1. **Title of Project:** Tri-County Low Income Pool – Behavioral Health
2. **Senate Sponsor:** Kelli Stargel
3. **Date of Submission:** 02/10/2019
4. **Project/Program Description:**
   Serving inhabitants of Polk County that are uninsured/underinsured individuals with behavioral health (substance use and mental health issues) that are in need of crisis services (Detox, Crisis Stabilization or rehabilitation services) in order to facilitate the person served transition back into a normal, productive life within the community.
5. **State Agency to receive requested funds:** Agency for Health Care Administration
   State Agency Contacted? No
6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>28,594</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td></td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td>28,594</td>
</tr>
</tbody>
</table>

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>28,594</td>
<td>38.53%</td>
</tr>
<tr>
<td>Federal</td>
<td>45,618</td>
<td>61.47%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Local</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td><strong>74,212</strong></td>
<td>100.0%</td>
</tr>
</tbody>
</table>

8. **Has this project previously received state funding?** No

<table>
<thead>
<tr>
<th>Fiscal Year (yyyy-yy)</th>
<th>Recurring</th>
<th>NonRecurring</th>
<th>Specific Appropriation #</th>
<th>Vetoed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. **Is future-year funding likely to be requested?** Yes
   a. If yes, indicate non-recurring amount per year. $28,594

10. **Details on how the requested state funds will be expended**

<table>
<thead>
<tr>
<th>Spending Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Costs:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Executive Director/Project Head Salary and Benefits
Other Salary and Benefits
Expense/Equipment/Travel/Supplies/Other
Provides reimbursement for the cost of the charity care provided by Tri-County Human Services for the care and treatment to qualifying persons without coverage. 28,594
Consultants/Contracted Services/Study
Operational Costs:
Salary and Benefits
Expense/Equipment/Travel/Supplies/Other
Consultants/Contracted Services/Study
Fixed Capital Construction/Major Renovation:
Construction/Renovation/Land/Planning Engineering
Total State Funds Requested (must equal total from question #6) 28,594

11. Program Performance:

a. What is the specific purpose or goal that will be achieved by the funds requested?
Serving inhabitants of Polk County that are uninsured/underinsured individuals with behavioral health (substance use and mental health issues) that are in need of crisis services (Detox, Crisis Stabilization or rehabilitation services) in order to facilitate the person served transition back into a normal, productive life within the community.

b. What are the activities and services that will be provided to meet the intended purpose of these funds?
Available beds for crisis and rehabilitative services required for the person served. Medical/Clinical and Human Service Technical people to perform needed services per a developed treatment/service plan.

c. What are the direct services to be provided to citizens by the appropriations project?
Individualized and direct services include, but not limited to are: Stabilizing the person served primary health care needs through direct care of referral sources; Health and behavioral health assessments; Physical examinations and proper medical follow up; Treatment/Service plan development; Individual therapy; Group therapy; Life skills education; Linkages to Aftercare and follow up services; Linkages to secure housing; Linkages to vocational training/employment assistance.

d. Who is the target population served by this project? How many individuals are expected to be served?
Elderly persons, Persons with poor mental health, Persons with poor physical health, Jobless persons, Economically disadvantaged persons, Homeless, Physically disabled, Drug users (in health services), University/college students, Currently or formerly incarcerated persons, Drug offenders (in criminal Justice), Victims of crime, (The majority of funds will benefit no specific group), and Veterans.

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

The citizens of Polk County that are uninsured/underinsured individuals with behavioral health (substance use
and mental health issues) that are in need of crisis services (Detox, Crisis Stabilization or rehabilitation services)
will not receive these services in order to live a normal, productive life within the community.

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.

Robert Rihn – Chief Executive Officer, Tri-County Human Services, Inc.; Donn VanStee – Administrative Director, Tri-
County Human Services, Inc.

13. Requestor Contact Information:
   a. Name: Robert Rihn
   b. Organization: Tri-County Human Services, Inc
   c. E-mail Address: rrihn@tchsonline.com
   d. Phone Number: (863)709-9392 Ext. 2223

14. Recipient Contact Information:
   a. Organization: Tri-County Human Services, Inc
   b. County: Polk
   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: Donn VanStee
   e. E-mail Address: dvanstee@tchsonline.org
   f. Phone Number: (863)709-9392
15. Lobbyist Contact Information
   a. Name: Jan Gorrie
   b. Firm Name: Ballard Partners
   c. E-mail Address: jan@ballardfl.com
   d. Phone Number: (813)334-5288