



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Continuum of Care for Enhanced Offender Rehabilitation

2. **Senate Sponsor:** Keith Perry

3. **Date of Submission:** 12/15/2017

4. **Project/Program Description:**

Enhanced offender rehabilitation services to include cognitive-based therapy (individual and group) integrated with enhanced transition case management and community based post-release services.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Corrections

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
2,962,578		2,962,578

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	975,436	24.8%
TOTAL	975,436	24.8 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 3,938,014

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 1

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. 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:		2,962,578	2,962,578

10. Is future-year funding likely to be requested?

Yes

a. If yes, indicate non-recurring amount per year.

2,962,578

11. Program Performance:

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

To provide enhanced offender rehabilitation services to include cognitive-based therapy (individual and group) integrated with enhanced transition case management and community based post-release services. The outcomes of enhanced offender rehabilitation programs will result in a reduction in recidivism, increased public safety, and will promote successful community reintegration.

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

Core correctional practices training for facility staff; evidence based in-prison rehabilitative programming for individuals who will be transitioning back into their community; post release support services to support successful reintegration. All Continuum of Care services are provided, pursuant to contract with DMS, on a cost reimbursement basis with no profit or administrative fee.

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		



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<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Additional programming staff	1,887,392
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Training, post-release services and program expenses	1,075,186
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		2,962,578

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

Cognitive behavioral treatment programs to address criminogenic needs; education programs and vocational training to develop work readiness; substance abuse counseling and treatment; one-on-one transition support including individual cognitive behavioral therapy sessions; and, dedicated case management including 24x7 call center and funded individual service packages for basic welfare and support (transportation, housing, employment, food, clothing etc.) through a wide network of community resource referrals for a period of up to one-year.

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

Over 2000 individuals will be impacted by enhanced programming, and the breakdown per facility is as follows: Moore Haven, 500; Bay, 530; South Bay, 575; and Blackwater, 498. An anticipated 1700, or 85% of individuals served, will participate in Post-Release Services.

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

Enhanced programming creates a road map of change that enriches the needs of staff, reduces criminogenic thinking in offenders and supports partnerships with community stakeholders. The expected benefit is enhanced public safety and a reduction in recidivism for those served through the GEO Continuum of Care program. To assess the effectiveness of GEO's Continuum of Care program on enhancing public safety, we track and report in-custody infractions, annual recidivism rates per facility, and employment and housing outcomes for those participating in post release services.

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?



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The existing contracts at the four facilities have been modified and executed as of July 1, 2017, and these issues are addressed in said contracts.

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:** Derrick Schofield
- b. **Organization:** The GEO Group
- c. **Email:** dschofield@geogroup.com
- d. **Phone Number:** (561)999-8151

14. Recipient Contact Information:

- a. **Organization:** The GEO Group
- b. **County:** Bay, Glades, Palm Beach, Santa Rosa
- 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:** Derrick Schofield
- e. **E-mail Address:** dschofield@geogroup.com
- f. **Phone Number:** (561)999-8151

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

- a. **Name:** Ronald Book
- b. **Firm:** Ronald L Book
- c. **Email:** ron@rlbookpa.com
- d. **Phone Number:** (850)224-3427