

FY 16 Substance Abuse Expansion Application

Final Submitted Application

Pinellas County submitted its application for the Health Care for the Homeless Program to HRSA for the Substance Abuse Expansion FOA, that if awarded, would begin March 1, 2016 through February 28, 2018. Total requested grant funds for the first budget period totaled \$325,000. The program is seeking to serve 40 individuals in Medication Assisted Treatment (30 for Vivatrol/10 for Methadone).

Table of Contents

Application for Federal Assistance SF-424

Project Performance Site Locations

SF 424A – Budget Information – Non-Construction Programs

SF-424B – Assurances – Non Construction Programs

Disclosure of Lobbying Activities

Program Specific Forms

- Project Work Plan
- Form 1A - General Information Worksheet
- Form 2 – Staffing Profile
- Form 5A – Required Services
- Form 5A – Additional Services
- Form 5A – Specialty Services
- Equipment List
- Supplemental Form

Project Narrative

Budget Narrative

Attachments

- Attachment 1 – Service Area Map
- Attachment 2 – Job Descriptions for Key Management Staff
- Attachment 3 – Biographical Sketches for Key Management Staff
- Attachment 4 – Summary of Contracts
- Attachment 5 – Letters of Support

Application for Federal Assistance SF-424

OMB Approval No. 4040-0004
Expiration Date 8/31/2016

*** 1. Type of Submission**

Preapplication
Application
Changed/Corrected Application

*** 2. Type of Application**

New
Continuation
Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

*** 3. Date Received:**

9/28/2015

4. Applicant Identifier:

H80CS00024

*** 5.a Federal Entity Identifier:**

Application #:133538
Grants.Gov #.:GRANT12001259

5.b Federal Award Identifier:

H80CS00024

*** 6. Date Received by State:**

7. State Application Identifier:

8. Applicant Information:

* a. Legal Name
* b. Employer/Taxpayer Identification Number (EIN/TIN):
59-6000800

PINELLAS, COUNTY OF
* c. Organizational DUNS:
055200216

d. Address:

* Street1:
Street2:
* City:
County:
* State:
Province:
* Country:
* Zip / Postal Code:

14 S. Ft. Harrison Ave.,

Clearwater

FL

US: United States
33756-

e. Organization Unit:

Department Name: Human Services
Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: * First Name: Daisy

Middle Name: Middle Name:

Last Name: Rodriguez

Suffix:

Title: Project Director/Health Care Administrator

Organizational Affiliation:

* Telephone Number: (727) 464-4206

Fax Number:

* Email: darodriguez@pinellascounty.org

9. Type of Applicant 1:

B: County Government

Type of Applicant 2:

Type of Applicant 3:

* Other (specify):

*** 10. Name of Federal Agency:**

N/A

11. Catalog of Federal Domestic Assistance Number:

93.527
CFDA Title:
Affordable Care Act (ACA) Grants for New and Expanded Services Under the Health Center Program

*** 12. Funding Opportunity Number:**

HRSA-16-074
* Title:
Substance Abuse Service Expansion

13. Competition Identification Number:

6633
Title:
Substance Abuse Service Expansion

Areas Affected by Project (Cities, Counties, States, etc.):

See Attachment

*** 15. Descriptive Title of Applicant's Project:**

Health Center Cluster

Project Description:

See Attachment

16. Congressional Districts Of:

* a. Applicant FL-13

* b. FL-13
Program/Project

Application (Continuation Sheet)

Additional Program/Project Congressional Districts:
See Attachment

17. Proposed Project:

* a. Start Date: 3/1/2016 * b. End Date: 2/28/2018

18. Estimated Funding (\$):

* a. Federal	\$325,000.00
* b. Applicant	\$0.00
* c. State	\$0.00
* d. Local	\$0.00
* e. Other	\$0.00
* f. Program Income	\$0.00
* g. TOTAL	\$325,000.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent Of Any Federal Debt(If "Yes", provide explanation in attachment.)

Yes No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I Agree
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:		* First Name: Daisy
Middle Name:	M	
* Last Name:	Rodriguez	
Suffix:		
* Title:		
* Telephone Number:	(727) 464-4206	Fax Number:
* Email:	darodriguez@pinellascounty.org	
* Signature of Authorized Representative:	Daisy M Rodriguez	* Date Signed:

Project/Performance Site Location(s)

Project/Performance Site Primary Location

Organization Name: Pinellas County Board of County Commissioners

* Street1: 440 Court Street, 2nd Floor

Street2:

* City: Clearwater

County:

* State: Florida

Province:

* Country US: United States

* ZIP / Postal Code: 33756-

DUNS Number:

Project/ Performance Site Congressional District: FL-13

SF-424A: BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 4040-0004

Expiration Date 8/31/2016

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity	Catalog of Federal Domestic Assistance Number	Estimated Unobligated Funds		New or Revised Budget		Total
		Federal	Non-Federal	Federal	Non-Federal	
Health Care for the Homeless	93.224	\$0.00	\$0.00	\$325,000.00	\$0.00	\$325,000.00
Total		\$0.00	\$0.00	\$325,000.00	\$0.00	\$325,000.00

SECTION B - BUDGET CATEGORIES

Object Class Categories	Federal	Non-Federal	Total
a. Personnel	\$0.00	\$0.00	\$0.00
b. Fringe Benefits	\$0.00	\$0.00	\$0.00
c. Travel	\$500.00	\$0.00	\$500.00
d. Equipment	\$0.00	\$0.00	\$0.00
e. Supplies	\$3468.00	\$0.00	\$3468.00
f. Contractual	\$316630.00	\$0.00	\$316630.00
g. Construction	\$0.00	\$0.00	\$0.00
h. Other	\$4402.00	\$0.00	\$4402.00
i. Total Direct Charges (sum of a-h)	\$325000.00	\$0.00	\$325000.00
j. Indirect Charges	\$0.00	\$0.00	\$0.00
k. TOTALS (sum of i and j)	\$325000.00	\$0.00	\$325000.00

SECTION C - NON-FEDERAL RESOURCES

Grant Program Function or Activity	Applicant	State	Other Sources	TOTALS
Health Care for the Homeless	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Federal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Non-Federal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

SECTION E - FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	First	Second	Third	Fourth
Health Care for the Homeless	\$325,000.00	\$0.00	\$0.00	\$0.00
TOTAL	\$325,000.00	\$0.00	\$0.00	\$0.00

SECTION F - OTHER BUDGET INFORMATION

Direct Charges	No information added.
Indirect Charges	No information added.
Remarks	No information added.

SF-424B: ASSURANCES, NON-CONSTRUCTION PROGRAMS

OMB Approval No. 4040-0007
Expiration Date 06/30/2014

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- 1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681- 1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. 45 CFR 75, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

Daisy M Rodriguez

* APPLICANT ORGANIZATION

PINELLAS, COUNTY OF

* TITLE

* DATE SUBMITTED

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

1. * Type of Federal Action:
- a. contract
 - b. grant
 - c. cooperative agreement
 - d. loan
 - e. loan guarantee
 - f. loan insurance

2. * Status of Federal Action:
- a. bid/offer/application
 - b. initial award
 - c. post-award

3. * Report Type:
- a. initial filing
 - b. material change
- For Material Change**
- Year
- Quarter
- Date of Last Report

4. Name and Address of Reporting Entity:

Prime SubAwardee Tier If Known:

*Name PINELLAS, COUNTY OF

*Street 1 14 S. Ft. Harrison Ave.,

Street 2

* City Clearwater State FL

* Zip 33756- Congressional District, if known:

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

6. * Federal Department/Agency: U.S Department of Health and Human Services, HRSA

7. * Federal Program Name/Description: Health Center Program

CFDA Number, if applicable: 93.527

8. Federal Action Number, if known: HRSA-16-074

9. Award Amount, if known:

10. a. Name and Address of Lobbying Registrant:

Prefix * First Name Middle Name

* Last Name Suffix

* Street 1 * Street 2

* City State * Zip

b. Individual Performing Services (including address if different from No. 10a)

Prefix * First Name Middle Name

* Last Name Suffix

* Street 1 Street 2

* City State * Zip

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* Signature:

* Name Prefix: * First Name Daisy Middle Name M

* Last Name Rodriguez Suffix

Title: Telephone No.: (727) 464-4206 Date:

Federal Use Only: Authorized for Local Reproduction Standard Form - LLL

Program Review Form - Review

00133538: PINELLAS, COUNTY OF

Due Date: 10/14/2015 (Due In: 0 Days)

Announcement Number: HRSA-16-074

Announcement Name: Substance Abuse Service Expansion

Application Type: Revision (Supplemental)

Grant Number: H80CS00024

Total Federal Requested Amount: \$325,000.00

Maximum Eligible Amount: \$325,000.00

Target Population Type(s): Health Care for the Homeless

Resources

View

[FY 2016 Substance Abuse Service Expansion User Guide](#) [Funding Opportunity Announcement](#)

Project Work Plan

As of 10/14/2015 03:15:19 PM

OMB Number: 0915-0285 OMB Expiration Date: 9/30/2016

Required Goals

Goal

Goal A1 (Required) - Establish or enhance an integrated primary care/behavioral health model.

Key Factor Type	Description	Status
Contributing	Working with an additional contracted substance abuse provider on-site and through eServices will enhance the integrated care model. Training for all co-located staff will increase the overall ability to spot substance abuse issues and avoid relapse in patients who are in treatment. Additional training for staff will enable them to be able to better identify patients appropriate for MAT.	Complete
Restricting	Patients seeking primary care may not want to answer questions about substance abuse.	Complete

Activity Description	Person/Area Responsible	Time Frame	Expected Outcome
Employ a CAP who will provide the necessary linkage to MAT treatment, providing effective engagement, on-site assessment, and ongoing counseling for patients receiving MAT.	The newly contracted agency, Operation PAR, will employ the CAP and provide the training to health center staff.	The additional FTE will be hired and trained within the 30 days of the inception of the project.	Integrated care for 40 patients who complete the six months of treatment.
Staff training will be provided four times per year in three hour sessions.	The newly contracted agency, Operation PAR, will employ the CAP and provide the training to health center staff.	Staff training will be provided every three months for three hours, the first session to be completed at the beginning of the project's inception to ensure that all health center staff are trained appropriately in MAT, and the project goals.	Integrated care for 40 patients who complete the six months of treatment.

Goal

Goal A2 (Required) - Increase the number of patients screened for substance use disorders and connected to treatment via Screening, Brief Intervention, and Referral to Treatment (SBIRT) and other evidence-based practices.

Key Factor Type	Description	Status
Contributing	Patients in need of MAT will be assessed on-site by an addictions specialist rather than receiving a referral to treatment. Without the on-site specialist it would not be possible to increase the number of patients screened for MAT.	Complete
Restricting	Space and time limitations at the health center locations.	Complete

Activity Description	Person/Area Responsible	Time Frame	Expected Outcome
Health center nurse will do the initial screening and then refer to the CAP for assessment.	Certified Addiction Professional, Operation PAR	Ongoing throughout the duration of the project in order to achieve a caseload of 40 patients.	40 patients will have access to MAT in a way structured to facilitate completion of treatment. Other patients will benefit from staff increased awareness and skill in substance abuse
Educate clients on the SBIRT assessment and MAT Services.	Health Center Nurse and Certified Addiction Professional, Operation PAR	Ongoing through the project period	Clients who are candidates for substance abuse services will become aware of the new service being offered, as well as detailed information on the assessment and treatment protocol for MAT.

