

LFIR # 2099

Project Title	Graduate Medical Educatio	n - P	evchiatry					
Project ritle	Graduate Medical Education		Syonian y					
Senate Sponsor	Anitere Flores							
Date of Request	12/13/2019							
Project/Program	Description							
The requested appropresidents and child and Florida currently ranks valuable learning experiments underserved population Center with ACGME in	riation will provide funding to cover d adolescent psychiatry fellows. Psi 30th in primary care physicians periences, Citrus's psychiatry resider ns. Because Citrus' innovative resinstitutional and program accreditation (DRG) funding. The additional	ychiator r capitor ts and dency on, and	ry is recognized as a pr ta, psychiatry is an espo d fellows provide much and fellowship progran d not a hospital, Citrus	imary ecially neede ns are is not	care special critical should be primary of housed in a cligible for	alty in Sortage a care be a Fede Genera	Section 40 area. In ac havioral h rally Qual al Appropi	09.909, Foldition to nealth serified Heariations A
State Agency to r	L	Ager	ncy for Health Care	Adm	ninistratio	n		
State Agency cont								
	Amount of the Nonrecurring Request for Fiscal Year 2020-2021							
Type of Funding	9		Amount					
O			E0E 00	_				
Operations			525,00	0				
Fixed Capital Ou	rtlay		525,00	=				
•	•			0				
Fixed Capital Ou Total State Fund	•	1 (inc	525,00	0	ls availa	ble fo	or this p	oroject
Fixed Capital Ou Total State Fund	ds Requested t for Fiscal Year 2020-202	1 (inc	525,00	0 0 fund	ls availa 'ercenta		or this p	oroject
Fixed Capital Ou Total State Fund Total Project Cos Type of Funding	ds Requested t for Fiscal Year 2020-202	•	525,00 cluding matching	0 0 fund		ge	or this រុ	project
Fixed Capital Ou Total State Fund Total Project Cos Type of Funding	ds Requested t for Fiscal Year 2020-202	•	525,00 cluding matching Amount	0 0 fund	ercenta	ge	or this p	project
Fixed Capital Ou Total State Fund Total Project Cos Type of Funding Total State Fund	ds Requested t for Fiscal Year 2020-202	•	525,00 cluding matching Amount	o o fund	ercenta	ge %	or this p	project
Fixed Capital Ou Total State Fund Total Project Cos Type of Funding Total State Fund Matching Funds Federal	ds Requested t for Fiscal Year 2020-202	•	525,00 cluding matching Amount 52500	fund p	Percenta 52.0	ge % %	or this p	project
Fixed Capital Ou Total State Fund Total Project Cos Type of Funding Total State Fund Matching Funds Federal	ds Requested t for Fiscal Year 2020-2027 S Requested (from question	•	525,00 cluding matching Amount 52500 140,00 285,45	0 0 fund P 0	52.0 14 28	% % % % %	or this p	project
Fixed Capital Out Total State Fund Total Project Cos Type of Funding Total State Funds Matching Funds Federal State (excluding)	ds Requested t for Fiscal Year 2020-2027 S Requested (from question	•	525,00 cluding matching Amount 52500 140,00 285,45	0 0 fund P 0	52.0 14 28	% % % %	or this p	project
Fixed Capital Out Total State Fund Total Project Cos Type of Funding Total State Funds Matching Funds Federal State (excluding Local Other	ds Requested t for Fiscal Year 2020-2027 S Requested (from question	#6)	525,00 cluding matching Amount 52500 140,00 285,45	0 0 0 0 0 0 0 0 0 0	52.0 14 28	% % % % % %	or this p	project
Fixed Capital Out Total State Fund Total Project Cos Type of Funding Total State Funds Matching Funds Federal State (excluding Local Other Total Project Co	ds Requested t for Fiscal Year 2020-2024 s Requested (from question the amount of this request)	#6)	525,00 cluding matching Amount 52500 140,00 285,45 0 57,00 1,007,45 ng? • Yes	fund production of the control of th	52.0 14 28 0 6	% % % % % %	or this p	project
Fixed Capital Out Total State Fund Total Project Cos Type of Funding Total State Funds Matching Funds Federal State (excluding Local Other Total Project Co Has this project purifyes, provide the	ds Requested It for Fiscal Year 2020-2027 It sequested (from question grows and the amount of this request) It is separated to the amount of this request on the amount of this request of the amount of	#6) 021	525,00 cluding matching Amount 52500 140,00 285,45 0 57,00 1,007,45 ng? • Yes	fund production of the control of th	52.0 14 28 0 6	% % % % % %	or this p	project

