

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: International Institute of Orthotics & Prosthetics - Veteran Support

2. Date of Submission: 10/26/2017

3. House Member Sponsor: James Grant

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, Col. E

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:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2018-19 (Requests for additional RECURRING funds are prohibited.)		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non- vetoed amounts provided in Column A)	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:					1,478,000	1,478,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? 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? Department of Veterans Affairs

5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes

5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

ILOP will accept an abatement of its allocation until such time that deliverables or performance measures increase.

6. Requester:

- a. Name: Arlene Gillis
- b. Organization: International Institute of Orthotics and Prosthetics
- c. Email: arlene@iiofoandp.org
- d. Phone #: (813)810-6932

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Arlene Gillis
- b. Organization: International Institute of Orthotics and Prosthetics
- c. Email: arlene@iiofoandp.org
- d. Phone #: (813)810-6932

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: John David
- b. Firm: Mercury Public Affairs
- c. Email: jwhite@mercuryllc.com
- d. Phone #: (813)908-1380

9. Organization or Name of entity receiving funds:

- a. Name: International Institute of Orthotics and Prosthetics
- b. County (County where funds are to be expended): Hillsborough
- c. Service Area (Counties being served by the service(s) provided with funding): Hillsborough, Manatee, Pasco, Pinellas

10. What type of organization is the entity that will receive the funds? (Select one)

- ☐ For Profit
- ☒ Non Profit 501(c) (3)
- ☐ Non Profit 501(c) (4)
- ☐ Local Government
- ☐ University or College
- ☐ Other (Please describe)

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

Funds requested will support a veteran's centric non-profit providing wounded veterans with essential health services to assist them with a successful re-integration into home life and support for their orthotics and prosthetics. Physical and mental therapy, rehabilitation, and wrap around (i.e. service dog pairing, vocational training, wellness programs) will be provided through this funding initiative.

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?0? if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	A veterans mental health team consisting of a psychiatrist, Psychologist and counselor to help active duty and veterans with mental health treatment. Two Physical therapists and two prosthesis who help wounded veterans with prosthetics.	533,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	The Computer Assisted Rehabilitation ENvironment (CAREN) targets all aspects of balance and locomotion in clinical treatment. The use of virtual reality enables doctors	730,000

	to assess the veterans behavior and includes sensory inputs like visual, auditory, vestibular and tactile in a prosthetic. There are only 4 systems in the country and none in Florida.	
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	K-9 service dog kennels to start a program to pair wounded veterans with service dogs.	215,000
TOTAL		1,478,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

- ☐ For Profit
- ☒ Non Profit 501(c) (3)
- ☐ Non Profit 501(c) (4)
- ☐ Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- ☐ State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- ☐ Other (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

Multiple letters of support and organizational backing can be found at <http://iiofoandp.org/LOS.html>

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

50% of returning veterans who need mental health treatment won't receive these services. Barriers veterans face, include: long wait times, concerns over treatment offered by the VA, long travel distances, awareness about treatment options (<http://www.gao.gov/assets/590/585743.pdf>). With few O&P physical health programs available in the US, the attrition rate will outpace the supply of providers. Unable to meet the demand services veteran patient needs will go unmet. (www.iiofoandp.org)

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

Essential health services to assist active duty military and veterans with physical and mental therapy, rehabilitation, and wrap around (i.e. service dog pairing, vocational training, wellness programs) will be provided through this funding initiative.

17b. Describe the direct services to be provided to the citizens by the funding requested.

Essential health services to assist active duty military and veterans with physical and mental therapy, rehabilitation, and wrap around (i.e. service dog pairing, vocational training, wellness programs) will be provided through this funding initiative.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

- ☒Elderly persons
- ☒Persons with poor mental health
- ☒Persons with poor physical health
- ☒Jobless persons
- ☒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
- ☐ General (The majority of the funds will benefit no specific group)
- ☐ Other (Please describe)

17d. How many in the target population are expected to be served?

- ☐ < 25
- ☐ 25-50
- ☐ 51-100
- ☐ 101-200
- ☐ 201-400
- ☒ 401-800
- ☐ >800

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

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	IOP will engage with a diverse population with an array of ailments including individuals with an overlapping combination of balance problems, strength issues, limb loss or limb impairment, the use of a single technology which can encompass a multifactorial promotion of health and future research is necessary. The CAREN system is to date one of the few systems that can encompass the monitoring and training of these combined impairments in a single session with a single patient.	This technology encompasses balance control strategies, gait monitoring plates, inclined/declined/tilted walking platforms, multi-modal virtual reality scenerios and options to monitor kinematics and provide biofeedback The CAREN system is well aligned for IOP?s approach to rehabilitation from a holistic perspective.

<input checked="" type="checkbox"/> Improve mental health	Common affiliations with mental health issues are compounded with secondary physical limitations such as disability, or loss of limb. Loss of interest in daily activities, loss of physical energy and aches and pains can easily compound conditions like PTSD. Improving veteran's roles in life through occupational and/or social integration, IOP believes in a holistic approach. Treating both physical & mental conditions simultaneously will expedite the healing of whole and enable better outcomes.	Patient specific outcome measures utilized during patient intervention are PHQ-9 (depression), GAD-7 (anxiety), PCL (post-traumatic stress disorder), PDSS SR (panic attacks), Audit C (alcohol abuse), DAST-10 (drug abuse). In addition, IOP will integrate measurable objective techniques to substantiate physical improvement including, gait and balance tools.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	U.S. Army Medical Department Journal that individuals who engaged	Accreditation within two years by Assistance Dogs International, which

	in animal-assisted therapies experienced a 70 % reduction in their anxiety and depression symptoms. Service dogs have also been shown to improve the quality of life of paired individuals and decrease in PTSD symptoms.	is the certifying body tasked with setting standards of excellence within this specialty.
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2018-19 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	1,478,000	88.1%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No

4. Local:	0	0.0%	No
5. Other:	200,000	11.9%	Yes
TOTAL	1,678,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

No