

Pinellas County Board of County Commissioners

Community & Primary Care Services Proposal

**Reducing Emergency Room Visits and Improving Access
for Homeless/Uninsured Individuals Needing Behavioral
Health Care Services**

**BOARD OF COUNTY
COMMISSIONERS**

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Pat Gerard
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September 30, 2015

RE: AHCA RFA 001-15/16

Pinellas County is pleased to submit an application to the Agency for Health Care Administration (AHCA) for the Community and Primary Care Services RFA 001-15/16.

Pinellas County, a unit of local government and Federally Qualified Health Center, is the lead applicant and eligible entity meeting the requirements set forth in Section 1.1 of the RFA.

Applicant: Pinellas County Board of County Commissioners
Address: 315 Court Street
Clearwater, FL 33765
FEID: 596000800
Medicaid: 688412100
NPI#: 1871641613

The County Administrator has the authority to bind the applicant to an Agreement and designates the following individual as the Project Director of the Grant Agreement who may be reached by phone and to attend meetings as requested:

Daisy Rodriguez, Health Care Administrator
Pinellas County Department of Human Services
440 Court Street, 2nd floor, Clearwater FL 33756
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The County is requesting \$487,002 for the 15/16 fiscal year.

The County, through this Community & Primary Care Services funding opportunity, is seeking to increase access to primary care services and prevent unnecessary emergency room visits and inpatient hospitalization for approximately 300 homeless individuals needing behavioral health services. This proposal supports hospital emergency room diversion through the addition of 3.5 behavioral health staff and services. The program proposed will do this by providing disease management, in the form of management of mental illness and substance abuse. In addition, this program will improve patient compliance with the addition of additional staff.

Sincerely,

Mark S. Woodard
County Administrator
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EXECUTIVE SUMMARY

Pinellas County, a FQHC serving homeless individuals, has recognized that behavioral health continues to be a pervasive concern within our communities, often affecting the physical health and safety of our most vulnerable citizens. A critical lack of funding has impacted the availability and integration of services and information sharing, inhibiting stability for many individuals. The result is a greater demand for deep-end, expensive crisis care and repeated entry into the criminal justice system and emergency rooms.

The County, through this Community & Primary Care Services funding opportunity, is seeking to increase access to primary care services and prevent unnecessary emergency room visits and inpatient hospitalization for approximately 300 homeless individuals needing behavioral health services. This proposal is in the category of hospital emergency room diversion through the addition of co-located behavioral health staff and services. The program proposed will do this by providing disease management, in the form of management of mental illness and substance abuse. In addition, this program will improve patient compliance and coordination with primary medical care, referrals, and connecting patients to other community resources.

According to the SAMHSA, by 2020, mental and substance abuse disorders will surpass all physical diseases as a major cause of disability worldwide, and yet, Florida ranks 49th in the nation for behavioral health funding per capita at \$39.55 per person (Kaiser Family Foundation). Recent research for the County's Behavioral Health Pilot for High Users revealed that patients with a behavioral health diagnosis as the primary diagnosis accounted for 11,093 (39%) of all Pinellas County ER visits in 2012^[1]. This resulted in total emergency room costs of \$50,408,640, of which 37% was incurred by self-pay/non-insured patients. Many were using the emergency room for non-emergent reasons, such as medication refills or non-urgent illnesses. The County's internal data from its Pinellas County Health Program for FY 2013 indicates that there were 6,764 total emergency room visits by 3,440 HS clients.

The need for additional services particularly for this population has been acknowledged not only by the providers, but the state and local government. The Governor, through Executive Order, included Pinellas County in a pilot program to conduct a comprehensive review of services and delivery and integration of those services. In addition, the County has recently initiated two programs: 1) a Behavioral Health High Utilizers Pilot project and 2) an expanded cross-system coordination project to better connect providers to each other to send/receive referral information. The County is coordinating these programs with the provider community through the leadership of the Health & Human Services Leadership Board, comprised of the following entities: The Pinellas County Board of County Commissioners, Florida State Attorney's Office, Pinellas County Sheriff's Office, Pinellas County School Board, and the Juvenile Welfare Board.

The health center is seeking funds to divert clients from visiting the emergency room when less expensive, more readily available, coordinated behavioral health and medical care could be available in locations where the homeless population is served. The proposed program will add

^[1] Agency for Health Care Administration. Ambulatory and Emergency Department Public Use Patient Data. 2012.

behavioral health specialists to the staff at various locations. There will now be 1.0 FTE at Safe Harbor, the County's largest shelter, housed on the shelter premises in a van provided by BayCare Behavioral Health. An additional 1.0 FTE behavioral health specialist will be located inside the shelter during night and weekend hours. A third behavioral health specialist (1.0 FTE) will also "follow" the health center's mobile van (MMU), and provide services to patients inside the facilities where the MMU provides primary care services. Directions for Living will provide one Therapist and Case Manager dedicated to serving the long-term needs of these patients. Finally, a part time primary care nurse will also be available on the Safe Harbor campus nights and weekend to be available for triage and diversion. The targeted population, those who are homeless individuals with mental illness and substance abuse issues, will be guided into treatment by behavioral health specialists.

This program is designed to meet an immediate need for behavioral health/substance abuse stabilization and intervention. The additional behavioral health staff will be available for assessment and treatment for mental illness and/or substance abuse. The role of these specialists will be both to intervene during mental health and substance abuse crises, stabilize, and refer to treatment, and, where indicated, engage in longer term treatment as appropriate. In this way patients will be diverted from returning to the emergency room. This program will establish liaisons with the psychiatry departments in each hospital to ensure appropriate flow of clients who may need hospitalization, or for discharge planning purposes.

Activities include hiring additional behavioral health specialists and care coordinators and one medical nurse, co-locating the staff at sites served by the health center, and developing a seamless transition between clinical and contracted staff that include proper documentation, procedures, referral tracking and coordination.

Upon award, the County will contract with and amend existing contracts to allow for the hiring of additional behavioral health specialists and coordinators within 30-45 days of award. BayCare Behavioral Health and Directions for Living are the identified providers for the behavioral health services and staff. The Florida Department of Health will provide an additional medical nurse to the clinical staff for evening and weekend hours. BayCare is the largest provider of psychiatric services within the Tampa Bay area, and provides extensive acute inpatient hospital services at three separate hospitals within Pinellas County. Directions for Living is the current contracted behavioral health provider for the health center.

Immediately upon hiring the staff necessary for implementation of the program, up to 10 days of training and location set-up will be provided to the new staff to include policies and procedures, and the necessary implementation site prep as needed. The County anticipates making services available within 60 days (by December 1st) or sooner to begin serving clients. Approximately 300 patients, primarily uninsured, low-income homeless, will receive treatment services through this program through June 30, 2016.

Service sites include the Safe Harbor homeless shelter (Largo) until which time Bayside Health Clinic opens to clients in the spring of 2016. Bayside Health Clinic is a new health center site under construction immediately adjacent to the homeless shelter at which time services will move into Bayside. The additional staff will also be co-located at sites where the Mobile Medical Van visits

daily. These sites include Pinellas Hope, a homeless shelter serving 250 people daily also in Largo; St. Vincent de Paul in Clearwater and in St. Petersburg; and the Salvation Army in St. Petersburg.

The County is requesting a total of \$487,002 including \$448,292 for contractual staff and fringe, with the rest of the funds requested for services, travel, and supplies.

The County has been providing integrated primary care to this population since 2001 through the use of a sub-contracting for behavioral health and substance abuse treatment. In order to adapt to the evolving needs of patients, the County has initiated additional programs including the use of on-site care coordinators to enhance the integrated care model, as well as applying for a substance abuse expansion grant to be able to offer Medication Assisted Treatment (MAT) to a selected group of clients. Should this program be successful, the County hopes to be able to continue to provide this new service, thereby further helping to prevent unnecessary emergency room visits and inpatient hospitalizations.

