



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1194

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The facility will continue expanding access to care and grant Lightshare Behavioral Wellness & Recovery the ability to better serve the community. The two (2) main phases of the project will be to renovate existing space (approximately 7,000 sq. ft.) and erect an entirely new adjacent building (approximately 13,000 sq. ft.). The first phase of this project is complete. The second phase of the project will co-locate the Crisis Stabilization Unit (CSU) and Addictions Receiving Facility (Detox) at one centralized location providing a full continuum of care. The overarching goal is to support our "No Wrong Door" philosophy by providing crisis triage, assessment, and 24 hour access to services acute care services. Additionally, this is designed to relieve over-utilization of community resources including but not limited to emergency medical services, hospital emergency rooms, and law enforcement which will result in a reduced burden to taxpayers.

5. **State Agency to receive requested funds**

State Agency contacted?

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

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	1,500,000
Total State Funds Requested	1,500,000

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)	1,500,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	1,500,000	100%

8. **Has this project previously received state funding?**

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	550,000	384A	No

9. **Is future-year 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.**



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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)?

Yes

c. What is the estimated start date of construction?

7/30/2025

d. What is the estimated completion date of construction?

7/30/2026

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

For ongoing operations we currently have the services in place and deliver services 24/7 as Lightshare is the Baker Act (psychiatric crises) and Marchman Act (substance abuse) receiving facility for Sarasota County. The facility and infrastructure needed to deliver service, requested through this appropriations ask is a one time cost once complete.

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.

Lightshare Behavioral Wellness & Recovery owns the facility to receive funding.

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		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Funds will be utilized for actual construction on the entirely new adjacent building (approximately 13,000 square feet). Architectural and engineering planning, has been completed since December 2024 and permitting is in progress.	1,500,000
Total State Funds Requested (must equal total from question #6)		1,500,000

13. Program Performance

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



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The two (2) main phases of the project will be to renovate existing space (approximately 7,000 sq. ft.) and erect an entirely new adjacent building (approximately 13,000 sq. ft.). The first phase of this project is complete. The second phase of the project will co-locate the Crisis Stabilization Unit (CSU) and Addictions Receiving Facility (Detox) with emergency back up power at one centralized location, providing a full continuum of care. The overarching goal is to support our "No Wrong Door" philosophy by providing crisis triage, assessment, and 24 hour access to services acute care services. Additionally, this is designed to relieve over-utilization of community resources including but not limited to emergency medical services, hospital emergency rooms, and law enforcement which will result in a reduced burden to taxpayers.

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

The building serves as the first point of contact for suicidal or homicidal persons, those who have overdosed from drugs or alcohol, and those in need of emergency psychiatric services. Once the project is completed, there will be one centralized location for all crisis support services for persons experiencing a mental health, substance abuse, or co-occurring situation who are in need of immediate intervention by behavioral health professionals.

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

Direct services to be provided include crisis intervention, suicide risk assessment, behavioral health assessment, to identify the specific immediate and longer term needs of each individual. Persons served through this project will be immediately linked to the specific level of care whether that is inpatient or outpatient/residential services. A designated team of case managers, peer support staff, and medical professionals will provide care, treatment, and services to, when possible, avert the need for inpatient care, and assure that the most appropriate, least restrictive treatment is provided.

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

Persons in Sarasota County who suffer from mental health and substance use disorders; individuals experiencing a behavioral health crisis. It is anticipated the program will serve 2500 individuals per year.

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

Co-locating emergency psychiatric and substance abuse acute care services will better serve the community through the "No Wrong Door" approach to care, provide immediate access to services 24/7, and relieve the over-utilization of community emergency services resources (such as emergency medical services, law enforcement, and emergency room departments).

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?

Standard penalties.

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.