



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1322

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

89% of veterans are no longer showing symptoms of trauma, even months after completing our program. Operation Warrior Resolution provides innovative, holistic treatments to veterans and their families; alleviating PTSD, suicidality, anxiety, depression and other service connected injuries. This project will go towards expanding programming, clinical development and training so that mental health professionals are providing the highest quality care, not available through the Veterans Affairs. Programming and wrap around services include individual sessions of specialized trauma treatment, TBI care, equine therapy, chiropractic and medical massage to treat chronic pain, yoga and breath work, health and nutrition coaching, marriage counseling, and therapy for the veteran's spouse and children. This will increase the amount of treatment to veterans who are in crisis, decreasing the risk of suicide, and also increase participation in our 3-month program to heal the family as a whole.

5. **State Agency to receive requested funds**

**State Agency contacted?**

6. **Amount of the Nonrecurring Request for Fiscal Year 2024-2025**

Type of Funding	Amount
Operations	600,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>600,000</b>

7. **Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	600,000	34%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	36,500	2%
Other	1,111,115	64%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>1,747,615</b>	<b>100%</b>

8. **Has this project previously received state funding?**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	455,015	593A	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.**



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1322

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

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

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning    
  Design    
  Construction    
  N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List 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.

13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Electronic Health Records System HIPPA compliant records and for electronic data collection for research and outcomes (\$14,000).	14,000
Consultants/Contracted Services/Study	Outreach and Community Engagement (\$35,000)	35,000
<b>Operational Costs: Other</b>		
Salary and Benefits	Operations Management (\$35,000), Grant Compliance and Accounting (\$15,000)	50,000
Expense/Equipment/Travel/Supplies/Other	Inpatient clinical treatment: Lodging (\$55,000), food (\$18,000), transportation/gas (\$12,000), medical equipment (\$10,000), supplies (\$12,000), insurance (\$9,000), technology for telehealth (\$225).	116,225
Consultants/Contracted Services/Study	Clinical development, training and quality assurance to ensure veterans are receiving the highest quality of care (\$100,000). Inpatient support services (\$40,000). Outpatient: Trauma treatment and wrap around services provided to veterans and their family members (\$214,775). Case Management (\$30,000).	384,775
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>600,000</b>



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1322

#### 14. Program Performance

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

Our goal is to have a 90% reduction rate of trauma symptoms and other stressors that contribute to veteran suicide, while increasing protective factors of resilience and healthy peer support. This will be done by expanding neuroscience-based, specialized trauma treatment that quickly and effectively resolves trauma. In addition, to expanding wrap around services to provide solutions for healing on a physical, mental and social level. This includes therapy for the veteran's spouse and children.

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

Funds will go towards addressing risk factors of veteran suicide with a holistic model: outreach, initial and follow up assessments, all specialized clinical treatment, case management and wrap around therapeutic services for both in-person and telehealth sessions. This includes therapy for the veteran's family members, to mentally and emotionally heal the family as a whole.

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

Specific direct services include: Mental health - Specialized, neuroscience-based therapy for PTSD, group therapy, marriage counseling, children's counseling, chronic pain treatment and equine therapy with horses. Physical health - chiropractor and medical massage, TBI treatment, nutrition, health coaching, yoga and martial arts. Social health - peer support groups and wellness activities.

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

Military veterans with service connected disability. Persons with poor physical health. Persons with poor mental health. There will be around 250 served.

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

Improve Physical Health: Decrease chronic pain, improve sleep, improve energy levels, improve ability to perform daily activities. These outcomes will be measured by the Trauma Screening (TSQ), Depression Screening (PHQ-9), Quality of Life (WHOQOL-BREF).  
 Improve Mental Health: Decrease in trauma symptoms (anxiety, anger, nightmares, intrusive thoughts), Decrease in suicidal ideation, Decrease in Depression, Improved Quality of Life, Improved ability to perform daily activities. These outcomes will be measured by Trauma Screening (TSQ), Depression Screening (PHQ-9), Quality of Life (WHOQOL-BREF).  
 Other: Improve Social Connections: Improved social relationships, improve sense of support from peers. Measured by surveys.

**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?**

Meeting deliverables and projected outcomes are critical to our success. The organization will submit a review to the State of Florida detailing it's plan to meet the deliverables in a reasonable amount of time and/or unused funds will be returned back to the state.

#### 15. Requester Contact Information

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

#### 16. Recipient Contact Information

**a. Organization**



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1322

**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**

**17. Lobbyist Contact Information**

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**