

**SF-PPR**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 Health Resources and Services Administration  
 PERFORMANCE PROGRESS REPORT - SF-PPR

NCC Progress Report Tracking (#) : 00168458

**Grantee Organization Information**

<b>Federal Agency and Organization Element to Which Report is Submitted</b>	Health Resources and Services Administration (HRSA)	<b>Federal Grant or Other Identifying Number Assigned by Federal Agency</b>	H80CS00024
<b>DUNS Number</b>	055200216	<b>Employer Identification Number (EIN)</b>	596000800
<b>Recipient Organization</b> (Name and complete address including zip code)	PINELLAS, COUNTY OF, 14 S. Fort Harrison OMB 5th Floor, CLEARWATER Florida 33756 - 5338	<b>Recipient Identifying Number or Account Number</b>	168458
<b>Project / Grant Period</b>	Start Date : 11/01/2001    End Date : 03/01/2021	<b>Reporting Period End Date</b>	03/01/2021
<b>Report Frequency</b>	<input checked="" type="checkbox"/> annual <input type="checkbox"/> semi-annual <input type="checkbox"/> quarterly <input type="checkbox"/> other		

**Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.**

<b>Typed or Printed Name and Title of Authorized Certifying Official</b>	Karen Yatchum , Authorizing Official	<b>Telephone</b> (area code, number and extension)	(727) 464-5045
<b>Email Address</b>	Kyatchum@co.pinellas.fl.us	<b>Date Report Submitted</b> (Month, Day, Year)	

SF-PPR-2 (Cover Page Continuation)	
DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration PERFORMANCE PROGRESS REPORT - SF-PPR-2 (Cover Page Continuation)	NCC Progress Report Tracking (#) : 00168458

Supplemental Continuation of SF-PPR Cover Page			
Department Name	Human Services	Division Name	
Name of Federal Agency	Health Resources and Service Administration	Funding Opportunity Number	5-H80-20-003
Funding Opportunity Title	Health Center Program		

**Lobbying Activities**

Have you paid any funds for any lobbying activities related to this grant application (progress report)? Reminder, no Federal appropriated funds may be used for lobbying.

Yes  
 No

▼ OMB SF-LLL Disclosure of Lobbying Activities Form

No documents attached

Areas Affected by Project (Cities, County, State, etc.)	
Area Type	Affected Area(s)
FL-13	Other
FL-13	Other

Point of Contact (POC) Information			
Title of Position	Name	Phone	Email
Point of Contact	Ms. Elisa DeGregorio	(727) 464-8434	edegregorio@pinellascounty.org

Health Center Program	
DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration PERFORMANCE PROGRESS REPORT - Health Center Program	NCC Progress Report Tracking (#) : 00168458

Section A - Budget Summary			
Grant Program Function or Activity	New or Revised Budget		
	Federal	Non Federal	Total
Health Care for the Homeless	\$1,456,815.00	\$2,771,270.00	\$4,228,085.00
<b>Total :</b>	<b>\$1,456,815.00</b>	<b>\$2,771,270.00</b>	<b>\$4,228,085.00</b>

Section B - Budget Categories			
Object Class Categories	Grant Program Function or Activity		Total
	Federal	Non-Federal	
Personnel	\$0.00	\$20,875.00	\$20,875.00
Fringe Benefits	\$0.00	\$8,090.00	\$8,090.00
Travel	\$5,495.00	\$0.00	\$5,495.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$750.00	\$0.00	\$750.00
Contractual	\$1,447,470.00	\$2,742,305.00	\$4,189,775.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$3,100.00	\$0.00	\$3,100.00
<b>Total Direct Charges</b>	<b>\$1,456,815.00</b>	<b>\$2,771,270.00</b>	<b>\$4,228,085.00</b>
Indirect Charges	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$1,456,815.00</b>	<b>\$2,771,270.00</b>	<b>\$4,228,085.00</b>

Program Income	
Grant Program Function or Activity	Total
Health Care for the Homeless	\$1,704.00
<b>Total :</b>	<b>\$1,704.00</b>

Section C - Non Federal Resources					
Grant Program Function or Activity	Applicant	State	Local	Other	Total
Health Care for the Homeless	\$0.00	\$414,649.00	\$2,354,917.00	\$1,704.00	\$2,771,270.00
<b>Total :</b>	<b>\$0.00</b>	<b>\$414,649.00</b>	<b>\$2,354,917.00</b>	<b>\$1,704.00</b>	<b>\$2,771,270.00</b>

**Health Care for the Homeless**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 Health Resources and Services Administration  
 PERFORMANCE PROGRESS REPORT - Health Care for the Homeless

NCC Progress Report Tracking (#) : 00168458

**Section A - Budget Summary**

Grant Program Function or Activity	New or Revised Budget		
	Federal	Non Federal	Total
Health Care for the Homeless	\$1,456,815.00	\$2,771,270.00	\$4,228,085.00
<b>Total :</b>	<b>\$1,456,815.00</b>	<b>\$2,771,270.00</b>	<b>\$4,228,085.00</b>

**Program Income**

Grant Program Function or Activity	Total
Health Care for the Homeless	\$1,704.00
<b>Total :</b>	<b>\$1,704.00</b>

**Section C - Non Federal Resources**

Grant Program Function or Activity	Applicant	State	Local	Other	Total
Health Care for the Homeless	\$0.00	\$414,649.00	\$2,354,917.00	\$1,704.00	\$2,771,270.00
<b>Total :</b>	<b>\$0.00</b>	<b>\$414,649.00</b>	<b>\$2,354,917.00</b>	<b>\$1,704.00</b>	<b>\$2,771,270.00</b>

## Program Specific Form(s) - Review

00168458: PINELLAS, COUNTY OF

Due Date: 10/11/2019 (Due In: 1 Days)

Announcement Number: 5-H80-20-003

Announcement Name: Health Center Program

Progress Report Type: Noncompeting Continuation

Grant Number: H80CS00024

Target Population: Health Care for the Homeless

Current Project Period: 3/1/2019 - 2/28/2022

### Resources

[View](#)

[FY20 BPR User Guide](#) ; [Funding Opportunity Announcement](#)

## Form 1C - Documents On File

As of 10/10/2019 03:45:32 PM

OMB Number: 0915-0285 OMB Expiration Date: 1/31/2020

Management and Finance	Date of Last Review/Revision (maximum 100 characters)	Not Applicable (N/A)
Personnel policies, including selection and dismissal procedures, salary and benefit scales, employee grievance procedures, and equal opportunity practices.	07/12/2018	
Procurement procedures.	08/2019	
Standards of Conduct/Conflict of Interest policies/procedures.	09/19/2017	
Financial Management/Accounting and Internal Control policies and/or procedures to ensure awarded Health Center Program federal funds are not expended for restricted activities.	06/30/2019	
Financial Management/Accounting and Internal Control policies/procedures related to restrictions on the use of federal funds for the purchase of sterile needles or syringes for the hypodermic injection of any illegal drug. <sup>1</sup> (Only applicable if your organization provides syringe exchange services or is otherwise engaged in syringe service programs; otherwise, indicate as N/A).		[ X ]
Financial Management/Accounting and Internal Control policies/procedures related to restrictions on the use of federal funds to provide abortion services, except in cases of rape or incest or where there is a threat to the life of the mother. <sup>2</sup> (Only applicable if your organization provides abortion services; otherwise, indicate as N/A).		[ X ]
Billing and Collections policies/procedures, including those regarding waivers or fee reductions and refusal to pay.	09/19/2017	

Services	Date of Last Review/Revision (maximum 100 characters)	Not Applicable (N/A)
Credentialing/Privileging operating procedures.	07/12/2019	
Coverage for Medical Emergencies During and After Hours operating procedures.	06/09/2019	
Continuity of Care/Hospital Admitting operating procedures.	07/09/2019	
Sliding Fee Discount Program policies, operating procedures, and sliding fee schedule.	02/13/2019	
Quality Improvement/Assurance Program policies and operating procedures that address clinical services and management, patient safety, and confidentiality of patient records.	06/06/2017	

Governance	Date of Last Review/Revision (maximum 100 characters)	Not Applicable (N/A)
Governing Board Bylaws.	06/12/2018	
Co-Applicant Agreement (Only applicable to public entity health centers; otherwise, indicate as N/A.)	06/02/2015	[ _ ]

### Form 3 - Income Analysis

As of 10/10/2019 03:45:32 PM  
 OMB Number: 0915-0285 OMB Expiration Date: 9/30/2016

