

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: University of South Florida Alternative Treatment Options for Veterans
2. Date of Submission: 11/15/2019
3. House Member Sponsor: Mel Ponder
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? 2019-20
- 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 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <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:		200,000	200,000		1,999,243	1,999,243

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? No
 - 5a. If yes, which state agency?
 - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Veterans' Affairs
 - 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.
Termination of quarterly payments and no opportunity for annual renewal funding

6. Requester:

- a. Name: Kevin Kip
- b. Organization: University of South Florida, College of Public Health
- c. Email: kkip@usf.edu
- d. Phone #: (813)974-9266

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

- a. Name: Anne Gallagher
- b. Organization: University of South Florida, College of Public Health
- c. Email: agallach@usf.edu
- d. Phone #: (813)974-5780

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

- a. Name: Mark Walsh
- b. Firm: University of South Florida
- c. Email: Mwalsh@usf.edu
- d. Phone #: (813)974-1830

9. Organization or Name of entity receiving funds:

- a. Name: University of South Florida - College of Public Health
- b. County (County where funds are to be expended): Hillsborough
- c. Service Area (Counties being served by the service(s) provided with funding): Hernando, Hillsborough, Pasco, Pinellas, Polk

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?

The present proposal is for the USF College of Public Health to conduct independent research and program evaluation activities for alternative treatment options provided to FL veterans by community-based services organizations in Florida. The 5 alternative treatment modalities include: Accelerated Resolution Therapy (ART), service animal training therapy, equine therapy, music therapy, and hyperbaric oxygen therapy (HBOT).

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 type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input checked="" type="checkbox"/> b. 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	124,572
<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	USF Program evaluation/research staffing (Project Manager, Project Coordinator, Clinical Director, Health Economist, Data Manager, Site Auditor/Coordinator, Web Developer, Graduate Research Assistants)	335,471

<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Equipment (field laptops), Materials and Supplies, Travel costs to site audits, publication fees, Qualtrics License	44,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Total of 1,000 veterans served across 58,000 services sessions as follows: ART (2400 sessions), service animal therapy (60 service dogs), equine therapy (1200 sessions), music therapy (1200 sessions), HBOT (2400 sessions)	1,495,200
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		1,999,243

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)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

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:

Prior signed services contract between the University of South Florida, College of Public Health and the Florida Department of Veteran Affairs (GRT 12503, signed 10/22/2019)

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

Yes

16a. Please Describe:

Annual Program Evaluation Report from Veterans Alternative (Holiday, FL) documenting need and effectiveness of alternative treatment options for veterans(see: <http://veteransalternative.org/wp-content/uploads/2019/02/Veterans-Alternative-Program-Evaluation-Report-1-1-2019-Cumulative-and-Annual.pdf>).

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?

Total of 1,000 veterans to be served across 58,000 services sessions as follows: ART (2400 sessions), service animal therapy (60 service dogs), equine therapy (1200 sessions), music therapy (1200 sessions), HBOT (2400 sessions)

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

As described above

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): Veterans with psychological, emotional, and transitional challenges

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 checked="" type="checkbox"/> Improve physical health	Improved sleep quality as measured by Insomnia and Sleep Quality index	Veteran self-report measurement of sleep quality prior to services, after services, and at 1, 3 and 6 month follow-up
<input checked="" type="checkbox"/> Improve mental health	Significantly reduced symptoms of the following: Perceived stress - Perceived Stress Scale (PSS) PTSD symptoms - PTSD Checklist (PCL-5) Anxiety, depression, and somatization - Brief Symptom Inventory (BSI-18) Significantly enhance resiliency and positive ideation (opposite of suicidal ideation)	Veteran self-report measurement of mental health symptoms prior to services, after services, and at 1, 3, and 6-month follow-up

	through use of UPPS-P Impulsive Behavior Scale, Positive and Negative Suicidal Ideation Scale (PANSI), and Connor-Davidson Resiliency Scale	
<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 type="checkbox"/> Reduce recidivism		
<input checked="" type="checkbox"/> Reduce substance abuse	Reduced reporting of alcohol, marijuana, illicit drugs, and prescription medications (e.g. opioids)	Veteran self-report measurement of substance and medication use prior to services, after services, and at 1,3, and 6 month follow-up
<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 checked="" type="checkbox"/> Other (Please describe): Healthcare Cost Savings	Cost savings/effectiveness of services provided	Return on investment analysis based on magnitude in reductions of symptoms and improvements in health reported

19. Provide the total cost of the project for FY 2020-21 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?
1. Amount Requested from the State in this Appropriations Project Request:	1,999,243	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	1,999,243	100%	

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

No