



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1083

1. Project Title
2. Senate Sponsor
3. Date of Request

4. Project/Program Description

Citrus is accredited by the Accreditation Council for Graduate Medical Education (ACGME) for its psychiatry residency and child and adolescent psychiatry fellowship programs. Psychiatry is recognized as a primary care specialty in Section 409.909 F.S. and is considered a critical shortage area. Citrus' psychiatry residents and fellows provide much needed primary care and 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 Diagnosis Related Group (DRG) funding. The funding requested will cover the costs of salaries and fringe benefits for psychiatry residents and child and adolescent psychiatry fellows and support the continued operation of these innovative medical training programs.

5. State Agency to receive requested funds
- State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	1,344,447
Fixed Capital Outlay	0
Total State Funds Requested	1,344,447

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,344,447	51%
Matching Funds		
Federal	14,440	1%
State (excluding the amount of this request)	203,144	8%
Local	0	0%
Other	1,029,284	40%
Total Project Costs for Fiscal Year 2024-2025	2,591,315	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	1,344,447	202	No

9. Is future funding likely to be requested?
- a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

In lieu of state funding, Citrus will have to utilize revenues from other programs to cover the costs of the Psychiatry Residency and Fellowship programs.



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

Yes

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

Citrus Health Network received federal assistance related to the COVID-19 pandemic. As a Federally Qualified Health Center and Community Mental Health Center, Citrus has a variety of programs and services ranging from inpatient, residential, crisis stabilization and outpatient care for physical health and mental health conditions. Federal assistance funds were used to cover loss of revenue and COVID costs. No funds were used for the residency and fellowship programs.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

13. 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	State funds will be utilized to cover the costs of salaries and fringe benefits for psychiatry residents and child and adolescent psychiatry fellows. 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 DRG funding.	1,344,447
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		



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Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		1,344,447

14. Program Performance

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

The 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. and is a critical shortage area. Citrus’s psychiatry residents and fellows provide much needed primary care behavioral health services to underserved populations.

b. What activities and services 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. 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 these innovative medical training programs to recruit and retain qualified psychiatric professionals to the State of Florida.

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. Residents and fellows provide services in-person and via telehealth. 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?

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, including the homeless, uninsured, and underinsured. Moreover, the COVID-19 pandemic has significantly impacted people’s mental health, making availability of psychiatric services even more crucial. 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?

The expected benefit is to improve physical health and mental health based on the number of patients served by psychiatry residents and child and adolescent psychiatry fellows. The outcomes will be measured using information in Citrus’ Electronic Health Record.

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?

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. Citrus will work closely with the Agency for Health Care Administration to ensure that deliverables are met.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization



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c. E-mail Address

d. Phone Number Ext.

16. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)

d. First Name Last Name

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number