



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1868

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

The mission of Veterans Alternative is to empower Veterans, Active Duty Military members and their families through effective alternative therapies and community engagement, with the goal of creating a more healthy, connected and resilient Veteran and Military population. This mission is achieved through the highly effective, five-day Accelerated Wellness Program (AWP). The AWP allows participants to experience proven therapies such as Accelerated Resolution Therapy (ART), Integrative Restoration (iRest), adaptive yoga, art and music therapy, equine therapy, and camaraderie building outings in the community. Veterans Alternative will provide 25 AWP's, serving 175 Florida Veterans and their spouses.

5. **State Agency to receive requested funds**   
 State Agency contacted?     Yes     No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 80%;" type="text" value="450,000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
<b>Total State Funds Requested</b>	<b>450,000</b>

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 80%;" type="text" value="450000"/>	<input style="width: 80%;" type="text" value="45.0"/> %
<b>Matching Funds</b>		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Other	<input style="width: 80%;" type="text" value="550,000"/>	<input style="width: 80%;" type="text" value="55"/> %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>1,000,000</b>	<b>100</b> %

8. **Has this project previously received state funding?**     Yes     No  
 If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 80%;" type="text" value="2019-20"/>	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="250,000"/>	<input style="width: 80%;" type="text" value="373"/>	<input type="text" value="No"/>

9. **Is future-year funding likely to be requested?**     Yes     No  
 If yes, indicate nonrecurring amount per year.



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10. 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		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs: Other</b>		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	Cost to provide Accelerated Wellness Program to 175 Florida Veterans.	436,000
Consultants/Contracted Services/Study	Cost to provide external program evaluation for the Accelerated Wellness Program.	14,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>450,000</b>



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## 11. Program Performance

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

The requested funding helps Veterans Alternative achieve its goal of creating a more healthy, connected and resilient Veteran population. The funding would allow Veterans Alternative to increase its capacity and provide 25 day AWP's, serving 175 Florida Veterans through the program.

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

The Accelerated Wellness Program (AWP) provides alternative therapies and community engagement to Veterans. Using an integrative approach, the AWP uses evidence-based therapies including Accelerated Resolution Therapy, iRest, adaptive yoga and art and music therapy to achieve reductions in post-traumatic stress symptomatology. The AWP external evaluation from the last 3 years shows Veterans experience a 46% reduction in post-traumatic stress symptoms, 61% decrease in depression, 55% decrease in anxiety, 42% decrease in perceived stress and more significant outcomes at the conclusion of the week.

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

Direct services will be provided to Veterans and their spouses. These services will include Accelerated Resolution Therapy, iRest, adaptive yoga, and music and art therapy.

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

This project will target 175 Florida Veterans and their spouses.

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

Veterans who participate in the AWP experience a reduction in PTSD, Depression, Anxiety, and Perceived Stress and an increase in resiliency and community engagement. Pre- and Post- assessments are conducted as part of the program and use valid and reliable measures of psychological and physical health. Examples of measures used include the Post-Traumatic Checklist (PCL-5), the Brief Symptom Inventory (BSI), and the Pain Outcomes Quest. An external evaluator, KMS Research, then uses the data collected to perform an extensive analysis to produce a comprehensive program evaluation. Attached is the current program evaluation which will continue to be used to measure outcomes and outputs of the AWP.

- 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 in the contract?

Contracted corrective processes to improve delivery will be implemented.



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12. **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

13. **Requestor Contact Information**

- a. First Name  Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number  Ext.

14. **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

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number  Ext.