Payer Category	Patients By Primary Medical Insurance (a)	Billable Visits (b)	Income Per Visit (c)	Projected Income (d)	Prior FY Income
<b>Part 1: Patient Service Revenue - Program Income</b>					
1. Medicaid	71.00	71.00	\$24.00	\$1,704.00	\$1,684.00
2. Medicare	0.00	0.00	\$0.00	\$0.00	\$0.00
3. Other Public	0.00	0.00	\$0.00	\$0.00	\$0.00
4. Private	0.00	0.00	\$0.00	\$0.00	\$0.00
5. Self Pay	2909.00	8178.00	\$0.00	\$0.00	\$0.00
6. Total (Lines 1 to 5)	2980	8249	N/A	\$1,704.00	\$1,684.00
<b>Part 2: Other Income - Other Federal, State, Local and Other Income</b>					
7. Other Federal	N/A	N/A	N/A	\$0.00	\$0.00
8. State Government	N/A	N/A	N/A	\$414,649.00	\$379,863.00
9. Local Government	N/A	N/A	N/A	\$2,354,917.00	\$1,705,102.00
10. Private Grants/Contracts	N/A	N/A	N/A	\$0.00	\$46,322.00
11. Contributions	N/A	N/A	N/A	\$0.00	\$0.00
12. Other	N/A	N/A	N/A	\$0.00	\$0.00
13. Applicant (Retained Earnings)	N/A	N/A	N/A	\$0.00	\$0.00
14. Total Other (Lines 7 to 13)	N/A	N/A	N/A	\$2,769,566.00	\$2,131,287.00
<b>Total Non-Federal (Non-section 330) Income (Program Income Plus Other)</b>					
15. Total Non-Federal Income (Lines 6+14)	N/A	N/A	N/A	\$2,771,270.00	\$2,132,971.00

Comments/Explanatory Notes (if applicable)

As of 10/10/2019 03:45:32 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 ]	[ _ ]
Diagnostic Laboratory	[ _ ]	[ X ]	[ _ ]
Diagnostic Radiology	[ _ ]	[ X ]	[ _ ]

Screenings	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coverage for Emergencies During and After Hours	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Voluntary Family Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Immunizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Well Child Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Gynecological Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Obstetrical Care</b>			
Prenatal Care	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Intrapartum Care (Labor & Delivery)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Postpartum Care	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Dental	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pharmaceutical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HCH Required Substance Use Disorder Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Case Management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eligibility Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health Education	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outreach	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Translation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Behavioral Health Services</b>			
Mental Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Substance Use Disorder Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optometry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recuperative Care Program Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Physical Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech-Language Pathology/Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Complementary and Alternative Medicine	[ _ ]	[ _ ]	[ _ ]
Additional Enabling/Supportive Services	[ _ ]	[ _ ]	[ _ ]

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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	[ _ ]	[ _ ]	[ _ ]
Gastroenterology	[ _ ]	[ _ ]	[ _ ]
Advanced Diagnostic Radiology	[ _ ]	[ _ ]	[ _ ]

### Form 5B - Service Sites

As of 10/10/2019 03:45:32 PM

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

MOBILE MEDICAL UNIT (BPS-H80-000672)		Action Status: Picked from Scope	
Site Name	MOBILE MEDICAL UNIT	Physical Site Address	647 1st Ave N, Saint Petersburg, FL 33701-3601
Site Type	Service Delivery Site	Site Phone Number	(727) 582-7781
Web URL	www.pinellascounty.org		
Location Type	Mobile Van	Site Setting	All Other Clinic Types
Date Site was Added to Scope	12/7/1987	Site Operational By	12/7/1987
FQHC Site Medicare Billing Number Status	Health center does not/will not bill under the FQHC Medicare system at this site	FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	27
Months of Operation	May, June, July, August, January, February, March, April, September, October, December, November		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		

#### Organization Information

No Organization Added



Service Area Zip Codes	33760, 33764, 33705, 33781, 33707, 33711, 33770, 33771, 33712, 33765, 33713, 34689, 33702, 33709, 33755, 33701, 33756, 33714, 33772
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**Pinellas County BCC Homeless Program (BPS-H80-014512) Action Status: Picked from Scope**

Site Name	Pinellas County BCC Homeless Program	Physical Site Address	440 Court Street, 2nd Floor, Clearwater, FL 33756
Site Type	Administrative	Site Phone Number	(727) 464-8416
Web URL			
Location Type	Permanent	Site Setting	
Date Site was Added to Scope	1/6/2015	Site Operational By	
FQHC Site Medicare Billing Number Status		FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	0
Months of Operation	May, June, July, August, January, February, March, April, November, September, October, December		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		

**Organization Information**

No Organization Added

Service Area Zip Codes	
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**Bayside Health Clinic (BPS-H80-018057) Action Status: Picked from Scope**

Site Name	Bayside Health Clinic	Physical Site Address	14808 49th St N, Clearwater, FL 33762-2835
Site Type	Service Delivery Site	Site Phone Number	(727) 453-7866
Web URL			
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	6/3/2016	Site Operational By	6/3/2016
FQHC Site Medicare Billing Number Status		FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	60
Months of Operation	May, June, July, August, January, February, March, April, September, October, December, November		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Contractor		

**Organization Information**

Organization Name	Address (Physical)	Address (Mailing)	EIN	Comments
Florida Department of Health in Pinellas County	205 Dr. Martin Luther King Street N St Petersburg, FL 33701		59-3502843	

Service Area Zip Codes

34689, 33770, 33764, 33707, 33705, 33755, 33756, 33771, 33772, 33760, 33765, 33762, 33711, 33714, 33701, 33713, 33702, 33709, 33712, 33781

**Form 5C - Other Activities/Locations**

As of 10/10/2019 03:45:32 PM

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

Activity/Location Information

No other activities/locations added.

**Scope Certification**

As of 10/10/2019 03:45:32 PM

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

**1. Scope of Project Certification - Services – Select only one below**

By checking this option, I certify that I have reviewed my Form 5A: Services Provided and it accurately reflects all services and service delivery methods included in my current approved scope of project.

By checking this option, I certify that I have reviewed my Form 5A: Services Provided and it requires changes that I have submitted through the change in scope process.

**2. Scope of Project Certification - Sites – Select only one below**

By checking this option, I certify that I have reviewed my Form 5B: Service Sites and it accurately reflects all sites included in my current approved scope of project.

By checking this option, I certify that I have reviewed my Form 5B: Service Sites and it requires changes that I have submitted through the change in scope process.

As of 10/10/2019 03:45:32 PM

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

**Program Narrative Update - Environment and Organizational Capacity**

Environment

Discuss current major community, state, and/or regional changes, since the last budget period, that have directly impacted and/or have the potential to impact the progress of the funded project, including changes in:

- Service area demographics and shifting patient population needs;
- Major health care providers in the service area;
- Key community partnerships and collaborations; and
- Changes in insurance coverage, including Medicaid, Medicare, and the Children’s Health Insurance Program (CHIP).

Pinellas County, located on the west coast of Florida, is the most densely populated county in the State with 3,483 persons/square mile. The Census Bureau estimated the County’s population in 2018 at 975,280 people. Pinellas is not a particularly diverse county in terms of race and ethnicity. Approximately eightythree percent (82.6%) of the population is Caucasian by race. The largest segment of the population, 59%, represented by the 18-64 age group. According to the Pinellas County Homeless Leadership Board’s (the local CoC lead agency) the County’s Point in Time Count for 2019 indicated that there were 2,415 homeless adults in Pinellas County. The county is served by only two primary FQHC health centers, including the County. According to the UDS Mapper, FQHC sites have only penetrated 18.3% of the low-income population. The Affordable Care Act has increased the number of residents who have been able to obtain insurance yet the state remains one of the nation’s highest with uninsured residents. The state did not expand Medicaid which affects many residents who fail to qualify for subsidies with the ACA and do not meet the income requirements of the current Medicaid program. The health center is also monitoring the federal administration’s proposed changes to the health care law and the potential impacts to the population of underinsured and uninsured. From 2015 to

2018, Pinellas County (Florida) saw a thirty one percent (31%) increase in overdose deaths associated with opioids (181 and 238, respectively). In addition to overdose deaths, Pinellas County has seen a nearly forty six percent (46%) increase in the number of EMS transports with an administration of Narcan during the same time period. Pinellas County, with funding from HRSA for Medication Assisted Treatment, is working collaboratively with other community partners and treatment organizations to reduce opioid misuse within our community, thus further reducing the number of lives lost to opioid overdoses.

## Organizational Capacity

Discuss current major changes, since the last budget period, in the organization's capacity that have impacted or may impact the progress of the funded project, including changes in:

- Staffing, including key vacancies;
- Board membership changes;
- Operations, including changes in policies and procedures since the last operational site visit;
- Systems, including financial, clinical, and/or practice management systems; and
- Financial status, including the most current audit findings, as applicable.

The County's Health Center Program includes the Bayside Health Clinic and a mobile medical unit that travels throughout the County five days a week. Operational funding in support of the program allows the clinic to operate from 8:00 am 8:00 pm Monday through Thursday, 8:00 am 5:00 pm on Fridays, and 8:00 am 12:00 noon on Saturdays. The clinic was strategically located near several homeless shelters. This placement has diverted patients who previously relied on the mobile van once a week to access the clinic 6 days a week, including evenings. Several factors impacted staffing at the health center over the past year. These factors included reviewing and monitoring the standards of care and clinical training to renew the Center's PCMH recognition, the onboarding of a new Health Care Administrator and Public Health Services Manager, frontline staffing turnover, and continued enhancements and upgrades to the EHR. Several factors relating to the center's staffing needs make the positions difficult to fill. These include: extended hours, part time hours, and the licensure requirements associated with driving the van. These items coupled with the national nursing shortage further hinder the health center's ability to hire staff in a short time period. As the economy has improved, the pool of qualified applicants has shrunk due to the highly competitive environment and low government pay scale. One final area of impact continues to be the mechanical disruptions with the Mobile Medical Unit. The van travels 5 days a week throughout the County, and has experienced several breakdowns this past year from issues related to the generator, waste tank, air conditioner, routine maintenance, etc...resulting in over 60 business days when the van could not be used thus far in 2019. When possible, the staff work with the service locations to provide basic services for clients, however, these limited services often result in cancellation of appointments, and low provider productivity.

