Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

- 1. Title of Project: Camillus House Human Trafficking Recovery Program
- 2. Date of Submission: <u>11/09/2017</u>
- 3. House Member Sponsor: <u>Michael Bileca</u> Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? <u>Yes</u> If answer to 4a is ?No? skip 4b and 4c and proceed to 4d, Col. E
- b. What is the most recent fiscal year the project was funded? 2017-18
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? $\underline{\mbox{No}}$
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)		(Reques	Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
Column:	А	В	С	D	E	F
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)	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:		500,000	500,000		500,000	500,000

5. Are funds for this issue requested in a state agency?s Legislative Budget Request submitted for FY 2018-19? No

5a. If yes, which state agency?

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Children and Families

5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No

5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

As per contract, corrective action plans may be required for noncompliance, nonperformance, or unacceptable performance under this Contract. Penalties may be imposed for failures to implement or to make acceptable progress on such corrective action plans. The increments of penalty imposition that shall apply, unless the Department determines that extenuating circumstances exist, shall be based upon the severity of the noncompliance, nonperformance, or unacceptable performance.

- 6. Requester:
 - a. Name: Hilda M. Fernandez
 - b. Organization: Camillus House, Inc.
 - c. Email: hfernandez@camillus.org
 - d. Phone #: <u>(305)374-1065</u>
- 7. Contact for questions about specific technical or financial details about the project:
 - a. Name: <u>Eduardo Gloria</u>
 - b. Organization: Camillus House, Inc.
 - c. Email: eduardog@camillus.org
 - d. Phone #: <u>(305)374-1065</u>
- 8. Is there a registered lobbyist working to secure funding for this project?
 - a. Name: Monica Rodriguez
 - b. Firm: Ballard Partners
 - c. Email: monica@ballardfl.com
 - d. Phone #: <u>(850)577-0444</u>
- 9. Organization or Name of entity receiving funds:
 - a. Name: Camillus 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): Broward, Miami-Dade, Monroe
- 10. What type of organization is the entity that will receive the funds? (Select one)

○ For Profit
⊙ Non Profit 501(c) (3)
○ Non Profit 501(c) (4)

O Local GovernmentO University or CollegeO Other (Please describe)

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

The Camillus House Camillus House Human Trafficking Recovery Program is designed to expand and concentrate services for adult-aged women who are victims of human trafficking. The funding requested for this project will support ongoing operational expenses and staffing for the program.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring
	Description	(Should equal 4d, Col. E) Enter ?0? if request is zero for the category
Administrative Costs:		
☑a. Executive Director/Project Head Salary and Benefits	Director of Psychological Services	25,000
□b. Other Salary and Benefits		
□c. Expense/Equipment/Travel/Supplies/Other		
□d. Consultants/Contracted Services/Study		
Operational Costs:		
☑e. Salaries and Benefits	5 FTE equivalent clinical, case management and residential support	350,000
☑f. Expenses/Equipment/Travel/Supplies/Other	Food, facility costs, life skills, educational/vocational, transportation services	125,000
□g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
□h. Construction/Renovation/Land/Planning Engineering		

Г	ΤΟΤΑΙ	F00.000
	IOTAL	500,000

- 13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option) N/A
- 14. Is the project request an information technology project? No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

<u>Yes</u>

15a. Please Describe:

Letter of Support from SA Katherine Fernandez Rundle to be provided.

- 16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served? <u>No</u>
- 17. Will the requested funds be used directly for services to citizens? $\underline{\text{Yes}}$
 - 17a. What are the activities and services that will be provided to meet the purpose of the funds?
 Supportive and clinical services assist victims through several phases including: 1) crisis intervention and assessment; 2) comprehensive assessment and case management; and 3) social reintegration.
 - Describe the direct services to be provided to the citizens by the funding requested.
 Supportive and clinical services assist victims through several phases including: 1) crisis intervention and assessment; 2) comprehensive assessment and case management; and 3) social reintegration.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups."). Select all that apply to the target population:

Elderly persons

Persons with poor mental health

□Persons with poor physical health

☑ Jobless persons ☑ Economically disadvantaged persons □At-risk youth ☑Homeless Developmentally disabled □Physically disabled ☑Drug users (in health services) □Preschool students □Grade school students □High school students □University/college students Currently or formerly incarcerated persons Drug offenders (in criminal Justice) □Victims of crime General (The majority of the funds will benefit no specific group) ☑Other (Please describe): Victims of human trafficking

17d. How many in the target population are expected to be served?

O< 25 ⊙25-50 ○51-100 ○101-200 ○201-400 ○401-800 ○>800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
□Improve physical health		
Improve mental health	50% of adult victims of human trafficking participating in the Human Trafficking Recovery Program will	In agreement with DCF, this is determined by individuals who successfully complete treatment and

	successfully complete treatment.	as such are stabilized.
□Enrich cultural experience		
□Improve agricultural production/promotion/education		
□Improve quality of education		
□Enhance/preserve/improve environmental or fish and wildlife quality		
□Protect the general public from harm (environmental, criminal, etc.)		
□Improve transportation conditions		
□Increase or improve economic activity		
□Increase tourism		
☑Create specific immediate job opportunities	Average number of days worked for pay by program participants will be at least 20 # and % of clients successfully completing treatment who retain 9 months employment with the DDA	The program tracks the number of days spent in work therapy as well as the number of days worked for pay in program. Clients enter the work program (Phase 3/aftercare) upon successful completion of treatment.
□Enhance specific individual?s economic self sufficiency		
□Reduce recidivism		
ØReduce substance abuse	Adults provided with Substance Abuse (SA) treatment will be at least 25% of adults who successfully complete substance abuse treatment services will be at least 51%	In agreement with DCF, the structure of the program best services individuals with SA over the age of 25 In agreement with DCF, the percentage of individuals successfully completing treatment is determined by dividing the number of individuals

		who complete Phase 2 by the total number of individuals in the program
Divert from Criminal/Juvenile justice system		
□Improve wastewater management		
□Improve stormwater management		
□Improve groundwater quality		
□Improve drinking water quality		
□Improve surface water quality		
ØOther (Please describe): Reduce impact of human trafficking on community.	A minimum of 3 adult victims of human trafficking will receive Human Trafficking Recovery Program service each month. 100% of adult victims of human trafficking participating in the Human Trafficking Recovery Program will have a service plan that is updated every 30 days 70% of adult victims of human trafficking successfully completing treatment in the Human Trafficking Recovery Program will move on to permanent housing upon discharge from the program	The program has minimum performance standards as well as outcomes as agreed contractually with DCF. A minimum of three individuals must be served every month, this is documented through maintenance of a census. All clients have service plan updates every 30 days, these plans are signed by both client and case manager and stored in the Homeless Management Information System. Discharge destination on successful completion is recorded and this measure tracks positive placement into housing

19. Provide the total cost of the project for FY 2018-19 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
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1. Amount Requested from the State in this Appropriations Project Request:	500,000	95.2%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	25,000	4.8%	Yes
TOTAL	525,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

<u>Yes</u>

20a. How much state funding would be requested after 2018-19 over the next 5 years?

O<1M

⊙1-3M

O>3-10M

O>10M

20b. How many additional years of state support do you expect to need for this project?

O1 year

O2 years

O3 years

O4 years

 \odot >= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select ?ongoing activity?.

⊙ongoing activity ? no total cost

O<1M

O1-3M

O>3-10M

O>10M