



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 1211

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 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 evidenced based treatments for PTSD and other invisible wounds, wellness-based programs, and peer support services to stem the time 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 2022-2023

Type of Funding	Amount
Operations	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 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,000,000	67%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	500,000	33%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>1,500,000</b>	<b>100%</b>

8. Has this project previously received state funding? 

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

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.



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Home Base Florida launched in 2014 and since inception 100% of the Program has been funded and sustained through philanthropy. Home Base Florida has raised over \$6,000,000 in private funds to provide clinical care, peer support, and wellness-based programs at no cost to Veterans, Service Members and their Families. Home Base is seeking state funding to sustain and expand access to mental health services and provide certainty and long-term sustainability of funding streams.

#### 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.

#### 11. 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	500,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Medical Directors, Psychiatrists, Social Workers, Clinical Administrators, Case Managers, Dietitians	500,000
<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>1,000,000</b>

#### 12. Program Performance

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

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 Veterans, Service Members and their Families in Florida. 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?

Delivery of Mental Health Services: Home Base, in partnership with Lee Health and David Lawrence Centers for Behavioral Health will provide evidence-based treatment for the invisible wounds. (2) Home Base, in partnership with Florida Gulf Coast University and Tampa General Hospital, will run the Warrior Health and Fitness Program to improve physical health and well-being through supervised exercise prescription, nutrition, social support, and resiliency. Education & Training: 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. Outreach: Home Base will develop relationships with key stakeholders in each community to build awareness, eliminate stigma and connect Veterans to care.



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

Evidence Base Assessment for PTSD and other invisible wounds, Evidence Based Treatment for PTSD, including Cognitive Processing Therapy (CPT), outpatient services for Substance Use Disorder (SUD), including medication-assisted treatments, case management services, Veteran peer support, exercise prescriptions, nutritional counseling and resiliency training.

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

Target Population: Services will be provided to all era Veterans, Service Members, Military-Connected Families and Families of the Fallen at no cost to them.  
Number Served :(1) 100 Veterans, Service Members and Families in Southwest Florida to receive evidence-based treatment for the invisible wounds (2) 100 individuals will be served through our Warrior Health and Fitness Program in Southwest Florida and Greater Tampa (3) 500 health professionals, first responders, and community members across the State will access in-person and on-line 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?**

Benefit: This will allow Home Base to sustain and expand the number of Veterans, Service Members and their Families in Southwest Florida and Greater Tampa that can receive live-saving care and support.  
Outcome Measures: (1) Mental Health Care: Home Base will provide clinical outcome measures for Veterans, Service Members and Military-Connected Families at 3 months, 6 months and 12 months. In addition, we will measure reduction in symptoms and report on patient satisfaction. (2) Wellness-Based Programs & Peer Support: Home Base will measure the number of Veterans, Service Member and Families served through our range of Programs. We will also report back on our outreach efforts and community engagement. (3) Education & Training: Home Base will measure the number of people in FL trained through in-person and on-line training. Surveys on training accessibility, feasibility and satisfaction will be 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 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.

**13. 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



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#### 14. Requestor Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 15. 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

#### 16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number