



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1388

1. Project Title Hillsborough - First Responder Hope Line

2. Senate Sponsor Jay Collins

3. Date of Request 2/18/2025

#### 4. Project/Program Description

The Hope Line for First Responders has been funded by DCF and the OAG during the last fiscal year to provide immediate intervention through 1-866-4FL-HERO, managed by the Crisis Center of Tampa Bay. Prior to last year, the project provided follow-up Care Coordination for First Responders within the Suncoast region (11 counties). Funding provided last year, allowed the expansion for the line and Care Coordination to serve First Responders statewide with immediate needs as well as follow up Care Coordination with a peer First Responder. We request funding to continue to help our efforts of supporting First Responders throughout Florida.

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 2025-2026

Type of Funding	Amount
Operating	1,000,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>1,000,000</b>

#### 7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,000,000	40%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	1,490,668	60%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>2,490,668</b>	<b>100%</b>

8. Has this project previously received state funding? Yes

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	1,000,000	1354	No

9. Is future-year funding likely to be requested? Yes

a. If yes, indicate nonrecurring amount per year. 1,000,000

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

The Department of Children & Families currently funds the Suncoast Region First Responder program; however, this funding is not available to fund program efforts throughout the State of Florida.



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## Complete questions 10 and 11 for Fixed Capital Outlay Projects

### 10. 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?

e. What funding stream will be used for ongoing operations and maintenance of the project?

11. 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.

### 12. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	Trained, culturally competent staff will cultivate resources and provide support to the HOPE Line. Care Coordinators providing follow-up services are current or former First Responders.	237,532
Expense/Equipment/Travel/Supplies/Other	Mileage for regional Ambassadors to perform community outreach.	12,000
Consultants/Contracted Services/Study	Regional subcontractors funded for Resource Coordinator, Care Coordinator, and Ambassador in the First Responder program to include salary and benefits, responsible for cultivating local resources in the designated region, performing community outreach with a focus of reducing mental health stigma, and providing wraparound care coordination for referred FR to this region.	750,468
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,000,000</b>

### 13. Program Performance

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



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Continue the 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, resource cultivation, First Responder peer Care Coordination, and help line awareness for First Responders throughout the state of Florida.

**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 in 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 connection to peer First Responder Care Coordinators for additional support and connection. 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 need and concerns. Activities of Care Coordination vary from family to family. Care Coordination is designed as a short-term intervention.

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

First Responders and their families located in the state of Florida. Over the last year, the Crisis Center has noted an uptick in callers identifying as first responders by 45% on all lines. While the statewide Hope line continues to gain traction, there were 224 individuals calling the Hope line in the last year (January 1, 2024-December 31, 2024). It is noted that the majority of callers identifying as first responders are law enforcement officers and the top identified need was related to mental health and/or substance use.

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

The Crisis Center will continue to engage with first responders to assist with decreasing the stigma around asking for help (increase call volume) and continue to be an available resource for first responders experiencing mental health/substance use concerns, housing needs, financial assistance and any additional need identified (resources provided).

**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 in the contract?**

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

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**

**a. If Yes, what phase best describes the project?**

- ☐ Mitigation (reducing or eliminating potential loss of life or property)
- ☐ Response (addressing the immediate and short-term effects of a natural disaster)
- ☐ Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

**b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):**

**15. Has the entity applied for or received federal assistance for this project?**

- ☐ Yes, Applied
- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply



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## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1388

a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- ☐ Yes, Applied
- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

#### 17. Requester Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 18. 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)

d. First Name  Last Name

e. E-mail Address

f. Phone Number  Ext.



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LFIR # 1388

#### 19. Lobbyist Contact Information

a. Name	<input type="text" value="Travis S. Mitchell"/>
b. Firm Name	<input type="text" value="Travis Mitchell Corporation"/>
c. E-mail Address	<input type="text" value="travismitchell6@gmail.com"/>
d. Phone Number	<input type="text" value="(386)299-7298"/>

*The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.*