All of the combined efforts, the AHCA proposal, the Behavioral Health Pilot for high utilizers, and the cross-system collaboration project are designed to address, in the most effective way possible, the population of individuals, specifically homeless individuals, who are experiencing the need to use the emergency room on a regular basis, whether it be for primary care, behavioral health, substance abuse, or all of these issues.

ORGANIZATIONAL OVERVIEW

The Pinellas County Board of County Commissioners (herein after referred to as “County”), will serve as the lead applicant for the AHCA Community & Primary Care Services funding opportunity. The County, an eligible entity as a Federally Qualified Health Center, is governed by an elected seven member Board of County Commissioners (BCC). The health center program is also governed by the patient-majority Mobile Medical Unit Advisory Council (MMUAC). The Human Services Department will administer the program.

For over 50 years, the County, through its Human Services department (HS), has provided programs that encourage access to benefits and services and promote improved health outcomes of low-income and homeless residents. HS works to promote the health, well-being and self-sufficiency of all citizens of Pinellas County, with an emphasis on the most vulnerable residents in the County, in a manner consistent with the County’s values, vision and mission. The Department’s efforts benefit all citizens ensuring that they can access appropriate services (e.g., 2-1-1 Tampa Bay Cares, floridahousingsearch.org, Veterans’ Services) and that quality, empirically-based services are provided in a manner that maximizes our return on investment. With respect to the County’s most vulnerable populations, HS facilitates service provision to the homeless, indigent, and those in need of temporary assistance by providing both direct and in-direct funded services. HS values its relationships with its community partners and works in a variety of ways to promote and achieve collective impact.

Pinellas County is a Federally Qualified Health Center (FQHC) and is a recipient of Public Health Services Act, Section 330 (h) funding from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) for the administration a Health Care for the Homeless (HCH) health center program. The County’s HCH program has been serving homeless citizens with primary care, specialty care including behavioral health and substance abuse services, since 2001. In 2014, the County reported serving 1,790 unduplicated patients in the service area.

The HCH program operates a Mobile Medical Unit (MMU) that travels throughout the county five days a week to meet patients where they are - homeless shelters, soup kitchens and treatment facilities. The mobile van gives the County the flexibility to take medical services directly to the clients who often lack transportation and other means of getting access to care. The County also has a second medical team located inside the Safe Harbor homeless shelter to provide care five days a week and on the weekend for residents.

The program is continually adjusting services to meet the various and transitional needs of the homeless population including the construction of a new health clinic adjacent to the County’s largest homeless shelter, Safe Harbor, which has been a critical area of the county with high EMS/Emergency Department use.

STATEMENT OF NEED

1. Demographic information about the focal population to be served in the proposed target county under this Grant.

Pinellas County Homeless Point in Time Count (PIT)

Each year, each Homeless Continuum of Care (COC) is required to report the number of homeless persons within its community to the Federal Department of Housing and Urban Development (HUD) and the Florida Department of Children and Families (DCF). The count includes both sheltered and unsheltered persons. Sheltered persons are those residing in Emergency Shelters (ES), Transitional Shelters (TS) or Safe Havens (SH). Unsheltered persons are those residing in places not meant for human habitation. The two primary sources for these data are the Tampa Bay Information Network (TBIN) and a street survey of homeless persons which counted the number of homeless persons on the night of January 28, 2015 this year. These data are then combined to produce the counts reported to HUD and DCF. Additional data are obtained from the Pinellas County School District and the Pinellas County Jail to report data relevant to the community that does not fit the exact criteria outlined by HUD. This PIT report enumerates data from each of these sources for the 2015 reporting period.

The 2015 PIT Homeless Count for Pinellas Count revealed a total of 6,853 adults and children who reported to be homeless on the night of January 28, 2015. The total number of homeless individuals reported to HUD this year was 3,387. This number is almost identical to the 3,391 that were reported to HUD in 2014. There were an additional 388 individuals in the street survey, 408 in the jail data, and 2670 in the school data that did not meet HUD criteria. Taken together these added to 6,853 individuals.

Data indicate that homeless individuals are 71.5% male, 6.8% Hispanic, 64% White, 31.8% Black, and 4.2% other races. 17.4% are veterans with 94.1% of these being male. 18.7% are chronically homeless. Street survey results indicate that 39.7% of individuals report being homeless for a year or longer and 32.9% report being homeless 4 or more times in the last 3 years.

Unmet Medical Needs of Homeless Population

Data from the Point in Time County indicate that 20.2% report having a serious mental illness. 16.5% report having a substance use disorder. 23 individuals report having HIV/AIDS. 8.1% report being victims of domestic violence.

A 2015 needs assessment conducted by the health center found that:

- 92% of respondents agreed/strongly agreed with the following statement: "MMU is successful at providing access to health services for Pinellas County's homeless population, but needs to focus more on improving coordination of care and health outcomes."
- 46% felt that mental illness was often a barrier; 23% felt that mental illness was always a barrier to accessing care on the MMU.

- 34% felt that substance abuse was often a barrier; 27% felt that substance abuse was always a barrier to accessing care on the MMU.
- 77% feel there are gaps in service provision, capacity and coordination of care for dually diagnosed patients (Medical and mental health) - (15.4% - major gap in service provision, 23% - insufficient capacity, 38% - gaps in coordination of care)

On May 31, 2014, the Tampa Bay Times newspaper wrote about the demands that individuals residing in Pinellas homeless shelters are putting on the EMS system by using it as a primary health care provider. The paper reported that the Safe Harbor homeless shelter has been one of the biggest users of the EMS since it opened in 2011, when it topped the list of EMS calls in the County with 537. In 2013, it was third on the list with 545 calls. Pinellas Hope was eleventh on the list with 356 calls. If you add the costs of the first responders and ambulance costs, the estimated total cost of Safe Harbor to Pinellas' EMS system was about \$502,048 in 2013.

Uninsured

According to 2013 CMS data for the Percent of Estimated Eligible Uninsured People for Outreach Targeting, there are approximately 3.4 million uninsured residents in Florida and approximately 156,534 uninsured residents in Pinellas County, 4.5% of the State's total. (<https://data.cms.hhs.gov/dataset/The-Percent-of-Estimated-Eligible-Uninsured-People/9hxb-n5xb>)

In 2014, of all HCH health center grantees, 43% (368,125) were reported to be uninsured. For the same time period within the Pinellas County HCH program, 98% of the 1,790 unduplicated patients served through the County's HCH program were uninsured. This has been a consistent percentage for the County over the past three years of patient data as reported in UDS reports.

Income & Poverty Level

In 2010 in Pinellas County, 31% of individuals were below 200% of the federal poverty level, up from 27% in 2000. Five-year estimates (2008-2012) from the American Communities Survey demonstrate that 29.2% of blacks and 10.9% of whites in Pinellas are below 100% of the federal poverty level.

In 2014, of all HCH health center grantees, 88.9% (629,809) of patients were reported to be at 100% and below of the FPL. Using client data from the County's HCH program, 99% of unduplicated patients were below 100% of the FPL in 2014.

2. Justification for the need for funding in the targeted area, including strengths and challenges

Behavioral health continues to be a pervasive concern within our communities, often affecting the physical health and safety of our most vulnerable citizens. A critical lack of funding has impacted the availability and integration of services and information sharing, inhibiting stability for many individuals. The result is a greater demand for deep-end, expensive crisis care and repeated entry into the criminal justice system and emergency rooms.

