



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2536

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

HBOT treatment services will be provided by community partners in various locations around the state with priority consideration given to veterans with PTSD/TBI. FDVA will administer the program and select the providers. Providers will treat veterans who wish to obtain state paid HBOT sessions on a cost-reimbursement basis according to the terms of their contract with FDVA. The program assists veterans by paying for this alternative treatment, which is not currently covered by the USVA.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operations	1,000,000
Fixed Capital Outlay	0
Total State Funds Requested	1,000,000

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)	1,000,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	1,000,000	100%

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.

Private philanthropic funds could be used in lieu of state funding to provide services for veterans.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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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
 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?

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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Hyperbaric oxygen therapy (HBOT) service providers across several geographic locations throughout the state chosen by, and under contract with, FDVA. FDVA will give priority consideration in choosing service providers around the state to HBOT providers that have a demonstrated track record of previous participation in state funded HBOT treatment studies and programs in prior fiscal years.	1,000,000
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		1,000,000

14. Program Performance

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



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The funds will be used to contract with community providers to provide HBOT treatment services in various locations around the state with priority consideration given to veterans with PTSD/TBI. Grey Team and FDVA will administer the program and select the providers. Providers will treat veterans who wish to obtain state paid HBOT sessions on a cost-reimbursement basis according to the terms of their contract with FDVA. The program assists veterans by paying for this alternative treatment, which is not currently covered by the USVA.

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

Veterans will be provided HBOT on a voluntary basis at the state's expense to lessen the symptoms of PTSD/TBI they are experiencing (approximately 40 chamber dives per veteran). FDVA will contract with the Grey Team, who will select provider across the state offering the state-paid service in various geographic locations to lessen the need to travel long distances to receive the services.

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

Veterans will be provided HBOT on a voluntary basis at the state's expense to lessen the symptoms of PTSD/TBI they are experiencing (approximately 40 chamber dives per veteran). FDVA will select providers across the state offering the state-paid service in various geographic locations to lessen the need to travel long distances to receive the services.

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

Persons with poor mental and physical health, veterans and other military members seeking HBOT treatments. Between 100-200 individuals served.

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

1. Improved sleep quality as measured by Insomnia and Sleep Quality index - Veterans self-report measurement of sleep quality prior to and after services. 2. Significantly reduced symptoms of perceived stress.- Veteran self-report measurement of mental health symptoms prior to and after services. 3. Reduced reporting of alcohol and drug use. - Veteran self-report measurement of substance and medication use prior to and after 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?

Termination of payments and no opportunity for annual renewal funding. If the situation dictates it, the agency can use legal options to demand reimbursement of the funds to the state.

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

b. Municipality and County

c. Organization Type

For Profit Entity

Non Profit 501(c)(3)

Non Profit 501(c)(4)



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- 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