

LFIR # 2650

| Lightshare Behavioral Wellness & Recovery-24 hour Intake Access Center<br>Crisis Emergency Center |
|---|
|   |

2. Senate Sponsor Joe Gruters

**3. Date of Request** 12/06/2023

#### 4. Project/Program Description

The facility will expand access to care and grant Lightshare Behavioral Wellness & Recovery the ability to better serve the community. The two 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 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

Department of Children and Families

State Agency contacted? No

#### 6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

| Type of Funding             | Amount    |
|-----------------------------|-----------|
| Operations                  | 0         |
| Fixed Capital Outlay        | 2,200,000 |
| Total State Funds Requested | 2,200,000 |

#### 7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

| Type of Funding                                | Amount    | Percentage |  |
|--|-----------|------------|--|
| Total State Funds Requested (from question #6) | 2,200,000 | 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 2024-2025  | 2,200,000 | 100%       |  |

8. Has this project previously received state funding? Yes

| Fiscal Year | Amount    |              | Specific        | Vetoed |
|-------------|-----------|--------------|-----------------|--------|
| (уууу-уу)   | Recurring | Nonrecurring | Appropriation # |        |
| 2023-24     | 0         | 750          |                 | No     |

#### 9. Is future funding likely to be requested?

Yes

2,200,000

a. If yes, indicate nonrecurring amount per year.

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

There is not one.

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#### 10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

Yes

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

Approximately \$3.1 million was received in 2020 related to the Payroll Protection Program. These funds were used to pay salaries for approximately 10 weeks.

### **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    | 🔘 N/A   |    |  |
|---|------------------|-----------------|---------|----|--|
| b. Is the project '                                       | 'shovel ready" ( | i.e permitted)? |         | No |  |
| c. What is the estimated start date of construction?      |                  |                 | 09-2024 |    |  |
| d. What is the estimated completion date of construction? |                  |                 | 12-2026 |    |  |

## 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.

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

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

| Spending Category                                      | Description  | Amount    |
|--|--|-----------|
| Administrative Costs:                                  |  |           |
| Executive Director/Project Head<br>Salary and Benefits |  | 0         |
| Other Salary and Benefits                              |  | 0         |
| Expense/Equipment/Travel/Supplies/<br>Other            |  | 0         |
| Consultants/Contracted<br>Services/Study               |  | 0         |
| Operational Costs: Other                               |  |           |
| Salary and Benefits                                    |  | 0         |
| Expense/Equipment/Travel/Supplies/<br>Other            |  | 0         |
| Consultants/Contracted<br>Services/Study               |  | 0         |
| Fixed Capital Construction/Majo                        | r Renovation:  |           |
| Construction/Renovation/Land/<br>Planning Engineering  | Construction of the entirely new adjacent building (approximately 13,000 sq ft). Architectural and engineering planning and permitting will be completed prior to December 2024 - estimate start date of construction. | 2,200,000 |
| Total State Funds Requested (m                         | ust equal total from question #6)  | 2,200,000 |

#### 14. Program Performance

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



Work has begun on this project with additional funds to be used to complete the project. The two (2) main phases of the project are to renovate existing space (approximately 7,000 sq. ft.) and erect an entirely new adjacent building (approximately 13,000 sq. ft.). The project will co-locate the Crisis Stabilization Unit(CSU) and Addictions Receiving Facility (Detox) at one centralized location. 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 the contract?

Standard contract penalties are sufficient.

#### **15. Requester Contact Information**

| a. First Name     | Shawny                   | Last Name    | Robey |
|-------------------|--------------------------|--------------|-------|
| b. Organization   | Lightshare Behavioral We | llness & Rec | overy |
| c. E-mail Address | srobey@lightsharewellnes | ss.org       |       |
| d. Phone Number   | (941)899-5771            | Ext.         |       |

#### **16. Recipient Contact Information**

- a. Organization Lightshare Behavioral Wellness & Recovery
- b. Municipality and County Sarasota
- c. Organization Type

□For Profit Entity



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| ☑Non Profit 501(c                | :)(3)                    |           |       |  |  |
|----------------------------------|--------------------------|-----------|-------|--|--|
| □Non Profit 501(c                | □Non Profit 501(c)(4)    |           |       |  |  |
| □Local Entity                    |                          |           |       |  |  |
| □University or Co                | llege                    |           |       |  |  |
| □Other (please specify)          |                          |           |       |  |  |
| d. First Name                    | Shawny                   | Last Name | Robey |  |  |
| e. E-mail Address                | srobey@lightsharewellnes | ss.org    |       |  |  |
| f. Phone Number                  | (941)899-5771            |           |       |  |  |
| 17. Lobbyist Contact Information |                          |           |       |  |  |
| a. Name                          | Robert E. Hawken         |           |       |  |  |
| b. Firm Name                     | Leath Consulting         |           |       |  |  |
| c. E-mail Address                | hawk@leathfl.com         |           |       |  |  |

d. Phone Number (850)509-5900