1. **Title of Project:** Low Income Pool for DACCO

2. **Senate Sponsor:** Darryl Rouson

3. **Date of Submission:** 02/12/2019

4. **Project/Program Description:**
   
   The goal is to include the Drug Abuse Comprehensive Coordinating Office (DACCO) as a qualifying Behavioral Health provider within the central receiving system under the Low Income Pool. This will allow funding to be allocated for the substance abuse and mental health services DACCO provides to charity patients.

5. **State Agency to receive requested funds:** Agency for Health Care Administration

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>500,890</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td></td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td>500,890</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>500,890</td>
<td>38.53%</td>
</tr>
<tr>
<td>Federal</td>
<td>799,110</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>1,300,000</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

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

9. **Is future-year funding likely to be requested?** Yes

   a. If yes, indicate non-recurring amount per year. $500,890

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

    | Spending Category     | Description | Amount |
    |-----------------------|-------------|--------|
    | Administrative Costs: |             |        |
Executive Director/Project Head Salary and Benefits
Other Salary and Benefits
Expense/Equipment/Travel/Supplies/Other
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

<table>
<thead>
<tr>
<th>Total State Funds Requested (must equal total from question #6)</th>
<th>500,890</th>
</tr>
</thead>
</table>

**11. Program Performance:**

a. **What is the specific purpose or goal that will be achieved by the funds requested?**
   1.3 million in audited charity care was provided to patients last year with no reimbursement. The state share of the funding would come from Hillsborough County combined with the federal match to address this shortfall.

b. **What are the activities and services that will be provided to meet the intended purpose of these funds?**
   Continuation of treatment resources in this opioid crisis.

c. **What are the direct services to be provided to citizens by the appropriations project?**
   Substance use disorder treatment services (outpatient, residential, IOP, assessment, day treatment, etc.) appropriate for the charity patients.

d. **Who is the target population served by this project? How many individuals are expected to be served?**
   Indigent adults and children who present for treatment of substance use disorders. Approximately 200 additional patients.

e. **What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**
   Number served who complete treatment >51%

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?**
   Payment would only be made for qualifying charity care.

**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.**

No
13. Requestor Contact Information:
   a. Name: Mary Lynn Ulrey
   c. E-mail Address: marylynnu@dacco.org
   d. Phone Number: (813)384-4200

14. Recipient Contact Information:
   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: Mary Lynn Ulrey
   e. E-mail Address: marylynnu@dacco.org
   f. Phone Number: (813)384-4200

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