



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 2946

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

A new applied mental health certificate program to be offered to retired, former, or current law enforcement officers and first responders so they can serve current officers and first responders with mental health issues and counseling.

5. State Agency to receive requested funds

State Agency contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	386,940
Fixed Capital Outlay	0
Total State Funds Requested	386,940

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	386,940	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 2023-2024	386,940	100%

8. Has this project previously received state funding? No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

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

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



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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

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		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	1 full-time FTE is requested @ the JDR rate for three years. Additionally, 3 part-time instructional support staff is requested for three semesters.	313,500
Expense/Equipment/Travel/Supplies/Other	This amount is needed for Textbooks/instructional material, as well as Professional Development for current faculty members to ensure they're equipped to teach this program moving forward.	73,440
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		386,940

14. Program Performance

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

This certificate was built to address mental health issues that impact law enforcement officers, first responders, and the communities they police. It provides mental health advocacy and literacy through training experiences. This certificate is the first of its kind to be offered in the state of Florida, and if successful, can be used as a blueprint for other academic institutions to adopt. The funding will be spent on new faculty, professional development, and instructional materials.

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



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This program would be a certificate program built to discuss and understand applied mental health issues that impact law enforcement officers and the communities they police.

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

Individuals who complete this program will be able to serve our current law enforcement officers and first responders, with the added benefit of being a law enforcement officer or first responder prior to completing this certificate. This will address the stigma of seeking out help in this industry by offering them a mental health professional that has gone through what they have gone through.

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

University or College Students as well as law enforcement officers and first responders are our targets for students of this program. The individuals we expect to be served are the law enforcement officers and first responders who seek out counseling for mental health related issues.

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

Current and retired law enforcement officers and first responders will be trained to administer licensed mental health advocacy for our current law enforcement officers and first responders. Thus, those who complete this program will be able to join the workforce by getting jobs in Community Outreach, Substance Abuse Counseling, Social and Human Services, as well as other similar careers. One measure of success for this program will be less instances of mental health issues affecting our law enforcement officers and first responders.

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?

St. Petersburg College will offer this certificate in accordance to Florida's statutes and laws. Failure to do so will result in a return of funds to the state.

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
- 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

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number