## Program Narrative Update - Telehealth

### Telehealth

Describe how you use telehealth<sup>1</sup> to:

- Communicate with patients at other clinical locations;
- Communicate with providers and staff at other clinical locations;
- Receive or perform clinical consultations;
- Send and receive health care information from mobile devices to remotely monitor patients (i.e., mobile health, mHealth<sup>2</sup>); and
- Provide virtual health care services (list all services that are provided via telehealth).

**Note:**

<sup>1</sup> Telehealth is defined as the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.

<sup>2</sup> For more information, see <http://www.telehealthtechnology.org/toolkits/mhealth>.

The County has worked with a technical assistance provider to review and consider opportunities for the health center to implement the utilization of telehealth within the practice. While initially anticipated to be an opportunity to provide the clinic's clients greater access to health care, the County and its partner, the Department of Health, continue to explore and determine the next appropriate opportunity to connect and engage with clients where they are. An alternative option being explored is the deployment of a street medicine team to connect and engage with clients that would not be in a position to connect with the Bayside Clinic or Mobile Medical Unit. Given the County's program serving homeless clients, the implementation of telehealth requires additional considerations, including: client and physician fears associated with the technology, space considerations for housing telehealth equipment beyond the clinic or van sites, and the bandwidth necessary to ensure an appropriate connection for services. The County continues discussions regarding the next steps for telehealth.

## Program Narrative Update - Patient Capacity and Supplemental Awards

### Patient Capacity

Referencing the % Change 2016-2018 Trend, % Change 2017-2018, and % Progress Toward Goal columns:

Discuss trends in unduplicated patients served and report progress in reaching the projected number of patients. In the Patient Capacity Narrative column, explain any negative trends or limited progress toward the projected patient goals.

**Notes:**

- 2016-2018 Patient Number data are pre-populated from Table 3a in the UDS Report.
- The Projected Number of Patients value is pre-populated from the Patient Target noted in the Patient Target Management Module in HRSA EHBs. If you have questions related to your Patient Target, contact the Patient Target Response Team at [BPHPatientTargets@hrsa.gov](mailto:BPHPatientTargets@hrsa.gov). To formally request a change in your Patient Target, you must submit a request via the Patient Target Management Module in HRSA EHBs.

Project Period: 11/1/2001 - 2/28/2022

Unduplicated Patients	2016 Patient Number ⓘ	2017 Patient Number ⓘ	2018 Patient Number ⓘ	% Change 2016-2018 Trend ⓘ	% Change 2017-2018 Trend ⓘ	% Progress Toward Goal ⓘ	Projected Number of Patients	Patient Capacity Narrative
Total Unduplicated Patients	2306	2799	2839	23.11%	1.43%	95.30%	2979	For the budget period of March 1, 2019 through September 30, 2019, the health center has seen 1,626 unduplicated patients. For the UDS calendar year starting January 1, 2019 through September 30, 2019, the health center has seen 2,492 unduplicated clients. At the current pace, the County anticipates seeing 3,000 unduplicated clients in 2019 which is on track towards our patient target of 2,979. Since the opening of the bricks and mortar facility in 2016, the patient numbers appear to have leveled off slightly with a 1.43% change from 2017 to 2018. For the current UDS calendar year, the County has seen 5% more unique clients than the previous year.

**Notes:**

- 2016-2018 Patient Number data are pre-populated from Table 4 in the UDS Report.
- The Projected Number of Patients values is pre-populated from the patient projections in the submission that initiated your current project period (Service Area Competition (SAC)) plus the patient projections from selected supplemental funding awarded after the start of the current project period. See the frequently asked questions on the [BPR TA webpage](#) for details on the selected supplemental funding patient projections included.
- The Projected Number of Patients values cannot be edited during the BPR submission. If these values are not accurate, provide adjusted projections and an explanation in the Patient Capacity Narrative section.

Project Period: 11/1/2001 - 2/28/2022

Special Populations	2016 Patient Number	2017 Patient Number	2018 Patient Number	% Change 2016-2018 Trend	% Change 2017-2018 Trend	% Progress Toward Goal	Projected Number of Patients	Patient Capacity Narrative
Total Migratory and Seasonal Agricultural Worker Patients	0	1	8	Data not available	700.00%	Data not available	0 (This number has been calculated by adding the following patient projections: FY 2019 SAC = 0)	Not Applicable
Total People Experiencing Homelessness Patients	2306	2765	2804	21.60%	1.41%	94.13%	2979 (This number has been calculated by adding the following patient projections: FY 2019 SAC = 2979)	For the budget period of March 1, 2019 through September 30, 2019, the health center has seen 1,626 unduplicated patients. For the UDS calendar year starting January 1, 2019 through September 30, 2019, the health center has seen 2,492 unduplicated clients. At the current pace, the County anticipates seeing 3,000 unduplicated clients in 2019 which is on track towards our patient target of 2,979. Since the opening of the bricks and mortar facility in 2016, the patient numbers appear to have leveled off slightly with a 1.43% change from 2017 to 2018. For the current UDS calendar year, the County has seen 5% more unique clients than the previous year.
Total Public Housing Resident Patients	0	0	0	Data not available	Data not available	Data not available	0 (This number has been calculated by adding the following patient projections: FY 2019 SAC = 0)	Not Applicable

**Notes:**

- 2016-2018 Patient Number data are pre-populated from Table 5 in the UDS Report.
- The Projected Number of Patients column is pre-populated from the patient projections in the submission that initiated your current project period (SAC) plus the patient projections from selected supplemental funding awarded after the start of the current project period. See the frequently asked questions on the [BPR TA webpage](#) for details on the selected supplemental funding patient projections included.
- The Projected Number of Patients values cannot be edited during the BPR submission. If these values are not accurate, provide adjusted projections and an explanation in the Patient Capacity Narrative section.

Project Period: 11/1/2001 - 2/28/2022

2016 2017 2018 % Change % Change %

Patients and Visits by Service Type	Patient Number <a href="#">i</a>	Patient Number <a href="#">i</a>	Patient Number <a href="#">i</a>	2016-2018 Trend <a href="#">i</a>	2017-2018 Trend <a href="#">i</a>	Progress Toward Goal <a href="#">i</a>	Projected Number of Patients	Patient Capacity Narrative
<b>Total Medical Services Patients</b>	2306	2799	2839	23.11%	1.43%	95.30%	2979 (This number has been calculated by adding the following patient projections: FY 2019 SAC = 2979)	For the budget period of March 1, 2019 through September 30, 2019, the health center has seen 1,626 unduplicated patients. For the UDS calendar year starting January 1, 2019 through September 30, 2019, the health center has seen 2,492 unduplicated clients. At the current pace, the County anticipates seeing 3,000 unduplicated clients in 2019 which is on track towards our patient target of 2,979. Since the opening of the bricks and mortar facility in 2016, the patient numbers appear to have leveled off slightly with a 1.43% change from 2017 to 2018. For the current UDS calendar year, the County has seen 5% more unique clients than the previous year.
<b>Total Dental Services Patients</b>	466	784	926	98.71%	18.11%	103.70%	893 (This number has been calculated by adding the following patient projections: FY 2019 SAC = 893)	For the UDS calendar year starting January 1, 2019 through September 30, 2019, the health center has seen 757 unduplicated dental clients. At the current pace, the County anticipates seeing 900 in 2019, which is on track towards our patient target of 893. For the current UDS calendar year, the County has seen a 2% increase over the previous year.
<b>Total Mental Health Services Patients</b>	602	1077	440	-26.91%	-59.15%	38.39%	1146 (This number has been calculated by adding the following patient projections: FY 2019 SAC = 1146)	For the UDS calendar year starting January 1, 2019 through August 31, 2019, the health center has seen 330 unduplicated mental health services patients. At the current pace, the County anticipates seeing 495 unduplicated clients in 2019. This is below our patient target of 1146. The County had a State grant in 2017, which was not renewed, that provided for mental health services staff to be co-located at the Clinic and to follow the van. These staff were dedicated to working with clients at the point-of-care or shortly thereafter to seek engagement in mental health services. Without the renewed funding, the County was unable to continue providing the on-site staff that engaged a large number of clients during 2017.
<b>Total Substance Use</b>						Data not	0 (This number has been calculated by	For the UDS calendar year starting January 1, 2019 through August 31, 2019, the health center has seen 126 unduplicated substance use disorder

Disorder Services Patients	60	123	146	143.33%	18.70%	available	adding the following patient projections: FY 2019 SAC = 0)	services patients. At the current pace, the County anticipates seeing 190 unduplicated clients in 2019. This is above our patient target of 0.  For the UDS calendar year starting January 1, 2019 through September 30, 2019, the health center has seen 2,385 unduplicated case management clients. This is 95.7% of the current total medical services patients. At the current pace, the County anticipates seeing 3,000 unduplicated case management clients which is on track towards our enabling services target of 2,944.
Total Enabling Services Patients	2306	2700	2797	21.29%	3.59%	95.01%	2944 (This number has been calculated by adding the following patient projections: FY 2019 SAC = 2944)	

**Supplemental Awards**

In the Supplemental Award Narrative column, describe the following:

- Implementation status and progress toward achieving goals;
- Key factors impacting progress toward achieving goals; and
- Plans for sustaining progress and/or overcoming barriers to ensure goal achievement.

