

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: Re-Entry Pilot Program
2. Date of Submission: 01/14/2016
3. House Member Sponsor(s): Larry Metz

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? Yes
- 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)	INCREASED or NEW Recurring Requested	TOTAL Nonrecurring Requested (Nonrecurring is one time funding & must be re-requested every year)	Total Funds Requested Over Base Funding (Recurring plus Nonrecurring: Column E + Column F)
Input Amounts:	228,000	0	228,000		228,000	0	228,000

- 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: Brian Sheahan
- b. Organization: Department of Community Safety & Compliance
- c. Email: bsheahan@lakecountyfl.gov
- d. Phone #: (352)742-3960

6. Organization or Name of Entity Receiving Funds:

- a. Name: Lake County Board of County Commissioners
- b. County (County where funds are to be expended) Lake
- c. Service Area (Counties being served by the service(s) provided with funding) Lake

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.)

The Lake County Re-Entry Pilot Program proposes the creation of an offender re-entry program that will coordinate services for individuals reentering our community from incarceration using the Transition from Jail to Community (TJC) model which includes screening and assessment. The focus is on reducing the tendency to reoffend and implementing evidence-based practices that enhance community safety with the target population. It will provide coordination of support services such as job training, transportation, employment, clothing, healthcare and other services provided by nongovernmental and governmental agencies. The program is expected to reduce the cost of incarceration of re-offenders by providing needed, stabilizing services.

Personnel & Fringe: \$133,500

Coordinator, 2 case managers and part-time secretary.

Travel: \$ 850

Mileage for travel to jail/prison, related trainings and/or meetings.

Equipment: \$7,500.00

Desktop computer, monitor, printer, licenses and maintenance.

Supplies: \$1,650

Office supplies, copies, postage.

Liability Insurance: \$500

Telephone/Internet/Fax: \$4,000

Rent/Utilities: In Kind from the Sheriff's Office and County Commissioners

Consultants: \$80,000

Psychiatrist, Advanced Registered Nurse Practitioner, Medical Doctor, Mental Health/ Substance Abuse Licensed Counselor. Contracts with local providers for services not to exceed \$20,000 per position.

Other Contractors: \$ In Kind

Job Placement/ employment; legal aid; medical/disability assistance; mentoring; Probation; vocational/ academic counseling; DCF/ACCESS; transportation and housing.

The program is expected to reduce the cost of incarceration of re-offenders by efficiently providing effective reintegration services. It will provide an immediate connection to community corrections for offenders. It will organize and coordinate community partners to ensure they are providing consistent and complimentary resources/services. It will monitor performance and provide outcome evaluation. Risk-reduction efforts are driven by evidence-based practices and strategies.

The county is expected to have decreased incarceration costs because repeat offenders will receive services to stabilize them in the community. The offenders will benefit by receiving services. The Community will benefit because assisting offenders and reducing recidivism will increase public safety. Local employers will benefit because they can be connected to interested job seekers who may participate in federal bonding program.

It is expected that the Re-Entry pilot program will:

- 1) Complete risk/need assessments on 1,500 people each year.
- 2) Complete transition plans and provide resource referrals for 750 people each year.
- 3) Provide 90-day case management services to 375 people each year.

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