



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1655

1. Project Title Tri-County Human Services Existing Detox Beds

2. Senate Sponsor Colleen Burton

3. Date of Request 2/17/2025

4. Project/Program Description

Tri-County Human Services is requesting funding to have available 20 medical detox beds for the citizens of Polk, Hardee, and Highlands Counties for FY 2025/2026. Currently, funding from the Department of Children and Families only funds up to 5.5 beds. We do not anticipate any additional funding being made available from the DCF to assure the appropriate funding to meet the current needs of the community. Funding from Polk County match requirement will fund 4 (four) beds for FY 25/26. The balance (10.5 beds) will not have any funding in order to keep those beds available for our persons served.

5. State Agency to receive requested funds Department of Children and Families

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	1,667,872
Fixed Capital Outlay	0
Total State Funds Requested	1,667,872

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,667,872	52%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	811,128	26%
Local	698,872	22%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	3,177,872	100%

8. Has this project previously received state funding? Yes

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	1,667,872	377	No

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

a. If yes, indicate nonrecurring amount per year. 1,667,872

b. Describe the source of funding that can be used in lieu of state funding.

Tri-County Human Services is currently using Polk County match dollars to fund four (4) beds in our Detox program currently.



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Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction

a. What is the current phase of the project?

☐ Planning ☐ Design ☐ Construction ☐ N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

e. What funding stream will be used for ongoing operations and maintenance of the project?

11. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

12. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Staffing the unit that attends to the admitted person served. Included in this category are the medical director, nurse practitioners, registered nurses, LPN's, support staff, case managers, care coordinators, clinical counselors and food service workers. Licensing requirements found in 65D-30.006 address the minimum staffing when admitting over 15 individuals into the detoxification program.	1,667,872
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		1,667,872

13. Program Performance

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



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To meet the needs of the Counties of Polk, Hardee, and Highlands to provide, on demand, medical detox and Marchman Act services to those individuals suffering from substance use disorders and abuse of alcohol, benzodiazepines, and opiates. Tri-County Human Services is the only provider of medical detox services in the counties in which we serve. Our goal is to treat these individuals with the appropriate detox protocols, stabilize them and assist them in seeking the appropriate treatment (residential or outpatient) that will lead to recovery in the longer term.

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

Services provided are medical and clinical interventions to stabilize the patient to reduce the immediate impact of the potential overdose on the individual, initiate a treatment plan to engage the individual to seek further medical and/or clinical assistance in the form of residential or outpatient treatment to address their addiction issues.

c. What direct services will be provided to citizens by the appropriation project?

Direct services include a medical assessment, clinical assessment, treatment plan development discharge planning into the appropriate level of care as defined in the treatment plan, Medication Assisted Treatment (MAT) for those with alcohol or opiate use disorder diagnosis (use of Vivitrol or Suboxone monitored by qualified medical licensed staff), care coordination for high need/high utilizers of the crisis system to facilitate the individual to engage in identified treatment after detox.

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

The target population are those individuals who have abused their drug of choice or ingested a drug unknowingly, to the point of endangering themselves and requires immediate medical and clinical intervention to stabilize themselves and reduce the risk or further endangerment to themselves. It is anticipated that Tri-County will serve 3650 individuals annually by this requested funding.

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

Without this funding, there will be increased utilization of our local emergency departments for behavioral health related admissions. This requested appropriation will assist in reducing behavioral health related admissions to our local hospitals. Tri-County will measure this outcome by documenting a reduction of behavioral health related admissions into the local emergency departments as well as document referrals made by the emergency department to our detox program to free up a bed at the emergency department.

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?

If awarded funding, Tri-County Human Services will work with our Managing Entity and DCF to develop any necessary and appropriate penalties if performance measures are not met.

14. Is this project related to mitigation, response, or recovery from a natural disaster?

a. If Yes, what phase best describes the project?

- ☐ Mitigation (reducing or eliminating potential loss of life or property)
- ☐ Response (addressing the immediate and short-term effects of a natural disaster)
- ☐ Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

15. Has the entity applied for or received federal assistance for this project?

- ☐ Yes, Applied
- ☐ Yes, Received



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☐ No

☐ No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

☐ Yes, Applied

☐ Yes, Received

☐ No

☐ No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

18. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

☐ For Profit Entity

☒ Non Profit 501(c)(3)

☐ Non Profit 501(c)(4)

☐ Local Entity

☐ University or College

☐ Other (please specify)



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d. First Name Last Name

e. E-mail Address

f. Phone Number Ext.

19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.