

# 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: Kristi House Services for Child Sexual Abuse and Sex Trafficked Child Victims
2. Date of Submission: 12/22/2015
3. House Member Sponsor(s): Jeanette Nunez

## 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***
- b. What is the most recent fiscal year the project was funded? 2015-16
- 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:	0	550,000	550,000	0	150,000	0	150,000

- 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: Claudia Kitchens
- b. Organization: Kristi House, Inc.
- c. Email: ckitchens@kristihouse.org
- d. Phone #: (305)547-6800 Ext. 6836

6. Organization or Name of Entity Receiving Funds:

- a. Name: Kristi House, Inc.
- b. County (County where funds are to be expended) Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding) Miami-Dade

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.)

Funds are requested to 1) to operate the Project GOLD Drop In Center for commercially exploited adolescent girls, and 2) to provide Case Coordination and Therapy to sexually abused children ages 2-18 years old. Programming for the Project GOLD Drop In Center includes mentoring, advocacy and case coordination for the specialized needs of child sex trafficking victims. Case Coordination consists of victim advocacy, system coordination, connection to legal, medical and emotional supports that include transportation, case tracking, mental-health counseling, and referral services for all victims of sexual abuse and their families referred by DCF, law enforcement, State Attorney's Office and other service providers. Therapy involves providing evidence-based intervention through individual and/or family therapy for children who have suffered trauma from sexual abuse.

How Funds Will be Spent: Specially educated, trained and experienced professionals are critical to helping children and adolescents overcome the trauma of sexual abuse and sexual exploitation, therefore the majority of funds will be dedicated to providing these specialists' services, in addition to other critical program components as follows:

Salaries: \$474,390

Benefits: \$98,000

Communications: 5,600

Supplies, Postage & Printing: \$9,600

Occupancy Costs for dedicated Drop In Center: \$82,000

Training and Travel (local): \$5,500

Client Direct Assistance: \$15,000

Client Transportation Costs: \$9,600

The Project GOLD Drop In Center is the only one of its kind in Florida dedicated exclusively to commercial sexual exploitation of children, regardless of their residential placement. The Center serves to provide supportive services and diversion for youth involved in exploitation. With Florida, and particularly South Florida, top ranked as a child trafficking hub, the Drop In Center is fulfilling a critical need to address this high risk population.

The primary goal of the Project GOLD Drop In Center is to empower sexually exploited adolescent girls to exit the life of exploitation. This is actualized by providing mentoring services, trauma-informed life skills training, support, therapeutic groups, field trips, nutritional programs, transportation, incentives, and tutoring in a safe, home-like environment where sexually exploited adolescent girls are empowered to find their strengths in a non-judging, healing environment.

The primary goal of Case Coordination and Therapy is to optimize the functioning of recipients who have complex and/or specialized needs by coordinating the provision of quality treatment and support services in the most efficient and effective manner and promote the maximum reduction of the trauma and restoration to the best possible functional level.

Children ages 2 to 18 who have been sexually abuse and/or commercially sexually exploited are the beneficiaries of these services. The majority of these children are in the child welfare system already. The following outcome measures will be tracked for participants in Project GOLD, for which we anticipate receiving 150 referrals during the year:

? Project GOLD will maintain a minimum of 15 Active Members and 10 Emerging Members each month. This will be determined by the by the number of members who engage in at least 16 services or groups per month or 5 to 15 services per month.

? 50% of sexually exploited adolescent girls who are members of the Project GOLD Drop In Center for at least 6 months will move forward at least one step on the University of Rhode Island Change Assessment (URICA) scale in their readiness to exit the life of exploitation.

? 65% of the sexually exploited adolescent girls who are members of the Project GOLD Drop In Center for at least 6 months and who moved forward at least one step on the University of Rhode Island Change Assessment scale in their readiness to exit the life of exploitation will report no longer being involved in exploitation.

The following outcome measures are anticipated for Case Coordination and Therapy, which will be provided to an estimated 600 children during the year:

? 90% of children with a history of sexual abuse who are not covered by private insurance or Medicaid who received Case Coordination services and are living with a parent or guardian and the perpetrator has been removed, shall remain at home with the parent/guardian, avoiding entering into the out-of-home-care system and avoiding hospitalization.

? 70% of children with a history of sexual abuse who are not covered by private insurance or Medicaid who are engaged in therapy shall successfully complete and terminate their therapy cases with Kristi House.

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?

Yes