Goal

Goal A3 (Required) - Increase the number of patients with health center-funded access to MAT for opioid use and other substance use disorders treatment by: (1) adding at least 1.0 full time equivalent (FTE) substance abuse services provider(s) directly and/or through contract(s) within 120 days of award; and (2) adding new or enhancing existing substance abuse services directly and/or through contract(s) within 120 days of award.

Key Factor Type	Description	Status	
Contributing	The County will contract with the only non- profit facility in the county licensed to provide MAT. The FTE employed through this contracted agency, a Certified Addiction Professional, will be on-site assessing for the need for MAT.	Complete	
Contributing	The County will provide eServices at the health center for this group of 40 patients.	Complete	
Restricting	Most of the health center patients use alcohol, not opioids as their primary drug of choice, so it may be harder to identify 10 patients appropriate for Methadone Maintenance Therapy. (MMT)	Complete	
Activity Description	Person/Area Responsible	Time Frame	Expected Outcome
Complete contract with the new provider.	Designated county staff in Contracts and Planning.	The contract will be drafted immediately upon grant approval and will follow the County's process for Contract Review. This process may take 6 weeks to complete for Board of County Commission approval.	Contract to provide service completed and one FTE hired.
Hire the FTE (CAP).	Operation PAR, the contracted provider will hire the new FTE.	Within 30 days of award.	Newly hired employee begins providing access to clients and delivering services within 30 days of award.

Goal

Goal A4 (Required) - Coordinate services necessary for patients to achieve and sustain recovery.

Key Factor Type	Description	Status	
Contributing	Patients will no longer have to travel for assessment and treatment, except for the actual administration of MMT, and Vivitrol in the first year. They will be assessed on-site and be provided with a brief intervention and then selected and approved for the appropriate treatment. Health center care coordinators will also assist with the care coordination process.	Complete	
Restricting	Patients may not follow through on any additional steps in the referral process, including the necessary testing for MMT appropriateness, and/or follow up visits for counseling.	Complete	
Activity Description	Person/Area Responsible	Time Frame	Expected Outcome
Arrange for transportation for clients based on treatment schedule identified by CAP.	CAP	Transportation arrangements will be secured and client notified of arrangements within 48 hours of scheduled appointment.	Patients will be engaged and successfully complete treatment.
Ensure that the client has received the appointment necessary for follow-up services; either a counseling appointment or medication related appointment.	CAP	Each week, or as required by the MAT plan, clients have scheduled appointments.	Patients will be engaged and successfully complete treatment.

Goal

Goal A5 (Required) - Provide training and educational resources, including updated prescriber guidelines, to help health professionals make informed prescribing decisions and address the over-prescribing of opioids.

Key Factor Type	Description	Status	
Contributing	Staff will be trained four times per year in current evidence based practice for the treatment of substance abuse, including prescribing practices for appropriate staff.	Complete	
Restricting	Time is taken away from seeing patients.	Complete	
Activity Description	Person/Area Responsible	Time Frame	Expected Outcome
Health center staff will be required to participate in in-person training by the contracted provider, Operation PAR, on current evidence based practice for the treatment of substance abuse, including prescribing practices.	Training Staff from Operation PAR, the contract provider	Four times per year/quarterly	Staff will be more proficient in prescribing effectively and appropriately, avoiding risk.
Staff will be provided with resource materials and provided with recommended reading materials/communication subscriptions to bring the latest news, trends, and resources to the health center staff.	Training staff, Operation PAR	Quarterly	Staff stay informed on the latest trends, updates, and breakthroughs related to the treatment of substance abuse and prescribing practices.

Optional Goals

Goal

Goal B1 (Optional) - Increase education, screening, care coordination, risk reduction interventions, and/or counseling regarding the availability of testing, treatment, and clinical

management for patients with or at risk of HIV/AIDS, hepatitis C, and other diseases associated with opioid abuse.

Key Factor Type	Description	Status	
Contributing	Staff will also be trained in how to recognize the signs of HIV/AIDS and hepatitis C, and provide further screening as appropriate and agreed to.	Complete	
Restricting	Extra time needed and time in training is taken away from seeing patients.	Complete	
Activity Description	Person/Area Responsible	Time Frame	Expected Outcome
Training in risk reduction interventions and/or counseling regarding the availability of clinical management of other diseases associated with opioid use, such as HIV/AIDS or hepatitis C.	All health center staff.	Throughout the project.	Staff will be more proficient in care coordination, risk reduction interventions and/or counseling regarding the availability of clinical management of other diseases associated with opioid use, such as HIV/AIDS or hepatitis C.
Provision of additional screenings and interventions pertaining to HIV or hepatitis C.	All health center staff.	Throughout the project.	High-risk patients will be more effectively treated and monitored.

Goal
Goal B2 (Optional) - Enhance clinical workflows to improve substance abuse services.
No key factors to display.
No activities to display.

Key Factor Type	Description	Status	
Contributing	Eservices will be provided so that patients can have counseling sessions and interactions with the CAP as needed.	Complete	
Restricting	Not all patients are computer literate.	Complete	
Restricting	Space limitations at health center locations.	Complete	
Activity Description	Person/Area Responsible	Time Frame	Expected Outcome
Purchase and installation of technology	Human Services Staff	Within 60 days of award	MAT patients will have access to weekly services.
Train health center staff on procedures and scheduling for use of technology.	Human Services staff	Within 30 days of installation of hardware and software	Clients save time and have easier access to the new service providing the client with the same quality of care in an efficient, easier to access service.
Goal	Goal B3 (Optional) - Enhance the use of health information technologies to improve the effectiveness of substance abuse services and increase patient engagement.		
Key Factor Type	Description	Status	
Contributing	Eservices will be provided so that patients can have counseling sessions and interactions with the CAP as needed.	Complete	
Restricting	Not all patients are computer literate.	Complete	
Restricting	Space limitations at health center locations.	Complete	
Activity Description	Person/Area Responsible	Time Frame	Expected Outcome
Purchase and installation of technology	Human Services Staff	Within 60 days of award	MAT patients will have access to weekly services.
Train health center staff on procedures and scheduling for use of technology.	Human Services staff	Within 30 days of installation of hardware and software	Clients save time and have easier access to the new service providing the client with the same quality of care in an efficient, easier to access service.
Goal	Goal B4 (Optional) - Educate patients and/or community members on opioid use disorders, including the use of opioid antagonists in preventing opioid overdose.		
No key factors to display.			
No activities to display.			

Form 1A - General Information Worksheet

As of 10/14/2015 03:15:19 PM
OMB Number: 0915-0285 OMB Expiration Date: 9/30/2016

1. Applicant Information	
Applicant Name	PINELLAS, COUNTY OF
Fiscal Year End Date	February 28/29
Application Type	Revision (Supplemental)
Existing Grantee	Yes
Grant Number	H80CS00024
Business Entity	<input type="checkbox"/> Tribal <input type="checkbox"/> Urban Indian <input type="checkbox"/> Private, non-profit (non-Tribal or Urban Indian) <input checked="" type="checkbox"/> Public (non-Tribal or Urban Indian)
Organization Type (Select all that apply)	<input type="checkbox"/> Faith based <input type="checkbox"/> Hospital <input type="checkbox"/> State government <input checked="" type="checkbox"/> City/County/Local Government or Municipality <input type="checkbox"/> University <input type="checkbox"/> Community based organization <input type="checkbox"/> Other

If 'Other' please specify:

2. Proposed Service Area

2a. Service Area Type

Service Area Type Urban
 Rural
 Sparsely Populated - Specify population density by providing the number of people per square mile:

2b. Target Population and Provider Information

Target Population	Current Number	Projected by December 31, 2017
Total Service Area Population	N/A	N/A
Total Target Population	N/A	N/A

Provider Information	Current Number	Projected by December 31, 2017
Total FTE Medical Providers	N/A	N/A
Total FTE Dental Providers	N/A	N/A
Total FTE Behavioral Health Providers		
Total FTE Mental Health Providers	0.50	0.00
Total FTE Substance Abuse Services Providers	0.00	1.00
Total FTE Enabling Services Providers	3.00	1.00

2c. Patients and Visits

Patients and Visits by Service Type

Service Type	UDS / Baseline Value		Projected by December 31, 2017	
	Patients	Visits	Patients	Visits
Total Medical Services	N/A	N/A	N/A	N/A
Total Dental Services	N/A	N/A	N/A	N/A
Behavioral Health Services				
Total Mental Health Services	72	133	72	133
Total Substance Abuse Services	52	52	92	1172
Total Enabling Services	1790	5711	1790	5711

Unduplicated Patients and Visits by Population Type

Population Type	UDS / Baseline Value		Projected by December 31, 2017	
	Patients	Visits	Patients	Visits
Total	1790	15085	40	1120
General Underserved Community (Report all patients/visits not reported in the rows below)	0	0	0	0
Migratory and Seasonal Agricultural Workers	6	0	0	0
Public Housing Residents	1	0	0	0
People Experiencing Homelessness	1790	15085	40	1120

Form 2 - Staffing Profile

As of 10/14/2015 03:15:19 PM
 OMB Number: 0915-0285 OMB Expiration Date: 9/30/2016

▼ Behavioral Health (Mental Health and Substance Abuse)

Staffing Positions for Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Psychiatrists	0.00	NO
Licensed Clinical Psychologists	0.00	NO
Licensed Clinical Social Workers	0.00	NO
Other Mental Health Staff	0.00	NO

Other Licensed Mental Health Providers	0.00	NO
Substance Abuse Providers	1.00	YES

▼ Enabling Services

Staffing Positions for Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Case Managers	0.00	NO
Patient/Community Education Specialists	0.00	NO
Outreach Workers	0.00	NO
Transportation Staff	0.00	NO
Eligibility Assistance Workers	0.00	NO
Interpretation Staff	0.00	NO
Other Enabling Services Staff - Supervisory Staff	0.10	YES

▼ Total FTEs

Totals	Direct Hire FTEs	Contract/Agreement FTEs
Totals	1.1	N/A

As of 10/14/2015 03:15:19 PM
 OMB Number: 0915-0285 OMB Expiration Date: 9/30/2016

Form 5A - Required Services

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT pay)
General Primary Medical Care	[X]	[X]	[_]
Diagnostic Laboratory	[_]	[X]	[_]
Diagnostic Radiology	[_]	[X]	[_]
Screenings	[_]	[X]	[_]
Coverage for Emergencies During and After Hours	[_]	[X]	[_]
Voluntary Family Planning	[_]	[_]	[X]
Immunizations	[_]	[X]	[_]
Well Child Services	[_]	[X]	[_]
Gynecological Care	[_]	[X]	[X]
Obstetrical Care			
Prenatal Care	[_]	[_]	[X]
Intrapartum Care (Labor & Delivery)	[_]	[_]	[X]
Postpartum Care	[_]	[_]	[X]
Preventive Dental	[_]	[X]	[_]
Pharmaceutical Services	[_]	[X]	[_]
HCH Required Substance Abuse Services	[_]	[X]	[X]
Case Management	[X]	[X]	[X]
Eligibility Assistance	[X]	[X]	[_]
Health Education	[X]	[X]	[_]
Outreach	[X]	[_]	[_]
Transportation	[X]	[_]	[_]