**Notes:**

- If you did not receive a Supplemental Award, the system will not require narrative in the Supplemental Award Narrative column.
- Supplemental awards released late in FY 2019 or early in FY 2020 will be included in the FY 2021 BPR.
- SUD-MH recipients should report on the number of patients accessing SUD and/or mental health services, and, if you requested additional MAT funding, the number of patients receiving MAT for opioid use disorder (OUD).

Type of Supplemental Award	Programmatic Goal	Supplemental Award Narrative
FY 2017 Access Increases in Mental Health and Substance Abuse Services (AIMS)	Increase the number of patients with access to mental health services, and substance use disorder services focusing on the treatment, prevention, and awareness of opioid abuse by December 31, 2018  Achieve operational status and increase the	The County has implemented the AIMS program to increase our clients' access to counseling services for substance use disorder or co-occurring with a licensed therapist. There have been several factors impacting the program's progress towards achieving the goal of increasing the number of existing patients accessing mental health services by 30 and substance use services by 90. The first factor is the employment environment, given the low unemployment rate, our non-profit contractor (PAR) has had difficulty recruiting given the competition with private agencies. PAR continues recruitment efforts and works diligently with their staff to ensure the County's clients are served. Another factor impacting progress is client engagement. The health center's staff tracked (from 01/01/19 through 07/25/19) the number of clients screened for referral (1105) and, of the clients that are positive for substance use (232), 69% are referred to PAR (160). Staff track the number of active clients, the number enrolled in services, the number of referrals pending, the number of discharges, and the number that did not meet criteria. During September 2019, the AIMS program had 33 active clients with 24 pending referrals. The County has realized through this, and other community programs, the target population is not always agreeable to substance use disorder treatment. Individuals with co-occurring disorder have frequently declined substance use services as they do not view their substance use as an issue. For this reason, the County included a case manager position to help seek client engagement, but due to the employment environment recruitment efforts have been difficult. Efforts to overcome these barriers are discussed monthly and continue to ensure the programs goals are kept in the forefront.

**FY 2017 New Access Points (NAP) Satellite**

number of patients by December 31, 2018

Not Applicable

**FY 2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH)**

Increase patients receiving substance use disorder and/or mental health services by December 31, 2019

The County had several factors previously impacting the implementation of the SUD-MH program. Beyond the recruitment struggles discussed in the AIMS progress, the SUD-MH program reached a hurdle with regards to getting program staff the proper credentials and access to our hospital partner. This barrier has been addressed, but unexpectedly delayed the program's process by a couple months. Staff continued other efforts towards program implementation during this time, including development of the appropriate forms for patients to sign at program intake, development of a client flow between providers, informational materials, and referral forms. This program will connect active health center clients and individuals meeting the health center's eligibility criteria (homeless) to a substance use provider while the individual is within the hospital system, or shortly after discharge. Additional information is being gathered to identify and connect to the health center's high utilizers of the hospital systems for substance use related diagnoses. The intent is for SUD-MH program staff to reach out and connect with the clients and to utilize motivational interviewing techniques to encourage participation in the program. Plans to overcome barriers are in progress and noted in the most recent tri-annual progress report submitted on 09/16/19.

## Program Narrative Update - One Time Funding

### ▼ One-Time Funding Awards

In the Activities column, discuss activities for which one-time funds were used and the impact on your organization.

**Notes:**

- If you did not receive a One-Time Funding Award, the system will not require narrative in the Activities column.
- One-time awards released late in FY 2019 or early in FY 2020 will be included in the FY 2021 BPR.

Type of One-Time Funding Award	Allowable Activities	Activities
FY 2017 Access Increases in Mental Health and Substance Abuse Services (AIMS)	<p>Implementing health information technology (health IT) and/or training investments to:</p> <ul style="list-style-type: none"> <li>• Expand mental health services, and substance use disorder services focusing on the treatment, prevention, and awareness of opioid abuse</li> <li>• Integrate expanded services into primary care</li> </ul> <p>Funding must be used for health IT and/or training investments in one or more of the following Activity Categories:</p> <ul style="list-style-type: none"> <li>• Medication Assisted Treatment</li> <li>• Telehealth</li> <li>• Prescription Drug Monitoring Program</li> <li>• Clinical Decision Support</li> <li>• EHR Interoperability</li> <li>• Quality Improvement</li> <li>• Cybersecurity</li> <li>• Other Training</li> <li>• Other IT</li> </ul> <p>Developing and improving health center quality improvement (QI)</p>	<p>The County utilized one-time AIMS funding to complete a technology project to improve the integration of the health center's electronic health record (EHR). The project assisted in connecting the health center's EHR with the local behavioral health information platform to aid in the transmission of referrals for treatment. Other one-time funding was used to send behavioral health staff to two behavioral health conferences to obtain an understanding of new ideas and best practices. The intent to purchase telehealth equipment was unrealized due to a variety of factors. The health center has worked with a technical assistance provider regarding telehealth and learned that bandwidth is a major factor in the implementation of telehealth. The health center currently struggles with connectivity issues with the mobile unit and the decision was made to delay the purchase or deployment of telehealth.</p>



systems and infrastructure:

- Training staff
- Purchasing medically accessible clinical equipment
- Enhancing health information technology, certified electronic health record, and data systems
- Data analysis
- Implementing targeted QI activities (including hiring consultants)

Developing and improving care delivery systems:

- Purchasing supplies to support care coordination, case management, and medication management
- Laboratory reporting and tracking
- Training and workflow redesign to support team-based care
- Clinical integration of behavioral health, oral health, HIV care, and other services

Developing and improving health center quality improvement (QI) systems and infrastructure:

- Training staff
- Purchasing medically accessible clinical equipment
- Enhancing health information technology, certified electronic health record, and data systems
- Data analysis
- Implementing targeted QI activities (including hiring consultants)

Developing and improving care delivery systems:

- Purchasing supplies to support care coordination, case management, and medication management
- Laboratory reporting and tracking
- Training and workflow redesign to support team-based care
- Clinical integration of behavioral health, oral health, HIV care, and other services

Increase access to quality opioid use disorder (OUD) and other substance use disorder (SUD) treatment by increasing the number of professionals and paraprofessionals trained to deliver behavioral health and primary care services as part of integrated, interprofessional team. Funds must be used to fulfill the following requirements throughout the 2 year funding period:

- Provide mental health and SUD services either directly or through formal or written agreement for which the health center pays.
- Have physicians, certified nurse practitioners, and/or

Pinellas County was awarded \$75,356 in quality improvement funding in 2017. The health center used the funding to enhance our electronic health record with NextGen including training hours, workflow improvements, and add-on modules needed for the patient centered medical home reporting process. Funding was also used to enhance the IT connectivity of our mobile van for when the van is located at various points in the county to prevent wireless connectivity disruption while working in the EHR. Additionally, the health center contracted part-time for a quality improvement analyst to assist with reporting and data analysis at we began the patient centered medical home renewal process.

In 2018, the health center was awarded \$122,348 in quality improvement funding. Funding was used to continue the work of the part-time quality improvement analyst hired at the end of the 2017 award and as we continued the PCMH renewal process. The County entered into a contractual arrangement for consulting services from the University of Central Florida, Health Arch program for Patient Centered Medical Home consulting from a CCE. The health center hired a new Project Director for the program in September 2018 and used the funding to send her to the Patient Centered Medical Home training in NY for her start as a CCE and as the program ramped up for the renewal process. Funding will be used to send 3 additional FTEs to the Intro/Advanced PCMH classes in 2019 as well. The health center invested in OTech, third-party vendor to our electronic health record, NextGen to improve the patient check-in experience and to build electronic forms for patients that would automatically load into the EHR. This upgrade, when completed, will improve productivity for the staff who are currently using paper forms and manual data entry to the EHR. Finally, the health center was able to send two FTEs to the National Health Care for the Homeless conference in May 2019. These training opportunities are invaluable to the staff participating.

**FY 2017 Quality Improvement Assistance (August 2017)**

**FY 2018 Quality Improvement Assistance (August 2018)**

**FY 2018 Enhancing Behavioral Health Workforce**

physician assistants, on-site or with whom the health center has contracts, who have obtained a Drug Addiction Treatment Act (DATA) of 2000 waiver to treat OUD with medications specifically approved by the U.S. Food and Drug Administration (FDA) for that indication.

