

- 1. Title of Project: Camillus House Human Trafficking Recovery Program
- 2. Senate Sponsor: Rene Garcia
- **3.** Date of Submission: <u>01/05/2018</u>
- 4. Project/Program Description:

The Camillus House Human Trafficking Recovery Program is designed to expand and concentrate services for adultaged women who are victims of human trafficking. The program provides supportive and clinical services to assist victims through several phases, including crisis intervention and assessment; comprehensive assessment and case management; and social reintegration. The program seeks to: (1) Provide safe housing for victims of human trafficking; (2) Stabilize these individuals in housing by providing mental health treatment and case management; (3) Support these individuals in obtaining employment and/or benefits that will lead them towards independent living; and (4) Work collaboratively with the State Attorney's Office for follow up and case management.

5. State Agency Contacted? Yes

a. If yes, which state agency? <u>Department of Children and Families</u>

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:

Туре	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	25,000	4.8%
TOTAL	25,000	4.8 %

8. Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds): 525,000

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) 3



- 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? <u>No</u>
- e. Complete the following Worksheet.

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:	Α	В	С
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		500,000	500,000

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

<u>Yes</u>

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

500,000

11. Program Performance:

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

The goal of the Camillus House Human Trafficking Recovery Program is to support victims of human trafficking in order to prevent chronic homelessness and prevent re-victimization by: 1. Stabilizing victims of human trafficking by providing a safe place to receive care, treatment and services to enable victims to address their trauma and begin recovery. 2. Enhancing self-esteem and vocational skills to make victims of human trafficking less vulnerable to any form of exploitation. 3. Assisting victims of human trafficking to obtain employment and/or benefits to facilitate independent living. 4. Providing post discharge housing assistance to return victims of human trafficking safely to the community.

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

<u>Supportive and clinical services assist victims through several phases including: 1) crisis intervention -</u> providing immediate crisis response and securing the safety of the individual as well as conducting an initial assessment to address basic needs. 2) comprehensive assessment and case management - includes a detailed psychosocial assessment conducted by professional staff to determine the behavioral health and other needs (medical, social service, etc.) of the client; and 3) social reintegration-life skills development, job and education support, housing navigation, family reunification and supporting independent living. The funds will be used to support 16 beds for adult female victims of human trafficking.

c. How will the funds be expended?



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

Spending Category	Description	Amount
Administrative Costs		
☑Executive Director/Project Head Salary and Benefits	Director of Psychological Services.	25,000
□Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs		
☑Salary and Benefits	5 FTE equivalent clinical, case management and residential support.	350,000
☑Expense/Equipment/Travel/Supplies/Other	Food, facility costs, life skills, educational/vocational, transportation services.	125,000
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
□Construction/Renovation/Land/Planning Engineering		
TOTAL		500,000

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

<u>The direct services to be provided include behavioral health treatment for substance abuse and mental health</u> <u>issues. Clients receive individual and group therapy to address their pychological issues and are provided with</u> <u>therapeutic/wellness activities as part of their recovery. Clients receiving case mangement to support job or</u> <u>vocational advancement, securing permanent housing, obtaining benefits and family reunification, when</u> <u>possible.</u>

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

This program will benefit female victims of human trafficking over the age of 18, as identified and referred by the Miami-Dade State Attorney's Office or other law enforcement agencies. Individuals must be homeless or at risk of homelessness in Miami-Dade County; have behavioral (mental health) issues, including, but not limited to, symptoms of trauma and/or substance abuse; require intensive therapy, life skills and professional



development training; and need a safe place to live to receive care, treatment and services while also preparing to serve as witnesses in the court trials of their traffickers. The program serves approximately 40 persons annually.

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

<u>The Camillus House Human Trafficking Recovery Program seeks to serve at least 40 unique individuals each</u> year. Performance and outcomes will be measured as follows: (1) 40+ female cictims of human trafficking will receive services within the year. (2) At least 90% of persons referred to program will be assessed within 72 hours of placement. (3) 90% of persons placed will receive a complete psychosocial evaluation within 10 days of admission. (4) 90% of all persons placed will have a complete case and treatment plan within 30 days of admission. (5) At least of 50% of residential adult victims of human trafficking participating in the Human Trafficking Recovery Program will successfully complete treatment. (6) 70% of residential adult victims of human trafficking successfully completing treatment in the Human Trafficking Recovery Program will move on to stable housing upon discharge from the program.

- 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.
 <u>N/A</u>
- **13.** Requestor Contact Information:
 - a. Name: Hilda Fernandez
 - b. Organization: Camillus House, Inc.
 - c. Email: hfernandez@camillus.org
 - d. Phone Number: (305)374-1065 Ext. 308

14. Recipient Contact Information:

- a. Organization: Camillus House, Inc.
- b. County: Miami-Dade
- c. Organization Type:
 - O For Profit
 - ⊙ Non Profit 501(c) (3)
 - O Non Profit 501(c) (4)
 - O Local Entity
 - O University or College
 - O Other (Please specify)
- d. Contact Name: Eduardo Gloria
- e. E-mail Address: eduardog@camillus.org
- f. Phone Number: (305)374-1065 Ext. 220



- 15. If there is a registered lobbyist, fill out the lobbyist information below.
 - a. Name: None
 - b. Firm: None
 - c. Email:
 - d. Phone Number: