

LFIR # 1295

1. Pro	oject Title	Lightshare Beha Initiative	avioral Wellnes	s & Recovery Suppor	rtive E	Employment	
2. Sei	nate Sponsor	Joe Gruters					
3. Dat	te of Request	11/21/2025					
4. Pro	oject/Program D	escription					
a jo for It w	ob training ground community reinte	d for clients in ment egration. It will prov	tal health/substride work skills r	ance use treatment w	vho ar	re nearing a phase i c unemployment, ja	ail and homelessness.
5. Sta	ite Agency to re	ceive requested for	u nds Dep	artment of Children a	and Fa	amilies	
Sta	te Agency conta	acted? No					
		recurring Reques	t for Fiscal Vo	or 2026-2027			
		necurring Neques	l loi i iscai i ea		A		
	pe of Funding erating				Amou	unt	
	ed Capital Outlay	V			1,500,000		
	tal State Funds				1,500,000		
						1,222,222	
7 T-4	- I Dun in at On at t						
7. TOT	ai Project Cost i	for Fiscal Year 202	26-2027 (includ	ling matching funds	s avai	lable for this proje	ect)
	pe of Funding	for Fiscal Year 202	26-2027 (includ	ling matching funds Amount	s avai	lable for this proje	ect)
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10. Status of Construction

13. Program Performance

Planning

a. What is the current phase of the project?

O Design

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?

The Florida Senate **Local Funding Initiative Request Fiscal Year 2026-2027**

N/A

No

01/01/2026

01/01/2027

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Complete questions 10 and 11 for Fixed Capital Outlay Projects

Construction

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

(psychiatric crises) and Marchman	tly have the services in place and deliver services 24/7 as Lightshare is Act (substance abuse) receiving facility for Sarasota County. The facil rvice, requested through this appropriations ask is a one time cost once	ity and
List the owners of the facility to relationship between the owner	receive, directly or indirectly, any fixed capital outlay funding. Indis of the facility and the entity.	clude the
Lightshare Behavioral Wellness &	•	
Details on how the requested sta	ate funds will be expended	
Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		(
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		(
Consultants/Contracted Services/Study		
Operational Costs		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		(
Consultants/Contracted Services/Study		(
Fixed Capital Construction/Major	or Renovation:	
Construction/Renovation/Land/ Planning Engineering	Funds will be utilized to redo the infrastructure of the kitchen on the crisis emergency campus. Architectural and engineering planning have been completed as of December 2024, and permitting will be completed by December 2025.	1,500,00
Total State Funds Requested (n	nust equal total from guestion #6)	1,500,00

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



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This project will improve the infrastructure of the kitchen for the Lightshare crisis emergency campus (Baker Act and Marchman Act receiving facility) to provide supportive employment. The intent of these supportive employment services is to provide a training ground for people currently in stable mental health and substance use treatment recovery. These clients need skills to work preventing them from entering cycles of chronic unemployment, and wages that may not support appropriate housing.

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

The facility enhancement will assist in provide skills to gain employment, live independently, and deliver ongoing support services through case management and other mental health and substance use disorder services There is value added to the community as it provides inclusion, competitive employment, impacting effects of other social determinants of health such as homelessness, joblessness, mental health instability. The facility provides services to help clients gain reasonable rates of pay, promote social integration, productivity and develop skills and abilities. The kitchen will have an integrated work setting. The training is supervised and provided by a reputable dietary service vendor. It will include coaching, and help be a bridge for support services for current and future employment opportunities.

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

The facility is a bridge for support services for current and future employment needs. The program will build and extend support with local agencies and partners to assist in maintaining employment, which provides stability for the client and the workplace. It will provide ongoing support services through case management, through medication assisted treatment programs, walk-in center services residential and other inpatient services. With behavioral health assessments, we can identify the specific immediate and longer term needs of each individual. 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?

Practical hands-on assistance will be provided to help people handle the necessity of daily living and assist them in the recovery process. The program is designed to offer opportunities to help clients who are motivated to develop career driven talent and enter the local workforce. Vocational skills will help them live independently, gain employment, and deliver ongoing support services through case management and other mental health and substance use disorder services The intent of these services is to provide a supportive employment training ground for people currently in stable mental health and substance use treatment recovery. These clients need skills to work preventing them from entering cycles of chronic unemployment, wages that may not support appropriate housing.

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?

S	tandard penalties.
14. Is t	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 infastructure)
b. N	ame of the natural disaster (or Executive Order # for events not under a federal declaration):



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15. Has the entity app	olied for or received federa	al assistanc	e for this project?		
☐ Yes, Applied					
☐ Yes, Received					
□ No					
☐ No, but intends t	o apply				
a. If yes, provide th	ne FEMA project workshee	et ID#:			
b. Provide the total	I project cost listed on the	FEMA proj	ect worksheet:		
16. Has the entity app	plied for or received state	assistance f	or this project (oth	er than this reque	st)?
☐ Yes, Applied					
☐ Yes, Received					
□ No					
☐ No, but intends t	o apply				
a. If yes, specify th	e program and state agen	ıcy (ex. Loca	al Government Eme	ergency Bridge Lo	an, Department of
Commerce):					
					ı
17. Requester Contac	t Information				
a. First Name	Shawny	Last Name	Roby		
b. Organization	Lightshare Behavioral We	llness & Rec	overy, Inc		
c. E-mail Address	c. E-mail Address sroby@lightsharewellness.org				
d. Phone Number	(941)899-5771	Ext.			
18. Recipient Contact	Information				
a. Organization	Lightshare Behavioral We Inc	llness & Rec	overy,		
b. Municipality and	d County Sarasota				
c. Organization Ty	pe				
□For Profit Entity					
☑Non Profit 501(d	c)(3)				
□Non Profit 501(c	c)(4)				



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□Local Entity	□Local Entity				
□University or Co	□University or College				
□Other (please sp	□Other (please specify)				
d. First Name	Shawny	Last Name	Roby		
e. E-mail Address	e. E-mail Address sroby@lightsharewellness.org				
f. Phone Number	(941)899-5771	Ext.			
19. Lobbyist Contact Information					
a. Name Robert E. Hawken					
b. Firm Name	Floridian Partners LLC				
c. E-mail Address	hawk@leathfl.com				
d. Phone Number	(850)509-5900				

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.