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT pay)
Translation	[X]	[X]	[_]

As of 10/14/2015 03:15:19 PM
OMB Number: 0915-0285 OMB Expiration Date: 9/30/2016

Form 5A - Additional Services

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT pay)
Additional Dental Services	[_]	[X]	[_]
Behavioral Health Services			
Mental Health Services	[_]	[X]	[X]
Substance Abuse Services	[_]	[_]	[_]
Optometry	[_]	[_]	[_]
Recuperative Care Program Services	[_]	[_]	[_]
Environmental Health Services	[_]	[_]	[X]
Occupational Therapy	[_]	[_]	[X]
Physical Therapy	[_]	[X]	[_]
Speech-Language Pathology/Therapy	[_]	[_]	[_]
Nutrition	[_]	[_]	[X]
Complementary and Alternative Medicine	[_]	[_]	[_]
Additional Enabling/Supportive Services	[X]	[_]	[X]

As of 10/14/2015 03:15:19 PM
OMB Number: 0915-0285 OMB Expiration Date: 9/30/2016

Form 5A - Specialty Services

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT pay)
Podiatry	[_]	[X]	[_]
Psychiatry	[_]	[X]	[_]
Endocrinology	[_]	[_]	[_]
Ophthalmology	[_]	[_]	[_]
Cardiology	[_]	[_]	[_]
Pulmonology	[_]	[_]	[_]
Dermatology	[_]	[_]	[_]
Infectious Disease	[_]	[_]	[_]
Advanced Diagnostic Radiology	[_]	[_]	[_]

As of 10/14/2015 03:15:19 PM
OMB Number: 0915-0285 OMB Expiration Date: 9/30/2016

Equipment List

List of Equipment				
Type	Description	Unit Price	Quantity	Total Price

List of Equipment

Type	Description	Unit Price	Quantity	Total Price
------	-------------	------------	----------	-------------

No equipment added.

Supplemental Form

As of 10/14/2015 03:15:19 PM

OMB Number: 0915-0285 OMB Expiration Date: 9/30/2016

Screening, brief interventions, referral to treatment (SBIRT) Information

Number of patients currently receiving SBIRT:	0
Number of patients projected to receive SBIRT services in calendar year 2017 (January 1 – December 31, 2017):	100

Substance Abuse Service Providers

Substance Abuse Service Providers	Direct Hire Staff FTEs	Contractor FTEs	Total FTEs
Substance Abuse Service Providers	0	1.1	1.1
Total Direct and Contractor FTEs:	0	1.1	1.1

Close Window

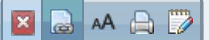


TABLE OF CONTENTS

NEED 2

RESPONSE..... 5

COLLABORATION..... 9

EVALUATIVE MEASURES:..... 10

RESOURCES/CAPABILITIES 11

SUPPORT REQUESTED..... 13

NEED

1. Describe the service area's specific needs for integrated primary care/behavioral health services that include MAT.

For over 50 years, the County, through its Human Services department (HS) has provided programs that encourage access to benefits/services and promote improved health outcomes of low-income and homeless residents. HS administers the federally funded Health Care for the Homeless (HCH) 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 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 program is continually adjusting services to meet the various and transitional needs of the homeless population including the construction of a new 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.

Primary care settings have become an entrance point for many individuals with both primary care and behavioral health and substance abuse needs. To address these needs, many primary care providers are integrating behavioral health into their settings. Models have emerged that include care managers, behavioral health consultants, behavioralists, or consultation models.¹ The target population for this grant is served by the health center. All patients are screened on-site by a nurse for behavioral health and substance abuse issues, which is the first step toward an integrated model of care. However, not all are able to follow through on referrals for assessment and possible treatment. The addition of behavioral health staff and services to this health center on-site would close the gap for these patients and provide the follow up needed to make sure that they get assessed and treated.

The County contracts with the Florida Department of Health in Pinellas County (DOH) for primary care services and initial screening for substance abuse at the health center. The DOH sub-contracts with a behavioral health care provider, Directions for Living (Directions). Patients are referred to Directions after screening as needed for further assessment and treatment. Directions does not provide Medication Assisted Treatment (MAT) as a treatment option. By contracting with a service provider who does provide MAT, the County can make recovery available to patients who need services not currently offered. This proposal seeks to greatly enhance the integrated model that we already have for 40 designated patients who will receive MAT.

¹ <http://www.integration.samhsa.gov/integrated-care-models/behavioral-health-in-primary-care#integrating> SU

2. How has this service area experienced significant and increasing morbidity and mortality caused by opioid abuse, and what is the immediacy of the demand for substance abuse services?

Nationwide the age-adjusted opioid analgesic poisoning death rate nearly quadrupled from 1999 through 2011, but the rate of increase has slowed since 2006.² During 2010-2012, an annual average of 2,221 alcohol poisoning deaths (8.8. per one million) occurred in people over the age of 15 in the US, with 1681 between the ages of 35-64. Stated another way, six people, mostly adult men, die from alcohol poisoning every day. Often, alcohol attributable deaths including alcohol poisoning are underreported since it is difficult to restrict counts to deaths in which alcohol poisoning was the underlying cause. Other studies have found that alcohol poisoning was a contributing, rather than an underlying cause of death.^{3 4} At least fifty percent of health center patients are adult men who use/abuse alcohol.

It has been well documented that this service area has experienced significant morbidity and mortality and that there is an unmet need for substance abuse treatment, particularly MAT. In 2011, Florida was known as the “OxyExpress”.⁵ In Pinellas County from approximately 2007-2010, deaths from accidental overdoses of prescription drugs outpaced those from heroin in the 1970s and crack cocaine in the 1980s. As a result, a moratorium was placed on new pain management clinics, which were dispensing legal pain medication in unprecedented quantities. Statistics have improved since a high of prescription related deaths in 2010, but Pinellas is still struggling to address this significant addiction issue. In 2014, the Pinellas County Medical Examiner found the following on cases testing positive for drugs: 393 alcohol, 88 hydrocodone, 126 oxycodone, 75 methamphetamine, and 98 cocaine, indicating that the problem still exists.⁶

Data from Operation PAR, the county’s only licensed nonprofit provider of MAT, shows the immediacy of the demand for substance abuse services. Seventeen percent of the clients seen for inpatient detoxification for the past year were homeless. Close to 60% of the total number served (1371) have opioids as their primary drug of choice and close to 40% with alcohol as a primary drug of choice. A high percentage (75% or more) are re-admitted within 30, 60, and 180 days of discharge, indicating that this patient population has demonstrated need for ongoing treatment and continuous engagement.

² NCHS Data Brief No. 166, September 2014

³ Yoon YH Stinson FS, Yi HY, Dufour MC. Accidental alcohol poisoning mortality in the United States, 1996-1998. Alcohol Res health 2003; 27:110-8.

⁴ Centers for Disease Control and Prevention Morbidity and mortality Weekly report January 9, 2015 63(53); 1238-1242

⁵ TBNWeekly.com Monday November 14, 2011, “Pinellas County Extends moratorium on pain clinics” Suzette porter

⁶ Year 2014 Medical Examiners Report, District 6, Published 6/30/15.

3. Describe specific challenges to meeting the service area/target population’s current and projected demand for substance abuse services not previously addressed.

The County is the provider of last resort for many of these patients. The County does not turn away any patient who is homeless for lack of insurance or lack of ability to pay. Barriers to treatment for this target population include lack of adequate transportation, lack of insurance, lack of knowledge about Medication Assisted Treatment (MAT), and lack of support for engaged follow up treatment. In addition, individuals experiencing homelessness often lack consistent means of communication (phones and computers), and as such are hard to engage and keep in treatment.

All staff serving this population require increased training on Screening, Brief Intervention, and Referral to Treatment (SBIRT), and options available in MAT. All on-site staff need to be sensitized to patient needs for substance abuse treatment, and trained to make recommendations for referral and treatment on an ongoing basis, and assist in ongoing client engagement. The addition of behavioral health staff for the health center which can provide SBIRT, provide further assessment and treatment, and coordinate the MAT treatment will be essential to mitigating these barriers.

4. Describe the health center’s current role in addressing identified needs, including: a) Current integrated model and services, b) delivery models, and c) data demonstrating the impact of substance abuse services currently provided.

- a.) Currently health center staff screen every patient who is provided primary care services. They are screened for behavioral health and substance abuse issues on-site by a nurse. Patients complete the Patient Health Questionnaire (PHQ-9), General Anxiety Disorder Questionnaire (GAD-7), Mood Disorder Questionnaire (MDQ), and the SSI-SA Substance Use Questionnaire. The positive scoring by the nurse prompts a discussion with the client and possible referral. As indicated, patients are given referrals to a contracted behavioral health care provider, Directions for Living, which provides treatment for behavioral health issues and substance abuse. While the health center is taking steps to improve engagement through the use of care coordinators, currently there is limited ability to consistently engage patients and make sure that they use the referral in a timely fashion. The care coordination team, with the CAP, will now ensure continuity of care.
- b.) The County provides behavioral health and substance abuse treatment for this population. These services are provided through a formal written contract with Directions for Living in which the County pays the provider a contracted amount.
- c.) Last year the contractor reported serving 52 unduplicated patients for substance abuse, which represents a small proportion of the number of patients screened and referred.

5. Letters of Support

Letters of Support have been obtained from the Florida Department of Health Pinellas County, Operation PAR, the Pinellas County Sheriff's Office, Community Health Centers of Pinellas, Inc., Salvation Army, Pinellas Hope homeless shelter, and St. Vincent de Paul.

RESPONSE

1. Work Plan

The Project Work Plan is submitted as instructed in Appendix A, including all required and optional goals A1 through B4.

This project seeks to enhance the health center's existing model of integrated primary/behavioral health care by providing on-site SBIRT, assessment, and MAT treatment through an additional contracted provider for an identified group of 40 patients, 10 receiving Methadone Maintenance Treatment for six months, and 30 receiving injectable Naltrexone, or Vivitrol, for six months, coupled with counseling sessions. By adding one FTE through this additional contracted provider, the County will expand access to care for this target population. Additional training will be provided for all staff on the benefits of MAT and strategies designed to achieve sustained patient engagement.

2. Demonstrate how grant activities will increase the following metrics:

The Project Work Plan and all supporting documents will demonstrate how the grant activities will meet the project goals, including an increase in the following metrics:

Number of FTE: One additional FTE, a Certified Addiction Professional (CAP) will be hired and will provide the connecting link between the screening and immediate assessment.

Number of patients: In 2014, the County served 1,790 unduplicated patients overall for primary care services and anticipates serving nearly 2,500 patients by 2017. Of the 1,790 served in 2014, 52 were reported as having received substance abuse services. We plan to increase the number of patients receiving MAT from 0 to 40. In addition, all patients will benefit from increased education for health center staff in substance abuse issues, patient engagement, and signs of relapse.

Number of visits: Ten (10) patients receiving MMT will be screened during their first primary care visit, then evaluated for MMT in the second visit at either of two centers operated by the contracted provider, and then provided counseling/behavioral services on a weekly basis, either

individual, group, or both, either in person or through eServices. That means that 10 patients will each have 28 visits over the course of six months, for a total of 280.

