



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

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

2. **Senate Sponsor:** Debbie Mayfield

3. **Date of Submission:** 01/09/2018

4. **Project/Program Description:**

The Brevard Reentry Portal: "REEACH" (Reengaging, Eliminating Excuses, and Affecting Change) is a collaboration of My Community Cares (MCC), the Brevard Reentry Task Force, 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 JREC, the Brevard 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 Contacted?** No

a. If yes, which state agency?

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

Department of Corrections

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
300,000		300,000

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):** 300,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

- c. What is the most recent fiscal year the project was funded?
- d. Were the funds provided in the most recent fiscal year subsequently vetoed?
- e. Complete the following Worksheet.

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.

300,000

11. Program Performance:

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

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. Where a reentry program has already been implemented, a working relationship between state and local level reentry programs will serve to "close the gaps that create barriers to successful offender reentry." A single point of entry for released inmates, and their family members will facilitate access to community-based resources.

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

Wraparound case management to include: Housing; employment referrals; food; clothing; registration and benefit applications; transportation and assistance to various needed counseling services. Higher-risk participants will complete the evidence-based program Moral Recognition Therapy (MRT) – cognitive-based therapy as we address their criminogenic needs.

- c. How will the funds be expended?

Spending Category	Description	Amount
-------------------	-------------	--------



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Salary will be used to hire one full-time Reentry Coordinator who will be responsible for strategic initiatives, planning, and outcomes; program budgeting; oversee staff, consultants, and volunteers; and work closely with all reentry stakeholders. Additional salaries will be used to hire two full-time Reentry Case Managers who will provide intensive case management for high-risk ex-offenders returning from state prison to Brevard County.	140,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Training expense of staff will cover Moral Reconciliation Therapy (MRT) for staff; travel, office equipment, office supplies, liability insurance, phone/internet, rent, utilities, bus passes for clients, and housing for clients.	117,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Contracting service funding will be used to provide substance abuse evaluations and treatment for ex-offenders needing treatment	43,000



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

	that have no other funding source.	
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		300,000

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

Wraparound case management services and higher-risk participants will complete the evidence-based program Moral Reconation Therapy (MRT) – cognitive-based therapy as we address their criminogenic needs.

e. 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. 200 per year.

f. 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. Rearrest rates and Return to FDC rates.

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?

Reduction in or removal of funding.

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:** Pastor Jarvis Wash, Exec Director
- b. **Organization:** My Community Cares, Inc (MCC)
- c. **Email:** 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)



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

- ☐ Local Entity
- ☐ University or College
- ☐ Other (Please specify)

d. Contact Name: Pastor Jarvis Wash, Exec Director

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

f. Phone Number: (321)795-8419

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

a. Name: None

b. Firm: None

c. Email:

d. Phone Number: