



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 2137

1. **Title of Project:** Graduate Medical Education - Psychiatry

2. **Senate Sponsor:** Travis Hutson

3. **Date of Submission:** 02/22/2019

4. **Project/Program Description:**

Citrus Health Network (Citrus) is the first Federally Qualified Health Center (FQHC) in Florida to receive Institutional Accreditation from the Accreditation Council for Graduate Medical Education (ACGME). Citrus is also the first FQHC to achieve ACGME program accreditation for a Psychiatry Residency Program and for a Child and Adolescent Psychiatry Fellowship Program. With a unique program primarily based in an FQHC, Citrus residents and fellows receive a variety of valuable experiences as they treat and interact with patients of diverse cultural and ethnic backgrounds, and socioeconomic statuses. Citrus has been approved for a total of 16 psychiatry residency slots and eight child and adolescent psychiatry fellowship slots. Citrus is the sponsoring institution for the program in affiliation with the Florida International University Herbert Wertheim College of Medicine.

5. **State Agency to receive requested funds :** Agency for Health Care Administration

State Agency Contacted? No

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	480,000
Fixed Capital Outlay	
<b>Total State Funds Requested</b>	<b>480,000</b>

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	480,000	25.83%
Federal	140,000	7.53%
State (excluding the amount of this request)	1,181,240	63.57%
Local	0	0.00%
Other	56,800	3.06%
<b>Total Project Costs for Fiscal Year 2019-2020</b>	<b>1,858,040</b>	<b>100.0%</b>

8. **Has this project previously received state funding?** Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		
2017-18		400,000	197	No

9. **Is future-year funding likely to be requested?** No



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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:</b>		
Salary and Benefits	State funds will be utilized to cover the costs of salaries and fringe benefits for residents and fellows.	480,000
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<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>480,000</b>

#### 11. Program Performance:

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

The requested appropriation will provide funding to cover the costs of salaries and benefits for Citrus Health Network’s psychiatry residents and child and adolescent psychiatry fellows. Psychiatry is recognized as a primary care specialty in Section 409.909 F.S. While Florida currently ranks 30th in primary care physicians per capita, psychiatry is an especially critical area in shortage. In addition to gaining valuable learning experiences, the psychiatry residents and fellows provide much-needed primary care services to low-income and underserved populations.

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

Section 409.909 F.S. includes psychiatry among the list of primary care specialties that is experiencing a statewide supply and demand deficit. The requested funds will be used to train residents and fellows in ACGME accredited training programs.

**c. What are the direct services to be provided to citizens by the appropriations project?**

The Citrus psychiatry residents and child and adolescent psychiatry fellows will provide much-needed primary care services to low-income and underserved populations. Residents and fellows will provide services in inpatient settings (including Citrus Health Network’s Adult and Children’s Crisis Stabilization Units), outpatient settings (including the Citrus Assessment and Emergency Services Department and Outpatient Mental Health Program), and in primary care programs (including Citrus Health Network’s clinic locations).

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



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Psychiatry residents and child and adolescent psychiatry fellows at Citrus Health Network will be trained in a community setting that specializes in the treatment of the seriously mentally ill and indigent populations. Since the inception of the program, psychiatry residents have served thousands of individuals.

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

Investing in Graduate Medical Education is not only an investment in physicians of the future, but in the future of Florida's health, as more people will have access to quality health care from well-trained, Florida-grown physicians. As per ACGME, to gain and maintain accreditation, residency programs are expected to comply with the Accreditation Standards for their discipline. In addition, institutions sponsoring residency programs are expected to adhere to a set of Institutional Requirements. Compliance with the ACGME's standards is measured through periodic review of all programs. Citrus Health Network has an established Graduate Medical Education Committee that will oversee all graduate medical education activities in accordance with ACGME policies, and has subcommittees including the Clinical Competency Committees, the Program Quality Improvement Committee, and the Scholarly Activity Committee.

**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?**

Withheld funds.

**12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

N/A

**13. Requestor Contact Information:**

- a. **Name:** Mario Jardon
- b. **Organization:** Citrus Health Network, Inc.
- c. **E-mail Address:** mario@citrushealth.com
- d. **Phone Number:** (305)424-3100

**14. Recipient Contact Information:**

- a. **Organization:** Citrus Health Network, Inc.
- b. **County:** Miami-Dade
- c. **Organization Type:**
  - For Profit
  - Non Profit 501(c) (3)
  - Non Profit 501(c) (4)
  - Local Entity
  - University or College
  - Other (Please specify)

- d. **Contact Name:** Maria Alonso



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e. **E-mail Address:** maria@citrushealth.com

f. **Phone Number:** (305)424-3100

#### 15. Lobbyist Contact Information

a. **Name:** Monica Rodriguez

b. **Firm Name:** Ballard Partners

c. **E-mail Address:** Monica@ballardfl.com

d. **Phone Number:** (850)577-0444