Thirty (30) patients receiving Vivitrol will be screened during their first primary care visit, and assessed for Vivitrol in a second visit. After accepted for treatment they will be scheduled for monthly appointments to receive the injection, and provided counseling services on a weekly basis, either individual, group, or both, either in person or through eServices. The injection appointment will be scheduled with the contracted provider, Operation PAR, while the counseling visits will be provided at the health center or through eServices. Patients will receive 28 visits per client over six months, for a total of 840 visits.

The number of patient visits overall will be increased by 1,120.

Number of patients getting SBIRT: SBIRT will be completed for the 40 patients in this project, who will receive a warm hand off after initial screening. We envision needing to screen approximately 100 patients to reach our goal of 40 suitable for MAT.

3. Identify planned screening, assessment, and intervention strategies including the integrated model, SBIRT, and MAT.

The contracted provider for these services has a long history of providing a comprehensive integrated model of care, SBIRT, and MAT services. It is the only non-profit provider in the county licensed as a facility to provide MAT. As described above, patients will be screened by the on-site health center nurse and referred directly to the CAP who will assess for suitability for MAT.

The 30 patients identified for the Vivitrol treatment will receive their medication management at the contracted provider, while the substance abuse counseling sessions will be in the same location as their primary care, at the medical home. Transportation will be provided for the injection visits. For the 10 patients receiving MMT, transportation to the provider's clinic to receive medication will be provided, either through bus passes or a designated vehicle.

The best way to ensure efficacy of care is to provide the link to substance abuse care on-site as the primary care is being provided. The health center can then ensure adequate follow up. A CAP will be available on-site at the health center. MAT is well suited for use with the population which needs additional help beyond the traditional counseling models and behavioral therapies, and in particular, staying engaged with treatment. The Vivitrol treatments, which are administered monthly, have proven to be very effective when coupled with appropriate therapies.

The evidence base for each planned strategy: The reviews from studies using SBIRT present mixed results (NIDA Clinical Trials). Given that, there are evidence-based components, which when used in conjunction with SBIRT, can achieve the desired results: SBIRT incorporates the GAIN Q3 Lite, a basic assessment that consists of nine questions that estimate the severity of problems and the recency of treatment participation in each life area represented. The GAIN-Q3-

Lite also computes a measure of participants' quality of life. The average time to administer the GAIN-Q3-Lite is about 25 minutes. (<http://www.gaincc.org/gainq3>). Brief intervention involves a healthcare professional engaging with the patient showing risky substance use behaviors in a short conversation, providing feedback and advice (<http://www.integration.samhsa.gov/clinical-practice/SBIRT>). In many instances, this has been the weak link in SBIRT since brief intervention at times has shown not to be sufficient, particularly with a hard to engage population. Again, to address this concern, the on-site nurse will provide the Brief Intervention and an immediate warm hand-off to the substance abuse provider either in-person or through eServices. The brief intervention is extended from the on-site nurse to the substance abuse provider, thus ensuring the intervention meets the needs of the client. In addition, this warm hand-off ensures that the referral is completed with the patient getting into treatment. As previously pointed out, currently many of the patients who are screened and referred do not make it to treatment.

Appropriateness of the proposed strategy for the target population: Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs. Many homeless individuals, particularly street homeless, use alcohol and other drugs. The brief intervention part of SBIRT is particularly helpful with this population, as during this time the healthcare professional engages the patient, pointing out risky substance use behaviors in a short conversation, providing feedback and advice. This initial step engages the client. The referral with brief therapy helps ensure the warm hand-off and the next step to treatment with the CAP, in this instance.

MAT is a proven life-saving treatment. The NIH has stated that “the safety and efficacy of MAT has been unequivocally established, “adding that “methadone maintenance coupled with relevant social, medical and psychological services has the highest probability of being the most effective of all available treatments for opioid addiction.” Those in MAT programs experience dramatic improvements while in treatment and for several years following, including decreases in narcotic use, drug dealing, and other criminal behavior, as well as increases in employment and marriage.⁷ MAT has clear economic benefits. According to a study by the National Drug Intelligence Center (NDIC), in 2007 alone, illicit drug use in the US cost us more than \$193 billion due to lost productivity at work, health care fees, and criminal justice associated costs. More use of MAT, especially in avoidance of another encounter with the criminal justice system could yield high economic benefits, especially since the annual cost of incarceration averages more than \$22,000, while the average annual cost of MAT is \$4,000.⁸

Methadone maintenance has historically focused on individuals addicted to heroin. However, in recent years, Florida saw a tremendous increase in the abuse of prescription opioid medication. Methadone, Buprenorphine/naloxone, and injectable naltrexone (Vivitrol) are highly effective

⁷ Hubbard, Marsden, Rachal, et.al. 1989. Powers and Anglin, 1993. Web Guide, Part B. National Institute on Drug Abuse, Ed. NIDA International Programs.

⁸ TRI, ed. “Cost and Utilization Outcomes of Opioid-Dependence Treatment. “

options. The provider we seek to contract with is licensed to provide methadone, (Methadone Maintenance Treatment), buprenorphine, and naltrexone.

MAT alignment with federal statutes and regulations: MAT Services at Operation PAR provide methadone maintenance, detoxification, counseling and medical services, including HIV risk assessment to opiate-addicted clients. The MATS facilities are Commission on Accreditation of Rehabilitation Facilities (CARF) accredited, and licensed with the Florida Department of Children and Families and certified with SAMHSA.

Use of FDA approved pharmacotherapy in MAT: MAT services provide by Operation PAR are FDA approved.

4. Describe how services will be coordinated as necessary for clients to achieve and sustain recovery.

The proposed provider, Operation PAR, will provide one additional FTE during the hours that services are provided by the health center. Each patient will be screened by the health center nurse for substance abuse issues. Patients in need of assessment and treatment will be sent directly to the on-site practitioner (CAP), either in person or through eServices, rather than given a referral to go to an outside provider, which is the current practice. If appropriate after screening, they will be set up for MAT. Patients will receive six months of MAT as per the clinical protocol, followed by continued counseling.

5. Describe potential implementation challenges and plans to address them, as described in Project Narrative NEED, item #4, and contributing and restricting key factors.

Implementation challenges include lack of space at the health center, need for training for staff in substance abuse, need for improved consistency in data collection, lack of adequate time and opportunity for continuous patient engagement, and lack of adequate transportation for patients. To address these challenges, additional space will be secured at the Bayside clinic in order to provide eServices. The new facility provides one office for mental health and will add space as the County is able. Staff who screen patients will be trained in how to do SBIRT, and all staff will receive training on signs of substance abuse issues. Since the health center sees patients more than once, signs of relapse can be noticed and addressed. Staff will receive ongoing instruction in data collection. Transportation will be secured for MAT patients for further follow up and treatment, either in the form of bus passes, cabs, or other identified transportation.

6. Describe plans to ensure that patients throughout the service area have reasonable access to all substance abuse services proposed, including MAT. Describe any plans to apply for DATA waivers and/or secondary notifications to increase individual physician treatment authority granted by SAMHSA.

All patients throughout the service area have reasonable access to substance abuse services since they are screened by a nurse, and if appropriate referred for substance abuse treatment to Directions for Living. The County is proactively increasing access by providing care coordinators who can help connect care for any patients who need behavioral health and substance abuse treatment. Forty patients identified for this program will receive adequate transportation to be able to access all necessary services included in MAT.

There are no plans to apply for DATA waivers and or secondary/notifications to increase individual physician treatment authority granted by SAMHSA.

7. Describe how risk management plans will be updated to reflect any new substance abuse services, including MAT.

MMT will be administered off-site, so there is no need for any modification to the facilities and inside office spaces currently in use. Vivitrol will be administered by the contracted provider where it will be maintained appropriately in a secured location. All appropriate staff will receive instruction in protocols for Vivitrol administration, patient information sharing, etc.

COLLABORATION

1. Describe current or proposed collaborations to achieve proposed outcomes, including as a minimum identifying the organizations and providers in the service area that provide substance abuse services to the target population.

Currently the County contracts with the Florida Department of Health Pinellas County for provision of primary care services and Directions for Living for behavioral/substance abuse treatment for this target population. Patients are screened and referred to seek substance abuse services at Directions. The County proposes to collaborate with Operation PAR, Inc. for the purposes of this grant to provide assessment and treatment for patients needing and appropriate for MAT services, either MMT or Vivitrol. Related contracts and Memoranda of Agreement are included in the Attachments.

2. Describe how local, state, regional, and federal partners will assist in accomplishing the project's goals by leveraging resources and avoiding duplication of efforts.

Currently the County is the payor of last resort for this population. The County will attempt to leverage other resources by using provider options for the use of Vivitrol through Department of Children and Families, which can cover some cost of the treatment for eligible patients. This target population, if anything, is underserved as to MAT, so there will be no duplication of efforts.

3. Submit Letters of Support

Letters of Support have been obtained from the Florida Department of Health Pinellas County, Operation PAR, the Pinellas County Sheriff's Office, Community Health Centers of Pinellas, Inc., Salvation Army, Pinellas Hope homeless shelter, and St. Vincent de Paul and are included in the Attachments with this grant application.

4. Describe how the proposed activities will be adjusted as necessary to augment and not duplicate or supplant SAMHSA's FY15 Targeted Capacity Expansion: MAT-PDOA grant program or the CDC's Prescription Drug Overdose Prevention for States funding opportunity.

The proposed activities under this funding opportunity will augment and will not duplicate any other available grants through either SAMHSA or the CDC, as these services are not duplicative and are unique to this program and this area for this population.

EVALUATIVE MEASURES:

1. Propose outcome measures that will demonstrate improved access to substance abuse services by addressing identified needs through a methodological approach.

Outcome measures will be developed by the County Quality Assurance Department and will include the following:

- Integration of primary care and behavioral health care through co-location of a Bachelor's Level Certified Addiction Professional (1 FTE) at the Healthcare for the Homeless program within 120 days of award.
- Provide 40 patients with access to health center funded MAT for opioid use and other substance use disorders treatment per year.
- All identified patients will participate in at least 80% of scheduled visits.
- We will see an 80% completion rate of treatment at the end of the six month period, sustaining recovery for at least 180 days.

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.

- 90% of clients will access healthcare visits within four weeks of enrollment.

- 95% of Clients will receive appropriate screenings by race/ethnicity and age (breast, cervical, colorectal cancer, etc.)
- 70% of Clients will receive flu shots by race/ethnicity and age
- 60% of Chronic conditions will be controlled by race/ethnicity and age:
 - Hypertension
 - Diabetes
- 95% of appropriate assessments will be performed (BH, tobacco use)
- 95% of BH referrals provided where indicated by BH screening
- 70% complete specialty care referral
- Number of medical encounters will be measured
- Number of unique patients seen will be measured
- Standards will be met for Quality healthcare (HEDIS)

2. Describe how the health center will collect qualitative data and use it in an evaluation plan to monitor progress, measure outcomes, and improve activities.

The County collects, through the UDS reporting, quantitative data. It also collects qualitative data through patient questionnaires conducted weekly every month. On an annual basis the County conducts a needs assessment with local providers. Based on this data the health center will modify service delivery flow as needed.

3. Describe how the applicant, if funded, will use performance feedback from the health center providers to improve grant activities throughout the duration of the project.

The County will be in constant and close communication with the contracted provider as the program is implemented and as clients are identified and engaged in treatment. Initially this will be done through weekly meetings with key management and clinical staff, and then on an as-needed basis to be determined. Performance feedback will be communicated to us throughout the duration of the project so that the County can adjust process flow, in the form of data on number of screenings completed weekly, number of patients referred to treatment, and number of patients engaged in treatment.

RESOURCES/CAPABILITIES

1. Describe how the current primary care and behavioral health/substance abuse services will support this expansion.

All primary care staff will receive extra training in substance abuse and SBIRT, and in this way be able to more effectively screen patients, refer for assessment, and aid in engagement and patient retention. In addition, the CAP (additional FTE) hired by the newly contracted provider will have a higher level of skill in substance abuse and be able to assist in the implementation

and success of this program, coupled with the expertise of the provider in years of providing effective substance abuse treatment including MAT. Beginning in October 2015 a care coordinator will proactively work with patients to ensure engagement and continuity of care.

2. Describe how the staffing plan is appropriate for the proposed activities.

The County's Health Care Administrator and HCH Project Director, Ms. Daisy Rodriguez, has oversight for the health center program. In addition, through the contract with the Florida Department of Health Pinellas County, the health center has a Medical Director, Dr. Chitra Ravindra, and a Public Health Services Manager, Mr. Andrew Wagner, who is also a Certified Addiction Professional. Other health center staff include a senior physician, registered nurse, social worker, quality assurance coordinator, and case manager. Supportive and enabling services include care coordination and quality assurance.

The newly contracted substance abuse provider will provide a full time CAP on-site and available through eServices at other times to adequately meet the needs of this caseload of 40 clients. The CAP will be supervised by Operation PAR and members of PAR's key management team will participate in monitoring the program.

3. Describe how the proposed substance abuse providers will be recruited and/or retained.

Operation PAR is the only public methadone maintenance and detox facility. Therefore, the County will utilize the sole source procurement method for contracting with Operation PAR.

The County's procedures for retaining services are contained in the Policy and Procedure manual: <http://www.pinellascounty.org/purchase/PolicyandProcedureManual2014.pdf> Sole Source/non-competitive purchases are discussed on P. 14: Sole Source and Non-competitive negotiations may be used as a procurement method for purchases of products or services when available from only one source (Sole Source), or when it is determined by the Director of Purchasing that there is only one practicable and reasonable source wherein competitive bidding is not feasible or not advantageous to the County (Non-competitive). Sole Source purchases (except for proprietary software purchases, in most cases) at or above the bid threshold of \$100,000 must be publicly advertised per procedure. A Sole Source purchase exists when research has determined there is only one potential provider for an item.

4. Describe how the written agreements summarized in Attachment 4 support the proposed activities.

A summary of contracts is included in Attachment 4. All County contracts specify performance outcomes based on agreed upon contracted services. Each agency is required to report utilization demographics and mutually agreed outcomes to the County on a quarterly basis. Most contracts include short- and long-term results that are analyzed and used to benchmark performance.

5. If the applicant received the FY 2014 Affordable Care Act: Mental Health Service Expansion: BHI award, describe how the proposed activities will build upon it.

The County did not apply for nor receive the FY 2014 Affordable Care Act: Mental Health Service Expansion: BHI award.

SUPPORT REQUESTED

1. Provide a Budget Presentation:

See attached Budget Justification Narrative

2. Describe how the proposed project is cost effective.

One of the key enhancements to the community in the application is the implementation of e-services and the capability of our patients receiving treatment for their addiction without having to travel to provider's sites in the community but through virtual links that are easily accessible. This type of approach is currently not available in the community. Thus, this proposed project is cost effective in that it utilizes currently existing staff and space, with the exception of adding one additional FTE and it enhances the availability of treatment for our patients. It provides a previously unavailable service to this population and increases access by providing transportation. Substance abuse services will be reimbursed as appropriate and consistent with the health center's existing sliding fee, billing, and collections policies and procedures.

PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS
SUBSTANCE ABUSE SERVICE EXPANSION BUDGET JUSTIFICATION | 9/30/2015
GRANT #H80CS00024

Budget Justification	Year 1		Year 2
	Federal	Non-Federal	
PERSONNEL			
SEE CONTRACTUAL	\$0	\$0	\$0
TOTAL PERSONNEL	\$0	\$0	\$0
FRINGE BENEFITS			
SEE CONTRACTUAL	\$0	\$0	\$0
TOTAL FRINGE	\$0	\$0	\$0
TRAVEL			
Local travel: .445/mile 1,124 miles (280 miles/staff) 4 staff Year 2: 560 miles	\$500	\$0	\$1,000
TOTAL TRAVEL	\$500	\$0	\$1,000
EQUIPMENT – Maximum request of \$25,000 in Year 1 only. List equipment costs and provide justification. This section should be consistent with information presented in the Equipment List.			
Not Applicable	\$0	\$0	
TOTAL EQUIPMENT	\$0	\$0	
SUPPLIES			
Laptop Computer Bundle	\$1,040	\$0	\$0
Desktop Computer Bundle (2) (\$914/computer)	\$1,828	\$0	\$0
Office Supplies (\$50/month x 12 months) Year 2: \$115/month x 12 months	\$600		\$1,370
TOTAL SUPPLIES	\$3,468	\$0	\$1,370
CONTRACTUAL – Include sufficient detail to justify each line item.			
Community-Based MAT Provider (Operation PAR) <i>(includes Fringe & Admin Costs)</i>			
- Certified Addiction Professional/Counselor (1.0 FTE)	\$45,708	\$0	\$45,708
- Clinical Supervisor (0.05 FTE)	\$5,025	\$0	\$5,025

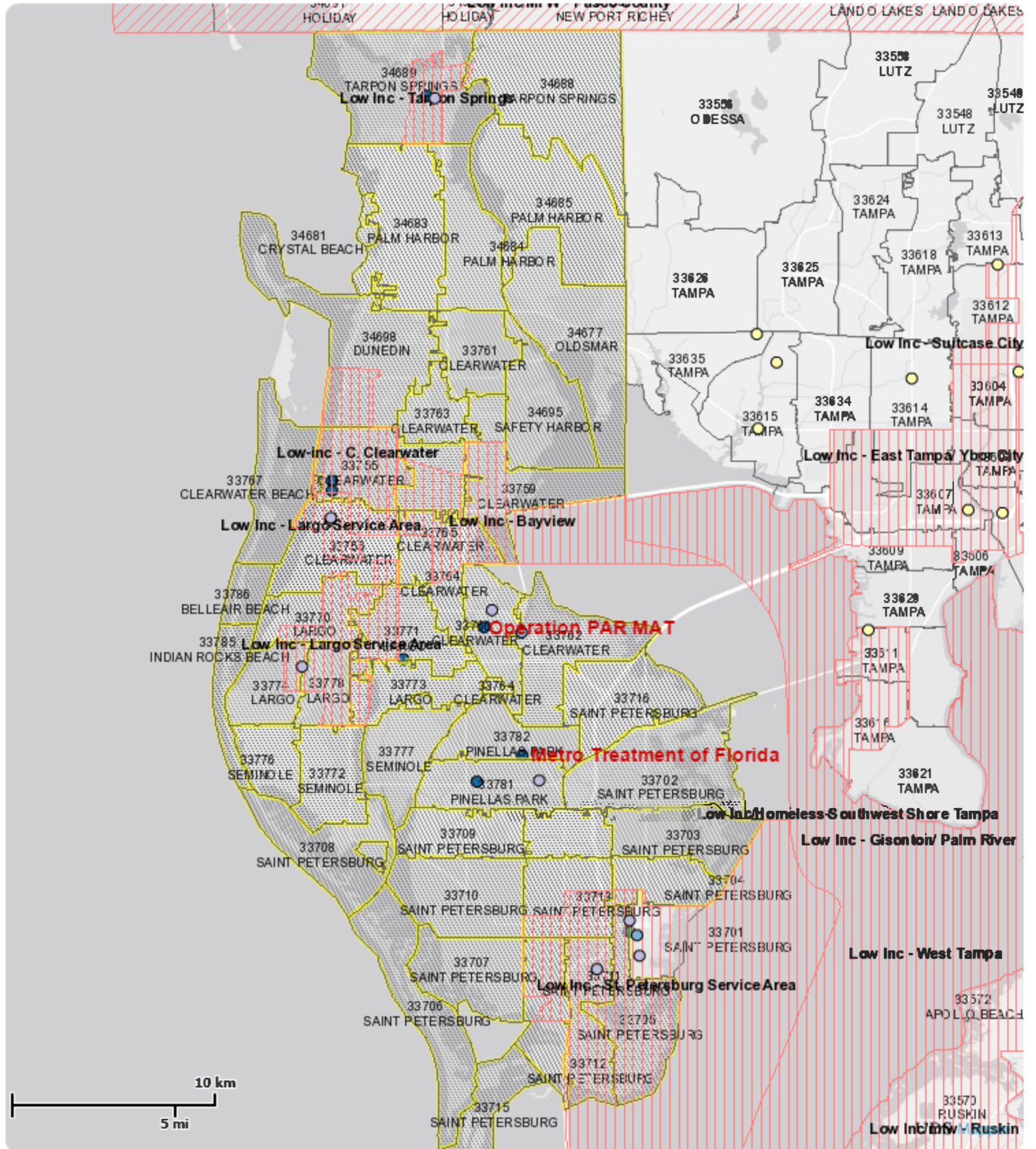
Budget Justification	Year 1		Year 2
	Federal	Non-Federal	
- Project Supervisor (0.025 FTE)	\$5,239	\$0	\$5,239
- Evaluator (0.025 FTE)	\$2,660	\$0	\$2,660
<u>Medication Assisted Treatment</u>			
<u>Vivatro</u> Six months medication assisted treatment including 6 additional months of counseling (\$1300/mo. for 30 clients)	\$234,000	\$0	\$234,000
<u>Methadone</u> Six months medication assisted treatment including 6 additional months of counseling (\$92.30/week for 10 clients)	\$23,998	\$0	\$23,998
TOTAL CONTRACTUAL	\$316,630	\$0	\$316,630
OTHER – Include sufficient detail to justify each line item. Note: Federal funding CANNOT support grant-writing, fundraising or lobbying costs.			
Training - four 3hr. sessions/yr Year 2: eight sessions	\$1,500	\$0	\$3,000
Transportation - bus passes, taxi fare (216 MAT trips; Counseling as needed)	\$2,902	\$0	\$3,000
TOTAL OTHER	\$4,402	0	\$6,000
TOTAL DIRECT CHARGES (Sum of all TOTAL Expenses above)	\$325,000	\$0	\$325,000
INDIRECT CHARGES	\$0	\$0	\$0
TOTALS (Total of TOTAL DIRECT CHARGES and INDIRECT CHARGES above)	\$325,000	\$0	\$325,000

Additional Budget Justification: Personnel Costs

Personnel Costs must be explained by listing the exact amount requested per year. Staff supported entirely with non-Federal funds to do not require this level of information.

Name	Position Title	% of FTE	Base Salary	Adjusted Annual Salary	Federal Amount Requested
TBD	Counselor	100%	\$31,200		\$31,200
S. Boulanger	Clinical Supervisor	.5%	\$3,430		\$3,430
D. Clarke	Project Supervisor	2.5%	\$3,576		\$3,576
M. Vargo	Evaluator	2.5%	\$1,815		\$1,815


Pinellas County Medically Assisted Treatment Sites



 ZCTAs

Medically Underserved Areas/Populations

 Medically Underserved Area  Governor Designated

 Medically Underserved Population

 **Selected
ZCTAs**

 HCP Grantee
Service Access Points

 HCP Look-Alike
Service Access Points

 Point

ZCTA	Post Office Name	State	Health Center Count, 2014	Total Population, 2009-2013	Low-Income Pop, 2009-2013	Total # Health Center Patients, 2014	Penetration of Low-Income	Penetration of Total Pop
Summary:				905,847	296,610	44,025	14.84 %	4.86 %
34688	Tarpon Springs	FL	2	8,628	1,555	145	9.32 %	1.68 %
34689	Tarpon Springs	FL	2	25,660	9,101	1,581	17.37 %	6.16 %
34685	Palm Harbor	FL	2	17,169	2,904	157	5.40 %	0.91 %
34684	Palm Harbor	FL	3	27,046	6,729	480	7.13 %	1.77 %
34683	Palm Harbor	FL	1	31,822	7,064	446	6.31 %	1.40 %
34698	Dunedin	FL	3	37,580	11,088	676	6.09 %	1.79 %
34681	Crystal Beach	FL	1	1,471	6	22	366.66 %	1.49 %
34677	Oldsmar	FL	2	21,268	5,719	375	6.55 %	1.76 %
34695	Safety Harbor	FL	1	17,466	4,675	251	5.36 %	1.43 %
33761	Clearwater	FL	1	19,000	4,015	218	5.42 %	1.14 %
33759	Clearwater	FL	3	17,294	5,896	846	14.34 %	4.89 %
33763	Clearwater	FL	2	19,083	7,329	547	7.46 %	2.86 %
33767	Clearwater Beach	FL	1	8,705	1,815	90	4.95 %	1.03 %
33756	Clearwater	FL	4	30,048	13,153	2,660	20.22 %	8.85 %
33765	Clearwater	FL	2	13,409	5,054	926	18.32 %	6.90 %
33764	Clearwater	FL	3	25,311	5,905	918	15.54 %	3.62 %
33786	Belleair Beach	FL	1	1,538	202	11	5.44 %	0.71 %
33760	Clearwater	FL	3	16,039	7,558	1,379	18.24 %	8.59 %
33771	Largo	FL	4	27,470	11,182	1,469	13.13 %	5.34 %
33770	Largo	FL	1	25,740	9,187	957	10.41 %	3.71 %
33774	Largo	FL	1	18,407	5,668	699	12.33 %	3.79 %
33778	Largo	FL	1	14,507	5,363	488	9.09 %	3.36 %
33773	Largo	FL	1	18,003	5,915	477	8.06 %	2.64 %
33716	Saint Petersburg	FL	2	15,138	4,549	574	12.61 %	3.79 %
33702	Saint Petersburg	FL	4	30,219	9,213	1,377	14.94 %	4.55 %
33782	Pinellas Park	FL	2	21,928	6,872	1,349	19.63 %	6.15 %
33777	Seminole	FL	2	16,835	5,588	672	12.02 %	3.99 %
33785	Indian Rocks Beach	FL	1	5,570	1,073	95	8.85 %	1.70 %
33776	Seminole	FL	1	12,943	2,535	164	6.46 %	1.26 %
33772	Seminole	FL	1	22,669	6,090	483	7.93 %	2.13 %
33781	Pinellas Park	FL	3	25,515	10,274	2,934	28.55 %	11.49 %
33708	Saint Petersburg	FL	1	14,910	3,831	200	5.22 %	1.34 %
33744	Bay Pines	FL	0	131	64	0		
33706	Saint Petersburg	FL	1	16,030	4,123	235	5.69 %	1.46 %
33710	Saint Petersburg	FL	2	32,494	9,691	1,155	11.91 %	3.55 %
33713	Saint Petersburg	FL	4	30,668	10,859	1,964	18.08 %	6.40 %
33714	Saint Petersburg	FL	3	19,039	9,987	1,569	15.71 %	8.24 %

ZCTA	Post Office Name	State	Health Center Count, 2014	Total Population, 2009-2013	Low-Income Pop, 2009-2013	Total # Health Center Patients, 2014	Penetration of Low-Income	Penetration of Total Pop
33703	Saint Petersburg	FL	1	23,571	5,055	594	11.75 %	2.52 %
33704	Saint Petersburg	FL	1	16,752	3,361	285	8.47 %	1.70 %
33705	Saint Petersburg	FL	4	26,400	13,672	2,894	21.16 %	10.96 %
33709	Saint Petersburg	FL	2	25,210	10,591	1,827	17.25 %	7.24 %
33707	Saint Petersburg	FL	3	24,718	7,822	1,007	12.87 %	4.07 %
33711	Saint Petersburg	FL	3	18,910	8,083	2,135	26.41 %	11.29 %
33712	Saint Petersburg	FL	4	25,353	11,876	3,834	32.28 %	15.12 %
33715	Saint Petersburg	FL	1	6,561	1,329	49	3.68 %	0.74 %
33755	Clearwater	FL	3	24,324	11,970	2,232	18.64 %	9.17 %
33762	Clearwater	FL	2	7,295	1,019	579	56.82 %	7.93 %

TABLE OF CONTENTS:

Clinical Supervisor.....2

Executive Director/Chief Operating Officer3

eServices Counselor/Certified Addiction Professional4

Vice President of Research & Evaluation.....5

OPERATION PAR

<u>Job Title:</u>	Clinical Supervisor
<u>Reports to:</u>	Administrator/Program Director/Vice President
<u>Responsible for:</u>	Assigned Staff
<u>Hours:</u>	40 hours per week
<u>Salary range:</u>	\$50,000 to \$75,000

General Description: Responsible for improving the competency of direct service staff, enhancing the professional functioning of staff, and providing structured processes for staff to learn and develop clinical skills. To provide opportunities for staff to explore clinical practices, build theories, and examine how staff may act in their professional roles. To develop a framework for evaluating counselor skills, abilities and knowledge and to monitor the quality of professional services offered to the clients. To improve client outcomes and services at all levels. To develop a pool of promotable counselors/prevention specialists.

KNOWLEDGE, SKILLS AND ABILITIES:

- Ability to interact in a positive, productive, and effective manner with clients, staff, community, and other agencies
- Ability to provide effective team leadership
- Ability to encourage a learning environment for staff and clients
- Knowledge of clinical practices and theories
- Knowledge of appropriate clinical and administrative program operations
- Knowledge of substance abuse/mental health/behavioral health treatment and prevention
- Knowledge of sound intervention and prevention techniques and strategies
- Knowledge of quality clinical documentation
- Knowledge of rules and regulations related to the human service/health care field
- Knowledge of ethical, regulatory, and statutory issues pertinent to clinical treatment services
- Knowledge of culturally competent techniques and strategies
- Ability to manage time and resources
- Ability to speak coherently and convey concepts

EDUCATION AND EXPERIENCE:

- Masters Degree in counseling or related field with a CAP or license required (not applicable to prevention programs)
- For prevention programs, CPP required only.
- Five (5) years of experience in addictions or mental health field.

(A comparable amount of training, education or experience may be substituted for the above minimum qualifications.)

LICENSES, CERTIFICATION AND REGISTRATIONS:

- CAP or License (LMHC, LMFT, LCSW) – for prevention programs CPP
- Valid Florida Driver's License
- CPR/First Aid Certification
- Must pass background and fingerprinting checks

OPERATION PAR

JOB DESCRIPTION

Position Title: Executive Director/Chief Operating Officer
Responsible to CEO
Responsible for VP's and Directors
Hours/Salary Range: 40 hours per week / \$100,000 to \$150,000

GENERAL DESCRIPTION

Responsibility for all operational related matters and the oversight of the clinical functions for the organization, including 40 programs providing substance abuse education, prevention, intervention, treatment and research in 19 locations throughout five counties in Florida. Representation of Operation PAR, Inc. and its position nationally, statewide and locally via committee meetings, speaking engagements and applications for funding. Oversight of day to day operations of the facilities, programs and general management issues.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Provides leadership and management for the development and implementation of all programs in a manner congruent with the mission, values and vision and the agency's strategic direction.
- Promotes collaborative service development across regional and service lines to utilize existing technical expertise in implementing and creating services.
- Provides leadership in developing new services or expanding present services based on community needs, available resources and the strategic direction and mission of the agency.
- Provides oversight and coordination of agency compliance and continuous quality improvement processes.
- Leads and coordinates development and maintenance of agency wide service/operations standards, policies and procedures.
- Creates an information systems infrastructure in collaboration with the Information Technology Manager and CFO that supports services through streamlined and integrated information entry processes while providing fast, reliable data on clients, intake, accounts payable and receivable, and service results.
- Hires, supervises, develops, and evaluates Vice Presidents and other direct reports subject to agency human resource practices and policies. Consults with Vice Presidents and other direct reports on employee supervision issues.
- Facilitates and oversees the development of service grant proposals in coordination with agency Executive Team.

QUALIFICATIONS

- Masters Degree and credentialed in respective field
- Minimum of ten years of administrative experience
- Experience in providing direct clinical services and overseeing operations.

OPERATION PAR

JOB DESCRIPTION

Job Title: eServices Counselor/Certified Alcoholism Professional
Responsible to: Clinical Supervisor or Administrator as assigned
Responsible for: No Supervisory Responsibilities
Hours/Salary Range: 40 hours per week/ \$30-35,000

GENERAL DESCRIPTION:

Performs substance abuse and mental health counseling work with adult clients utilizing e-Services. Counselor's duties include but are not limited to screening, assessment, individual/group counseling, and treatment planning. Responsible for servicing primary caseload along with other clients as assigned. The counselor is also responsible for documenting in accordance with company standards.

ESSENTIAL JOB FUNCTIONS, COMPETENCIES AND PERFORMANCE

APPRAISAL:

- Clinical Evaluation and Screening, Assessment, and Treatment Planning
- Reviews assessment findings and interprets the results to the client and significant others in a manner that facilitates a collaborative review of treatment options.
- Understands and determines the client's stages of change and readiness to participate in treatment services.
- Service Coordination and implementation of the treatment plan
- Maintains communication and coordination between client, referral sources, and managed care systems regarding treatment goals.
- Establishes accurate treatment and recovery expectations with the client and involved significant others
- Service Coordination: Continuing Assessment and Treatment Planning
- Individual and Group Counseling

EDUCATION AND EXPERIENCE:

- Master's degree in counseling or a directly related field or
- Bachelor's Degree in a directly related field plus two years of direct client service experience in mental health or substance abuse.
- Certification under Florida law as a Certified Alcoholism Professional (CAP)

LICENSES, CERTIFICATIONS AND REGISTRATIONS:

- Valid Florida driver's license
- Current CPR and First Aid Certification
- Must pass background and fingerprinting check
- Must follow current required training requirements of Operation PAR, Inc.

OPERATION PAR

JOB DESCRIPTION

Job Title: Vice President of Research & Evaluation
Responsible to: Chief Executive Officer
Responsible for: Research Assistants, Data Managers and Research Contract Specialist, Research Manager and Research Administrator
Hours/Salary Range: 40 hours per week / 50,000 - \$75,000

GENERAL DESCRIPTION: Responsible for managing and maintaining the Department of Research and Evaluation. Responsible for all grants associated with the Department. Oversees all evaluations, publications, presentations and grants and is responsible for managing all personnel in the department.

ESSENTIAL JOB FUNCTIONS:

- Manage all Evaluation projects in the Department
- Weekly reviews of GPRA and research project objectives to determine if projects are progressing in a timely manner.
- Manages administrative tasks for the department to include but not limited to time cards, expense sheets, Policies and Procedures reviews, TB tests and training updates.
- Coordinates the collection of material for all reports and verifies correctness and completeness of information.
- Contract manager for federal grants and writes federal grant applications.
- Participates in research program meetings to remain informed about the clinical issues.
- Reviews purchase requisitions before submitting to VP for approval.
- Ensure the department has the necessary supplies to conduct business and order the materials.
- Monitor service agreements with business office and oversee department equipment.
- Assists in the management of documents pertinent to the Institutional Review Board (IRB).
- Set up and monitor lending system for the Research Library
- Set up and monitor filing of all contract, grant and data files in the Research Chart Room.
- Monitor correspondence and minutes from the NIDA Clinical Trials Network.
- Oversees collaboration with outside agencies, e.g. the Pinellas County Coalition for the Homeless, The Florida Research Consortium, etc.
- Displays professional conduct with all staff and consumers in all face-to-face interactions. Uses approved de-escalation techniques.
- Adheres to ethical, professional and organizational standards.
- Attends and participates in mandatory trainings and meetings.
- Conserves agency resources.
- Demonstrates knowledge of agency policy and procedures.

KNOWLEDGE, SKILLS AND ABILITIES:

- General knowledge of standard federal, state and local grant and contract guidelines.
- Ability to develop and maintain effective working relationships with co-workers and funders.
- General knowledge of grant proposal research and development process.
- Computer skills including Windows, Word Perfect for Windows, Word, Excel or other spreadsheet, and knowledge of database programs.

EDUCATION AND EXPERIENCE:

- Ph.D. degree from an accredited college or university in a work related field and a minimum of one (1) year experience in clinical, research or grant/contract capacity.
- Graduation with an MS degree with two (2) years of applicable experience.
- A comparable amount of training, education or experience may be substituted for the above minimum qualifications.

TABLE OF CONTENTS:

Dianne Clark, COO2

Mark Vargo, VP Research & Evaluation.....3

Sandiness Boulanger, Clinical Supervisor4

Dianne L. Clarke, PhD, CAP
Chief Operating Officer
Operation PAR, Inc.

Dianne L. Clarke is the Chief Operating Officer for Operation PAR, Inc., and has more than 25 years of solid experience in the fields of substance abuse, mental health and child welfare. As one of the original individuals to be certified as an Addiction Professional in Florida, Dianne worked in several treatment modalities including a Residential Therapeutic Community, and Adult Outpatient Programming and helped build Operation PAR's juvenile continuum of care from 1980-1987. . She was one of the Pinellas County leaders who helped construct the framework for the Pinellas Juvenile Assessment Center, Operation PAR's Juvenile Receiving Addiction Facility and the Shirley D. Coletti Academy for Behavioral Change.

She was the Assistant Executive Director of The Children's Home of Tampa for five years before coming back to Operation PAR in 2002 as its Chief Operating Officer. Dianne continues to be a leader and collaborator in State and local issues that impact the behavioral healthcare of our community.

She has experience, education, and specialized training with excellent working knowledge in the following key areas: Program Development, Work Force Development. Budgets, Risk Management, Performance Improvement, Human Resources, Managed Care/Medicaid, Addictions and Child Welfare. She is an Executive Board member of the Florida Juvenile Justice Association, Chair of the St. Petersburg College Human Services Advisory Council, an appointee of the Critical Incident Report Review Team State Advisory Committee, and a Committee member of the Florida Alcohol and Drug Abuse Association Child Welfare Committee.

Mark A. Vargo, Ph.D.
Biosketch

Dr. Mark Vargo serves as Operation PAR's Vice President of Research & Evaluation. Dr. Vargo earned his Ph.D. in Biology from the University of Illinois at Urbana-Champaign in 1984. Dr. Vargo joined Operation PAR in 2000 as a member of the Grants and Contracts department and was promoted to Vice President of Research and Evaluation for the agency in 2003. Since that time, Dr. Vargo has been instrumental in obtaining and evaluating numerous research grants and projects for Operation PAR. At present, he serves as Evaluator on several grants to Operation PAR or community partners. He has served as the Research Coordinator in pharmaceutical clinical trial conducted at Operation PAR. Dr. Vargo also assists the LiveFree! Substance Abuse Prevention Coalition of Pinellas County in its evaluation projects. Dr. Vargo is Member of the Florida Behavioral Health Epidemiology Outcomes Workgroup, a certified local trainer for the Composite International Diagnostic Interview (CIDI) and the Global Assessment of Individual Needs (GAIN), both substance abuse assessment tools.

Sandiness S. Boulanger, LCSW, CAP
Clinical Supervisor
Operation PAR, Inc.

Sandiness Boulanger serves as the Clinical Supervisor for Operation PAR, Inc. She completed her Bachelor of Science at Western Carolina University in 1993, and her MSW at University of South Florida in 1999. She started her career at The Children's Home in Tampa as a residential child care worker, and then went on to become a residential therapist, advancing to be the Assistant Counseling Services Program Manager, and finally Clinical Service Director. She came to Operation PAR as the Clinical Supervisor in 2012, and has served in that capacity since that time. She is also part of the Adjunct Faculty at the University of South Florida.



FY 2016 Contracts

<u>Agency</u>	<u>Type</u>	<u>Brief Description</u>	<u>Term</u>
Directions for Mental Health, Inc.	Sub-contract with DOH	Behavioral Health services to clients identified via screening on MMU	One year (October 2015-Sept. 2016)
Florida Department of Health for Pinellas County	Contract	Interlocal Agreement for Pinellas County Health Program for primary care in medical homes and MMU, medical specialists, dental services, behavioral health services and administrative support	Ongoing contractual relationship; One year (October 2015-Sept. 2016)
Operation PAR, Inc.	Contract	Provides inpatient and outpatient adult detox and residential program	One year (October 2015-Sept. 2016)
Pinellas Suncoast Transit Authority	Contract	Bus Passes and Paratransit/taxi for clients enrolled in the Transportation Disadvantaged Program	One year (October 2015-Sept. 2016)

TABLE OF CONTENTS:

Community Health Centers of Pinellas (FQHC)2

Florida Department of Health in Pinellas County.....3

Operation PAR.....4

Pinellas County Sheriff’s Office.....5

Catholic Charities, Pinellas Hope Homeless Shelter6

Salvation Army7



COMMUNITY HEALTH CENTERS OF PINELLAS, INC.

October 1, 2015

The Honorable John Morrone
Chairman, Pinellas County Board of County Commissioners
315 Court Street
Clearwater, Florida 33756

Dear Commissioner Morrone:

Please accept this letter of support for Pinellas County's Substance Abuse Service Expansion grant application for the Health Care for the Homeless health center program.

Community Health Centers of Pinellas, Inc. (CHCP), a federally qualified health center, accredited and a patient centered medical home with ten Centers in Pinellas County, offers affordable healthcare to a wide range of individuals and families that would not otherwise have access to medical care.

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, especially among the homeless population. Operation PAR, the County's leading non-profit provider for medication assisted treatment (MAT) reports that 17% of its clients served are homeless. Ensuring that this target population receives adequate care requires the use of both an integrated model of primary care and behavioral health care, and new treatment modalities. An improved ability to ensure a smooth transition between screening, and further assessment and treatment will result in less individuals "falling through the cracks".

CHCP fully supports this application to provide additional substance abuse services for this population, specifically the use of Medication Assisted Treatment for opioid and alcohol abusers. We commit to work alongside our colleagues and partners to ensure a seamless system of care for all patients.

Sincerely,

Pat Mabe
CEO/President

MISSION: "TO PROVIDE QUALITY HEALTH CARE TO ALL"

ADMINISTRATION: 1344 22ND STREET SOUTH * ST. PETERSBURG, FL 33712

727.824.8181 * WWW.CHCOPINELLAS.ORG



Accredited by the
ACCREDITATION ASSOCIATION
for AMBULATORY HEALTH CARE, INC.

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

October 1, 2015

The Honorable John Morroni
Chairman, Pinellas County Board of County Commissioners
315 Court Street
Clearwater, Florida 33756

Dear Commissioner Morroni:

Please accept this letter of support for Pinellas County's application for the Substance Abuse Service Expansion Grant.

Each year thousands of homeless individuals do not receive the treatment they need for drug and alcohol abuse. Ensuring that this target population receives adequate care requires the use of both an integrated model of primary care and behavioral health care, and new treatment modalities. An improved ability to ensure a smooth transition between screening, and further assessment and treatment will result in less individuals "falling through the cracks".

The Florida Department of Health, Pinellas County works to protect, promote & improve the health of all people in Florida through integrated state, county, and community efforts. We currently contract with the applicant to provide primary care services to the identified target population.

We fully support this application to provide additional services for this population, specifically the use of Medication Assisted Treatment for opioid and alcohol abusers through onsite assessment and eServices. Our existing staff will be greatly augmented by the addition of a substance abuse provider on-site and through eServices, and with more training in substance abuse awareness and interventions. Department of Health staff co-located at Bayside Clinic/MMU will be able to more effectively integrate the substance abuse treatment into the primary care setting.

The Florida State Department of Health Pinellas County commits to fully participate in the implementation of this Medication Assisted Treatment Project through the Substance Abuse Service Expansion, and will participate in all project activities and reporting requirements, and will work alongside our colleagues to ensure a seamless system of care for our patients.

Sincerely,

Ulyee Choe, DO
County Health Department Director

UC/mb
cc: file

Florida Department of Health

in Pinellas County
205 Dr. Martin Luther King Jr. St. N. • St. Petersburg, FL 33701-3109
PHONE: 727/824-6900 • FAX 727/820-4285
www.pinellashealth.com

www.FloridaHealth.gov

TWITTER: HealthyFLA
FACEBOOK: FLDepartmentofHealth
YOUTUBE: fldoh
FLICKR: HealthyFla
PINTEREST: HealthyFla



Administrative Offices
 6655 66th Street North
 Pinellas Park, FL 33781
 Ph: 727-545-7564
 Fax: 727-545-7584
www.operationpar.org

BOARD OF DIRECTORS

Joseph H. Saunders, Esq.
 CHAIRPERSON
 Debi Burns
 VICE CHAIRPERSON
 John W. Waechter, Esq.
 TREASURER
 Michael S. Pallos, PhD
 SECRETARY

Joan H. Bliss
 Karol Bullard
 Tina Gilmore
 Le Anne Lake, Esq.
 David Pilkington
 Gerard "Gary" Stempinski
 Mac J. Williams, Jr.
 Shirley Coletti, DHL
 CHAIR EMERITUS
 Betty Sembler
 HONORARY BOARD MEMBER

EXECUTIVE STAFF

Nancy Hamilton, MPA, CAP, CCJAP
 PRESIDENT & CHIEF EXECUTIVE
 OFFICER
 Michael Sheehan, MD
 MEDICAL DIRECTOR
 Dianne Clarke, PhD, CAP
 EXECUTIVE DIRECTOR & CHIEF
 OPERATING OFFICER
 Amy Scholz
 CHIEF FINANCIAL OFFICER

FUNDERS



October 13, 2015

The Honorable John Morroni
 Chairman, Pinellas County Board of County Commissioners
 315 Court Street
 Clearwater, Florida 33756

Dear Commissioner Morroni:

Please accept this letter of support for Pinellas County's Substance Abuse Service Expansion grant application for the Health Care for the Homeless health center program.