According to the SAMHSA, by 2020, mental and substance abuse disorders will surpass all physical diseases as a major cause of disability worldwide, and yet, Florida ranks 49th in the nation for behavioral health funding per capita at \$39.55 per person (Kaiser Family Foundation).

(Strengths) The need for additional services particularly for this population has been acknowledged not only by the providers, but the state and local government. As described below, the Governor, through Executive Order, included Pinellas County in a pilot program to conduct a comprehensive review of services and delivery and integration of those services. In addition, the County has recently initiated two programs: 1) a high utilizers pilot project and 2) an expanded cross-system coordination project to better connect providers to each other to send/receive referral information.

The County is coordinating these programs with the provider community through the leadership of the Health & Human Services Leadership Board, comprised of the following entities: The Pinellas County Board of County Commissioners, Florida State Attorney's Office, the Public Defender for the Sixth Judicial Circuit, Pinellas County Sheriff's Office, Pinellas County School Board, and the Juvenile Welfare Board.

State of Florida, Office of the Governor, Executive Order 15-175: On July 9, 2015, Governor Rick Scott issued an Executive Order which highlighted mental health reforms needed across Florida. This Executive Order expanded the initial pilot program started in Broward County to Pinellas County. The pilot program calls for an inventory of all programs available across agencies that address mental health needs. In the interest of improving the coordination and effectiveness of mental health services in Florida, the Department of Children and Families (DCF) will lead a comprehensive review of local, state, and federally funded behavioral health services and conduct an analysis of how those services are delivered and how well they are integrated with other similar and/or interdependent services within the community.

Pinellas County Behavioral Health Pilot for High Utilizers: In Pinellas County, a cadre of behavioral health providers and stakeholders has been actively engaged in the review of costs and cross-system impacts of high utilization populations. Efforts have focused on reviewing system processes and developing an integrated approach to help stabilize chronic populations. The partners have worked together to identify the top 33 utilizers of Pinellas County's public Baker Act facility and the County jail. These individuals were the most chronic users of these systems in 2014 and have not had success with being stabilized by providers. Collectively, these individuals spent an estimated 891 days in the hospital, a total of 925 bed-days in the public Baker Act facility, and 3,851 days in jail. Seventy-three percent (73%) of these individuals are homeless. The estimated hospital, behavioral health, and jail costs for these individuals exceeded \$2.4 million in 2014. As identified in the pilot project study, 73% of high utilizers are homeless. Patients with a behavioral health diagnosis as the primary diagnosis accounted for 11,093 (39%) of all Pinellas County ER visits in 2012[1], resulting in total ER costs of \$ 50,408,640.00. Many were using the ER for non-emergent reasons, such as medication refills or non-urgent illnesses. County data indicates that there were 6,764 total ER visits by 3,440 HS clients.

Pinellas County Cross-System Coordination Project: Each year thousands of mental health and substance abuse clients access Pinellas County’s behavioral health system. Coordinating care between these providers can be difficult and time consuming, slowing access to services and frequently resulting in incomplete clinical and medical information for the receiving agency. Accurate client information is critical for proper diagnosis and treatment planning. An agency and the client are at risk when lost and omitted information leads to an inaccurate diagnosis and inappropriate treatment. The County is now providing funding to behavioral health organizations to provide the technology and system coordination needed to improve coordination of care. In 2014, three organizations including 2-1-1 Tampa Bay Cares, Suncoast Center, Inc., and PEMHS contracted with Netsmart Technologies’s CareConnect product to send referrals and coordinate care through the use of shared demographic and Continuity of Care (CCD) documents. It provides a secure way to exchange clinical and administrative information. Additionally, by utilizing standards like CCD, the software will allow each agency to exchange information with the Pinellas County Health Program, and the Florida Department of Health. The County is now expanding access to CareConnect with an additional four (4) providers. Through connectivity between stakeholders, providers will have real-time information, with a complete history of treatment and services provided to their patients. Integrated data will be available for analyses to inform systems practices and improvements, leading to improved outcomes.

(Challenges) The criminal justice and behavioral health providers consistently identify lack of timely access to income and other benefits, including health insurance, as among the most significant and persistent barriers to successful community reintegration and recovery for people with serious mental illnesses and co-occurring substance use disorders. Too often, without the proper interventions, individuals with mental health and substance abuse concerns can get caught in an endless cycle of behavioral health crises, emergency room, and justice system contacts. Access to community-based services is vital to helping stabilize individuals with behavioral health concerns.

3. Impact of the problem on the identified population

Jail Data

The National Alliance of Mental Illness in Florida states that individuals with mental health conditions are significantly overrepresented in the prison and jail population. In a recent five-site study of jail populations, researchers found rates of serious mental illnesses that are three to six times more than those found in the general population. Approximately 20 percent of state prisoners and 21 percent of local jail prisoners have a recent history of a mental health condition.

The Pinellas County Jail is the only jail in Pinellas County and serves all law enforcement agencies. The jail complex houses an average daily population topping 3,000 inmates, including pre-trial and sentenced offenders. The Pinellas County Jail is the 28th largest jail in the nation, and is nationally accredited by Detention and Inmate Healthcare professional associations.

USF's Baker Act Reporting Center produces the Annual Report of Baker Act Data for the state. The *Summary of 2013 Data* indicates that involuntary mental health exams totaled **171,744**, a **9.15%** increase over 2012 and a **72.14%** increase over 2002. Pinellas County accounted for **10,286** involuntary 'Baker Act' examinations in 2013 with **50%** of the Baker Act referrals come from law enforcement encounters. Baker Act examinations increased significantly more than the population of the state between the years 2002 and 2013. While Florida's population age 5 and over increased approximately 15%, the Baker Act involuntary examinations increased **70%** during the same time period.

In addition to mental health, substance abuse remains a critical area of concern. In the six months from January through June 2014, Pinellas County had **806** individuals brought to the jail for involuntary protective custody due to substance abuse under the Florida Marchman Act.

Pinellas County providers offer services across the mental health continuum from prevention to long-term residential services with supportive services. County funding supports crisis bed capacity for Baker Acts, forensic outreach mental health & substance abuse, adult substance abuse detox, drug court diversion, behavioral health jail diversion, the Public Defender's behavioral health Incompetent to Proceed program, and integrated behavioral healthcare in the county's medical homes and FQHC Healthcare for the Homeless program.

In FY 2012-2013, treatment was provided to over 60,000 (unduplicated count) Pinellas County residents served by Westcoast Integrated Network (WIN) providers. Nearly 80,000 additional residents received outreach and screening services.

Substance Abuse/Overdose Deaths

In Pinellas County, from 2007-2010, deaths from accidental overdoses of prescription drugs outpaced those from heroin in the 1970s and crack cocaine in the 1980s. While prescription related deaths have declined since their peak in 2010, Pinellas is still struggling to address this significant addiction issue. In 2014, the Pinellas County Medical Examiner reported the following deaths among those cases testing positive for drugs: 393 alcohol, 88 hydrocodone, 126 oxycodone, 75 methamphetamine, and 98 cocaine, indicating that the problem still exists.

Psychiatric Emergency Care

BayCare is the largest provider of psychiatric services within the Tampa Bay area, and provides extensive acute inpatient hospital services at three separate hospitals within Pinellas County. With a total of 104 inpatient beds this service provides care for over 5000 patients annually including pediatric, adult and geriatric patients. Over ten percent (10%) of inpatient services provided by BayCare within the Pinellas County is uncompensated in nature and provides care to the indigent and homeless population.

