

LFIR # 2322

| 1. Project Title | Tampa Police Department Officer Wellness |  |
|------------------|--|--|
|------------------|--|--|

2. Senate Sponsor Jay Collins

**3. Date of Request** 12/15/2023

### 4. Project/Program Description

Tampa Police Department (TPD) is requesting funding to expand its Officer Wellness Program by adding a full-time mental health provider who understands the unique situations that Police officers find themselves while working independently from the agency. Over the course of a typical law enforcement career, an officer encounters 188 critical incidents that overwhelm normal coping skills- such as serious bodily injuries or near-death experiences. Officers often carry emotional baggage that can lead to numerous health problems and self-destructive behavior, but they hesitate to utilize in-house Employee Assistance Programs. This funding will create an opportunity to allow officers to schedule their own appointments without any agency involvement or knowledge. It is based on a model successfully used by Hillsborough County Sheriff.

5. State Agency to receive requested funds

Department of Law Enforcement

State Agency contacted? Yes

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

| Type of Funding             | Amount  |
|-----------------------------|---------|
| Operations                  | 300,000 |
| Fixed Capital Outlay        | 0       |
| Total State Funds Requested | 300,000 |

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) | 300,000 | 67%        |  |
| Matching Funds                                 |         |            |  |
| Federal  | 0       | 0%         |  |
| State (excluding the amount of this request)   | 0       | 0%         |  |
| Local  | 150,000 | 33%        |  |
| Other  | 0       | 0%         |  |
| Total Project Costs for Fiscal Year 2024-2025  | 450,000 | 100%       |  |

### 8. Has this project previously received state funding?

| Fiscal Year | Amount    |              | Specific        | Vetoed |
|-------------|-----------|--------------|-----------------|--------|
| (уууу-уу)   | Recurring | Nonrecurring | Appropriation # |        |
|             |           |              |                 |        |

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

| No |
|----|
|----|

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?



Yes

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

\$90.47 million in ARPA, CARES, HUD, JAG and HUD rental assistance that was used for small business assistance programs, housing and rental assistance programs, revenue recovery, testing, vaccine distribution, public safety overtime, and similar activities.

## **Complete questions 11 and 12 for Fixed Capital Outlay Projects**

Construction

### **11. Status of Construction**

Planning

| a. What is the current | phase of the | project? |
|------------------------|--------------|----------|
|------------------------|--------------|----------|

| U laming          | Deelgn         | Oblight          |
|-------------------|----------------|------------------|
|                   |                |                  |
| 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.

🔘 N/A

### 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                                | TPD will contract with an external, culturally-competent mental health care provider. | 300,000 |
| Fixed Capital Construction/Majo   | r Renovation:   |         |
| Construction/Renovation/Land/<br>Planning Engineering                   |   | 0       |
| Total State Funds Requested (must equal total from question #6) 300,000 |   |         |

#### 14. Program Performance

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

To protect the mental health of those who protect and serve our residents.

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



The Tampa Police Department, as part of its Officer Wellness Program, will contract with an external culturallycompetent mental health provider that our officers will be able to work with by making appointments independently of the agency.

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

Tampa Police Department serves 400,000 residents.

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

Tampa Police Department has approximately 1,000 officers.

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

The baseline is the number of officers who currently utilize in-house Employee Assistance Programs, versus the nuber who utilize the external contracted services.

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

#### 15. Requester Contact Information

| a. Fi   | irst Name               | lan           |                       | Last Name | Whitney |
|---------|-------------------------|---------------|-----------------------|-----------|---------|
| b. O    | rganization             | City of Tampa |                       |           |         |
| c. E    | -mail Address           | ian.whitne    | ian.whitney@tampa.gov |           |         |
| d. P    | hone Number             | (813)274      | -8016                 | Ext.      |         |
| 16. Rec | ipient Contact          | Informatio    | on                    |           |         |
| a. O    | rganization             | City of Ta    | impa                  |           |         |
| b. M    | lunicipality and        | d County      | Hillsborough          |           |         |
| c. O    | rganization Ty          | ре            |                       |           |         |
|         | □For Profit Entity      |               |                       |           |         |
|         | Non Profit 501(c        | c)(3)         |                       |           |         |
|         | □Non Profit 501(c)(4)   |               |                       |           |         |
| ⊠I      | local Entity            |               |                       |           |         |
|         | □University or College  |               |                       |           |         |
|         | □Other (please specify) |               |                       |           |         |
| d. F    | irst Name               | Jane          |                       | Last Name | Castor  |
| e. E    | -mail Address           | jane.cast     | or@tampa.gov          |           |         |
| f. Pł   | none Number             | (813)274-8251 |                       |           |         |
|         |                         |               |                       |           |         |

**17. Lobbyist Contact Information** 



LFIR # 2322

| a. Name           | Angela M. Drzewiecki                |  |
|-------------------|-------------------------------------|--|
| b. Firm Name      | GrayRobinson PA                     |  |
| c. E-mail Address | angela.drzewiecki@gray-robinson.com |  |
| d. Phone Number   | (850)577-9090                       |  |