

**LFIR # 1366** 

1. Project Title	Graduate Medical Edu	cation-Psychiatry
2. Senate Sponsor	Ileana Garcia	
3. Date of Request	11/3/2025	
4. Project/Program De	escription	

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		Agency for Health Care Administration
State Agency contacted?	No	

### 6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027

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

### 7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,344,447	54%
Matching Funds		
Federal	388,428	15%
State (excluding the amount of this request)	725,447	29%
Local	0	0%
Other	58,000	2%
Total Project Costs for Fiscal Year 2026-2027	2,516,322	100%

8. Has this project previously received state funding? If yes, provide the most recent instance:

Yes					

Fiscal Year	Amo	ount	Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
2025-26		1,344,447	203	No	

9.	ls	future-year	funding	likely to	be	requested?
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Yes

a. If yes, indicate nonrecurring amount per year.

1,344,447

### 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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## **Complete questions 10 and 11 for Fixed Capital Outlay Projects**

Planning	O Design	Construction	O N/A		
. Is the project	"shovel ready"	(i.e permitted)?			
. What is the es	stimated start da	ate of construction?			
l. What is the e	stimated comple	etion date of constru	ction?		
. What funding	stream will be u	ised for ongoing ope	erations and mainte	enance of the project?	
List the owner	s of the facility t	o receive, directly or	r indirectly, any fixe	ed capital outlay funding. Includ	le the

## 12. 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		
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/Majo	or Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	nust equal total from question #6)	1,344,447

## 13. Program Performance

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



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## The Florida Senate Local Funding Initiative Request Fiscal Year 2026-2027

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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 and hospital settings.

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. 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 in 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.

4. Is t	his project related to mitigation, response, or recovery from a natural disaster? No
a. If	Yes, what phase best describes the project?
	Mitigation (reducing or eliminating potential loss of life or property)
	Response (addressing the immediate and short-term effects of a natural disaster)
	Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)
b. N	ame of the natural disaster (or Executive Order # for events not under a federal declaration):



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☐ Yes, Applied			
☐ Yes, Received			
□ No			
☐ No, but intends t	o apply		
a. If yes, provide th	e FEMA project worksh	eet ID#:	
b. Provide the total	project cost listed on t	he FEMA project worksheet:	
16. Has the entity app	lied for or received stat	e assistance for this project (oth	er than this request)?
☐ Yes, Applied			
☐ Yes, Received			
□ No			
☐ No, but intends t	o apply		
a. If yes, specify th Commerce):	e program and state ago	ency (ex. Local Government Eme	ergency Bridge Loan, Department of
17. Requester Contact	t Information		
a. First Name	Mario	Last Name Jardon	
b. Organization	Citrus Health Network, I	nc.	
c. E-mail Address	mario@citrushealth.com	1	
d. Phone Number	(305)424-3100	Ext.	
18. Recipient Contact	Information		
a. Organization	Citrus Health Network, I	nc.	
b. Municipality and	d County Miami-Dade		
c. Organization Ty	pe		
□For Profit Entity			
☑Non Profit 501(d	c)(3)		
□Non Profit 501(d	c)(4)		
□Local Entity			



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□University or Co	llege				
□Other (please sp	pecify)				
d. First Name	Maria	Last Name	Alonso		
e. E-mail Address	maria@citrushealth.com				
f. Phone Number	(305)424-3100 <b>Ext.</b>				
19. Lobbyist Contact I	nformation				
a. Name	Monica L. Rodriguez				
b. Firm Name	Ballard Partners				
c. E-mail Address	monica@ballardpartners.	com			
d. Phone Number	(850)577-0444				

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.