Not Applicable.

- Have patients who receive medication-assisted treatment (MAT) for OUD from a physician, certified nurse practitioner, or physician assistant with a DATA 2000 waiver working on behalf of the health center.
- Develop, host in academic years 2018-2019 and 2019-2020, and evaluate at least annually, experiential rotations for individuals preparing to become social workers, psychologists, counselors, addiction counselors, paraprofessionals, community workers, or other approved professionals that will teach integrated behavioral health and primary care services, and OUD and other SUD treatment, including MAT.

Implementation of evidence-based SUD-MH integration and expansion strategies to:

- Expand access to quality integrated SUD prevention and treatment services, including those addressing OUD and other emerging SUD issues.
- Expand access to quality integrated mental health services, with a focus on conditions that increase risk for, or co-occur with SUD, including OUD.

Due to significant delays in project implementation the one-time funding remained unexpended. Funds were budgeted for medications to increase availability of medication assisted treatment (MAT) to clients identified through the SUD-MH program. Unfortunately, due to difficulty with recruitment and an unforeseen delay with staff access to the program's hospital partner's facility the SUD-MH program was unable to realize any new clients for MAT treatment during the time frame for which the one-time funding was available.

**FY 2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH)**

Funding may be used for infrastructure enhancements that support the expansion of SUD and/or mental health services, which may include:

- equipment,
- minor alteration and renovations (A/R), and
- other one-time costs.

**Program Narrative Update - Clinical/Financial Performance Measures**

**Clinical/Financial Performance Measures**

Referencing the % Change 2016-2018 Trend, % Change 2017-2018 Trend, and % Progress Toward Goal columns, discuss the trends for:

- **HRSA Priority Clinical and Financial Performance Measures:**
  - Diabetes: Hemoglobin A1c Poor Control
  - Health Center Program Grant Cost Per Patient (Grant Costs)
- The measures for which you have experienced a negative trend of 5 percent or greater.

In the Clinical/Financial Performance Measures Narrative column provide an explanation of measures for which you have experienced a negative trend of 5 percent or greater, including:

- a. Key contributing and restricting factors affecting progress toward achieving goals; and
- b. Plans for improving progress and/or overcoming barriers to ensure goal achievement.

If you have no measures for which you have experienced a negative trend of 5 percent or greater, state this in the Measure Narrative field for the relevant measure(s).

Notes:

- 2016 – 2018 Measure fields will prepopulate from UDS, if available.
- Performance measure goals cannot be edited during the BPR submission. If pre-populated performance measure goals are not accurate, provide an adjusted goal and explanation in the appropriate Measure Narrative field (e.g., goal for the low birth weight measure has decreased based on improved

patient tracking via a new EHR).

- If you were previously a look-alike, your look-alike UDS data will not pre-populate.
- (\*) If there are measures, within this section, that have not experienced a negative trend of 5 percent or greater, state this in the appropriate Measure Narrative field.
- (\*\*) Due to the fact that Cervical Cancer and IVD goals were set and reported in UDS based on different measure definitions, data will not display for some fields.
- (\*\*\*) If you receive funds to serve special populations (i.e., migratory and seasonal agricultural workers, people experiencing homelessness, and/or residents of public housing), you must ensure that at least one additional clinical performance measure that addresses the health care needs of each funded special population is included, as established in your most recent SAC application.

### HRSA Priority Clinical and Financial Performance Measures

#### Clinical Measures

Performance Measure	2016 Measures	2017 Measures	2018 Measures	% Change 2016-2018 Trend	% Change 2017-2018 Trend	% Progress toward Goal	Measure Goals	Measure Narrative
Diabetes: Hemoglobin A1c Poor Control	Numerator: 75.0000 Denominator : 171.0000 Calculated Value: 43.8600	Numerator: 95.0000 Denominator : 212.0000 Calculated Value: 44.8100	Numerator: 135.0000 Denominator : 295.0000 Calculated Value: 45.7600	4.33%	2.12%	114.40%	40.00%	Staff obtain the serum blood sample for the A1c test and send the specimen to QUEST laboratories for resulting. This is done at point of care at no cost to the patient. Glucose monitoring supplies and DM medications are also provided at no cost to the patient. Patients report a high incidence of misplacing their supplies and medications and some are reluctant of having this lab test done in fear of drug testing. Most patients eat all their meals/snacks at homeless shelters and food kitchens which provides foods high in sugar, salt and fat. Action plans for improvement include: 1) hiring a new employee to champion the new DM Action Plan with emphasis be on nutrition and diabetes friendly food at the local shelters 2) purchasing an A1c machine for testing on-site during the patient's regular appointment and 3) exploring the purchase of mini-back packs for patients to keep their medications and supplies.

#### Financial Measures

Performance Measure	2016 Measures	2017 Measures	2018 Measures	% Change 2016-2018 Trend	% Change 2017-2018 Trend	% Progress toward Goal	Measure Goals	Measure Narrative
								From 2017 – 2018, there was a significant difference in the drawdown amount of HRSA funds due to timing issues. For the same time period, the overall total costs of the program decreased by 16.8% and the total # of clients increased by 1.4%. In 2019,

Health Center Program Grant Cost Per Patient (Grant Costs)	Numerator: 1211358.00 00	Numerator: 742621.000 0	Numerator: 1792726.00 00	20.21%	138.00%	129.13%	489.03 : 1 Ratio
	Denominator : 2306.0000	Denominator : 2799.0000	Denominator : 2839.0000				
	Calculated Value: 525.3070	Calculated Value: 265.3165	Calculated Value: 631.4639				

from January through September 30th, the County has drawn down \$1,011,992 and has served 2,492 clients, an increase of 5.3% from the same time period in 2018 which puts our grant cost per patient under the goal at \$406.10. Contributing factors include additional grant funding awarded, total program costs decreasing, and a corresponding increase in clients served. Restricting factors still exist with timing of drawdowns that can widely impact the final measure. We do anticipate drawdowns for the quarter ending 9/30 and before 12/31 which will lead to an anticipated increase in the overall final grant cost, but at this time we are in-line with the proposed goals. Monitoring of program costs continues with leadership staff.

**Perinatal Health\***

Performance Measure	2016 Measures	2017 Measures	2018 Measures	% Change 2016-2018 Trend	% Change 2017-2018 Trend	% Progress toward Goal	Measure Goals	Measure Narrative
Early Entry into Prenatal Care	Data not available	Numerator: 0.0000 Denominator : 0.0000 Calculated Value: 0.0000	Data not available	Data not available	Data not available	Data not available	0.00%	
Low Birth Weight	Data not available	Numerator: 0.0000 Denominator : 0.0000 Calculated Value: 0.0000	Data not available	Data not available	Data not available	Data not available	0.00%	

**Preventive Health Screenings and Services\***

Performance Measure	2016 Measures	2017 Measures	2018 Measures	% Change 2016-2018 Trend	% Change 2017-2018 Trend	% Progress toward Goal	Measure Goals	Measure Narrative
Dental Sealants for Children between 6 – 9 Years	Data not available	Numerator: 0.0000 Denominator : 0.0000 Calculated Value: 0.0000	Data not available	Data not available	Data not available	Data not available	0.00%	
								Staff routinely provide this service. The electronic health record NextGen automatically calculates the BMI and it shows in red when it's

Body Mass Index (BMI) Screening and Follow-Up Plan	Numerator: 2075.0000 Denominator : 2304.0000 Calculated Value: 90.0600	Numerator: 2606.0000 Denominator : 2798.0000 Calculated Value: 93.1400	Numerator: 2501.0000 Denominator : 2837.0000 Calculated Value: 88.1600	-2.11%	-5.35%	93.79%	94.00%	abnormal. Patients commonly present on the 1st visit with one or more Behavioral Health problem such as mental health conditions such as Depression and Substance Abuse problems such as Alcohol Dependence. In addition, patients commonly present on the 1st visit as a referral from a local hospital to establish a PCP requiring immediate attention for an acute problem. If the BMI and follow-up plan is missed on the 1st visit, this is done at the next visit; however, some patients are lost to follow-up and never return for a 2nd visit. Action plan to improve includes: 1) staff providing this service when possible at the 1st visit and 2): if the service can't be provided on the 1st visit the staff sets an Alert on the patient's chart to remind staff of this needed service.
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Data not available	Numerator: 0.0000 Denominator : 0.0000 Calculated Value: 0.0000	Data not available	Data not available	Data not available	Data not available	0.00%	
Tobacco Use: Screening and Cessation Intervention	Numerator: 1593.0000 Denominator : 1601.0000 Calculated Value: 99.5000	Numerator: 1804.0000 Denominator : 1815.0000 Calculated Value: 99.3900	Numerator: 1618.0000 Denominator : 1673.0000 Calculated Value: 96.7100	-2.80%	-2.70%	98.68%	98.00%	
Colorectal Cancer Screening	Numerator: 236.0000 Denominator : 936.0000 Calculated Value: 25.2100	Numerator: 358.0000 Denominator : 1177.0000 Calculated Value: 30.4200	Numerator: 288.0000 Denominator : 1245.0000 Calculated Value: 23.1300	-8.25%	-23.96%	92.52%	25.00%	Patients are provided with the iFOBT kits during routine office visits at no costs to the patient and some patients are referred to a GI Specialist for a Colonoscopy, which is also no cost to the patients. Patients are homeless, many misplace the kits and those who need a Colonoscopy are challenged with adequate space to complete the cleansing requirements before the procedure, and/or for obtaining the required escort to accompany them upon discharge. Action plans for improvement include: 1) continuing to provide the iFOBT kits and replace them if needed 2) ordering the Colonoscopy for patients who have a plan for the cleansing process and an escort to accompany them at discharge.
Cervical Cancer Screening**	Data not available	Numerator: 415.0000 Denominator : 853.0000	Numerator: 391.0000 Denominator : 778.0000	Data not available	3.31%	100.52%	50.00%	

