



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1995

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Home Base Florida is dedicated to delivering life-saving clinical care and support for Florida Veterans of all eras, Service Members, Military Families, and Families of the Fallen healing from the invisible wounds to include post-traumatic stress, traumatic brain injury, anxiety, depression, co-occurring substance use disorder, family relationship challenges, and other issues associated with military service. Home Base is committed to eliminating barriers and filling gaps in care where they exist, offering services at no-cost and regardless of discharge status. 1 in 3 Veterans returns home with an invisible wound and, if left unaddressed, can lead to an increased risk of suicide. Home Base seeks funding to sustain and expand access to evidence-based treatments for PTSD and other invisible wounds, wellness-based programs, and peer support services to stem the tide of Veteran suicide and provide healing and hope to those that have sacrificed so much for our Nation.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operations	1,500,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>1,500,000</b>

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)	1,500,000	52%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	1,400,000	48%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>2,900,000</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	1,000,000	576A	No

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

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

Since our inception, Home Base Florida has secured over \$9 million in philanthropic funds to provide clinical care, peer support, and wellness-based programs at no cost to Florida Veterans, Service Members and their Families. Home Base is seeking state funding to sustain and expand access to clinical care and provide certainty and long-term sustainability of funding streams.



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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?

☐ 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
<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: Other</b>		
Salary and Benefits	Program Director, Program Manager, Program Coordinators, Veteran Outreach Coordinator, Director of Training Institute	650,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Medical Directors, Psychiatrists, Social Workers, Clinical Administrators, Case Managers, Dietitians, Nurses, Neuropsychologist, Physiatrist	850,000
<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>1,500,000</b>

### 14. Program Performance

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



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The purpose of the funds are to sustain and expand access to evidence-based treatment for the invisible wounds, wellness-based programs & peer support for Florida Veterans, Service Members and their Families. Home Base is committed to eliminating barriers and filling gaps in care by providing all treatment, support and activities at no cost, serving the entire family, including Families of the Fallen, and providing services regardless of discharge status.

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

(1) Home Base, in partnership with Lee Health and David Lawrence Centers for Behavioral Health will provide evidence-based treatment for the PTSD, anxiety, depression and other invisible wounds. (2) Home Base, in partnership with Florida Gulf Coast University and Tampa General Hospital, will offer the "Warrior Health and Fitness Program" to improve physical health and well-being through supervised exercise prescription. (3) Home Base, in partnership with Tampa General Hospital and Lee Health, will pilot clinical services for traumatic brain injury. (4) Home Base will provide on-line and in-person training in evidence base treatments for PTSD with ongoing consultation to support implementation of care. Trainings are designed to foster an increased sensitivity to the unique experiences of Service Members and their Families.

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

(1) Prolonged Exposure, Cognitive Processing Therapy, Cognitive Behavior Therapy, Pharmacotherapy, Addiction Medicine (2) exercise prescription, postural & mobility training, nutrition counseling, resiliency courses (3) physiatry, nurse case management, neuropsychology, psychology and physical therapy (4) training in military culture, PTSD, TBI, substance use disorder, complicated grief etc.

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

Services to provide Florida Veterans or all eras, Service Members, Military-Connected Families and Families of the Fallen at no cost to them. Number Served: (150) unique patients to receive evidence-based treatment for PTSD, anxiety, depression and other invisible wounds, (175) individuals will be served through our Warrior Health and Fitness Program, (10) Veterans will receive comprehensive outpatient services for traumatic brain injury, (500) clinicians, healthcare providers, first responders and community members annually will receive on-line and in-person education and training.

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

Funding will enable Home Base to sustain and expand the number of Florida Veterans, Service Members and their Families that can receive live-saving clinical care and support.  
Outcome Measures: (1) Provide the number of Florida Veterans, Service Members and Military-Connected Families that receive clinical care. (2) Provide the number of Florida Veterans, Service Member and Families served through our Warrior Health & Fitness Program. (3) Provide the number of individuals trained though in-person and on-line 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?

Home Base expects to meet all deliverables and performance measures. Through our operations in Massachusetts and Florida, Home Base has a proven track record of complying with all contracts. If we do not meet our delivery of services, Home Base will make adjustments and develop a corrective action plan.

#### 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



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**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**

**17. Lobbyist Contact Information**

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**