<b>500,000</b>

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	500,000	100.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
<b>Total Project Costs for Fiscal Year 2019-2020</b>	<b>500,000</b>	<b>100.0%</b>

8. **Has this project previously received state funding?** No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		

9. **Is future-year funding likely to be requested?** Yes

a. If yes, indicate non-recurring amount per year. 500,000



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#### 10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	Funds will be used for staff travel, staff mileage, training, office supplies, postage, cell phones, and internet.	24,450
Consultants/Contracted Services/Study		
<b>Operational Costs:</b>		
Salary and Benefits	Salaries will be used to fund a Reentry Coordinator (1 FTE), two Reentry Specialists (2 FTE), and a half time Accountant (0.5 FTE).	172,550
Expense/Equipment/Travel/Supplies/Other	Funds will be used for rent, utilities, office equipment, and Moral Reconation Therapy (MRT) Books	33,000
Consultants/Contracted Services/Study	Funds will be used for ex offender reentry support services to include: bus passes, job training, housing, educational services, substance abuse, and mental health treatment.	270,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>500,000</b>

#### 11. Program Performance:

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

The purpose of the funds are to provide assistance to the FDC population returning to Brevard County in need of reintegration services and goods. Risk needs assessment, wraparound case management, criminal registration, career development/life skills, employment assistance, housing assistance, substance abuse treatment, mental health services, family reunification services, and mentoring. By funding this evidence-based reentry program, we will be able to assist inmates who are integrating back into the community to help them live successful, crime-free lives. Through comprehensive reentry services, further victimization and the likelihood a former offender will return to prison are both reduced. This initiative promotes fewer victims, less crime, and safer communities through outcomes that reduce recidivism with the best return on investment for taxpayers.

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

Clients served by these funds will receive risk needs assessment and case planning based on those needs, criminal registration, career development/life skills, education assistance, assistance in obtaining records, employment assistance, housing, emergency food, clothing, transportation, mental health, substance abuse services, SSI/SSDI application assistance, family reunification services, and assistance with steps toward



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obtaining a valid driver's license. Higher-risk participants will complete the evidence-based program Moral Reconciliation Therapy (MRT), a cognitive-based intervention as we address their criminogenic needs.

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

Wraparound case management services, substance abuse services, SSI/SSDI application assistance, family reunification services, and assistance with steps toward obtaining a valid driver's license. Higher-risk participants will complete the evidence-based program Moral Reconciliation Therapy (MRT) – cognitive-based intervention as we address their criminogenic needs.

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

State inmates returning to Brevard County upon release. 101- 200 per year.

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

Reduced recidivism costs to the State of Florida taxpayers. Reduced rearrest rates and return to FDC rates.

**f. 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?**

FDC will impose financial consequences of one percent of the total allocation if 100% of required reports are not timely filed.

**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.**

None.

**13. Requestor Contact Information:**

- a. **Name:** Jarvis Wash
- b. **Organization:** My Community Cares, Inc (MCC)
- c. **E-mail Address:** pastorjarviswash@gmail.com
- d. **Phone Number:** (321)795-8419

**14. Recipient Contact Information:**

- a. **Organization:** My Community Cares, Inc (MCC)
- b. **County:** Brevard
- 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:** Jarvis Wash



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e. **E-mail Address:** pastorjarviswash@gmail.com

f. **Phone Number:** (321)795-8419

#### 15. Lobbyist Contact Information

a. **Name:** None

b. **Firm Name:** None

c. **E-mail Address:**

d. **Phone Number:**