

LFIR # 1669

l. Proj	ect Title	Innovative	Interventions	for Veteran	Suicide Prevention	
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2. Senate Sponsor Jim Boyd

3. Date of Request 2/21/2025

4. Project/Program Description

This project aims to significantly reduce symptoms of trauma and stress that contribute to veteran suicide, achieving an 82% improvement rate, while also fostering resilience and strong peer connections. The initiative involves providing access to neuroscience-driven, trauma-focused treatments that deliver rapid and lasting results. The project will also offer comprehensive support services tailored for veterans, their spouses, and their children. Central to this effort is the creation of an innovative, state-of-the-art treatment center to serve as a hub for these transformative services.

5. State Agency to receive requested funds

Department of Veterans' Affairs

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	550,000
Fixed Capital Outlay	1,950,000
Total State Funds Requested	2,500,000

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage	
Total State Funds Requested (from question #6)	2,500,000	66%	
Matching Funds			
Federal	0	0%	
State (excluding the amount of this request)	0	0%	
Local	178,000	5%	
Other	1,100,000	29%	
Total Project Costs for Fiscal Year 2025-2026	3,778,000	100%	

8. Has this project previously received state funding? Yes If yes, provide the most recent instance:

Fiscal Year	Amount		Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
2024-25	0	600,000	602	No	

9. Is future-year 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.

Complete questions 10 and 11 for Fixed Capital Outlay Projects

No

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10. Status of Construction a. What is the current ph	ase of the project?			
🔵 Planning 🛛 📀 De	sign 🔿 Construction 🔿 N/A			
b. Is the project "shovel	ready" (i.e permitted)?	Yes]	
c. What is the estimated	start date of construction?	09/01/2025		
d. What is the estimated	completion date of construction?	07/01/2025		
e. What funding stream v	vill be used for ongoing operations	and maintenance of	the project?	
Private donations, founda property.	ations, general fundraising activity, and	d generated revenue fr	om the	

11. 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.

The facility is owned by private individuals which is the only relationship they have to the entity.

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

Spending Category	Description	Amount	
Administrative Costs:			
Executive Director/Project Head Salary and Benefits		0	
Other Salary and Benefits		0	
Expense/Equipment/Travel/Supplies/ Other		0	
Consultants/Contracted Services/Study		0	
Operational Costs			
Salary and Benefits	Clinical and Medical Providers, Program and Operations Management, Grant Compliance, Accounting and Outreach	400,000	
Expense/Equipment/Travel/Supplies/ Other	Inpatient clinical treatment, lodging, food, travel, medical equipment, supplies, insurance, technology for telehealth sessions, and Electronic Health Records System HIPPA compliant records and electronic data collection for research and outcomes.	100,000	
Consultants/Contracted Services/Study	Clinical development, training and quality assurance to ensure veterans are receiving the highest quality of care. Inpatient support services. Outpatient trauma treatment and wrap around services provided to veterans and their family members. Case Management.	50,000	
Fixed Capital Construction/Majo	r Renovation:		
Construction/Renovation/Land/ Planning Engineering	Property Acquisition, Infrastructure Renovation	1,950,000	
Total State Funds Requested (must equal total from question #6)2,500,000			

13. Program Performance

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



Our goal is to have an 82% improvement rate in symptoms of trauma 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 which quickly and effectively resolves trauma, along with wrap around services for veterans, their spouses and their children. This includes creating a one of a kind centralized treatment facility to provide services.

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

Funds will go towards creating a central treatment facility, providing veterans with a holistic model: outreach, initial and follow up assessments (to include suicide assessments), specialized clinical treatment, case management and wrap around therapeutic services for both in-person and telehealth. This includes therapy for the veteran's family members to heal the family from trauma as a whole.

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

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?

This project targets individuals who are experiencing poor physical health, experiencing poor mental health, are physically disabled as well as disabled military veterans. This project will serve at least 500 individuals in Florida.

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

be measured?

This project will improve the physical health of participants by decreasing chronic pain, improving sleep, energy and their ability to perform specific daily activities. The project will improve the mental health of participants by decreasing trauma symptoms, depression and suicidal ideation. It will also increase quality of life and the ability to perform daily tasks of participants. These results will be measured using a Trauma Screening (TSQ), Depression Screening (PHQ-9), Self-Assessment Evaluations, Satisfaction Surveys, and the Annual National/State Veteran Suicide Reports. This program will also decrease recidivism rates for those in Vet Court programs. The Florida Courts will be able to provide data about these outcomes.

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?

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.

14. Is this project related to mitigation, response, or recovery from a natural disaster? Yes

a. If Yes, what phase best describes the project?

- □ Mitigation (reducing or eliminating potential loss of life or property)
- **C** Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

Hurricane Debby

15. Has the entity applied for or received federal assistance for this project?

□ Yes, Applied



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□ Yes, Received

🗹 No

□ No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

□ Yes, Applied

☑ Yes, Received

🗆 No

□ No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

Department of Veterans Affairs

17. Requester Contact Information

a. First Name	Kendra	Last Name Simpkins
b. Organization	Operation Warrior Resolu	tion
c. E-mail Address	kendra@operationwarrior	resolution.org
d. Phone Number	(941)806-5722	Ext.

18. Recipient Contact Information

rganization Operation Warrior Resolution	
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b. Municipality and County Statewide

c. Organization Type

□For Profit Entity

☑Non Profit 501(c)(3)

□Non Profit 501(c)(4)

□Local Entity

□University or College



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□Other (please specify)	Other (please	specify)
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d. First Name	Kendra	Last Name	Simpkins	
e. E-mail Address	kendra@operationwarriorresolution.org]	
f. Phone Number	(941)806-5722	Ext.		
19. Lobbyist Contact Information				
a. Name	Heather L. Turnbull			
b. Firm Name	Rubin, Turnbull & Associates			
c. E-mail Address	heather@rubinturnbull.com			
d. Phone Number	(305)495-3868			

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.