



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2271

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

To grow the LCSO Behavioral, Health, and Occupational Wellness Program through the expansion of formal peer support and increased access to coordinated wellness services, resources, training, and programming. Additionally, funding this program will allow law enforcement agencies in surrounding rural counties to participate in mental health and resiliency educational opportunities and have the necessary support to build their own programs that may otherwise not be available.

5. State Agency to receive requested funds

State Agency contacted? No

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

Type of Funding	Amount
Operations	150,000
Fixed Capital Outlay	0
Total State Funds Requested	150,000

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)	150,000	66%
Matching Funds		
Federal	26,499	12%
State (excluding the amount of this request)	0	0%
Local	49,500	22%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	225,999	100%

8. Has this project previously received state funding? Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	187,500	1248	No

9. Is future 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.

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

No



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

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)?

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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Professional development and conference travel/fees for program administrator.	15,000
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Wellness program educational materials, program branding and marketing materials, and professional development peer support team members.	35,000
Consultants/Contracted Services/Study	Sustaining partnerships with services and resources that support a holistic approach to wellness. This includes experts in the areas of law enforcement physical fitness, nutrition, injury prevention and mitigation, mental health and resiliency, and ongoing access to mental health treatment for all agency members at no cost to them.	100,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		150,000

14. Program Performance

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



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

The continuous identification of evidenced-based initiatives, with an emphasis on sustaining a trauma-informed organization, is the goal of the program. The Behavioral, Health, and Occupational Wellness Program aims to reduce the impact of job-related trauma and improve the overall quality of life for law enforcement professionals in Leon and surrounding counties.

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

Funding of this project will provide the opportunity for law enforcement agencies in surrounding rural counties to participate in mental health and resiliency educational opportunities and to have necessary support to build their own programs that may otherwise not be available.

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

Sworn law enforcement, certified correctional officers and their family members. 201-400 to be served.

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

Improve cardiovascular health and reduce job-related, preventable injuries. - Assessment of workers comp and insurance claims.

Improve stress management and increase resiliency - Pre and post self-report symptom measurement, utilization of mental health resources/treatment/training

By strengthening the wellness of deputies and officers we are increasing their personal resilience and ability to effectively support the citizens they serve. - Utilization of the employee early intervention/warning system to identify members needing support. Provision of supports is expected to reduce potential internal affairs incidents.

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?

Return of appropriations. Would be outlined in agency contract.

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



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

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