

# Budget Detail Request - Fiscal Year 2016-17

Your request will not be officially submitted unless all questions and applicable sub parts are answered.

1. Title of Project: Broward Sheriff's Office Inmate Portal Process
2. Date of Submission: 01/20/2016
3. House Member Sponsor(s): Kristin Jacobs

## 4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No  
*If answer to 4a is ?NO? skip 4b and 4c and proceed to 4d*
- b. What is the most recent fiscal year the project was funded?
- 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 (Note that Column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in Column G):

FY:	Input Prior Year Appropriation for this project for FY 2015-16 (If appropriated in FY 2015-16 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2016-17 (If no new Recurring or Nonrecurring funding is requested, enter zeros.)			
	Column: A	B	C	D	E	F	G
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated  (Recurring plus Nonrecurring: Column A + Column B)	Recurring Base Budget  (Will equal non-vetoed amounts provided in Column A )	<b>INCREASED or NEW Recurring Requested</b>	<b>TOTAL Nonrecurring Requested</b>  (Nonrecurring is one time funding & must be re-requested every year)	<b>Total Funds Requested Over Base Funding</b>  (Recurring plus Nonrecurring: Column E + Column F)
Input Amounts:					500,000	0	500,000

- e. New Nonrecurring Funding Requested for FY 16-17 will be used for:  
 Operating Expenses     Fixed Capital Construction     Other one-time costs
- f. New Recurring Funding Requested for FY 16-17 will be used for:  
 Operating Expenses     Fixed Capital Construction     Other one-time costs

5. Requester:

- a. Name: Ron Gunzburger
- b. Organization: Broward County Sheriff's Office
- c. Email: Ron\_Gunzburger@sheriff.org
- d. Phone #: (954)831-8901

6. Organization or Name of Entity Receiving Funds:

- a. Name: Broward County Sheriff's Office
- b. County (County where funds are to be expended) Broward
- c. Service Area (Counties being served by the service(s) provided with funding) Broward

7. Write a project description that will serve as a stand-alone summary of the project for legislative review. The description should summarize the entire project's intended purpose, the purpose of the funds requested (if request is a sub-part of the entire project), and most importantly the detail on how the funds requested will be spent - for example how much will be spent on positions and associated salaries, specifics on capital costs, and detail of operational expenses. The summary must list what local, regional or statewide interests or areas are served. It should also document the need for the funds, the community support and expected results when applicable. Be sure to include the type and amount of services as well as the number of the specific target population that will be served (such as number of home health visits to X, # of elderly, # of school aged children to receive mentoring, # of violent crime victims to receive once a week counseling etc.)

BSO received \$500,000 in funding for the development and conceptual deployment of a Portal for inmates being released from state prison directly to Broward County. Staff has been hired and specializes in the areas of case management, job development, behavioral health and other disciplines associated with this specific population.

The recidivism rate for this population nationwide is 66% resulting in increased crime and victimization. Most of these inmates do not possess ID cards, Birth Certificates, SS cards or other proper certifications making the reentry process extremely difficult. Most inmates have not been sufficiently linked with social service providers to ease the reentry to community process. Those issues may include: housing, substance abuse, mental health and others.

Funding will provide the following:

- o On site criminal registration
- o Immediate triage services
- o Risk and needs assessment to determine basic and criminogenic needs
- o Case management services will be made available to assure to appropriate linkage to social service providers/probation officers
- o Follow up services to include: barrier to success training, housing, family reunification, employability skills, cognitive behavior programming, job placement and retention and other services to help reduce the likelihood of recidivism. Providers will be scheduled to be on site.

8. Provide the total cost of the project for FY 2016-17 from all sources of funding:

Federal: 0

State: 0 (Excluding the requested Total Amount in #4d, Column G)

Local: 0

Other: 0

9. Is this a multi-year project requiring funding from the state for more than one year?

No