



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1830

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

To continue the operations of the program created in s. 295.156, F.S. to assist veterans with PTSD through alternative treatments including hyperbaric oxygen therapy (HBOT), Accelerated Resolution Therapy (ART), service animal training therapy, equine therapy and music therapy. The University of South Florida through its College of Public Health will serve as administrator of the program and collect veteran self-reported health data through the participating service providers and enrolled veterans on the effectiveness of the alternative treatment options and report on the outcomes. This program assists Veterans through subsidizing these "alternative" treatment options for veterans currently not offered in VA and other formal military treatment facilities.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022

Type of Funding	Amount
Operations	200,000
Fixed Capital Outlay	0
Total State Funds Requested	200,000

7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	200,000	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 2021-2022	200,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2020-21	0	200,000	577A	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.

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



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Yes

If yes, indicate the amount of funds received and what the funds were used for.

USF has received institutional COVID-19 assistance funding from the federal government but the funds we received did not go toward the operational funds for the Alternative Treatment for Veterans Program.

11. 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	Contracting and financial management services for the project, as well as expenses related to the USF Office of Research and Institutional Review Board.	38,200
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Veteran service providers for hyperbaric oxygen therapy (HBOT), Accelerated Resolution Therapy (ART), service animal training therapy, equine therapy and music therapy.	161,800
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)		200,000

12. Program Performance

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

The funding is intended to continue the operations of the program created in s. 295.156, F.S. to serve veterans with PTSD. The funds allocated for this program will be focused on covering costs of these alternative treatments for qualifying Florida veterans in the 5 alternative treatment modalities include: hyperbaric oxygen therapy (HBOT), Accelerated Resolution Therapy (ART), service animal training therapy, equine therapy, and music therapy. The goal of the program is to cover these services and based on completed self-reported health status surveys from the veterans, to provide some assessment of the effectiveness of the treatments in helping the veterans.

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

Total of approximately 35 veterans to be served as follows: HBOT (12 veterans @ 40 chamber dives per veteran), ART (4 veterans @ 4 sessions each), service animal therapy (11 service dogs paired with veterans), equine therapy (8 veterans going through interdisciplinary retreats involving equine assisted therapy).

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

As described above.

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

Florida veterans who have received a diagnosis for PTSD/TBI through a veterans health service provider. See 12.b.

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



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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 PTSD symptoms including anxiety, depression and somatization, significantly enhance resiliency and positive ideation (opposite of suicidal ideation) - 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 quarterly payments and no opportunity for annual renewal funding.

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