Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Alternative Treatment for Veterans-University of South Florida

2. Date of Submission: 02/07/2017

3. House Member Sponsor: Daniel Burgess

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No If answer to 4a is ?NO? skip 4b and 4c and proceed to 4d
- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. Complete the following Project Request Worksheet to develop your request (Note that column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in column G):

FY:	Input Prior Year Appropriation for this project			Develop New Funds Request		
	for FY 2016-17			for FY 2017-18		
	(If appropriated in 2016-17 enter the			(Requests for additional RECURRING funds are prohibited. Any additional		
	appropriated amount, even if vetoed.)			Nonrecurring funding requested to supplement recurring funds in the base will		
				result in the base recurring amount being converted to Nonrecurring .)		
Column:	Α	В	С	D	E	F
Funds	Prior Year		Total Funds	Recurring Base	Additional	TOTAL Nonrecurring Request
Description:	Recurring	Prior Year	Appropriated	Budget	Nonrecurring	(Will equal the amount from the Recurring base in
	Funds	Nonrecurring		(Will equal non-	Request	Column D to be CONVERTED to Nonrecurring plus
		Funds	(Recurring plus	vetoed amounts		the Additional Nonrecurring Request in Column E.
			Nonrecurring:	provided in Column		These funds will be appropriated non-recurring if
			column A + column	A)		funded in the House Budget or the Final Conference
			B)			Report on the budget.)
Input					500,000	500,000
Amounts:						

5. Are funds for this issue requested in a state agency?s Legislative Budget Request submitted for FY 2017-18? 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? For example, if the requested issue pertains to services provided to inmates at correctional facilities, the Department of Corrections would be the most appropriate state agency. Department of Veterans Affairs

- 6. Requester:
 - a. Name: Mark Walsh
 - b. Organization: University of South Florida
 - c. Email: <u>MWalsh@usf.edu</u> d. Phone #: (813)974-1830
- 7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):
 - a. Name: Mark Walsh
 - b. Organization: University of South Florida
 - c. Email: <u>MWalsh@usf.edu</u> d. Phone #: (813)974-1830
- 8. If there is a registered lobbyist, fill out the lobbyist information below.
 - a. Name: Mark Walsh
 - b. Firm: University of South Florida
 - c. Email: MWalsh@usf.edu d. Phone #: (813)974-1830
- 9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):
 - a. Name: University of South Florida
 - b. County (County where funds are to be expended): Hillsborough
 - c. Service Area (Counties being served by the service(s) provided with funding): <u>Statewide</u>
- 10. What type of organization is the entity that will receive the funds? (Select one)
 - O For Profit
 - O Non Profit 501(c) (3)
 - O Non Profit 501(c) (4)
 - O Local Government

\odot	University	or College	
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O Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

To provide appropriations for the implementation of House Bill 55, a bill proposed for the purpose of providing alternative forms of treatment for veterans with Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI). The appropriation to USF is to set up a pilot program that will allow USF to contract with non-profit organizations, approved by USF, to provide alternative treatments.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) Enter ?0? if request is zero for the category
Administrative Costs:		
☐a. Executive Director/Project Head Salary and Benefits		
□b. Other Salary and Benefits		
□c. Expense/Equipment/Travel/Supplies/Other		
☑d. Consultants/Contracted Services/Study	USF will contract with various alternative treatment therapies to provide treatment for veterans with PTSD and TBI	500,000
Operational Costs:		
☐e. Salaries and Benefits		
☐f. Expenses/Equipment/Travel/Supplies/Other		
□g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		

□h. Construction/Renovation/Land/Planning Engineering	
TOTAL	500,000
3. For the Fixed Capital Costs requested with this issue, what typixed Capital Outlay? was not selected, question 13 is not applica N/A	rpe of ownership will the facility be under when complete? (In Question 12, if ?lable)
1. Is the project request an information technology project? No	
5. Is there any documented show of support for the requested prganizational backing, or other expressions of support? Yes	project in the community including public hearings, letters of support, major
15a. Please Describe: Letters from veteran's non-profits such as Veterans Alte	ernative
 Has the need for the funds been documented by a study, com <u>Yes</u> 	mpleted by an independent 3rd party, for the area to be served?
16a. Please Describe: White paper by Dr. Kevin Kipp, USF	
 Will the requested funds be used directly for services to citize Yes 	ens?
17a. Describe the target population to be served. Select all t □Elderly persons ☑Persons with poor mental health ☑Persons with poor physical health □Jobless persons	that apply to the target population:
□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
☑Other (Please describe): Veterans with PTSD and TBI
17b. How many in the target population are expected to be served?
O< 25
O25-50
O51-100
O101-200
O201-400
⊙ 401-800
O>800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select all that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
□Improve physical health		
☑Improve mental health	Assist veterans with their post-war injuries, with a specialization on PTSD and TBI.	Number of veterans who are in treatment for PTSD and TBI through the program.
□Enrich cultural experience		
□Improve agricultural production/promotion/education		
□Improve quality of education		

□Enhance/preserve/improve environmental or fish and wildlife quality		
□Protect the general public from harm (environmental, criminal, etc.)		
□Improve transportation conditions		
□Increase or improve economic activity		
□Increase tourism		
□Create specific immediate job opportunities		
☑Enhance specific individual?s economic self sufficiency	Veterans with control of their PTSD and TBI will be shown as more likely to be employed.	Surveys of veteran's pre and post treatment including employment status
□Reduce recidivism		
☑Reduce substance abuse	Veterans who are no longer suffering or have control of their PTSD and TBI are less likely to abuse prescription pain killers or other drugs	Regular check-ups with veterans who have gone through the therapies.
☑Divert from Criminal/Juvenile justice system	Veterans who are no longer suffering or have control of their PTSD and TBI are less likely to commit offenses.	Regular check-ups with veterans who have gone through the therapies.
□Improve wastewater management		
□Improve stormwater management		
□Improve groundwater quality		
□Improve drinking water quality		
□Improve surface water quality		
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□Other (Please describe):		
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19. Provide the total cost of the project for FY 2017-18 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total (Automatically Calculates)	Are the other sources of funds guaranteed in writing?
Amount Requested from the State in this Appropriations Project Request:	500,000	100.0%	N/A
2. Federal:	0	0.0%	No
State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	500,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year? No