

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: University of Central Florida - PTSD Clinic for Florida Veterans and First Responders
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Mike Miller
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
If answer to 4a is ?No? skip 4b and 4c and proceed to 4d, Col. E
- b. What is the most recent fiscal year the project was funded? 2017-18
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		1,500,000	1,500,000		1,975,000	1,975,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? Yes
 - 5a. If yes, which state agency? Department of Education
 - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
 - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes
 - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.
Funds will remain in the university or refunded if improperly expended or intentionally misused.

6. Requester:

- a. Name: Deborah Beidel, Ph.D., ABPP
- b. Organization: University of Central Florida
- c. Email: deborah.beidel@ucf.edu
- d. Phone #: (407)823-3254

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Deborah Beidel, Ph.D., ABPP
- b. Organization: University of Central Florida
- c. Email: deborah.beidel@ucf.edu
- d. Phone #: (407)823-3254

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Dr. Dan
- b. Firm: University of Central Florida
- c. Email: danh@ucf.edu
- d. Phone #: (407)247-9421

9. Organization or Name of entity receiving funds:

- a. Name: University of Central Florida, 4000 Central Florida Blvd, Or
- b. County (County where funds are to be expended): Orange
- c. Service Area (Counties being served by the service(s) provided with funding): Statewide

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

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

Provide evidence-based behavior therapy for Florida's veterans and first responders who are suffering from traumatic stress and posttraumatic stress disorder (PTSD).

Too many individuals receive inadequate care from clinicians who do not use evidence based treatments. An important element of this project will be to develop a 12 credit certificate program to train and certify therapists who can provide evidence-based treatments.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?0? if request is zero for the category
Administrative Costs:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Partial support for the two Center Directors, Drs. Beidel and Bowers, who will provide overall administration of the Center's many functions. Full time support for the clinic director, Dr. Neer.	450,000
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries 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"/> f. Expenses/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"/> g. 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 services of a neuropsychologist (\$20,000 one day per week).	20,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		1,975,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

N/A

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

To date we have treated over 300 veterans, active duty personnel, and first responders. A recent summit where the attendance was over 200 first responders (Sept, 1, 2018) requested that we continue treatment, continued calls from fire departments for training in peer support services

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

No

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

Therapy, Education

17b. Describe the direct services to be provided to the citizens by the funding requested.

Provision of individual and group treatment, provision of an intensive outpatient program, and provision of peer support training for Florida veterans and first responders. Also, the development of a certification program to certify clinicians in the provision of evidence-based treatments for trauma.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups").

Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)

- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe)

17d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input type="checkbox"/> Improve physical health		
<input checked="" type="checkbox"/> Improve mental health	Fewer visits for mental health treatment	Tracking physician/clinician visits from providers / insurance carriers
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		

<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input checked="" type="checkbox"/> Reduce recidivism	Reduce veterans' court appearances (veterans courts are a source of referral to our treatment program)	Track appearances of treated veterans on veterans court dockets
<input checked="" type="checkbox"/> Reduce substance abuse	People with PTSD use substances to alleviate emotional distress that results from PTSD/distress	Self-reporting of reduced substance abuse;
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2018-19 from all sources of funding (Enter 0 if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
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1. Amount Requested from the State in this Appropriations Project Request:	1,975,000	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	1,975,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

Yes

20a. How much state funding would be requested after 2018-19 over the next 5 years?

- <1M
- 1-3M
- >3-10M
- >10M

20b. How many additional years of state support do you expect to need for this project?

- 1 year
- 2 years
- 3 years
- 4 years
- >= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select ?ongoing activity?.

- Ongoing activity ? no total cost
- <1M
- 1-3M

>3-10M

>10M