



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1583

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The requested funds would be utilized for drug testing and maintaining ten (10) beds in inpatient facilities overseen by Miami-Dade County to serve Opioid Use Disorder clients. Additionally, the funds would be utilized for expanding Medication Assisted Treatment (MAT), approved by the Food and Drug Administration (FDA) to treat opioid use disorders and to prevent or reduce opioid overdose.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operations	737,500
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>737,500</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)	737,500	10%
<b>Matching Funds</b>		
Federal	3,119,000	41%
State (excluding the amount of this request)	0	0%
Local	3,761,000	49%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>7,617,500</b>	<b>100%</b>

8. Has this project previously received state funding?

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

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

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

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.



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\$1,419,320,111.50 to provide financial aid to, among others, small businesses, veterans, senior meals, restaurants, hotel workers, first responders, landlords, low-income tenants, nonprofits, and day care centers; county services and also direct distributions to Miami-Dade municipalities.

## 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		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Ten (10) beds within inpatient facilities overseen by Miami-Dade County: (8) Level 2 beds and (2) Level 4 beds, at \$190.00/day for 10 clients for one year)	693,500
Consultants/Contracted Services/Study	Drug testing materials at \$20,000 per year to administer 8,000 additional screenings. Medication Assisted Treatment (MAT) medication i.e. Buprenorphine to treat opioid use disorders and to prevent or reduce opioid overdose @ \$200 pr/month for 10 clients=\$2,000 x 1 yr (12 months) = \$24,000.	44,000
<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>737,500</b>

### 14. Program Performance

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

Mitigating the ongoing impacts of the opioid epidemic on Miami-Dade County through the implementation of evidence-based treatment and mitigation strategies and approaches.



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

The requested funds would be utilized for drug testing and maintaining ten (10) beds in inpatient facilities overseen by Miami-Dade County to serve clients. Additionally, the funds would be utilized for expanding Medication Assisted Treatment (MAT), approved by the Food and Drug Administration (FDA) to treat opioid use disorders and to prevent or reduce opioid overdose.

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

Medication Assisted Treatment and counseling and related services to eligible clients.

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

Miami-Dade County residents suffering from Opioid Use and co-occurrent disorders. A minimum of 120 clients are expected to be served annually.

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

This program aims to address the opioid use epidemic in Miami-Dade County by increasing access to opioid treatment, testing, and screening. The program will measure the benefit and outcome of the services rendered by identifying if individuals who receive treatment, are less likely to engage in the use of opioids after receiving services in the program.

**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?**

The agency will develop, submit and implement a Corrective Action Plan to address non performance findings. In addition, funds would be on a reimbursement basis after services are performed.

**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**

**c. Organization Type**

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



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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