

LFIR # 1838

1. Project Title	Centerstone Psy	chiatric Resident	Зу		
2. Senate Sponsor	Jim Boyd				
3. Date of Request	03/01/2021				
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4. Project/Program D	escription				
Addresses a critical Florida's 2018 Phys (8) additional count The Health Resource compared to estima 60, another 25.2%	I statewide shortage sician Work Force Ar ies have only one lic ces and Services Ac ated need (HRSA, 20 are over age 50, who	of physicians spennual Report, twe censed psychiatris dministration (HRS 018). The FDOH ich will lead to a co		at present and in the s have no licensed latrist vacancies con e of 800 to 1,000 po psychiatrists in Flo e next decade, as a	e future. According to psychiatrists and eight mpared to 250 in 2017. sychiatrists in Florida rida are over the age of an estimated 59% of the
5. State Agency to re	eceive requested fu	ı nds Departn	nent of Children and Fa	milies	
	<u>-</u>	Боран	none or ormatori and i a		
State Agency cont	acted? Yes				
6. Amount of the Nor	recurring Request	for Fiscal Year 2	2021-2022		
Type of Funding			Amo	unt	
Operations				500,000	
Fixed Capital Outla	у			0	
Total State Funds	Requested			500,000	
7. Total Project Cost	for Fiscal Year 202	1-2022 (includin	g matching funds avai	ilable for this proje	ect)
7. Total Project Cost Type of Funding	for Fiscal Year 202	1-2022 (includin	g matching funds avai	ilable for this proje Percentage	ect)
Type of Funding	for Fiscal Year 202				ect)
Type of Funding			Amount	Percentage 25%	ect)
Type of Funding Total State Funds F Matching Funds Federal	Requested (from que	estion #6)	Amount 500,000	Percentage 25%	ect)
Type of Funding Total State Funds F Matching Funds Federal State (excluding the		estion #6)	Amount 500,000	Percentage 25% 0% 0%	ect)
Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local	Requested (from que	estion #6)	Amount 500,000 0 0 1,480,000	Percentage 25% 0% 0% 75%	ect)
Type of Funding Total State Funds F Matching Funds Federal State (excluding the	Requested (from que	estion #6)	Amount 500,000	Percentage 25% 0% 0%	ect)
Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other	Requested (from que	estion #6)	Amount 500,000 0 0 1,480,000	Percentage 25% 0% 0% 75%	ect)
Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other	Requested (from que e amount of this requests for Fiscal Year 20	pestion #6) uest) 021-2022	Amount 500,000 0 1,480,000 0	Percentage 25% 0% 0% 75% 0%	ect)
Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost	Requested (from que e amount of this requested for Fiscal Year 20 reviously received	pestion #6) uest) 021-2022	Amount 500,000 0 0,1,480,000 0 1,980,000	Percentage 25% 0% 0% 75% 0%	ect)
Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost 8. Has this project pr	Requested (from que e amount of this requested for Fiscal Year 20 reviously received	pestion #6) uest) 021-2022 state funding?	Amount 500,000 0 1,480,000 0 1,980,000 Yes Specific	Percentage 25% 0% 0% 75% 0% 100%	ect)
Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost 8. Has this project professor of the Project P	Requested (from que e amount of this requested from Fiscal Year 20 reviously received	estion #6) uest) 021-2022 state funding?	Amount 500,000 0 1,480,000 0 1,980,000 Yes Specific Appropriation #	Percentage 25% 0% 0% 75% 0% 100%	ect)
Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost 8. Has this project professor (yyyy-yy)	Requested (from que e amount of this requested for Fiscal Year 20 reviously received Recurring	estion #6) Destion #6)	Amount 500,000 0 1,480,000 0 1,980,000 Yes Specific Appropriation #	Percentage 25% 0% 0% 75% 0% 100%	ect)
Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost 8. Has this project Pr	Requested (from que e amount of this requested for Fiscal Year 20 reviously received Recurring	estion #6) uest) 021-2022 state funding? ount Nonrecurring 1,000,0	Amount 500,000 0 1,480,000 0 1,980,000 Yes Specific Appropriation # 00 376	Percentage 25% 0% 0% 75% 0% 100%	ect)
Type of Funding Total State Funds F Matching Funds Federal State (excluding the Local Other Total Project Cost 8. Has this project project project project Project Project Cost 9. Is future funding lian. If yes, indicate residuals and state of the sta	Requested (from que e amount of this requests s for Fiscal Year 20 reviously received Amo Recurring 0 ikely to be requested	estion #6) Destion #6)	Amount 500,000 0 1,480,000 0 1,980,000 Yes Specific Appropriation # 00 376	Percentage 25% 0% 0% 75% 0% 100% Vetoed Yes	ect)

