



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1595

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 healthcare and social services. 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 2025-2026

Type of Funding	Amount
Operating	175,000
Fixed Capital Outlay	0
Total State Funds Requested	175,000

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)	175,000	19%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	736,156	81%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	911,156	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	175,000	377	No

9. **Is future-year funding likely to be requested?** No
- 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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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	Program supervision, contract management, billing and reporting	5,000
Expense/Equipment/Travel/Supplies/Other	Office: supplies/expenses	5,000
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Salary and Benefits for 0.1 Director, .25 Supervisor, 1.0FTE Case Manager, 1 FTE Residential Assistants, 1 FTE behavioral health clinician for and .25 FTE RN, .1 ARNP	158,314
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Contracted services - after hours case management and medication assisted treatment	6,686
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		175,000

13. 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, and 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 medical 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 2024 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 on safety nets service 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 onstreet 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-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 in the contract?

Failure to meet deliverables will result in nonpayment

14. Is this project related to mitigation, response, or recovery from a natural disaster? No

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



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- Yes, Received
- 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



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Other (please specify)

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.