



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Redefining Refuge Specialized Case Management Expansion for Sex Trafficked Minors

2. **Senate Sponsor:** Dana Young

3. **Date of Submission:** 12/07/2017

4. **Project/Program Description:**

To expand targeted/specialized case management and wraparound services to sex trafficked minors throughout the State of Florida. A pilot of this newly introduced element at Redefining Refuge has already had a significant impact on service delivery to our children, resulting in a drastic increase in the length of stay, a staggering decrease in elopement episodes and the most successful number of graduates to date.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Children and Families

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

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 |
|---------------------------------|---|---------------------------------------|
| 500,000 | | 500,000 |

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):** 500,000

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.



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| | | | |
|-------------------------------|---|--|---|
| 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?

No

11. Program Performance:

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

To expand targeted/specialized case management and wraparound services to sex trafficked minors throughout the State of Florida. A pilot of this newly introduced element at Redefining Refuge has already had a significant impact on service delivery to our children, resulting in a drastic increase in the length of stay, a staggering decrease in elopement episodes and the most successful number of graduates to date.

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

Therapeutic services, medical care, life management skills, education, wraparound and case management services.

c. How will the funds be expended?

| Spending Category | Description | Amount |
|--|---------------------------|---------|
| 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 | Case Manager Director and | 250,000 |



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| | | |
|---|---|---------|
| | Specialized Case Managers | |
| <input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other | Mileage and Lodging for Case Managers (goal is to make services available in 67 Florida counties) | 75,000 |
| <input checked="" type="checkbox"/> Consultants/Contracted Services/Study | Contracted Telehealth and Alternative Therapeutic Services | 175,000 |
| Fixed Capital Construction/Major Renovation | | |
| <input type="checkbox"/> Construction/Renovation/Land/Planning Engineering | | |
| TOTAL | | 500,000 |

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

Therapeutic services, medical care, life management skills, education, wraparound and case management services.

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

Sex trafficked youth, at-risk youth, homeless youth, drug users (under 18), high school students and victims of crime in all Florida counties.

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

Improve physical and mental health, improve quality and delivery of education, reduce substance abuse, diversion from criminal/juvenile justice systems, reduce recidivism, enhance specific individual's self sufficiency. Outcome will be measured in increased and/or decreased in percentage of children.

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?

Forfeiture of funds.

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.

N/A

13. Requestor Contact Information:

a. Name: Natasha Nascimento

b. Organization: Redefining Refuge, Inc.



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- c. **Email:** Natasha@RedefiningRefuge.org
- d. **Phone Number:** (813)778-4916

14. Recipient Contact Information:

- a. **Organization:** Redefining Refuge, Inc.
- b. **County:** Hillsborough
- 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:** Natasha Nascimento
- e. **E-mail Address:** Natasha@RedefiningRefuge.org
- f. **Phone Number:** (813)778-4916

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

- a. **Name:** None
- b. **Firm:** None
- c. **Email:**
- d. **Phone Number:**