

LFIR # 1911

1. Project Title Statewide Expansion of the Hope Line for First Responders

2. Senate Sponsor Jay Collins

3. Date of Request 12/01/2023

4. Project/Program Description

The Hope Line for First Responders is a DCF funded project to provide immediate intervention through 1-866-4FL-HERO, managed by the Crisis Center of Tampa Bay. The project also provides follow-up Care Coordination for First Responders in the SunCoast Region (11 counties). This project would expand to statewide call coverage and Care Coordination to First Responders who call the Hope Line.

5. State Agency to receive requested funds

Department of Legal Affairs and Attorney General

State Agency contacted? Yes

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

Type of Funding	Amount
Operations	1,590,687
Fixed Capital Outlay	0
Total State Funds Requested	1,590,687

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)	1,590,687	52%	
Matching Funds			
Federal	0	0%	
State (excluding the amount of this request)	1,490,687	48%	
Local	0	0%	
Other	0	0%	
Total Project Costs for Fiscal Year 2024-2025	3,081,374	100%	

8. Has this project previously received state funding? No

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

9. Is future funding likely to be requested?

Yes

1,590,687

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

A small amount of the funds could be matched by a grant with the Department of Children & Families.

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.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

O Planning

Construction

b. Is the project "shovel ready" (i.e permitted)?

🔘 Design

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 Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other	Administrative costs associated with HR, IT, Finance, Payroll, Organizational Development and Project management - \$126,426	126,426
Consultants/Contracted Services/Study	Expand marketing and branding efforts to statewide to generate increased awareness.	100,000
Operational Costs: Other		
Salary and Benefits	Staff will be former First Responders to answer the HOPE Line and to provide Care Coordination to First Responders and their families.	1,286,081
Expense/Equipment/Travel/Supplies/ Other	Travel, phones, office equipment for personnel in the project - \$78,180	78,180
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	1,590,687

14. Program Performance

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

Expanded response to First Responders and their families, statewide.

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

Expanded call answering, expanded Care Coordination to First Responders, statewide.



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

The Crisis Center's approach to engage and coordinate First Responder Peers to assist first responders and their families with identifying services and supports in their community by providing trauma sensitive intervention that includes safety planning, information and referral. Some contacts will be provided with a connection from the Hero Helpline's Intervention Specialist to the First Responder Peer-to-Peer Care Coordination team.

Peer Care Coordinators engage families in the development of a Care Plan and link them to supportive services that address the full range of their needs and concerns. Peer Care Coordinators understand their vital role of helping families identify ongoing support and as such, often Peer Care Coordinators facilitate the connection of families to their natural support as part of the Care Plan. Activities of care coordination vary from family to family. Care coordination is designed as a short-term intervention of thirty to sixty days.

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

First Responders in the state of Florida and their families.

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

Currently, the Crisis Center is contacted by an average of 300 people per month, for the SunCoast Region. Extrapolating that total to the other five DCF regions, the estimate of contacts will increase to 1500 per month. An annual projection of 18,000 contacts to the Hope Line.

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?

If deliverables are not met, we will negotiate a reimbursement of funding.

15. Requester Contact Information

a. First Name	Clara	Last Name	Reynolds	
b. Organization	Crisis Center of Tampa Bay			
c. E-mail Address	creynolds@crisiscenter.com			
d. Phone Number	(813)969-4999	Ext.		

16. Recipient Contact Information

a. Organization	Crisis Center of Tampa Bay	
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b. Municipality and County Hillsborough

c. Organization Type

□For Profit Entity

 \square Non Profit 501(c)(3)

 \Box Non Profit 501(c)(4)

□Local Entity

□University or College

□Other (please specify)



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d. First Name	Katie	Last Name	Androff	
e. E-mail Address	kandroff@crisiscenter.cor	n		
f. Phone Number	(813)969-4987			
17. Lobbyist Contact Information				
a. Name	Travis S. Mitchell			

b. Firm Name Louis Betz & Associates Inc

c. E-mail Address travismitchell6@gmail.com

d. Phone Number (386)299-7298