

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Veterans Alternative Accelerated Wellness Program

2. Date of Submission: 11/13/2019

3. House Member Sponsor: Amber Mariano

Members Copied:

### 4. DETAILS OF AMOUNT REQUESTED:

- 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*
- What is the most recent fiscal year the project was funded? 2019-20
- Were the funds provided in the most recent fiscal year subsequently vetoed? No
- 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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		250,000	250,000		450,000	450,000

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 Children and Families

5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No

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.

Contracted corrective processes to improve delivery will be implemented.

6. Requester:

- a. Name: Brian Anderson
- b. Organization: Veterans Alternative, Inc.
- c. Email: Brian@VeteransAlternative.org
- d. Phone #: (910)364-5960

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

- a. Name: Patricia Fried
- b. Organization: Veterans Alternative, Inc.
- c. Email: Patty@VeteransAlternative.org
- d. Phone #: (727)415-8550

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

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of entity receiving funds:

- a. Name: Veterans Alternative, Inc.
- b. County (County where funds are to be expended): Pasco
- 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?

The purpose of the request is to help Combat Veterans living in the state of Florida live better lives. The Veterans Alternative has provided more than 100 week Long Accelerated Wellness Programs to Florida Veterans since July 1 2016. Nearly 500 Florida Veterans, their spouses and Gold Star family members have gone through the program and report 46% reduction in PTSD, 61% in depression, 56% in anxiety, 44% in perceived stress and other significant outcomes.

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 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 type="checkbox"/> e. Salaries and Benefits		
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Cost to provide Accelerated Wellness Program to 175 Florida Veterans	436,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Cost to provide external program evaluation for the Accelerated Wellness Program	14,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
<b>TOTAL</b>		<b>450,000</b>

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:

Veterans Alternative has support from the Chris T. Sullivan Foundation, H.O.O.A.H. Foundation, Duke Energy Foundation, Florida Medical Clinic Foundation of Caring, Premier 1,000 of Pasco, Play Ball Holding, Quiet Professionals, Valspar Championship. Each of these organizations has helped support the AWP financially or with in-kind donations and volunteer work.

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:

The state of Florida widely recognizes the needs of Combat Veterans and there is extensive research showing the detrimental impact combat has on their ability to transition back into a civilian life post-war. There is extensive research on the therapies the Veterans Alternative uses and the help that it provides to our Florida Veterans. Along with this, our own third party program evaluation is conducted by the University of South Florida.

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?

Veterans Alternative provides a five-day Accelerated Wellness Program (AWP) to Combat Veterans/spouses. The AWP allows participants to experience proven therapies such as Accelerated Resolution Therapy (ART), Integrative Restoration (iRest), adaptive yoga and music therapy. In FY 2020-2021, we seek to continue providing these services by conducting 25 AWP's and serving 175+ Florida Veterans/spouses. AWP's are evaluated and prove our current delivery model is successful.

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

Accelerated Resolution Therapy utilizes imagery and bilateral eye movements to create a shift in perspective. It is a rapidly working, evidence-based therapy that provides relief for Veterans/spouses from the difficulties faced post-war. Integrative Restoration (iRest) is a guided meditation designed to elicit relaxation. iRest follows a ten-step protocol that is geared towards the Military and research has shown it reduces PTSD, depression, and anxiety while increasing resiliency and wellbeing.

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

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	Veterans Alternative utilizes evidence based inventories including PCL-5, Brief Symptom Inventory, Pain Outcomes Questionnaire, Perceived Stress Scale, Connor-Davidson Resiliency & Sleep Quality Assessment. We expect to see decreases in negative physical, mental and emotional issues.	Assessments are administered pre- and post service and at 1, 3, and 6 month post AWP. These assessments will determine outcomes of services provided based on reductions in pain and other related symptoms.
<input checked="" type="checkbox"/> Improve mental health	Veterans Alternative utilizes evidence based inventories including PCL-5, Brief Symptom Inventory, Pain Outcomes Questionnaire, Perceived Stress Scale, Connor-Davidson Resiliency & Sleep Quality Assessment. We expect to see decreases in negative physical, mental and emotional issues.	Assessments are administered pre- and post service and at 1, 3, and 6 month post AWP. These assessments will determine outcomes of services provided based on reductions in PTSD and its related symptomatology such as depression and anxiety.
<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 type="checkbox"/> Reduce 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 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:	450,000	45.0%	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:	550,000	55.0%	No
<b>TOTAL</b>	<b>1,000,000</b>	<b>100%</b>	

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

No