



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 1554

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

SOF Missions exists to provide four-pillar whole health care programs to at risk veterans. Our goal is to build resiliency in veterans that has a positive and lasting effect on their life, family, and community. We aim for each veteran to show an improvement in their overall psychological, physical, spiritual, and social health. Our objectives for 2022 are to host 12 Be Resilient clinics, which will provide care to over 240+ veterans.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	500,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>500,000</b>

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	22%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	1,788,714	78%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>2,288,714</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2021-22	0	150,000	567A	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.

Private foundation grants and corporate business sponsorships.

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.



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Paycheck Protection Loans: \$92,427.51. Funds were used for employee payroll and operational costs.

#### 11. 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		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Medical Director - \$70,000 Operations Manager - \$14,000 Veteran Service Coordinator - \$14,400	98,000
Expense/Equipment/Travel/Supplies/Other	(6) Clinic In-patient Supplies, Travel, and Resources: \$163,800 Outpatient Care Supplies, Travel, and Resources: \$123,000	286,800
Consultants/Contracted Services/Study	(6) Clinic In-patient Contracted Services: \$77,400 Outpatient Care Services: \$37,800	115,200
<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>500,000</b>

#### 12. Program Performance

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

SOF Missions exists to provide four-pillar whole health care programs to at risk veterans. Our goal is to build resiliency in veterans that has a positive and lasting effect on their life, family, and community. We aim for each veteran to show an improvement in their overall psychological, physical, spiritual, and social health. Our objectives for 2022 are to host 12 Be Resilient clinics, which will provide care to over 240+ veterans.

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

SOF Missions offers a unique approach to combat veteran suicide and provide care through a whole health intradisciplinary model—The Resiliency Project is a four-pillar program that addresses the areas of psychological, physical, spiritual, and social wellness. Care plans are provided through three main delivery methods: Clinics, Coordinated Care, and Collaborative Care.

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

Services available for psychological care range from peer-based programs, mental health therapy, and creative therapy. Spiritual care includes education, mentorship, and support groups. Physical care includes physical therapy, alternative PTSD/TBI treatments, cognitive rehab therapy, and sleep therapy. Lastly, social care includes recreational therapy, service animals, and service projects.

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

Persons with poor mental health  
Persons with poor physical health  
Physically disabled  
Veterans, active duty service members, and their families

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



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Improved mental, physical, social and spiritual health for veterans, active duty service members and their families. Methods used to measure the outcome will include:

#### Physical Health

- Lab marker changes at initial and follow up appts. (ex: hormone, cholesterol, and vitamin levels)
- Functional Movement Screening
- Selective Functional Movement Assessment
- Wearable sleep monitoring devices
- Visual Analogue Scale (VAS) to assess pain

#### Mental Health

- Improved score on Patient Health Questionnaire (PHQ-9) Depression measure
- Improved score on PCL-5 PTSD checklist

#### Social and Spiritual Health

- Increased participation in leisure activities
- Greater ability to maintain positive friendships
- Ability to complete activities in various social settings
- Increase in personal prayer/reflection/meditation
- Improved score on Quality of Life Scale (QOL)
- Improved score on a Self-directed Spiritual Growth Assessment

**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?**

The organization will submit a review to the state detailing its plan to meet deliverables in a reasonable amount of time and/or accept an abatement in its allocation if services provided are under-utilized or not being used by the target population.

**13. 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.**

Not Applicable



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#### 14. Requestor Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 15. 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

#### 16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number