



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Centerstone Psychiatric Residency Expansion

2. **Senate Sponsor:** Bill Galvano

3. **Date of Submission:** 11/20/2017

4. **Project/Program Description:**

Centerstone Psychiatric Residency Expansion - training 16 psychiatrists each year.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Children and Families

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
500,000		500,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0%

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 500,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 2

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.

FY:	<b>Input Prior FY Appropriation for this project for FY 2017-18</b>
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	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
<b>Column:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>Funds Description:</b>	<b>Prior Year Recurring Funds *</b>	<b>Prior Year Nonrecurring Funds *</b>	<b>Total Funds Appropriated (Column A + Column B)</b>
<b>Input Amounts:</b>		<b>500,000</b>	<b>500,000</b>

**10. Is future-year funding likely to be requested?**

Yes

**a. If yes, indicate non-recurring amount per year.**

500,000/year

**11. Program Performance:**

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

The program will increase Florida’s psychiatric residency slots, increase access to mental health and substance use care for Floridians, and produce new psychiatrists to reduce the shortage in Florida. Each resident will serve 300-600 Floridians annually who are in need of mental health and addictions care; the residency will address the statewide psychiatrist shortage via training 16 residents annually, 2/3 of whom are expected to remain in Florida (per the Florida Department of Health - upon finishing their residency, 2/3 of residents remain in the state in which they are trained). Florida has only 7 psychiatrists per 100,000 residents, it is estimated 29.9 psychiatrists per 100,000 residents are needed in the U.S. to meet the need for care. 47% of Florida psychiatrists are age 60 and older.

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

Training Psychiatric Residents to provide mental health and substance use treatment - the residents complete Psychiatric evaluations, Medication prescribing and management, Medication Assisted Treatment, Therapy, Physical Examinations, Medical Evaluations, Provide treatment orders for inpatient care, Patient education, and informed consent evaluations. Training in neurology and internal medicine. Program accreditation. Filling residency slots.

**c. How will the funds be expended?**

Spending Category	Description	Amount
Administrative Costs		



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<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	salary and benefits of psychiatric residents	500,000
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		500,000

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

Psychiatric evaluations, Medication prescribing and management, Medication Assisted Treatment, Therapy, Physical examinations, Medical evaluations, Inpatient psychiatric and detox care, Patient education, and informed consent evaluations, Treatment orders.

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

1. 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. 2. The State of Florida will benefit from addressing the state-wide shortage of psychiatrists by increasing total psychiatric residency slots in Florida and producing new psychiatrists, two-thirds of whom are expected to remain in the state per the Florida Department of Health.

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

Increase the number of psychiatric residency slots in the State of Florida - measured by the total number of slots. 2. Improved physical health: (a) MIPS measure #226 – Tobacco cessation counseling, (b) MIPS measure #128 – BMI counseling, (c) MIPS measure #317 – Screening and follow-up for high blood pressure; 3. Improved mental health: (a) MIPS measure #391-2 – Outpatient follow-up within 7 days of inpatient hospital discharge, (b) MIPS measure #391-1 – Outpatient follow-up within 30 days of inpatient hospital discharge, (c) Florida State



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Outcome – Successful completion of treatment; 4. Reduced substance abuse: (a) MIPS measure #431 – Substance abuse screening, (b) Florida State Outcome – Abstain from substance abuse 30 days after enrollment in treatment.

- g. 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?**  
Enact penalty if program not accredited.

- 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:** Melissa Larkin-Skinner  
b. **Organization:** Centerstone of Florida, Inc.  
c. **Email:** Melissa.Larkin-Skinner@centerstone.org  
d. **Phone Number:** (941)720-4826

- 14. Recipient Contact Information:**

- a. **Organization:** Centerstone of Florida, Inc.  
b. **County:** Manatee, Sarasota  
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:** Melissa Larkin-Skinner  
e. **E-mail Address:** Melissa.Larkin-Skinner@centerstone.org  
f. **Phone Number:** (941)720-4826

- 15. If there is a registered lobbyist, fill out the lobbyist information below.**

- a. **Name:** Amanda Stewart  
b. **Firm:** Corcoran & Johnston Government Relations  
c. **Email:** amanda@corcoranfirm.com; jeff@corcoranfirm.com  
d. **Phone Number:** (813)404-5216