Homeless and Emergency Room Use

The Tampa Bay Times newspaper reported in May 2014 how the Safe Harbor homeless shelter has been one of the biggest users of the EMS since it opened in 2011, when it topped the list of EMS calls in the County with 537. In 2013, it was third on the list with 545 calls. Pinellas Hope was eleventh on the list with 356 calls. Many of these calls could be diverted if the proper, non-emergency medical services were available.

4. Prevalence of issues that exist within the county or areas proposed

Within the service area, homeless individuals cycle through jail, the emergency room, and psychiatric hospitalizations.

Psychiatric hospitalizations

BayCare hospitals have a dedicated psychiatric emergency department which is utilized for screening patients to determine the most appropriated level of psychiatric care.

- St. Anthony’s Hospital provides contact to over 2,500 patients in the psychiatric emergency department annually while providing inpatient services to over 2,000 patients annually within a 50 bed capacity. Services include adult and geriatric acute care.
- Mease Dunedin Hospital provides contact to over 1,800 patients in the psychiatric emergency department annually while providing inpatient services to 1800 patients annually within a 32 bed capacity. Services include geriatric, adult and pediatric inpatient acute care.
- Morton Plant Hospital- provides contact to over 1,300 patients in the psychiatric emergency department annually while providing inpatient services to 1,200 patients annually within a 22 bed capacity. Services include adult acute care.

5. Previous and current efforts (including any outcomes) undertaken to address issues related to community and primary care services including any collaborations with health entities, local governmental agencies, civic associations and others that show experience with the identified problem and target groups.

In 2014, the health center received additional funding to expand medical services at the county’s largest homeless shelter, which also received the highest number of EMS calls. Previously, the health center’s mobile van would provide services one day per week at the shelter. Often times, EMS services are called upon for non-urgent medical concerns that could have been addressed by primary care or preventive care services. By co-locating this medical team within the shelter, barriers including transportation and available of access has been greatly reduced. This partnership involved the Pinellas County Sheriff’s Office, the Florida Department of Health in Pinellas County, and the County Safety and Emergency Management Services.

The County hopes to employ this same model addressing behavioral health and substance abuse by adding new co-located behavioral health specialists and care coordinators for immediate access in areas where there are high concentrations of homeless individuals.

6. The source(s) of all data and statistics used to validate the need

The Pinellas County Health Care for the Homeless program reports all operational and clinical data via the UDS Reporting system required annually by the U.S. Department of Health &

Human Services, Health Resources and Services Administration. This data is specific to the health center and can be compared to state and national health center grantee data. (<http://bphc.hrsa.gov/uds/datacenter.aspx?q=d>)

The Pinellas County Point in Time Count is conducted by the Pinellas County Homeless Leadership Board as required by the U.S. Department of Housing & Urban Development for Continuum of Care providers. (<http://pinellashomeless.org>)

BayCare provided data regarding psychiatric emergency department use in 2014.

The Central Florida Behavioral Health Network (CFBHN) provided data on the high utilizer population in Pinellas County. CFBHN is a not for profit 501 (c) (3) community services network that contracts with over 84 providers in a fourteen county geographic service area to provide a full array of mental health and substance abuse services funded as a managing entity by the Department of Children and Families. CFBHN has access to data from its providers including the Pinellas County Sheriff's office and matches behavioral health and jail data to analyze cross-utilization patterns and track high utilizer clients. (<http://www.cfbhn.org/Pages/default.aspx>)

National Alliance for Mental Illness in Florida (www.namiflorida.org) NAMI Florida is the state affiliate of the National Alliance on Mental Illness and has its headquarters in Tallahassee, FL. We have 36 affiliates in communities across Florida providing education, advocacy, and support groups for people with mental illnesses and their loved ones. Each affiliate includes family members, friends, professionals, and consumers whose lives have been impacted by mental illness. Affiliates also help members access psychiatric services, treatment, benefits, medication, and housing.

The Pinellas County Data Collaborative was established in 1999 pursuant to Chapter 163.62 Florida Statutes, which allows governmental and certain private agencies to share information. The mission of the Data Collaborative is to improve the delivery of behavioral health services to Pinellas County residents by encouraging information sharing among key community providers, government agencies and educational institutions. The County provides funding to USF-Florida Mental Health Institute to support the Data Collaborative by obtaining, maintaining, analyzing and reporting information from multiple sources (health care, behavioral health, justice system and human services) in order to better understand cross-system utilization, patterns and trends. Aggregate data are then used to improve planning and policies across these sectors. Key partners include Pinellas County Board of County Commissioners, the Pinellas County Juvenile Welfare Board, Pinellas County Sheriff's Office, the Pinellas County State Attorney and Public Defender- Sixth Judicial Circuit Court, the Central Florida Behavioral Health Network, and the Florida Department of Children and Families.

7. Sources of other funds currently received by the applicant to support proposed activities. Explain how funding requested under this program will be used differently than the funding already received for the proposed activities.

As a federally funded health center grantee, about 1/3 of the center's operating funds come from the U.S. Department of Health and Human Services, Health Resources and Services

Administration (HRSA). The County provides general fund revenue for the remaining expenses of the program for care. Services provided include primary care, specialty care and dental services. The County, through a sub-contract of the Florida Department of Health in Pinellas County, provides behavioral health services with Directions for Mental Health, Inc., d/b/a Directions for Living.

Currently, the health center clinical staff will conduct a behavioral health screening on all clients annually. Results from this screening may indicate need for a referral to the contracted behavioral health provider. Due to the nature of our mobile health center program, the clients must travel to the provider to receive a further, more in-depth assessment and treatment. As previously indicated, this population faces many barriers to treatment including transportation which often delays or deters the patient from getting the services needed. Therefore, when patients don't receive the preventive or maintenance treatment necessary, they often end up in the emergency room or jail.

This funding opportunity would focus on immediate on-site stabilization for individuals in crisis and coordinated follow-up care and warm hand-off for patients that would mitigate the barriers faced by this hard to reach, transient population. Funding would go toward additional on-site behavioral health specialists that will be able to assess potential emergency room calls and coordinate care with the existing contracted provider and/or emergency room if necessary. The co-location, expanded hours, and pro-active outreach to these clients where they are is the standard of service we hope to achieve with additional funding.

8. Identify other programs operating in the county serving the same population proposed to be served under this project. Applicants should explain how it proposes to avoid duplication of existing services and how the proposed program will enhance or differ from services provided by existing services.

Health center patients seeking the assistance of the proposed services may or may not be in treatment in other community based programs. Part of the clinical assessment will include ascertaining if the patient is in treatment by referral back to treatment in that facility with a release of information if immediate intervention is not required. The key to the proposed program is emergency room diversion by providing additional co-located staff to serve the immediate needs. This new program means that patients will not have to go the extra step to receive care.

The following programs are operating in Pinellas County and are collaborative partners with the County in addressing issues and trends:

Baker Act: Crisis Stabilization Unit

Personal Enrichment through Mental Health Services (PEMHS) provides 59 Adult beds for Adult Crisis Stabilization (CSU) in Pinellas County. Additional beds were opened in 2008 to meet increased demand for Baker Act beds in St. Petersburg. PEMHS continues to operate with an average 86% utilization rate (Fiscal Year (FY) 2013), and conducted 10,286 Baker Acts in 2013. Approximately 20% of individuals have more than one admission. The cost of treatment in a CSU bed is approximately \$300 per night.

BayCare Behavioral Health provides beds for Baker Act patients including:

- St. Anthony's Hospital provides contact to over 2,500 patients in the psychiatric emergency department annually while providing inpatient services to over 2,000 patients annually within a 50 bed capacity. Services include adult and geriatric acute care.
- Mease Dunedin Hospital provides contact to over 1,800 patients in the psychiatric emergency department annually while providing inpatient services to 1800 patients annually within a 32 bed capacity. Services include geriatric, adult and pediatric inpatient acute care.
- Morton Plant Hospital- provides contact to over 1,300 patients in the psychiatric emergency department annually while providing inpatient services to 1,200 patients annually within a 22 bed capacity. Services include adult acute care.