		Calculated Value: 48.6500	Calculated Value: 50.2600				
Childhood Immunization Status (CIS)	Data not available	Numerator: 0.0000 Denominator : 0.0000 Calculated Value: 0.0000	Data not available	Data not available	Data not available	Data not available	0.00%

**Chronic Disease Management\***

Performance Measure	2016 Measures	2017 Measures	2018 Measures	% Change 2016-2018 Trend	% Change 2017-2018 Trend	% Progress toward Goal	Measure Goals	Measure Narrative
Use of Appropriate Medications for Asthma	Numerator: 40.0000 Denominator : 44.0000 Calculated Value: 90.9100	Numerator: 89.0000 Denominator : 99.0000 Calculated Value: 89.9000	Numerator: 77.0000 Denominator : 90.0000 Calculated Value: 85.5600	-5.88%	-4.83%	96.13%	89.00%	
Coronary Artery Disease (CAD): Lipid Therapy	Numerator: 51.0000 Denominator : 56.0000 Calculated Value: 91.0700	Numerator: 55.0000 Denominator : 67.0000 Calculated Value: 82.0900	Numerator: 33.0000 Denominator : 43.0000 Calculated Value: 76.7400	-15.74%	-6.52%	93.59%	82.00%	Lab testing and Medications for CAD are provided at no charge to patients. The Lipid panel which includes the LDL is ordered and done as a fasting test. Many patients are "no-shows" for their lab test appointments. Action plans for improvement: 1) Patients can walk-in same day Monday-Friday for their Lipid panel to be drawn 2) Staff contact patients to reschedule lab testing and 3) Providers discuss the risks and benefits of Lipid Therapy and through shared decision making with the patient, the medication is provided.
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet**	Data not available	Numerator: 54.0000 Denominator : 70.0000 Calculated Value: 77.1400	Numerator: 51.0000 Denominator : 61.0000 Calculated Value: 83.6100	Data not available	8.39%	104.51%	80.00%	
Controlling High Blood Pressure	Numerator: 283.0000 Denominator : 422.0000 Calculated Value: 67.0600	Numerator: 356.0000 Denominator : 557.0000 Calculated Value: 63.9100	Numerator: 469.0000 Denominator : 752.0000 Calculated Value: 62.3700	-6.99%	-2.41%	97.45%	64.00%	
HIV Linkage to Care	Data not available	Numerator: 0.0000 Denominator : 0.0000 Calculated Value: 0.0000	Data not available	Data not available	Data not available	Data not available	0.00%	
Screening for Depression and	Numerator: 1030.0000 Denominator : 1794.0000	Numerator: 1456.0000 Denominator : 2119.0000	Numerator: 1366.0000 Denominator : 1823.0000	30.52%	9.05%	108.59%	69.00%	

Follow-Up Plan	Calculated Value: 57.4100	Calculated Value: 68.7100	Calculated Value: 74.9300
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**Financial Measures\***

Performance Measure	2016 Measures	2017 Measures	2018 Measures	% Change 2016-2018 Trend	% Change 2017-2018 Trend	% Progress toward Goal	Measure Goals	Measure Narrative
Total Cost Per Patient (Costs)	Numerator: 3380953.00 00 Denominator : 2306.0000 Calculated Value: 1,466.1548	Numerator: 4714711.00 00 Denominator : 2799.0000 Calculated Value: 1,684.4269	Numerator: 3924013.00 00 Denominator : 2839.0000 Calculated Value: 1,382.1814	-5.73%	-17.94%	96.54%	1431.77 : 1 Ratio	From 2017 – 2018, the total cost per patient decreased by 17.94%. One of the program’s most significant costs are pharmacy costs for the population. Contributing factors leading to the reduction of pharmacy costs include the leadership team finding cost savings by working with the pharmacy benefit provider, implementing new policies regarding generic and name brand prescriptions, and employing a prescription assistance program staff member to help eligible clients obtain prescriptions for no cost. Pharmacy costs and practices are monitored on a monthly basis by health center leadership. Restricting factors include the multiple chronic conditions faced by homeless individuals. Many patients are high cost, high utilization leading to challenges in monitoring cost without sacrificing quality. However, by maintaining patient centered medical home strategies we continue to provide high quality care for this vulnerable population.
Medical Cost Per Medical Visit (Costs)	Numerator: 776346.000 0 Denominator : 7228.0000 Calculated Value: 107.4081	Numerator: 829731.000 0 Denominator : 8368.0000 Calculated Value: 99.1552	Numerator: 883272.000 0 Denominator : 7933.0000 Calculated Value: 111.3415	3.66%	12.29%	112.35%	99.10 : 1 Ratio	From 2017-2018, the medical cost per visit increased by 12.29%. Contributing factors to the increase is most likely due to the tenure of our current providers along with all three providers having a full-year of tenure with the health center compared to turnover or lapses in 2017. In addition, while the health center had more unduplicated clients in 2018; the overall # of encounters decreased slightly. Restricting factors include a continued decrease in encounters by clients. The health center’s mobile van has had several mechanical issues requiring the van to be out of service at various times during the year. While staff can still provide limited services, it has led to a reduction of qualified medical

visits over the year. The health center continues to monitor the costs per visit and encounter rate.

**Additional Measures\*\*\***

Performance Measure	2016 Measures	2017 Measures	2018 Measures	% Change 2016-2018 Trend	% Change 2017-2018 Trend	% Progress toward Goal	Measure Goals	Is This Performance Measure Applicable?	Measure Narrative
(Oral Health) Oral health exams	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	30.00%	Yes	No
(Enabling Services/Case Management) Percentage of homeless patients who will have at least one case management service during the measurement year.	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	96.00%	Yes	No



**PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS  
H80CS00024 | BUDGET NARRATIVE | FY20**

Budget Justification	FY 2020 Budget Period	
	Federal Grant Request	Non-Federal Resources
<b>REVENUE</b> – <i>Should be consistent with information presented in Budget Information: Budget Details form and Form 3: Income Analysis</i>		
PROGRAM INCOME (fees, third party reimbursements, and payments generated from the projected delivery of services)		\$1,704
STATE FUNDS		\$414,649
LOCAL FUNDS		\$2,354,917
FEDERAL FUNDING HHS   HRSA   Health Center Program Funding Y3	\$1,456,815	
OTHER FEDERAL FUNDING (break out by source — e.g., HUD, CDC )		
OTHER SUPPORT		
<b>TOTAL REVENUE</b>	<b>\$1,456,815</b>	<b>\$2,771,270</b>
<b>EXPENSES:</b> <i>Object class totals should be consistent with those presented in Section B of the Budget Information: Budget Details form.</i>		
<b>PERSONNEL</b>		
ADMINISTRATION Project Director/Health Care Administrator (CEO) 0.20 FTE   \$104,374 annual salary   K. Yatchum		\$20,875
MEDICAL STAFF		
DENTAL STAFF		
BEHAVIORAL HEALTH STAFF		
ENABLING STAFF		
OTHER STAFF		
<b>TOTAL PERSONNEL</b>	<b>\$0</b>	<b>\$20,875</b>
<b>FRINGE BENEFITS</b>		
FICA @ 0.0765 x \$20,875		\$1,597
State Retirement Contribution @ 0.0851 x \$20,875		\$1,776
Group Life Insurance @ 0.0015 x \$20,875		\$31
Long-Term Disability @ 0.0051 x \$20,875		\$106
Medical @ \$21,660 x 0.20 FTE		\$4,332
Dental @ 850 x 0.20 FTE		\$170
Short-Term Disability@ \$390 x 0.20 FTE		\$78
<b>TOTAL FRINGE</b>	<b>\$0</b>	<b>\$8,090</b>

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Budget Justification	FY 2020 Budget Period	
	Federal Grant Request	Non-Federal Resources
<b>TRAVEL</b>		
Health Care for the Homeless National Conference 3 FTEs @ \$1,650 per person - 3 nights (May 2020)	\$4,950	
O/E Coordinator - Local Travel (1 FTE @ 1000 miles/yr @ .545/mile)	\$545	
<b>TOTAL TRAVEL</b>	<b>\$5,495</b>	<b>\$0</b>
<b>EQUIPMENT</b> – Include items of moveable equipment that cost \$5,000 or more and with a useful life of one year or more.		
Not Applicable		
<b>TOTAL EQUIPMENT</b>	<b>\$0</b>	<b>\$0</b>
<b>SUPPLIES</b>		
Printing: HCH Outreach Brochure (AIMS) (\$0.25 per brochure x 3,000 copies)	\$750	
<b>TOTAL SUPPLIES</b>	<b>\$750</b>	<b>\$0</b>
<b>CONTRACTUAL</b> – Include sufficient detail to justify costs.		
<p><b>Contractor: Florida Department of Health in Pinellas County:</b> provides or subcontracts for a significant portion of required and additional services within the health center's scope of project. DOH also provides quality improvement services, and patient support staff in support of the Patient Centered Medical Home concepts. DOH will serve the patient target of 2,940 unduplicated patients with qualified primary care medical encounters along with identified clinical measure goals as reported in the UDS report. Pinellas County meets bi-weekly with management of the organization, as well as through several sub-committees to support the contract monitoring and program service delivery.</p>		
<b>Clinical Primary Care Services</b>		
Medical Director   C. Ravindra .25 FTE x (\$167,659 salary + \$46,615 fringe)		\$53,569
QI Coordinator   R. O'Brien .75 FTE x (\$77,491 salary + \$30,213 fringe)		\$80,778
Program Supervisor   J. Black 1.0 FTE x (\$58,732 salary + \$18,246 fringe)		\$76,978
Care Coordinator   C. Ufondu 1.0 FTE x (\$42,767 salary + \$15,150 fringe)		\$57,917
Computer Program Analyst   A. Verrett .50 FTE x (\$37,795 salary + \$6,094 fringe)		\$21,945
Senior Physician   R. Mungara 1.0 FTE x (\$130,546 salary + 40,618 fringe)	\$171,164	
Physician Assistant   F. Agyekum 1.0 FTE x (\$86,498 salary + \$36,237 fringe)	\$122,735	
ARNP   L. Thykeo-Hicks 0.5 FTE x (\$71,264 salary + \$11,488 fringe)	\$41,376	

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Budget Justification	FY 2020 Budget Period	
	Federal Grant Request	Non-Federal Resources
Physician (OPS)   Dr. Rao 0.5 FTE x (72,900 salary + 1,210 fringe)	\$37,055	
Registered Nurse   M. Handy 1.0 FTE x (\$43,847 salary + \$15,324 fringe)	\$59,171	
Registered Nurse   R. Lamp 0.5 FTE x (\$48,232 salary + \$10,173 fringe)		\$29,203
Nurse LPN   O. Hernandez 1.0 FTE x (\$37,688 salary + \$23,796 fringe)	\$61,484	
Nurse LPN   vacant 1.0 FTE x (\$35,172 salary + \$12,039 fringe)		\$47,211
Nurse MA   A. Heredia 1.0 FTE x (\$29,535 salary + \$10,647 fringe)		\$40,182
Nurse MA   M. Sally 1.0 FTE x (\$29,604 salary + \$12,467 fringe)	\$42,071	
Clerical Supervisor   C. Wittstruck 1.0 FTE x (\$29,570 salary + \$13,114 fringe)	\$42,684	
Human Services Analyst   A. Hossley 1.0 FTE x (\$30,336 salary + \$13,146 fringe)	\$43,482	
Senior Clerk   A. Brooks 1.0 FTE x (\$26,255 salary + \$21,876 fringe)	\$48,131	
Senior Clerk   vacant 1.0 FTE x (\$26,255 salary + \$21,876 fringe)		\$48,131
Eligibility Assistance Worker   B. Telford 1.0 FTE x (\$26,608 salary + \$10,193 fringe)		\$36,801
Support Staff   Marti Flores 1.0 FTE x (\$33,914 salary + \$23,187 fringe)	\$57,101	
Support Staff   TBD 1.0 FTE x (\$26,255 salary = \$9,893 fringe)		\$36,148
<b><u>Dental Services</u></b>		
Encounter w/Dentist @ \$109/visit @ 2,400 encounters	\$156,960	\$104,640
Encounter w/Hygienist @ \$70/visit @ 420 encounters	\$17,640	\$11,760
Dentures Labs/Supplies		\$15,000
<b><u>Laboratory Services</u></b>		
Subcontractor to FL DOH: Quest Laboratories  Lab Services (Average of \$2,729/mo x 12 mos) CY18 Avg 687 medical encounters/236 unduplicated clients/mo)	\$32,750	
<b><u>Behavioral Health Services</u></b>		
Subcontractor to FL DOH: Directions for Living  Fee for Service Contract up to \$220,000		\$220,000

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Budget Justification	FY 2020 Budget Period	
	Federal Grant Request	Non-Federal Resources
<p><b><u>Specialty Care Services</u></b> Subcontracted through FL Dept. of Health</p> <p>Network of Contracted Providers for Required and Additional Services within the Health Center’s Approved Scope of Project (Radiology; Podiatry; Psychiatry; Other...)</p>		\$100,000
<p><b><u>Local Travel</u></b></p> <p>.445 mile/@ 158 miles/mo x 12 mos x 1 FTE</p>	\$845	
<p><b><u>Provider Training</u></b></p> <p>Basic Life Support Training   CPR @ \$62.75 pp/8 FTE</p>	\$500	
<p><b><u>Office Supplies</u></b></p> <p>Two HC Sites: (\$250 per month/site x 12 months)</p>	\$6,000	
<p><b><u>Medical Supplies</u></b></p> <p>Avg \$1,375/mo   CY18 Avg 687 medical encounters/236 unduplicated clients/mo)</p>	\$16,500	
<p><b><u>Other Services</u></b></p> <p>Cell Phone \$181/month x 12 months x 1.0 FTE</p>	\$2,171	
Administrative Service Fee 10%		\$142,042
<b><u>Sub-Total: FL DOH</u></b>	<b>\$959,820</b>	<b>\$1,122,305</b>
<p><b><u>Operation PAR</u></b> <b>(Substance Abuse Services – Medication Assisted Treatment   AIMS Supplemental   Low Income Pool/Care Team):</b> provide medication assisted treatment (Vivartrol, Bupenephrine, Methadone) for 40 unduplicated HCH clients per year as a result of the Substance Abuse Service Expansion award. Supplemental funding for Access Increases in Mental Health and Substance Abuse Services. Low Income Pool funding from State for CARE Team program w/St. Anthony’s hospital. Pinellas County meets monthly with the contractor and receives regular performance outcome data for review.</p>		
<p><b><u>Clinical Staff – Substance Abuse Service Expansion</u></b></p> <p>Contract Physician   M. Sheehan \$192,300 max federal limit for Exec Comp II x 3.4% FTE</p> <p>Counselor   T. Rine 1.0 FTE   \$35,822 salary</p> <p>Counselor   vacant 0.125 FTE   \$34,688</p> <p>Case Manager   S. Rhodes 1.0 FTE   \$36,724 salary</p> <p>Dir. Outpatient Services   L. Rosenbluth 0.042 FTE   \$76,546 annual salary</p>	<p>\$6,500</p> <p>\$35,882</p> <p>\$4,336</p> <p>\$36,724</p> <p>\$3,215</p>	

**PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS  
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Budget Justification	FY 2020 Budget Period	
	Federal Grant Request	Non-Federal Resources
CEO/Project Supervisor   D. Clarke 0.05 FTE   \$192,300 adjusted annual salary	\$9,615	
Evaluator/Research Assistant   vacant 0.05 FTE   \$78,605 annual salary	\$3,930	
Fringe @ 26.6% of salaries	\$26,653	
<b><u>Clinical Staff – AIMS</u></b>		
Licensed Therapist   TBD 0.5 FTE   \$40,309 salary	\$20,154	
Dir. Outpatient Services   L. Rosenbluth .07 FTE   \$76,546 annual salary	\$5,358	
Case Manager   vacant 0.75 FTE   \$34,271 salary	\$25,703	
Fringe @ 26.6% of salaries	\$13,623	
<b><u>Clinical Staff – Low Income Pool (LIP)/Care Team</u></b>		
Licensed Therapist   TBD 1.0 FTE   \$45,346 salary		\$45,346
Nurse LPN   TBD 1.0 FTE   \$37,728 salary		\$37,728
Team Coordinator   TBD 1.0 FTE   \$28,422 salary		\$28,422
Dir. Outpatient Services   L. Rosenbluth .15 FTE   \$76,546 annual salary		\$11,482
Evaluator/Research Asst   vacant 0.025 FTE   \$78,605 salary		\$1,965
Fringe @ 26.6% of salaries		\$33,234
<b><u>Medication Assisted Treatment Services (SASE)</u></b>		
Methadone 39 patients @ \$92.30/week x 26 weeks	\$93,592	
Vivitrol 8 patients @ \$1300/client x 6 mos	\$62,400	
Buprenorphine 4 clients @ \$140/week @ 26 weeks	\$14,560	
<b><u>Local Travel</u></b>		
.485 mile/@ 216 mi/mo   1 FTE (SASE)	\$1,261	
.485 mile/@ 300 mi/mo   1 FTE (AIMS)	\$1,746	
.485 mile/@ 70 mi/mo   3 FTE (LIP)		\$1,225

