

LFIR # 2217

1. Project Title	Leon County S Wellness Progr	heriff's Office Beha am	avioral, Health, and Occ	cupational			
2. Senate Sponsor	Loranne Ausley	,					
3. Date of Request	01/07/2022						
4. Project/Program De	escription						
resiliency program. I programming, and to	Funding will suppo echnology related	ort holistic wellness to mental health, p	ess Program requests for programming to include only sical fitness, resiliend opportunities and supp	e specialized educa	ation, training, ,, and family integration		
5. State Agency to red	ceive requested f	unds Depar	tment of Law Enforcement	ent			
State Agency conta	•	•					
•							
6. Amount of the Nonr	ecurring Reques	t for Fiscal Year	2022-2023				
Type of Funding			Amo	ount			
Operations				250,000			
Fixed Capital Outlay	,			0			
<b>Total State Funds F</b>	Requested		250,000				
7. Total Project Cost for Type of Funding	or Fiscal Year 20	22-2023 (includin	g matching funds ava  Amount	Percentage	ect)		
Total State Funds R	equested (from qu	estion #6)	250,000	98%			
Matching Funds							
Federal			0	0%			
State (excluding the	amount of this red	quest)	0	0%			
Local			5,000	2%			
Other			0	0%			
<b>Total Project Costs</b>	for Fiscal Year 2	2022-2023	255,000	100%			
8. Has this project pre	eviously received	state funding?	No				
Fiscal Year	Amount		Specific "	Vetoed			
(уууу-уу)	Recurring	Nonrecurring	Appropriation #				
9. Is future funding lik	cely to be reques	ted?	No				
a. If yes, indicate n							
b. Describe the sou	irce of funding th	nat can be used in	n lieu of state funding.		1		
10. Has the entity requ	uesting this proje	ect received any	federal assistance rela	ated to the COVID-	19 pandemic?		
No.		·			-		



LFIR # 2217

If yes	, indicate the	e amount of	tunds receiv	ed and what	the funds w	ere used for.	•

### 11. 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	Wellness Program management software, program branding and marketing materials, and professional development.	50,000
Consultants/Contracted Services/Study	Establishing partnerships and contracted resources to support holistic employee wellness. This includes experts in the areas of physical fitness, nutrition, injury prevention and mitigation, mental health, and resiliency. We hope to support smaller rural partner agencies as we invite them to training opportunities and help them with best practices to build their own wellness programming.	75,000
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other	Sustaining wellness program management software, program branding and marketing materials, and professional development.	50,000
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.	75,000
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
<b>Total State Funds Requested (m</b>	ust equal total from question #6)	250,000

### 12. Program Performance

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

To provide programming to address trauma and quality of law for LCSO deputies.

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

The identification of evidenced-based initiatives, with an emphasis on building a trauma-informed organization, is the goal of the initial program building phase. The Behavioral, Heath, 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 and certified correctional officers (200-400)

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



LFIR # 2217

Pre and post self-report symptom measurement, utilization of mental health resources/treatment/training. Pre and post self-report symptom measurement, utilization of mental health resources/treatment/training.

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 penalties are appropriate. Return of appropriations.

13.	The owners of the facility	y to receive, directly	y or indirectly, a	any fixed capital	outlay funding. Include the	
	relationship between the	owners of the facil	lity and the entit	ty.		

Direct.		



LFIR # 2217

14.	14. Requestor Contact Information							
	a. First Name	Ron		Last Name	Cave			
	b. Organization	Leon County Sheriff's Office						
	c. E-mail Address	caver@le	caver@leoncountyfl.gov					
	d. Phone Number	(850)606	(850)606-3300 Ext.					
15.	15. Recipient Contact Information							
	a. Organization	Leon Cou	ınty Sheriff's Offi	ce				
	b. Municipality and	ipality and County Leon						
	c. Organization Ty	ре						
	□For Profit Entity							
	□Non Profit 501(c	2)(3)						
	□Non Profit 501(c	c)(4)						
	☑Local Entity							
	□University or Co	or College						
	□Other (please sp	pecify)						
	d. First Name	Walt		Last Name	McNeil			
	e. E-mail Address	mcneilw@leoncountyfl.org						
	f. Phone Number							
16.	16. Lobbyist Contact Information							
	a. Name	None						
	b. Firm Name	None						
	c. E-mail Address							
	d. Phone Number							