Suncoast Center Inc: Forensic Outreach Mental Health and Substance Abuse Program

The Forensic Focused Outreach Program is a jail diversion and reintegration program targeting individuals with mental health and co-occurring substance abuse disorders who are involved with the criminal justice system. Suncoast offers outreach and services at program offices located throughout Pinellas County, and accepts referrals from both the human services community at large, law enforcement and the courts system.

The Forensic Focused Outreach Program works to create individual transition plans which include: 1) an assessment of clinical needs and social needs public safety risk; 2) planning for needed treatment and services; 3) identifying post-release services; and 4) coordination among agencies to avoid gaps in care. In addition, the program provides follow-up care for those individuals who have completed their sentences at state prisons and are being released into the county.

Operation PAR: Adult Substance Abuse Detox

Operation PAR provides integrated substance abuse and mental health services, utilizing evidence-based and best practices throughout its service delivery. Operation PAR's Inpatient Detoxification program provides 24 hour medically monitored alcohol and/or drug detoxification and stabilization, physical health screens, comprehensive bio-psychosocial assessments, psychiatric evaluations as needed, individual and group counseling, addiction education, relapse prevention and referrals for additional treatment and social services.

Westcare-Turning Point: Adult Inebriate Receiving

The Turning Point Homeless & Substance Abuse Emergency Shelter provide police referral receiving, assessments & referrals, crisis intervention, physical health and mental health referrals, substance abuse education, peer support groups, life skills training and housing and employment placement services. Turning Point is the sole source provider for homeless inebriated clients arriving directly from the street. Turning Point provides twenty four hour a day intake and intervention services to screen and assess homeless individuals with substance abuse and mental health disorders, provides crisis intervention services while engaging the

individual in the treatment process, and provides integrated health, mental health and substance abuse services.

Public Defender's Office: Jail Diversion Program

The Pinellas County Jail Diversion Program helps individuals whose legal involvement may be a result of untreated mental illness or co-occurring mental health and substance abuse disorders. This is a short-term program designed to help stabilize and link clients to more traditional treatment methods in order to reduce their criminal incidents and length of incarceration. The Jail Diversion Program has diverted over 3,500 clients with an 89% success rate. The Pinellas County Sheriff's Office has continuously voiced support for the placement of inmates to appropriate community-based facilities, as opposed to the Pinellas County Jail. The cost per day to house an inmate in the Pinellas County Jail is \$106. Mentally ill clients, however, generate a higher cost per day than other inmates because of the need for medication, treatment and special care to avoid disruption.

PROVISION OF SERVICES

1. Activities to be conducted as a result of this funding including the timeframes for implementation. Describe all strategies to be used for policy initiatives, prevention, intervention, education and outreach.

The health center is seeking funds to divert clients from visiting the emergency room when less expensive, more readily available, coordinated behavioral health and medical care could be available in locations where the homeless population is served.

Activities include hiring four additional behavioral health specialists, one case manager and one medical nurse, co-locating the staff at sites served by the health center, and developing a seamless transition between clinical and contracted staff that includes proper documentation, procedures, referral tracking and coordination.

Upon award, the County will contract with and amend existing contracts to allow for the hiring of additional behavioral health specialists and coordinators within 30-45 days of award. BayCare Behavioral Health and Directions for Living are the identified providers for the behavioral health services and staff. The Florida Department of Health will provide an additional medical nurse to the clinical staff for evening and weekend hours. BayCare is the largest provider of psychiatric services within the Tampa Bay area, and provides extensive acute inpatient hospital services at three separate hospitals within Pinellas County. Directions for Living is the current contracted behavioral health provider for the health center and provides behavioral health and substance abuse treatment.

Immediately upon hiring the staff necessary for implementation of the program, up to 10 days of training and location set-up will be provided to the new staff to include policies and procedures, and the necessary implementation site prep as needed.

The County anticipates making services available within 60 days (by December 1st) or sooner to begin serving clients.

2. An explanation of how activities will be implemented and to whom. Include the intended focal population, the total number of unduplicated individuals that will benefit from each activity, the areas served or locations in which activities will commence.

Approximately 300 patients, primarily uninsured, low-income homeless adults without children, will receive treatment services through this program through June 30, 2016.

Service sites include the Safe Harbor homeless shelter (Largo) until Bayside Health Clinic opens to clients in the spring of 2016. Bayside Health Clinic is a new health center site under construction immediately adjacent to the homeless shelter. The additional staff will also be co-located at sites where the Mobile Medical Van visits daily. These sites include Pinellas Hope, a homeless shelter serving 250 people daily also in Largo; St. Vincent de Paul in Clearwater and in St. Petersburg; and the Salvation Army in St. Petersburg.

3. Strategies to address potential barriers to the provision of the activities proposed.

In order to address any potential barriers to the provision of the activities, the County, along with its partners, has already begun to move forward on any necessary implementation steps. Mechanisms are in place to hire and train staff for the program, in addition to a system for coordinating care and tracking referrals. Key to the success of this program is training for all staff and specifically for the behavioral health staff in proper triage and referral. The County is in the process of identifying office space in locations where the MMU serves the target population so as to be able to provide the necessary services. The logic model has been completed by qualified staff at the County and submitted with this grant application. Weekly meetings have been set up to coordinate the program. Community outreach and education will be provided to let the community know that these services are available.

4. A description of plans to collaborate with organizations and health care systems to conduct proposed activities.

The County will collaborate with the Florida Health Department in Pinellas County, Directions for Living, and BayCare Behavioral Health to conduct the proposed activities. Staff from the DOH, Directions, and BayCare will be located at Safe Harbor and health center locations to provide behavioral health services, triage, screening, assessment, and short term treatment. Medication management will be provided by a combination of DOH and Directions staff, in addition to health center staff. If needed, other services can be accessed through the BayCare system.

5. Lists of intended outcomes or specific changes expected as a result of program activities.

The program intends to provide 300 patients with behavioral health and substance abuse interventions, access to care, crisis management, stabilization, referral to treatment, and short term treatment through the use of behavioral health specialists. One hundred percent of the patients served will receive, at a minimum, evaluation and referral for on-site or of-site treatment. Over the past two years, more than 900 unique health center patients have received treatment for behavioral health issues. This treatment has consisted of referrals to and counseling by mental health counselors. Based on the higher prevalence of behavioral health disorders in the homeless population, it is expected that at least one-third of these patients (300 patients) will require behavioral health intervention by the specialists. It is projected that 50% of patients will receive short term counseling for a duration of six weeks. Expected outcomes include a reduction in emergency room visits by 50% for behavioral health related codes, and by 15% for medical related codes during evening and weekend hours.

6. A description of activities, actions and strategies that will be undertaken to achieve objectives including timelines with beginning and end dates, and the persons responsible for each activity.