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Budget Justification	FY 2020 Budget Period	
	Federal Grant Request	Non-Federal Resources
<b><u>Office Supplies</u></b>		
\$100/mo x 12 months (SASE)	\$1,200	
\$100/mo x 12 months (AIMS)	\$1,200	
\$265.5/mo x 12 months (LIP/CARE)		\$3,186
<b><u>Other Services</u></b>		
Cell Phone	\$2,040	
\$85/month x 12 mos x 2.0 FTE (SASE)	\$1,020	
\$85/month x 12 mos x 1.0 FTE (AIMS)		\$3,060
\$85/month x 12 mos x 3.0 FTE (LIP)		
Lab Services	\$300	
\$25/mo (SASE)		
Professional Liability Insurance	\$1,202	
1.2% of staff salaries (SASE)	\$596	
1.2% of staff salaries (AIMS)		\$762
1.2% of staff salaries (LIP)		
Occupancy	\$3,600	
\$300/mo x 12 mos (AIMS)		\$8,400
\$700/mo x 12 mos (LIP)		
Computer Maintenance	\$816	
\$68/mo x 12 mos x 1 FTE (SASE)	\$816	
\$68/mo x 12 mos x 1 FTE (AIMS)		\$816
\$68/mo x 12 mos x 1 FTE (LIP)		
Client Education Classes   Behavioral Health Topics	\$1,244	
\$125/hr (AIMS) (up to 10 hrs. max)		
Residential Services (277 bed days @ \$111.81/day) (LIP)		\$30,972
Psychiatric Medications (LIP)		\$5,000
SubContract: BayCare Behavioral Health for Psychiatric Services/Encounter Basis)(LIP)		\$33,709
Transportation Assistance Vouchers/Bus Passes (\$13.50/trip - 128 MAT trips/Counseling Services) (SASE)	\$1,735	
Indirect Cost Rate-14.06% (SASE, direct services (\$135,409)	\$19,039	
Indirect Cost Rate -14.06% (AIMS)	\$6,940	
Indirect Cost Rate – 14.06% (LIP)		\$24,693
<b>Sub-Total: Operation PAR</b>	<b>\$407,000</b>	<b>\$270,000</b>
<b><u>Personnel Solutions Plus (ACA Outreach):</u> The County contracts with an employment agency, Personnel Solutions Plus, to hire temporary staff as needed for any County Department. The Billable Rate includes the base salary plus the fee charged by PSP.</b>		
Navigator Program Coordinator   E. Richards 1.0 FTE   estimated 35 hrs/wk x Billable Rate \$40.92/hr	\$76,650	
<b>Sub-Total: Personnel Solutions Plus</b>	<b>\$76,650</b>	<b>\$0</b>

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Budget Justification	FY 2020 Budget Period	
	Federal Grant Request	Non-Federal Resources
<b>Citizens RX (Pharmacy):</b> <i>The County contracts with a Pharmacy Benefit Manager and its Pharmacy Network to provide needed prescriptions to HCH clients. The County meets with the provider weekly and reviews performance data monthly.</i>		
Health Care for the Homeless (primary care) (38% utilization by HCH patients of overall contract)		\$1,350,000
<b>Sub-Total: Citizens RX</b>		<b>\$1,350,000</b>
<b>UCF/Health Arch (PCMH Consulting):</b> <i>The County contracts with the University of Central Florida's Health Arch for Patient Centered Medical Home Consulting, CCE Services. The health center renewed it's recognition in 2019 and will be seeking assistance with annual reporting.</i>		
PCMH 2019 Annual Reporting   Consulting Services	\$4,000	
<b>Sub-Total: Citizens RX</b>	<b>\$4,000</b>	
<b>TOTAL CONTRACTUAL</b>	<b>\$1,447,470</b>	<b>\$2,742,305</b>
<b>OTHER –</b> <i>Include detailed justification. Note: Federal funding CANNOT support construction, fundraising, or lobbying costs.</i>		
UDS Training, FL Assoc of Comm Health Centers Registration Fee: \$175/pp x 4 FTEs	\$700	
Health Care for the Homeless National Conference 3 FTEs @ \$800 per person - 3 nights (May 2020)	\$2,400	
<b>TOTAL OTHER</b>	<b>\$3,100</b>	<b>\$0</b>
<b>TOTAL DIRECT CHARGES</b> (Sum of TOTAL Expenses)	<b>\$1,456,815</b>	<b>\$2,771,270</b>
<b>INDIRECT CHARGES –</b> <i>Include approved indirect cost rate.</i> X% indirect cost rate (includes utilities and accounting services)		
<b>TOTALS</b> (Total of TOTAL DIRECT CHARGES and INDIRECT CHARGES)	<b>\$1,456,815</b>	<b>\$2,771,270</b>

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**Personnel Object Class Category Justification**

<b>PERSONNEL JUSTIFICATION</b>					
<b>Name</b>	<b>Position Title</b>	<b>% of FTE</b>	<b>Annual Base Salary</b>	<b>Adjusted Annual Base Salary</b>	<b>Federal Amount Requested</b>
<b>Pinellas County Human Services</b>					
K. Yatchum	Project Director	20%	\$104,374.00	No Adjustment Needed	\$20,875
<b>Quality Assurance/Operations – FL Department of Health (contractor)</b>					
C. Ravindra, MD	Medical Director	25%	\$167,659.00	No Adjustment Needed	\$0.00
R. O'Brien	QA Coordinator	75%	\$77,491.00	No Adjustment Needed	\$0.00
J. Black	Supervisor	100%	\$58,732.00	No Adjustment Needed	\$0.00
C. Ufodu	Care Coordinator	100%	\$42,767.00	No Adjustment Needed	\$0.00
A. Verrett	Computer Analyst	50%	\$37,795.00	No Adjustment Needed	\$0.00
<b>Clinical Staff – FL Department of Health (contractor)</b>					
R. Mungara	Senior Physician	100%	\$130,546.00	No Adjustment Needed	\$130,546.00
M. Handy	Registered Nurse	100%	\$43,847.00	No Adjustment Needed	\$43,847.00
O. Hernandez	Nurse LPN	100%	\$37,688.00	No Adjustment Needed	\$37,688.00
A. Brooks	Senior Clerk	100%	\$26,255.00	No Adjustment Needed	\$26,255.00
M. Marti-Flores	Support Staff	100%	\$33,914.00	No Adjustment Needed	\$33,914.00
F. Agyekum	Physician Assistant	100%	\$86,498.00	No Adjustment Needed	\$86,498.00
C. Wittstruck	Clerical Supervisor	100%	\$29,570.00	No Adjustment Needed	\$29,570.00
Vacant - TBD	Nurse LPN	100%	\$35,172.00	No Adjustment Needed	\$0.00
A. Heredia	Medical Assistant	100%	\$29,535.00	No Adjustment Needed	\$0.00
Vacant - TBD	Senior Clerk	100%	\$26,255.00	No Adjustment Needed	\$0.00
M. Sally	Medical Assistant	100%	\$29,604.00	No Adjustment Needed	\$29,604.00
L. Thykeo Hicks	ARNP	50%	\$71,264.00	No Adjustment Needed	\$35,632.00
R. Lamp	Registered Nurse	50%	\$48,232.00	No Adjustment Needed	\$0.00
A. Hossley	Human Services Analyst	100%	\$30,336.00	No Adjustment Needed	\$30,336.00
B. Telford	Eligibility Assistant	100%	\$26,608.00	No Adjustment Needed	\$0.00
Vacant – TBD	Support Staff	100%	\$26,255.00	No Adjustment Needed	\$0.00
<b>Substance Abuse Service Expansion – Operation PAR (sub-recipient/contractual)</b>					
T. Rine	Counselor	100%	\$35,822.00	No Adjustment Needed	\$35,822.00
Vacant – TBD	Counselor	12.5%	\$34,688.00	No Adjustment Needed	\$4,336.00
S. Rhodes	Case Manager	100%	\$36,724.00	No Adjustment Needed	\$36,724.00
Vacant – TBD	Case Manager	75%	\$34,271.00	No Adjustment Needed	\$25,703.00
L. Rosenbluth	Dir. Outpatient Services	26.2%	\$76,546.00	No Adjustment Needed	\$8,573.00
Vacant – TBD	Licensed Therapist	50%	\$40,309.00	No Adjustment Needed	\$20,154.00
Vacant – TBD	Licensed Therapist	100%	\$45,346.00	No Adjustment Needed	\$0.00
Vacant – TBD	Nurse LPN	100%	\$37,728.00	No Adjustment Needed	\$0.00
Vacant – TBD	Team Coordinator	100%	\$28,422.00	No Adjustment Needed	\$0.00
Vacant – TBD	Evaluator	7.5%	\$78,605.00	No Adjustment Needed	\$3,930.00
D. Clarke	Project Supervisor	5%	\$198,910.00	Adjusted to \$192,300	\$9,615.00
M. Sheehan	Physician	3.4%	\$260,000.00	Adjusted to \$192,300	\$6,500.00