If yes, indicate nonrecurring amount per year.

525,000



LFIR # 2099

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/ Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs: Othe	or and a second	
	State funds will be utilized to cover the costs of salaries and fringe benefits for psychiatry residents and child and adolescent psychiatry fellows.	525,000
Expense/Equipment/ Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Constructi	ion/Maior Renovation:	
Construction/Renovation/		
Land/Planning Engineering		
Total State Funds Rec	quested (must equal total from question #6)	525,000



LFIR # 2099

11. Program Performance

What specific purpose or goal 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 shortage area. In addition to gaining valuable learning experiences, Citrus's psychiatry residents and fellows provide much needed primary care behavioral health services to underserved populations. Because Citrus' innovative residency and fellowship programs are housed in a Federally Qualified Health Center with ACGME institutional and program accreditation, and not a hospital, Citrus is not eligible for General Appropriations Act (GAA) Diagnosis Related Group (DRG) funding. The additional state appropriation will support the continued operation of these innovative medical training programs.
b.	What activities and services will be provided to meet the intended purpose of these funds?
	Citrus Health Network's psychiatry residents and fellows provide much-needed primary care services to low-income and underserved populations. 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.
C.	What direct services will be provided to citizens by the appropriation project?
	Psychiatry residents and child and adolescent psychiatry fellows provide psychological evaluations, medication management, and psychotherapy. They also conduct rotations in primary care settings, hospital settings, and at the Bay Pines VA Hospital.
d.	Who is the target population served by this project? How many individuals are expected to be served?
	More than 800 individuals will be served by psychiatry residents and child and adolescent psychiatry fellows with target populations including: persons with poor mental health, the economically disadvantaged, the developmentally disabled, the physically disabled, and drug users (in health services).
e.	What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
	The expected benefit or outcome of this project is to improve mental health for the target populations and other patients that will receive psychiatry services from psychiatry residents and child and adolescent psychiatry fellows. The specific measured used for the benefit or outcome will be the number of patients served by psychiatry residents and child and adolescent psychiatry fellows.
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?

To address noncompliance the AHCA can require corrective action and can impose incremental financial penalties for failure to achieve the prescribed corrective action.



LFIR # 2099

N/	/ A				
₹e	equestor Contac	t Information			
a .	First Name	Mario	Last Name	Jardon	
٥.	Organization	Citrus Health Network, Inc.			
٥.	E-mail Address	mario@citrushealth.com			
d.	Phone Number	(305)424-3100	Ext.		
₹e	ecipient Contact	Information			
а.	Organization	Citrus Health Network, Inc.			
٥.	Municipality and	County Miami-Dade			
٥.	Organization Typ	oe e			
	O For-profit E	ntity			
	Non-Profit	501(c) (3)			
	O Non-Profit	501(c) (4)			
	 Local Entity 	1			
	O University of	or College			
	Other (plea	se specify)			
d.	First Name	Maria	Last Name	Alonso	
€.	E-mail Address	maria@citrushealth.com			
	Phone Number				
_0	obbyist Contact I	nformation			
a.	Name	Monica Rodriguez			
٥.	Firm Name	Ballard Partners			
٥.	E-mail Address	monica@ballardpartners.com			
4	Phone Number	(850)5770444	Ext.		