Activity	Action	Start Date	End Date	Person Responsible
Contract Amendments	County HS to initiate contract amendments, review, and approvals	10/21/2015	12/15/15	Tim Burns, Division Director, Planning & Contracts, Human Services
Hiring of new staff	Behavioral Health Specialists (3.0 FTEs)	10/21/15	11/15/15	Gail Ryder, BayCare Behavioral Health
	Behavioral Health Specialists (1.0 FTE) Navigator/Coordinator (1.0 FTE)	10/9/15	11/15/15	April Lott, Director, Directions for Living
	Medical Nurse (0.5 FTE)	10/9/15	11/15/15	Patricia Boswell, Assistant Director, FL DOH
Staff Training & Coordination of Care	Introduction to health center program, coordinating hours of care, and referral tracking procedures, including UDS reporting and clinical records.	11/15/15	12/1/15	Chitra Ravindra, M.D., Medical Director, and Andrew Wagner, Public Health Services Manager, FL Dept. of Health in Pinellas
On-Site Coordination w/Homeless Shelters & Providers	Ensuring access to office space or space for the additional mobile van parking along with any logistics/supply needs	10/21/15	12/1/15	Daisy Rodriguez, Health Care Administrator/ Project Director, Human Services Dept.
Logic Model for Performance Outcomes and Measures	Finalize proposed logic model with performance measures identified	10/21/15	12/1/15	Stephanie Reed, Ph.D., Strategic Planning & QA Section Chief, Human Services Dept.
Program Coordination	Weekly meetings	10/23/15	12/31/15	Daisy Rodriguez, Health Care Administrator/ Project Director, Human Services Dept.
	Bi-Weekly meetings	1/1/16	6/30/16	Daisy Rodriguez, Health Care Administrator/ Project Director, HS

7. The mechanism that will be used by the program to document and measure its progress toward meeting programmatic objectives and program effectiveness. Specific indicators and measures must be provided.

A logic model has been created for the proposed outcomes identified by the program. If funded, the logic model will be finalized and used to measure performance of the identified contractors related to the programmatic objectives. The logic model identifies short-term and long-term objectives and specific quantitative measures for each objective including:

Monthly assessment of grant activities will include the following measures:

Short-term Results/Outputs

- # unique individuals seen by behavioral health specialists by location
- # encounters provided by behavioral health specialists by location
- #/% of patients assessed by behavioral health specialists with aggregate results of assessments by location
- #/% of patients sent to ER for treatment
- #/% of patients sent to other treatment facilities by location (e.g., Crisis Stabilization Unit, substance abuse treatment facility – long or short term, etc.
- # referrals to Directions for Living for counseling/ follow-up
- # Days to counseling/follow-up visit after being seen for crisis intervention

Intermediate Results

- #/% of patients with behavioral health screening completed by primary care provider (Goal 100%)
- #/% of patients requiring stabilization will be stabilized by behavioral health specialists on site (Goal 50%)
- #/% of patients evaluated/assessed for behavioral health intervention on-site (Goal 100%)
- #/% of patients referred to long term treatment/counseling (Goal 100%)

Quantitative and qualitative data are collected and stored in the County's electronic health record, Nextgen. Data from this new intervention will also be recorded in Nextgen, and routinely analyzed to monitor and assess trends in patient care. The County currently tracks the following performance measures for all patients, and will augment as indicated above to demonstrate the outcomes of the services available through this funding.

Stephanie Reed, Ph.D., Strategic Planning and Quality Assurance Section Chief, Human Services will collect, monitor and report progress to the program team monthly.

8. The roles and responsibilities of other organizations involved with implementing the project.

Pinellas County Human Services administers and has overall responsibility of the health center program. The program is governed by both the Board of County Commissioners and the Mobile Medical Unit Advisory Council. Daisy Rodriguez, Health Care Administrator, serves as the Project Director of the health center program. HS is responsible for all administrative and governance aspects of the program including contracting, reporting, grants management and compliance, and overall strategic direction of the health center program.

Pinellas County subcontracts with the Florida Department of Health for primary, specialty and dental care services. The DOH then subcontracts with a full network of providers for services including behavioral health and substance abuse, and pharmacy services. Dr. Chitra Ravindra, Florida Department of Health, is the Medical Director overseeing the health center program. DOH is responsible for clinical quality assurance and operations of the on-site medical van, Safe Harbor clinic, medical staff and training, and coordination of care among contracted providers.

BayCare and Directions will be contracted for the service provisions outlined in this funding opportunity. BayCare will hire 3.0 FTE behavioral health specialists and provide ongoing supervision through a program manager who will be available throughout the duration of the program. BayCare staff will be co-located at the designated sites and will be responsible for reporting program data and participating in the program team monitoring the program's outlined objectives.

Directions for Living is the current subcontractor for behavioral health and substance abuse services under the Florida Department of Health. Directions will provide one full time behavioral health specialist and Case Manager to connect individuals to long-term care, discharge and follow-up after stabilization from the various health center sites. Directions will be responsible for reporting program data and participating in the program team monitoring the program's outline objectives.

Together, all the contracted and governing bodies will work together to oversee implementation of the program, screen, diagnose, and refer the individuals in need to the appropriate service contractor. Each contracted party will be responsible for reporting performance outcomes and working to identify any barriers or challenges faced by the patients. For the first 60 days of implementation, the parties will meet weekly to review program objectives and outcomes. The team will then meet bi-weekly through June 30, 2016.

9. A description of how the program will be staffed, (e.g., paid staff and/or volunteers, consultants and subcontracts). Identify the number and type of positions needed, which positions will be full-time and which will be part-time, and qualifications proposed for each position, including type of experience and training required. Applicant must explain how staff and volunteers are recruited as well as how consultants and subcontracts are procured.

Pinellas County contracts with the vendors for services identified in the proposal. Each contract will be amended to incorporate the additional service provisions and budget outlined herein. The County adheres to all County policies for procurement of services.

The program will be staffed with behavioral health specialists at various locations. There will be one full-time FTE at the Safe Harbor homeless shelter on the shelter premises in a van provided by BayCare Behavioral Health during normal operating hours, 8:00 am – 4:00 pm. A second full-time behavioral health specialist will be located inside the shelter during night and weekend hours. One full-time behavioral health specialist will also “follow” the health center’s medical van (MMU) and provide services to patients where the MMU provides medical services.

Directions for Living is the current subcontractor for behavioral health and substance abuse services under the Florida Department of Health. Directions will provide one full time behavioral health specialist and Case Manager to connect individuals to long-term care, discharge and follow-up after stabilization from the various health center sites. Directions will be responsible for reporting program data and participating in the program team monitoring the program’s outline objectives.

Finally, a medical nurse will also be available on the Safe Harbor campus nights and weekends to be available for triage and diversion.

Pinellas County Staffing Plan			
Position	FTE	Contractor	Qualifications
Licensed Mental Health Clinician	1.0	BayCare Behavioral Health	<ul style="list-style-type: none"> • Master’s degree in Counseling, Psychology, Social Work or related field required.
Masters Level Practitioner	2.0	BayCare Behavioral Health	<ul style="list-style-type: none"> • Master’s degree in Counseling, Psychology, Social Work or related field required.
Program Manager	0.3	BayCare Behavioral Health	TBD
Therapist	1.0	Directions for Living	<ul style="list-style-type: none"> • Master’s degree in Counseling, Psychology, Social Work or related field required. • Licensed Practitioner of the Healing Arts or License Eligible Required • Must have sufficient clinical knowledge to provide clinical intervention with adults and children who manifest a range of psychopathology, utilizing various treatment approaches including individual, family play, and group therapy, individual

			psychopathology and normal childhood development.
Case Manager	1.0	Directions for Living	<ul style="list-style-type: none"> • Bachelor’s degree in Human Services from an accredited college with a minimum of one year of previous experience working with adults and children with serious persistent mental illness. • Completion of Targeted Case Management Certification required. • Proficiency in completing progress notes, treatment plans, and pertinent information concerning the consumer required.
Registered Nurse	1.0	FL Dept. of Health in Pinellas County	<ul style="list-style-type: none"> • Florida Nursing License, Maintain current CPR certification every two years. Position requires a valid Florida Driver’s License and access to private transportation.