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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Yes

If yes, indicate the amount of funds received and what the funds were used for.

\$613,473 received from Manatee County to train psychiatric residents on issues related to COVID-19, including COVID-19 testing, and increase access to psychiatric services for Manatee County residents.

11. 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: Other		
Salary and Benefits	Resident salaries	500,000
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	500,000

12. Program Performance

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

Eight (8) psychiatric residency slots will be available to train future psychiatrists to address the current and future critical shortage of psychiatrists in Florida. Current access to mental health and addiction care will increase due to residents providing services to Florida's citizens while completing their residency.

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

Each psychiatric resident will provide psychiatric care to citizens, thereby increasing access to care for all citizens. Upon graduation, each resident will fill a critical need for psychiatry.

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

Psychiatric evaluations, medication evaluations, physical exams, therapy for mental health and addiction conditions.

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

Floridians struggling with mental health and substance use diseases who are in need of psychiatric care in outpatient, inpatient, residential, and community based settings - 300-600 patients per resident - including elderly persons, persons with poor mental health, persons with poor physical health, jobless persons, economically disadvantaged persons, at-risk youth, homeless, physically disabled, drug users, students, currently/formerly incarcerated persons, drug offenders, victims of crime, people of all ages; Centerstone's primary service area includes Manatee, Sarasota, Desoto, Hendry, Glades, and Lee Counties; however, telepsychiatry is made available to all Florida counties and residents

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



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- 1. Improve mental health MIPS #391 (Merit-based Incentive Payment System) Follow up in 7 to 30 days after hospitalization for mental illness; 2. Create specific immediate job opportunities each residency slot is a job opportunity for one person; Methodology for all = capture data in Electronic Health Records.
- 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 the contract?

Loss of program accreditation and commensurate reduction in funding.	
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13.	The owners of the facility	y to receive, directly	y or indirectly, ar	ny fixed capital	outlay funding.	Include the
	relationship between the	owners of the facil	lity and the entity	<i>i</i> .		

N/A



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14. Requestor Contact information						
	a. First Name	Melissa Last Name			Larkin-Skinner	
	b. Organization	Centerstone of Florida Inc.				
	c. E-mail Address	melissa.larkin-skinner@centerstone.org				
	d. Phone Number	(941)720-	-4826	Ext.		
15.	Recipient Contact	Informatio	on			
	a. Organization	Centersto	ne of Florida Inc	;		
	b. Municipality and	I County	Manatee			
	c. Organization Type					
	□For Profit Entity	it Entity				
	☑Non Profit 501(c	(c)(3)				
	□Non Profit 501(c	(c)(4)				
	□Local Entity					
	□University or Co	College				
	□Other (please sp	se specify)				
	d. First Name	Melissa		Last Name	Larkin-Skinner	
	e. E-mail Address	melissa.larkin-skinner@centerstone.org				
	f. Phone Number	(941)720-4826				
16.	6. Lobbyist Contact Information					
	a. Name	Amanda Stewart				
	b. Firm Name	Johnston & Stewart Government Strategies				
	c. E-mail Address	amanda@johnstonestewart.com				
	d. Phone Number	(813)345-4104				