Operation PAR provides effective treatment and services to help those impacted by substance abuse and mental health. Leading in prevention, intervention and treatment of addiction and mental health services since 1970, Operation PAR helps children, adults and their families overcome their struggles with substance abuse and mental health. Operation PAR has provided Medication Assisted Treatment (MAT) since 1970 and is the only nonprofit facility licensed in Pinellas County to provide MAT.

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, especially among the homeless population. Operation PAR, the County's leading non-profit provider for medication assisted treatment (MAT) reports that 17% of its clients served are homeless. Ensuring that this target population receives adequate care requires the use of both an integrated model of primary care and behavioral health care, and new treatment modalities. An improved ability to ensure a smooth transition between screening, and further assessment and treatment will result in less individuals "falling through the cracks".

Operation PAR fully supports this application to provide additional substance abuse services for this population, specifically the use of Medication Assisted Treatment for individuals who abuse opioids and alcohol. We commit to work alongside our colleagues and partners to ensure a seamless system of care for all patients.

Sincerely,

Dianne L. Clarke

Dianne L. Clarke, Ph.D., CAP
 COO/Executive Director
 Operation PAR, Inc.



Sheriff Bob Gualtieri

Pinellas County Sheriff's Office

"Leading The Way For A Safer Pinellas"

September 21, 2015

The Honorable John Morroni
Chairman, Pinellas County Board of County Commissioners
315 Court Street
Clearwater, Florida 33756

Dear Commissioner Morroni:

Please accept this letter of support for Pinellas County's Substance Abuse Service Expansion grant application for the Health Care for the Homeless health center program.

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, especially among the homeless population. Ensuring that this target population receives adequate care requires the use of both an integrated model of primary care and behavioral health care, and new treatment modalities. An improved ability to ensure a smooth transition between screening, and further assessment and treatment will result in less individuals "falling through the cracks".

The Pinellas County Sheriff's Office (PCSO) seeks to provide public safety services countywide; enhance the quality of life for all people through innovation, technology, and community partnerships; and provide professional law enforcement, detention, judicial, and diversified services. We have worked as a partner with Pinellas County and numerous homeless service providers at the Pinellas Safe Harbor homeless shelter to serve the chronically homeless, keep them out of the county jail and the criminal justice system, and give them the necessary tools to redirect their lives. This is the target population that will be served by this project.

PCSO fully supports this application to provide additional services for this population, specifically the use of Medication Assisted Treatment for opioid and alcohol abusers. We commit to participate in the implementation of the Substance Abuse Service Expansion by educating and referring residents at Pinellas Safe Harbor, and will work alongside our colleagues and partners to ensure a seamless system of care for all patients.

Sincerely,

A handwritten signature in black ink, appearing to read "Bob Gualtieri", written over a white background.

Sheriff Bob Gualtieri
Pinellas County, Florida

BG/SF/lc



BOARD OF TRUSTEES

OFFICERS

Chairman

Most Reverend Robert N. Lynch

Vice Chairman

Rev. Msgr. Robert F. Morris, V.G.

Second Vice Chairman

Mrs. Joan Morgan, Chancellor

President

Frank V. Murphy III

President/Emeritus

Jeffory Forbes

Vice President

Sr. Mary Clare Neuhofer, O.S.B.

Secretary

Sr. Dorothy Dwyer, O.S.F.

Treasurer

Gerald Giglia

MEMBERS

Deacon John Alvarez

Mark Boyce

Dolores Castaldo

Robert Chiavacci

Jeffrey George

Nicholas W. Griffin

Very Rev. Daniel Kayajan

Gerald Kluff

Cecelia Mahone

Stephanie Marie Martin, Esq.

Christopher McDonnell

Sr. Mary McNally O.S.F.

Candy Olson

Ngoc-Lan Bach Pham

Karen Reich

Dennis Waggoner

Executive Director

Mark A. Dufva, M.S.

Jeff Forbes Center

1213 16th Street North

St. Petersburg, FL 33705

Phone: (727) 893-1314 ext. 202

October 13, 2015

The Honorable John Morroni
Chairman, Pinellas County Board of County Commissioners
315 Court Street
Clearwater, Florida 33756

Dear Commissioner Morroni:

Please accept this letter of support for Pinellas County's Substance Abuse Service Expansion grant application for the Health Care for the Homeless health center program.

Pinellas Hope started out as an emergency shelter for over 250 homeless men and women, located in Clearwater on 20 acres provided by Bishop Robert N. Lynch and the Diocese of St. Petersburg. It opened its doors on December 1, 2007, and added 80 units of permanent supportive housing with Pinellas Hope II in 2009. Construction is currently underway for Phases III - V which will incorporate an additional 76 units of permanent supportive apartments for the homeless in Pinellas County. Pinellas Hope provides much needed services in the form of food, clothing, medical respite, and job and housing placement assistance. Pinellas Hope currently partners with the County serving clients through the Health Care for the Homeless health center program.

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, especially among the homeless population. Operation PAR, the County's leading non-profit provider for medication assisted treatment (MAT) reports that 17% of its clients served are homeless. Ensuring that this target population receives adequate care requires the use of both an integrated model of primary care and behavioral health care, and new treatment modalities. An improved ability to ensure a smooth transition between screening, and further assessment and treatment will result in less individuals "falling through the cracks".

Pinellas Hope fully supports this application to provide additional substance abuse services for this population, specifically the use of Medication Assisted Treatment for opioid and alcohol abusers. We commit to work alongside our colleagues and partners to ensure a seamless system of care for all patients.

Sincerely,

Mark A. Dufva
Executive Director



Supported by the Diocese of St. Petersburg, AHEC, Allegany Franciscan Foundation, Catholic Charities USA, Catholic Foundation, CFBHN, Citi Foundation, City of Clearwater, City of Largo, City of Pinellas Park, City of St. Petersburg, City of Tampa, DCA, DCF, FHFC, Florida Department of Health, Florida Pregnancy Care Network, Gulf Coast Jewish Family Services, Hillsborough County, HRSA, HUD, JWB, Lutheran Services, Mid-Florida Community Services, Office of Refugee and Resettlement, Pasco County Government, Pinellas County, School Board of Pasco County, SHIP, St. Petersburg Housing Authority, Sun City Community Foundation, Tampa Metropolitan YMCA, United States Catholic Conference of Bishops, United Way Suncoast, United Way of Pasco County, United Way of Hernando County, United Way of Citrus County, United Way of Hillsborough County, USDA, WestCare and many generous donors.

Agency Website: www.ccdosp.org - Agency Email: catholic.charities@ccdosp.org



MEMBER



CCUSA



**DOING
THE MOST
GOOD**

*William Booth, Founder
Andre' Cox, General
Donald C. Bell, Territorial Commander
Colonel Kenneth O. Johnson, Divisional Commander
Major (Dr.) D. Paul Fuller, Area Commander*

October 8, 2015

**The Honorable John Morroni
Chairman, Pinellas County Board of County Commissioners
315 Court Street
Clearwater, Florida 33756**

Dear Commissioner Morroni:

Please accept this letter of support for Pinellas County's Substance Abuse Service Expansion grant application for the Health Care for the Homeless health center program.

The Salvation Army in Pinellas County provides services throughout the County, including emergency and transitional residential services for single adults and families, emergency shelter services for children, community food pantries, substance abuse rehabilitation, neighborhood recreation centers, foster care services, worship services, direct financial assistance, crisis case management along with other supportive services designed to move families and individuals toward long-term solutions rather than dependence on temporary material assistance. It provides these services free of charge to a wide range of individuals and families that would not otherwise have access to these solution based ministries. The Salvation Army in Pinellas currently hosts the County's Mobile Medical Unit in two separate sites, one at The Salvation Army One Stop/Residential Center in South County, and the other at The Salvation Army Adult Rehabilitation Center in North County.

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 County is still struggling to address this significant addiction issue, especially among the homeless population. The Salvation Army Adult Rehabilitation Center serves the needs of the area by providing residential services to those who are impacted by substance abuse. Operation PAR, the County's primary provider for Medication Assisted Treatment (MAT) reports that 17% of its clients served are homeless. Ensuring that this target population receives adequate care requires the use of both an integrated model of primary care and behavioral health care, and new treatment modalities. An improved ability to ensure a smooth transition between screening, assessment, treatment and long term rehabilitation services will result in less individuals "falling through the cracks".

The Salvation Army of Greater St. Petersburg fully supports this application to provide additional substance abuse services for this population, specifically the appropriate use of Medication Assisted Treatment for opioid and alcohol abusers, along with supportive services that enhance the treatment models in use. We commit to work alongside our colleagues and partners to ensure a seamless system of care for all service recipients.

Sincerely,

**D. Paul Fuller, D.Min.
Major
Area Commander**

**The Salvation Army of Greater St. Petersburg
340 14th Avenue South – St. Petersburg, Florida 33701
727-550-8080
www.salvationarmystpetersburg.org**



Society of St. Vincent de Paul of South Pinellas, Inc.

384 15th Street North
St Petersburg, FL 33705
(727) 954-7990

October 1, 2015

The Honorable John Morroni
Chairman, Pinellas County Board of County Commissioners
315 Court Street
Clearwater, Florida 33756

Dear Commissioner Morroni:

Please accept this letter of support for Pinellas County's Substance Abuse Service Expansion grant application for the Health Care for the Homeless health center program.

The Society of St. Vincent de Paul provides much needed services to individuals and families through a variety of different programs including Veteran's assistance, respite for the homeless, a family shelter program to stabilize families experiencing a housing crisis, food assistance, and a transitional living program that provides housing for low-income and homeless Veterans, non-Veterans, and families. The Society currently partners with the County serving clients through the Health Care for the Homeless health center program.

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, especially among the homeless population. Operation PAR, the County's leading non-profit provider for medication assisted treatment (MAT) reports that 17% of its clients served are homeless. Ensuring that this target population receives adequate care requires the use of both an integrated model of primary care and behavioral health care, and new treatment modalities. An improved ability to ensure a smooth transition between screening, and further assessment and treatment will result in less individuals "falling through the cracks".

The Society of St. Vincent de Paul fully supports this application to provide additional substance abuse services for this population, specifically the use of Medication Assisted Treatment for opioid and alcohol abusers. We commit to work alongside our colleagues and partners to ensure a seamless system of care for all patients.

If you have any questions, I may be reached at (727) 954-7990.

Sincerely,

Michael J. Raposa
Chief Executive Officer