10. Applicants must submit a work plan listing the objectives for implementation of proposed activities, including activities which will be conducted to meet each objective per month, methods used to assess whether or not objectives are met, timeframe, and person responsible for carrying out each activity. All awardees will be expected to submit an updated workplan in the frequency specified in the awardees Agreement.

Pinellas County Board of County Commissioners AHCA Community & Primary Care Services Project Work Plan				
Objective: The program will be <u>implemented</u> and delivering services to clients within 60 days of award.				
Activity	Timeframe	Measure	Method	Person Responsible
Contracts Amended for Identified Providers	By December 31, 2015	BCC Approves Contract Amendments	Contract review according to County Policy & Procedure	Tim Burns, Planning & Contracts, HS
Identified personnel are hired by contractors	By November 1, 2015	100% of positions filled within 45 days of grant award	Vendors to recruit for positions	Contracted Vendors

Train Staff	By December 1, 2015	100% of staff trained in grant activities	Scheduled trainings provided by health center	Chitra Ravindra, M.D., Medical Director, DOH
On-Site Coordination w/Homeless Shelters & Providers	By December 1, 2015	100% of new staff are accommodated and ready to start at sites identified	HS staff to make arrangements with identified sites	Daisy Rodriguez, Health Care Administrator/ Project Director, HS
Objective: Reduce ER Visits				
Activity	Timeframe	Measure	Method	Person Responsible
Co-location of behavioral health specialists with primary care providers.	Through June 30, 2016	Reduce # of EMS transports for behavioral health related codes	Compare number of EMS calls at baseline and number of EMS calls each month	Baycare
Appropriate patients referred to behavioral health specialists as indicated by BH screening or as indicated by primary care provider	Through June 30, 2016	Reduce # of EMS transports for behavioral health related codes	Compare number of EMS calls at baseline and number of EMS calls each month	Baycare
Addition of registered nurse to provide after hours and weekend triage and ER diversion		Reduce # of EMS transports for medical health related codes for evening and weekend hours	Compare number of EMS calls at baseline and number of EMS calls each month	DOH
Referral made to appropriate behavioral health provider as needed	Through June 30, 2016	Increase # patients sent to other treatment facilities by location as appropriate	Tabulate counts from electronic health records	Baycare
Crisis intervention and assessment provided by behavioral health specialists as needed	Through June 30, 2016	Increase # patients sent to other treatment facilities by location as appropriate	Tabulate counts from electronic health records	Baycare
Objective: Improve Coordination of Care for Behavioral Health Services				
Activity	Timeframe	Measure	Method	Person Responsible

Client Screening	Through June 30, 2016	100% of clients receive a behavioral health screening	Screening provided by primary care provider at medical visit	Primary Care staff
Care Coordination	Through June 30, 2016	#/% referrals to Directions for Living for counseling/follow-up	Tabulate counts from electronic health records	BayCare
Care Coordination	Through June 30, 2016	# days to counseling/follow-visit after being seen for crisis intervention	Tabulate time from electronic health records	Directions
Objective: Improve access to medical care after normal operating hours				
Activity	Timeframe	Measure	Method	Person Responsible
Access to Care	Through June 30, 2016	#/% of patients seen by medical nurse after normal operating hours	Tabulate counts from electronic health records	DOH
Objective: Reduce EMS transports from health center designated sites				
Activity	Timeframe	Measure	Method	Person Responsible
Screen and Assess Clients in Crisis	Through June 30, 2016	#/% unique individuals seen by behavioral health specialists by location	Tabulate counts from electronic health records	BayCare
	Through June 30, 2016	#/% encounters provided by behavioral health specialists by location	Tabulate counts from electronic health records	BayCare
	Through June 30, 2016	#/% patients assessed by behavioral health specialists	Tabulate counts from electronic health records	BayCare

EVALUATION PLAN

- 1. Successful applicants will evaluate the implementation of and measure outcomes of proposed activities. This will include monthly reporting on the strategies identified in the proposed work plans. Evaluation activities may also include quantitative and qualitative assessments of service participation, and, where possible, increase in knowledge, intended behavior modification, or noted improvements in quality of life measures as a result of participation in the activities proposed.**

The activities outlined in this proposal will be evaluated during implementation and at least monthly to measure program efficiency and production of desired outcomes. The evaluation process will include monthly data collection and reporting of short-term, and intermediate outputs and results, and quarterly reporting of longer-term results.

Evaluation activities will include analysis of data from the electronic health record, with quantitative assessment of encounters and services provided, and improvements in outcomes over time. Qualitative assessments will capture patients' satisfaction with services, increased knowledge of their behavioral health conditions, and enhanced quality of life. A survey instrument will also be created capture improvements in coordination of primary health and behavioral health care at startup and at end of grant period.

- 2. The evaluation must clearly articulate how the applicant will evaluate program activities. It is expected that evaluation activities will be implemented at the beginning of the program in order to capture and document actions contributing to program outcomes. The evaluation must be able to produce documented results that demonstrate whether and how the strategies and activities funded under the program made a difference in the improvement of community and primary health care. The evaluation should identify the expected result (e.g., a particular impact or outcome) for each major objective and activity and discuss the potential for replication.**

Quantitative assessments will be used to assess the implementation phase and specific grant activities. Assessment of the implementation phase will include the following measures:

- Percent of positions filled within 45 days of grant award (Goal 100%)
- Percent of staff trained in grant activities (crisis intervention, patient flow, medical/behavioral health care integration) (Goal 100%)
- Proposed services available to target population within 60 days of grant award (Goal - All)

Data on patients serviced will continue to be entered into Nextgen, the electronic health record, so data will be available from the beginning of the project. Monthly assessment of grant activities will include the following measures:

Short-term Results/Outputs

- # unique individuals seen by behavioral health specialists by location

- # encounters provided by behavioral health specialists by location
- #/% of patients assessed by behavioral health specialists with aggregate results of assessments by location
- #/% of patients sent to ER for treatment
- #/% of patients sent to other treatment facilities by location (e.g., Crisis Stabilization Unit, substance abuse treatment facility – long or short term, etc.
- # referrals to Directions for Living for counseling/ follow-up
- # Days to counseling/follow-up visit after being seen for crisis intervention

Intermediate Results

- #/% of patients with behavioral health screening completed by primary care provider (Goal 100%)
- #/% of patients requiring stabilization will be stabilized by behavioral health specialists on site (Goal 50%)
- #/% of patients evaluated/assessed for behavioral health intervention on-site (Goal 100%)
- #/% of patients referred to long term treatment/counseling (Goal 100%)

Quarterly and end of grant period assessment of activities will include the following measures:

- Reduction in EMS transports for behavioral health related codes from Safe Harbor homeless shelter site (Goal 50%)
- Improved coordination of care among behavioral health providers on site and off site, as evidenced by:
 - decrease in number of crises among target population over baseline at startup
 - decrease in time for patients to be seen for counseling over baseline
- Improved coordination of care between Primary care and behavioral health care providers as evidenced by:
 - Improved identification of patients requiring intervention by medical providers
 - Assessment of behavioral health integration at each site using a recognized assessment tool (samhsa.gov)
- Patients will report increased knowledge of his/her behavioral health condition via survey. (Goal 75%)
- Results of satisfaction surveys will be reported monthly

Each of the proposed activities and measurements of this project have the potential for replication in a health care facility. Co-location of behavioral health services with primary care services requires an understanding of the linkage between behavioral health and physical health, and how both conditions may be exacerbated when left untreated. The target population of this project is homeless; therefore, the scale of replication may differ among the general population. The homeless population is more likely to suffer from mental health and substance abuse conditions, and more likely to be dually diagnosed as having medical and behavioral health conditions than the general population. Therefore, there may be a greater need for co-location of crisis intervention of this type with primary care services.

