



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2430

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

**4. Project/Program Description**

This specialized outreach initiative seeks to engage, assess, treat (medically and mentally) and secure supportive permanent housing placement for persons who are chronically homeless and mentally ill or have substance use disorders or co-occurring disorders, living on the streets in Miami-Dade County. Through coordinated street outreach activities, the project will continue to engage the hardest to serve chronically homeless mentally ill and substance users, on-street population, in their environment, and facilitate access to the healthcare and social services delivery system. The project will address their immediate health needs, and ultimately any long-term chronic conditions, will provide mental health treatment and navigation to benefits with the end goal of stabilized housing. The project will target the chronically homeless and substance users, particularly those identified as the most service-resistant and having severe mental and substance use disorders.

5. **State Agency to receive requested funds**
- State Agency contacted?**  Yes

**6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024**

Type of Funding	Amount
Operations	175,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>175,000</b>

**7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	175,000	24%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	542,500	76%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>717,500</b>	<b>100%</b>

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future funding likely to be requested?**  Yes
- a. **If yes, indicate nonrecurring amount per year.**
- b. **Describe the source of funding that can be used in lieu of state funding.**
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10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.

\$9,056,658.00 ESG CARES Act Street outreach, rapid rehousing, homeless prevention and emergency shelter
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## Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

Planning   
  Design   
  Construction

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?

12. 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.

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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits	Program supervision, contract management, billing and reporting.	5,000
Expense/Equipment/Travel/Supplies/Other	Office supplies/expenses.	5,000
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Salary and Benefits for 1 FTE Case Manager, 2 FTE Residential Assistants, 1 FTE behavioral health clinician for and 1 FTE Nurse/Nursing Assistant.	120,000
Expense/Equipment/Travel/Supplies/Other	Direct support - unit rental costs, move-in expenses, furniture, food/food vouchers, bus passes, utility expenses and life skills.	5,000
Consultants/Contracted Services/Study	Contracted services - after hours case management and medication assisted treatment.	40,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>175,000</b>

14. Program Performance

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



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The goal is to provide behavioral (mental health and substance abuse) stabilization through Direct Observational Treatment (DOT) as well as access to housing and other services for on-street chronically homeless individuals, who have not benefited from traditional service programs. Through coordinated street outreach activities, the project will continue to engage the hardest to serve chronically homeless mentally ill and substance users in order to get them off the streets and into housing. This includes high systems users such as persons with a history of arrests and/or frequent police interactions and/or hospitalizations to reduce dependency on those systems.

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

The project will approach (pre-engagement) as many of the on-street chronically homeless and substance abusers in Miami as possible, engage these individuals over time before delivering, treatment and stabilization services along with Housing and Supportive services. Outreach takes place 5 days a week in the early morning or the late evening with medication observation taking place on weekends.

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

The project will engage, assess, treat (medically and mentally) and secure supportive housing placement for persons who are chronically homeless and mentally ill or have substance use disorders or co-occurring disorders, living on the streets in Miami-Dade County.

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

Project Lazarus targets the chronically homeless and substance users, particularly those identified as the most service-resistant and having severe mental and substance use disorders, cognitive and other disabilities. On-street chronic homeless specifically, identified in the 2023 Priority Home Homeless Plan as the population of highest need. The project will seek to make 600 contacts and engage 120 individuals.

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

Individuals who engage in program services and successfully transition into some form of housing, will demonstrate significantly lower rates of return to homelessness, reducing the cost safety nets services by these high system users including emergency rooms, crisis units, criminal justice and homeless services. The following measures will be used to measure these outcomes:

1. Number of on-street contacts (Target: 600)
2. Number of persons served (clients roll over from year to year). (Target: 120 persons engaged)
3. Exits to housing (Target: 50% of participants no longer on the street)

**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 the contract?**

Corrective action plans may be required for noncompliance, nonperformance, or unacceptable performance. Financial penalties may be imposed for failures to implement or to make acceptable progress on such corrective action plans. Increments of penalty imposition shall apply, unless DCF determines that extenuating circumstances exist, shall be based upon the severity of the noncompliance, nonperformance, or unacceptable performance that generated the need for corrective action plan.

**15. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**16. Recipient Contact Information**

**a. Organization**

**b. Municipality and County**



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#### c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)

d. First Name  Last Name

e. E-mail Address

f. Phone Number

#### 17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number