

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 1131

1. Project Title	Innovative Ment	al Health for Veter	ans and Their Families	3		
2. Senate Sponsor	Jim Boyd					
3. Date of Request	02/07/2023					
4. Project/Program D	escription					
depression and othe supervising mental I modalities, not avail session for our spec chronic pain, yoga a spouse and children	er mental health rel health professionals able through the Vo sialized brain-based and breath work, he n. This will provide i	ated issues. This p is so they are provice eterans Affairs. The I healing for trauma alth and nutrition of mmediate treatme	d their family members project will go towards project will go towards project be project's programmina, equine therapy, chiracoaching, marriage count to veterans who are for the whole family.	orogramming, and ingreased in the latest of the latest of the latest of will utilize service opractic and medical inseling, and therap	nclude training and neuroscience-based es such as one on one al massage to treat	
5. State Agency to re-			ment of Veterans' Affai	re		
State Agency conta	•	ли з Берап	nent of Veterans Anai	13		
6. Amount of the Non	recurring Reques	for Fiscal Year 2	023-2024		1	
Type of Funding			Amo			
Operations			455,015			
Fixed Capital Outlay			0			
Total State Funds	Requested			455,015		
7. Total Project Cost f	or Fiscal Year 202	23-2024 (including	g matching funds ava	ilable for this proj	ect)	
Type of Funding			Amount	Percentage		
Total State Funds R	equested (from qu	estion #6)	455,015	46%		
Matching Funds						
Federal			0	0%		
State (excluding the	amount of this req	uest)	0	0%		
Local	Local			0%		
Other			541,600	54%		
Total Project Costs	s for Fiscal Year 2	023-2024	996,615	100%		
8. Has this project pro	eviously received	state funding?	No			
Fiscal Year	Am	ount	Specific	Vetoed		
(уууу-уу)	Recurring	Nonrecurring	Appropriation #			
9. Is future funding lil	kelv to be request	ed?	No			
a. If yes, indicate n]	
	•					
b. Describe the so	urce of funding th	at can be used in	lieu of state funding			
					40 1 10	
10 Hac the entity rea	IIIDetina thic pro-	ct received any fo	ederal assistance rela	ALVION AND AND AND BASE	10 nandemic's	



11. Status of Construction

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No	
If yes, indic	cate the amount of funds received and what the funds were used for.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

a. What is the current phase of the project?				
OPlanning ODesign OConstruction				
b. Is the project "shovel ready" (i.e permitted)?c. What is the estimated start 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

d. What is the estimated completion date of construction?

Spending Category	Description	Amount	
Administrative Costs:			
Executive Director/Project Head Salary and Benefits		0	
Other Salary and Benefits		0	
Expense/Equipment/Travel/Supplies/ Other	Electronic Health Records System for Hippa compliant records keeping and data storage for ongoing research.	41,000	
Consultants/Contracted Services/Study	Outreach	36,000	
Operational Costs: Other			
Salary and Benefits		0	
Expense/Equipment/Travel/Supplies/ Other	Lodging (\$46,000), food (\$10,000), transportation/gas (\$15,000), supplies (\$4,000), insurance (\$6,800), technology for telehealth (\$180).	81,980	
Consultants/Contracted Services/Study	There is a lack of adequately trained therapists in Florida, so clinical development will be provided to train and supervise therapists to ensure they are providing the highest quality of care (\$111,280). no cost PTSD treatment and wrap around services provided to veterans and their family members (\$163,755). Logistics (\$21,000).	296,035	
Fixed Capital Construction/Majo	r Renovation:		
Construction/Renovation/Land/ Planning Engineering		0	
Total State Funds Requested (m	ust equal total from question #6)	455,015	

14. Program Performance

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



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The VA reports that 1 in 5 veterans suffer from PTSD. They are 57% higher risk for suicide than civilians, and is the leading cause of death for veterans under the age of 45. Veterans are seeking alternative treatment options. The goal is to increase the amount of specialized therapy from highly trained clinicians, as well as wrap around services to veterans and their family members suffering from PTSD, suicidality and other related disorders, immediately with no wait time. We use the latest in neuroscience and holistic options that veterans are seeking.

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

The purpose of the funds are to provide innovative, neuroscience-based treatments for PTSD and other mental health diagnosis to veterans and their family members. This covers the veteran and or their spouse and children's treatment from beginning until end, i.e. outreach, initial assessment, all treatments and wrap around services including in-person and telehealth.

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

Direct services: mental health treatment for PTSD, suicidality and other mental health struggles, chronic pain treatment (without medications), group therapy, marriage counseling, children's counseling, chiropractor and medical massage, equine therapy with horses, nutrition education, health coaching, yoga, martial arts and other wellness based activities.

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

Military veterans with service connected disability.
Persons with poor physical health.
Persons with poor mental health.
There will be around 175 to 200 served.

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

Improve Mental Health: Reduction in PTSD symptoms by 80%, reduction in suicidal ideations by 90%, improved quality of life by 10% and completion of goals at the end of the program. These will be measured by the Quality of Life Scale, a modified version of the PCL-5 for PTSD, and an evaluation given to participants. These will be administered pre and post treatment.

Improve Physical Health: Reduction in physical pain by 20% and physical health improved by 30%. Outcomes will be measured by the Quality of Life Scale and the Chronic Pain Scale used by the Veterans Affairs. These will be administered pre and post treatment.

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?

The organization can provide a detailed plan to fulfill the deliverables, but if they are not met without good reasoning, it may result in financial penalties or paying back unused funds.

15. Requester Contact Information						
a. First Name	Kendra		Last Name	Simpkins		
b. Organization	Operation Warrior Resolution					
c. E-mail Address	Kendra@operationwarriorresolution.org					
d. Phone Number	(941)504	-3040	Ext.			
16. Recipient Contact Information						
a. Organization	Operation warrior Resolution					
b. Municipality and County Manatee						



17.

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□For Profit Entity						
☑Non Profit 501(c)(3)						
□Non Profit 501(c	□Non Profit 501(c)(4)					
□Local Entity	□Local Entity					
□University or Co	□University or College					
□Other (please specify)						
d. First Name	Kendra	Last Name	Simpkins			
e. E-mail Address	Kendra@operationwarrior	resolution.or	g			
f. Phone Number	(941)806-5722					
Lobbyist Contact Information						
a. Name	None					
b. Firm Name	None					
c. E-mail Address						
d. Phone Number						