BUDGET SUMMARY AND BUDGET NARRATIVE

Pinellas County will contract with two vendors identified within the proposal. The budget outlined below includes contractual staff, supplies, travel, and other expenses.

Travel: Funds for the behavioral health specialists have been set aside for mileage as needed to pro-actively meet the clients at the locations identified by the health center.

Supplies: Funds for office supplies for the new staff have been identified.

Contractual Staff: As outlined in the proposal, the County will contract for 4 behavioral health specialists, 1 Case Manager, and 1 Nurse. The budget includes salary, fringe and administrative costs.

Other: This category includes services for interpretation, purchase of computer equipment and the necessary software and protections needed. A mobile van will be utilized to provide space for counseling at designated sites. The new contractual staff will be equipped with cell phones. Transportation funds have been designated to reduce barriers for clients reaching the services needed.

EXPENSES	Year 1		
	State Funding	Other Resources	Total
PERSONNEL (Pinellas County will contract with key providers in the community for identified services, please see contractual budget)			
NOT APPLICABLE			
TOTAL PERSONNEL	\$0	\$0	\$0
FRINGE BENEFITS			
NOT APPLICABLE			
TOTAL FRINGE	\$0	\$0	\$0
TRAVEL			
TRAVEL (200 miles per month @ .575 cost per mile x 12 months – 5 FTE)	\$6,900	\$0	\$6,900
TOTAL TRAVEL	\$6,900	\$0	\$6,900
EQUIPMENT (Include items of moveable equipment that cost \$5,000 or more and with a useful life of one year or more)			
NOT APPLICABLE			
TOTAL EQUIPMENT	\$0	\$0	\$0
SUPPLIES			
Office Supplies (\$38/mo x 5.0 FTE x 12 months)	\$2,280	\$0	\$2,280
TOTAL SUPPLIES	\$2,280	\$0	\$2,280
CONTRACTUAL (Contractual rates include salary, fringe and indirect costs per provider)			
Behavioral Health Staff (BayCare Health System)			
- Licensed Mental Health Clinician (1.0 FTE)	\$89,137	\$0	\$89,137
- Masters Level Practitioner (2.0 FTE)	\$138,658	\$0	\$138,658
- Program Manager (0.3 FTE)	\$39,923	\$0	\$39,923

EXPENSES	Year 1		
	State Funding	Other Resources	Total
<i>(Directions for Living)</i>			
- Therapist (1.0 FTE)	\$58,677	\$0	\$58,677
- Case Manager (1.0 FTE)	\$45,638		\$45,638
Medical Staff <i>(Florida Department of Health)</i>			
- Nurse (1.0 FTE)	\$76,259	\$0	\$76,259
TOTAL CONTRACTUAL	\$448,292	\$0	\$448,292
OTHER			
(Include detailed justification. Note: Federal funding CANNOT support construction, fundraising, or lobbying costs.)			
Interpretive Services (\$70/mo, 2 hr min)	\$840	\$0	\$840
Laptop Computer Bundle (includes purchase of computer, EHR software, wifi, antivirus) (5 FTE @ \$2,000 each)	\$10,000	\$0	\$10,000
Mobile Van (4 quarters/yr @ \$864.75/qtr)	\$12,090	\$0	\$12,090
Cell Phone (5 FTE x \$200/yr)	\$1,000	\$0	\$1,000
Cellular Air Time (5 FTE x \$60/mo x 12 months)	\$3,600	\$0	\$3,600
Transportation (Bus Passes/Cab Fare)	\$2,000	\$0	\$2,000
TOTAL OTHER	\$29,530	\$0	\$29,530
TOTAL DIRECT COSTS	\$487,002		\$487,002

ATTACHMENT A REQUIRED STATEMENTS

1) STATEMENT OF NO-INVOLVEMENT

I hereby certify my company had no prior involvement in performing a feasibility study of the implementation of the subject Grant, in drafting of the Request for Application or in developing the subject program.

Mark J. Woodard
Signature of Authorized Official

9/30/15
Date

2) NON-COLLUSION CERTIFICATION

I hereby certify that all persons, companies, or parties interested in the response as principals are named therein, that the response is made without collusion with any other person, persons, company, or parties submitting a response; that it is in all respects made in good faith; and as the signer of the response, I have authority to legally bind the vendor to the provision of this response.

Mark J. Woodard
Signature of Authorized Official

9/30/15
Date

3) ORGANIZATIONAL CONFLICT OF INTEREST CERTIFICATION

I hereby certify that, to the best of my knowledge, my company (including its subcontractors, subsidiaries and partners):

Please check the applicable paragraph below:

Has no existing relationship, financial interest or other activity which creates any actual or potential organizational conflicts of interest relating to the award of a Grant resulting from this Request for Application.

Has included information in its response to this Request for Application detailing the existence of actual or potential organizational conflicts of interest and has provided a "Conflict of Interest Mitigation Plan", as outlined in Section 2.0, Terms and Conditions.

Mark J. Woodard
Signature of Authorized Official

9/30/15
Date

4) CERTIFICATION REGARDING TERMINATED CONTRACTS

I hereby certify that my company (including its subsidiaries and affiliates) has not unilaterally or willfully terminated any previous Contract prior to the end of the Contract with a State or the Federal government and has not had a Contract terminated by a State or the Federal government for cause, prior to the end of the Contract, within the past five (5) years, other than those listed on page 3 of this Attachment.



Signature of Authorized Official



Date

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

5) LIST OF TERMINATED CONTRACTS

List the terminated Contracts in chronological order and provide a brief description (half-page or less) of the reason(s) for the termination. Additional pages may be submitted; however, no more than five (5) additional pages should be submitted in total.

The Agency is not responsible for confirming the accuracy of the information provided.

The Agency reserves the right within its sole discretion, to determine the vendor to be an irresponsible bidder based on any or all of the listed Contracts and therefore may reject the vendor's response.

Vendor's Name: N/A

Client's Name: _____

Term of Terminated Contract: _____

Description of Services: _____

Brief Summary of Reason(s) for Contract Termination: _____

Vendor's Name: N/A

Client's Name: _____

Term of Terminated Contract: _____

Description of Services: _____

Brief Summary of Reason(s) for Contract Termination: _____

Name and Title of Authorized Official

Charles J. Woodard

Signature of Authorized Official

Date

9/30/15

APPLICANTS ARE NOT AUTHORIZED TO MODIFY AND/OR MAKE CAVEAT STATEMENTS TO ATTACHMENT A, REQUIRED STATEMENTS. SUCH ACTIONS WILL RESULT IN REJECTION OF THE APPLICANT'S RESPONSE.

**ATTACHMENT B
VENDOR CERTIFICATION REGARDING
SCRUTINIZED COMPANIES LISTS**

Respondent Vendor Name: Pinellas County Board of County Commissioners
Vendor FEIN: 596000800
Vendor's Authorized Representative Name and Title: Mark Woodard, County Administrator
Address: 315 Court St
City: Clearwater State: FL Zip: 33765
Telephone Number: _____
Email Address: mwoodard@pinellascounty.org

Section 287.135, Florida Statutes, prohibits agencies from contracting with companies, for goods or services over \$1,000,000, that are on either the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List. Both lists are created pursuant to section 215.473, Florida Statutes.

As the person authorized to sign on behalf of the Respondent, I hereby certify that the company identified above in the section entitled "Respondent Vendor Name" is not listed on either the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List. I understand that pursuant to section 287.135, Florida Statutes, the submission of a false certification may subject company to civil penalties, attorney's fees, and/or costs.

Certified By: _____,

who is authorized to sign on behalf of the above referenced company.

Authorized Signature: _____

Print Name and Title: Mark S. Woodard, County Administrator