



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** University of Central Florida - PTSD Clinic for Florida Veterans and First Responders

2. **Senate Sponsor:** Linda Stewart

3. **Date of Submission:** 11/03/2017

4. **Project/Program Description:**

To provide evidence-based treatments for Florida's veterans and first responders. This clinic was established with Department of Defense research funding to develop and evaluate a treatment program for Iraq and Afghanistan veterans who had combat-related post-traumatic stress disorder (PTSD). The clinic treats Iraq and Afghanistan veterans from all parts of Florida at no cost. The treatment program that was developed has proven efficacy that is superior to current outcomes at the VA. This program now also treats veterans from all conflicts, veterans with military sexual trauma, first responders (police, firefighters, emergency dispatchers), and those who suffer trauma from other tragedies such as mass shootings. The clinic also provides services to veterans who are unable to seek services at the VA (because they have an other than honorable discharge).

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

Department of Children and Families

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
1,975,000		1,975,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,975,000

9. **Previous Year Funding Details:**



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- a. Has funding been provided in a previous state budget for this activity? Yes
b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 1
c. What is the most recent fiscal year the project was funded? 2017-18
d. Were the funds provided in the most recent fiscal year subsequently vetoed? No
e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
	Column:	A	B
Funds Description:		Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *
Input Amounts:			Total Funds Appropriated (Column A + Column B)
		1,000,000	1,000,000

10. Is future-year funding likely to be requested?

No

11. Program Performance:

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

To provide evidence-based treatment at no cost to Florida's veterans and first responders who suffer from PTSD.

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

Virtual-reality augmented behavior therapy, group therapy for anger, depression, sleep difficulties, substance abuse.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Partial salary support of the two Center Directors, Drs. Beidel and Bowers, who will provide overall administration of the Center's many functions. Full salary support for the Clinic Director, Dr.	450,000



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<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Three licensed psychologists; clinical care coordinator; clinic receptionist; accountant; two graduate students; computer programmer, digital media specialist, artist (the latter three positions to continue design of virtual environments.	1,020,500
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Certificate Program - designing a high quality web-based, interactive training program to certify therapists in trauma treatment. State-wide 24 hour call center for first responders - allow first responders who are having difficulty with trauma symptoms after a specific incident may call and speak to a qualified professional for crisis intervention. Must be HIPAA compliant. Outreach - advertise availability of services. Assessment Instruments - determine outcome of work.	484,500
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Neuropsychological Consultant - a number of the veterans and active duty personnel that we treat have had traumatic brain injury, which could affect their treatment needs. We are requesting funds for the	20,000



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	services of a neuropsychologist (\$20,000 one day per week).	
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		1,975,000

d. What are the direct services to be provided to citizens by the appropriations project?

Evidence based treatment for post-traumatic stress disorder (PTSD) at no cost for Florida's veterans and first responders.

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

Florida residents who are veterans or first responders with PTSD - approximately 500 individuals.

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

Symptoms of PTSD will be eliminated or reduced; fewer mental health visits; improved functioning on the job, with family and within the community.

g. 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?

None.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

None.

13. Requestor Contact Information:

- a. **Name:** Deborah Beidel
- b. **Organization:** University of Central Florida
- c. **Email:** deborah.beidel@ucf.edu
- d. **Phone Number:** (407)823-3254

14. Recipient Contact Information:

- a. **Organization:** University of Central Florida
- b. **County:** Orange
- c. **Organization Type:**
☐ For Profit



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- ☐ Non Profit 501(c) (3)
- ☐ Non Profit 501(c) (4)
- ☐ Local Entity
- ☒ University or College
- ☐ Other (Please specify)

d. Contact Name: Daniel Holsenbeck

e. E-mail Address: daniel.holsenbeck@ucf.edu

f. Phone Number: (407)247-9421

15. If there is a registered lobbyist, fill out the lobbyist information below.

a. Name: None

b. Firm: None

c. Email:

d. Phone Number: