



Application Submitted to HRSA

Submitted to HRSA

Organization: PINELLAS, COUNTY OF, CLEARWATER, Florida

Grants.gov Tracking Number: N/A

EHB Application Number: 141135

Grant Number: 6 H80CS00024-15-07

Funding Opportunity Number: HRSA-16-191

Received Date:

Total Number of Pages Submitted by the Applicant: 12

(Number of pages counted in accordance with program guidance: 3)

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| | | |
|--|---|---|
| Application for Federal Assistance SF-424 | | OMB Approval No. 4040-0004 Expiration Date 8/31/2016 |
| * 1. Type of Submission | | |
| <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application | | |
| * 2. Type of Application | | * If Revision, select appropriate letter(s): |
| <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision | | <input type="text"/> * Other (Specify) <input type="text"/> |
| * 3. Date Received: | | 4. Applicant Identifier: |
| <input type="text"/> | | <input type="text"/> |
| * 5.a Federal Entity Identifier: | | 5.b Federal Award Identifier: |
| Application #: 141135Grants.Gov # <input type="text"/> | | <input type="text" value="H80CS00024"/> |
| * 6. Date Received by State: | | 7. State Application Identifier: |
| <input type="text"/> | | <input type="text"/> |
| 8. Applicant Information: | | |
| * a. Legal Name | | <input type="text" value="PINELLAS, COUNTY OF"/> |
| * b. Employer/Taxpayer Identification Number (EIN/TIN): | | * c. Organizational DUNS: |
| <input type="text" value="59-6000800"/> | | <input type="text" value="055200216"/> |
| d. Address: | | |
| * Street1: | | <input type="text" value="14 S. FORT HARRISON OMB 5TH FLOOR"/> |
| Street2: | | <input type="text"/> |
| * City: | | <input type="text" value="CLEARWATER"/> |
| County: | | <input type="text"/> |
| * State: | | <input type="text" value="FL"/> |
| Province: | | <input type="text"/> |
| * Country: | | <input type="text" value="US: United States"/> |
| * Zip / Postal Code: | | <input type="text" value="33756-5338"/> |
| e. Organization Unit: | | |
| Department Name: | | Division Name: |
| <input type="text" value="Human Services"/> | | <input type="text"/> |
| f. Name and contact information of person to be contacted on matters involving this application: | | |
| Prefix: | <input type="text" value="Ms."/> | * First Name: |
| Middle Name: Middle Name: | <input type="text"/> | <input type="text" value="Elisa"/> |
| Last Name: | <input type="text" value="DeGregorio"/> | |
| Suffix: | <input type="text"/> | |
| Title: | <input type="text" value="Grants Manager"/> | |
| Organizational Affiliation: | | |
| <input type="text"/> | | |
| * Telephone Number: | <input type="text" value="(727) 464-8434"/> | Fax Number: |
| * Email: | <input type="text" value="edegregorio@pinellascounty.org"/> | <input type="text"/> |
| 9. Type of Applicant 1: | | |
| <input type="text" value="B: County Government"/> | | |
| Type of Applicant 2: | | |
| <input type="text"/> | | |
| Type of Applicant 3: | | |
| <input type="text"/> | | |
| * Other (specify): | | |
| <input type="text"/> | | |
| * 10. Name of Federal Agency: | | |
| <input type="text" value="N/A"/> | | |
| 11. Catalog of Federal Domestic Assistance Number: | | |
| <input type="text" value="93.224"/> | | |
| CFDA Title: | | |
| <input type="text" value="Community Health Center"/> | | |
| * 12. Funding Opportunity Number: | | |
| <input type="text" value="HRSA-16-191"/> | | |
| * Title: | | |
| <input type="text" value="Delivery System Health In"/> | | |

13. Competition Identification Number:

6839

Title:

Delivery System
Health Information

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

See Attachment

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

Health Center Cluster
- DSHH FY16

Project Description:

See Attachment

16. Congressional Districts Of:

* a. Applicant FL-13

* b. Program/Project FL-13

Additional Program/Project Congressional Districts:

See Attachment

17. Proposed Project:

* a. Start Date: 9/1/2016

* b. End Date: 8/31/2017

18. Estimated Funding (\$):

* a. Federal \$42,239.00

* b. Applicant \$0.00

* c. State \$0.00

* d. Local \$0.00

* e. Other \$0.00

* f. Program Income \$0.00

* g. TOTAL \$42,239.00

*** 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 Abstract: Pinellas County Board of County Commissioners

Pinellas County Human Services | 440 Court Street, 2nd floor, Clearwater, FL 33756
PinellasCounty.org | Grant #: H80CS00024

Project Title: Delivery Health System Information Investment
Project Director: Daisy Rodriguez, Health Care Administrator
Contact Info: darodriguez@pinellascounty.org, TEL: 727-464-4206
Federal Funding Requested: \$42,239 one-time supplement

For over 50 years, Pinellas 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 which served 2,239 unduplicated patients in 2015.

Project Summary: Pinellas County is seeking to enhance its health information systems through additional training, EHR enhancements, and additional supplies (equipment) for the health center program. The County anticipates 1) adding six (6) training days over the course of the year to continue to improve the clinical workflow process and reporting capabilities through the EHR; 2) adding one new provider licenses to accommodate the new clinical staff's access to the electronic health record; 3) implementing Continuity of Care Document (CCD) and Referral Sharing with the Florida Netsmart HIE Behavioral Health Providers; and 4) adding two new printers. The County will work with the Florida Department of Health, our clinical contractor, to implement these services.

Training: The County and health center have just recently received NCQA Level One Patient Centered Medical Home recognition. Along with this recognition comes the additional responsibility to train our staff and fully implement and maintain our processes and clinical workflows. The County proposes adding six (6) full days of training by our NextGen EHR provider over the next year.

EHR Enhancements: The County is seeking to add one additional provider license for our ONC-Certified Electronic Health Record. This license includes all the supplemental subscriptions that align with the program.

CCD & Referral Tracking: The County is looking build on the Florida Netsmart HIE platform with existing behavioral health providers in Pinellas County to better integrate referral and CCD sharing between the primary care provider through the Health Care for the Homeless program and the contracted behavioral health providers.

Printers: The health center is in need of two new all-in-one printers for the program that can accommodate scanning, printing and copying for staff on our mobile van.

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 | | |
| | | Federal | Non-Federal | Federal | Non-Federal | Total |
| Health Care for the Homeless | 93.224 | \$0.00 | \$0.00 | \$42,239.00 | \$0.00 | \$42,239.00 |
| Total | | \$0.00 | \$0.00 | \$42,239.00 | \$0.00 | \$42,239.00 |

| 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 |

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
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

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.

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

* TITLE

* APPLICANT ORGANIZATION

PINELLAS, COUNTY OF

* DATE SUBMITTED

7/15/2016

Pinellas County | Budget Justification Narrative

| Budget Justification Narrative | 12 Month Funding Period (9/1/2016 – | |
|--|-------------------------------------|-------------|
| | Federal | Non-Federal |
| EXPENSES: Object class totals should be consistent with those presented in the Federal Object Class Categories Form. | | |
| TRAVEL – The budget should reflect expenses associated with consultant travel and travel for staff or providers to attend trainings. List travel costs according to local and long distance travel. For local travel, include the mileage rate, number of miles, reason for travel, and staff traveling. | | |
| Not Applicable | | |
| TOTAL TRAVEL | | |
| EQUIPMENT – List equipment costs and provide justification under the program’s goals. Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which <u>equals or exceeds</u> the lesser of the capitalization level established by the non-federal entity for financial statement purposes, or \$5,000. | | |
| Not Applicable | | |
| TOTAL EQUIPMENT | | |
| SUPPLIES – List the items necessary for implementing the proposed project. Equipment items that are <u>less</u> than \$5,000 per unit should be included here. | | |
| Printer: HP Wireless All-in-One Monochrome Printer (sales price two year warranty) | \$240 | |
| Printer: HP Mobile All-In-One Printer, Copier, Scanner (sales price two year warranty) | \$399 | |
| TOTAL SUPPLIES | \$639 | |
| CONTRACTUAL – Provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Each applicant is responsible for ensuring that its organization has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring contracts. | | |
| Continuity of Care Document and Referral Sharing with Florida Netsmart HIE (Set-up Fee (\$10,000 and one year subscription \$10,000) | \$20,000 | |
| Training with clinical staff by ONC certified EHR provider, NextGen - \$75/hour X 48 hours | \$3,600 | |
| TOTAL CONTRACTUAL | \$23,600 | |
| OTHER – Include all costs that do not fit into any other category and provide an explanation of each cost. | | |
| Software Licenses – 1 Small Practice, Mid-Level Provider Licenses from ONC certified EHR provider, NextGen (includes provider license, and supplemental subscriptions/licenses (i.e. patient portal, health education, e-prescribing, drug interaction database) | \$18,000 | |

Pinellas County | Budget Justification Narrative

| Budget Justification Narrative | 12 Month Funding Period (9/1/2016 – | |
|--|-------------------------------------|-------------|
| | Federal | Non-Federal |
| TOTAL OTHER | \$18,000 | |
| TOTAL DIRECT CHARGES (Sum of all TOTAL Expenses) | \$42,239 | |
| INDIRECT CHARGES – Include approved indirect cost rate if applicable. | | |
| Indirect rate | 0 | |
| TOTALS (Total of TOTAL DIRECT CHARGES and INDIRECT CHARGES) | \$42,239 | |

¹ Refer to the cost principles embedded in 45 CFR Part 75, see <http://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75> for details on allowable costs.

² All minor alteration/renovation activities to modernize, improve, and/or reconfigure the interior or exterior arrangements or other physical characteristics of health center sites are unallowable.

Federal Object Class Categories

00141135: PINELLAS, COUNTY OF

Due Date: 07/20/2016 (Due In: 5 Days)

Announcement Number: HRSA-16-191

Announcement Name: Delivery System Health Information Investment Supplemental Funding

Application Type: Revision (Supplemental)

Grant Number: H80CS00024

Total Federal Requested Amount: \$42,239.00

Maximum Eligible Amount: \$42,239.00

Resources

[View](#)

[FY 2016 DSHII User Guide](#) | [Funding Opportunity Announcement](#)

As of 07/15/2016 08:34:21 AM
OMB Number: 0915-0285 OMB Expiration Date: 9/30/2016

| Total Proposed Budget | Amount |
|--|--------------------|
| Section 330 Federal funding (from Total Federal - New or Revised Budget on Section A – Budget Summary) | \$42,239.00 |
| Non-Federal funding (from Total Non-Federal - New or Revised Budget on Section A – Budget Summary) | \$0.00 |
| Total | \$42,239.00 |

| Budget Categories | | | | |
|--|-------------|-------------|-------------|--|
| Object Class Category | Federal | Non-Federal | Total | |
| a. Personnel | N/A | N/A | N/A | |
| b. Fringe Benefits | N/A | N/A | N/A | |
| c. Travel | \$0.00 | \$0.00 | \$0.00 | |
| d. Equipment | \$0.00 | \$0.00 | \$0.00 | |
| e. Supplies | \$639.00 | \$0.00 | \$639.00 | |
| f. Contractual | \$23,600.00 | \$0.00 | \$23,600.00 | |
| g. Construction | N/A | N/A | N/A | |
| h. Other | \$18,000.00 | \$0.00 | \$18,000.00 | |
| i. Total Direct Charges (sum of a - h) | \$42,239.00 | \$0.00 | \$42,239.00 | |
| j. Indirect Charges | \$0.00 | \$0.00 | \$0.00 | |
| k. Total Budget Specified in this application (sum of i - j) | \$42,239.00 | \$0.00 | \$42,239.00 | |

Equipment List

00141135: PINELLAS, COUNTY OF

Due Date: 07/20/2016 (Due In: 5 Days)

Announcement Number: HRSA-16-191

Announcement Name: Delivery System Health Information Investment Supplemental Funding

Application Type: Revision (Supplemental)

Grant Number: H80CS00024

Total Federal Requested Amount: \$42,239.00

Maximum Eligible Amount: \$42,239.00

Resources

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As of 07/15/2016 08:34:25 AM

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



Alert:

This form is not applicable to you as you have not requested federal funds for the Equipment category in the Federal Object Class Categories form of this application.

Project Overview Form

00141135: PINELLAS, COUNTY OF

Due Date: 07/20/2016 (Due In: 5 Days)

Announcement Number: HRSA-16-191

Announcement Name: Delivery System Health Information Investment Supplemental Funding

Application Type: Revision (Supplemental)

Grant Number: H80CS00024

Total Federal Requested Amount: \$42,239.00

Maximum Eligible Amount: \$42,239.00

Resources

View

[FY 2016 DSHII User Guide](#) | [Funding Opportunity Announcement](#)

As of 07/15/2016 08:34:27 AM

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

Proposal Development: Assess the most effective uses of Delivery System Health Information Investment (DSHII) funding to enhance the health center's health information technology (health IT) by consulting, as appropriate, with the State Primary Care Association (PCA), consulting with a Health Center Controlled Network (HCCN), and/or reviewing the Network Guide and Health IT Resources and Tools List available on the DSHII technical assistance website. The results of the assessment should guide decision-making when developing the proposed activities and determining an appropriate budget.

Completing the Application - Step 1: Select the Activity Categories to be addressed by the DSHII proposal from the list below (minimum 1). Indicate if the proposed activities will enhance telehealth services.

| Activity Categories | Select One or More | Indicate if Funds will Enhance Telehealth Services |
|--|-------------------------------------|--|
| 1. Equipment and Supplies Purchases (Required if the health center does not have a certified electronic health record in use at any site) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Health Information System Enhancements | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Training | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Data Aggregation, Analytics, and Data Quality Improvement Activities | <input type="checkbox"/> | <input type="checkbox"/> |

Step 2: Respond to the three required Project Narrative questions below.

Need

1. Describe the health center's need for health IT enhancements to support the transition to value-based models of care, improve efforts to share and use information to support better decisions, and/or increase engagement in delivery system transformation.

Each year thousands of mental health and substance abuse consumers access Pinellas County's behavioral health system. Coordinating care between these providers can be difficult and time consuming, slowing access to services and frequently resulting in incomplete clinical and medical information for the receiving agency. Accurate client information is critical for proper diagnosis and treatment planning. An agency and the client are at risk when lost and omitted information leads to an inaccurate diagnosis and inappropriate treatment.

The Pinellas County Human Services Department contracts with several behavioral health providers in the community to provide services to underserved and vulnerable populations. Over the last year, the County has worked with these behavioral health providers and has identified a Health Information Exchange (HIE) technology solution that would reduce the time required to refer consumers in need of services, allowing them faster, and more efficient access to care.

While mental health and substance abuse issues are common among the homeless, underserved, and uninsured populations, this HIE has not yet been implemented with the health center program. Through connectivity between stakeholders, providers will have the ability to securing exchange referral information and Continuity of Care documentation for services provided to their patients. Integrated data will be available for analyses to inform systems practices and improvements, leading to improved outcomes.

Response

1. Describe the proposed health IT enhancements and how they will respond to described needs. Include details about how these enhancements will build the health center's capacity while leveraging resources available from partner organizations (including but not limited to PCAs, HCCNs, Regional Extension Centers, and state or local health information exchanges) to maximize impact.

The County has begun development of the Florida NetSmart Health Information Exchange (HIE) with the following behavioral health providers: Boley Centers, Operation PAR, Gulf Coast Community Center, Suncoast Centers for Mental Health, Personal Enrichment through Mental Health Services (PEMHS), Tampa Bay 2-1-1, and Directions for Living. Using Netsmart Technologies' CareConnect product, these organization are able to send referrals and coordinate care through the use of shared demographic and Continuity of Care (CCD) documents.

This funding opportunity, if awarded, would expand access to CareConnect with the Health Care for the Homeless program through direct electronic exchange/messaging from the County's electronic health record to the behavioral health providers and vice versa. Implementation of this technology solution will bring all the providers onto the same system for referral and information exchange of its patients and will result in a more seamless, efficient system for the patients that reduces the time required to refer consumers in need of services, allowing them faster, and more efficient access to care. This would be the first direct linkage to a primary care medical program.

Additional funding is being requested for additional provider licenses and training from our ONC Certified Electronic Health Record Provider, and for two additional printers/scanners to support the clinical workflow.

2. Provide a realistic timeline that lists implementation steps to ensure that all supplemental funding will be expended within 12 months of award.

In the first 60 days, the County will amend the existing contract with NewSmart to add the additional primary care/health center to the Florida NetSmart HIE. The County will also prepare and sign Memorandums of Understanding with the providers identified in the project. The MOU will outline the roles and responsibilities of each party and their commitment to provide the required performance outcomes identified. Upon award, the CareConnect technology will be purchased, installed and training will be provided for each organization. By the end of the first three months, the clinical workflows will be in place, baseline data will be collected, and staff will be trained and understand how and when to use the exchange. Monthly reports will collect information on the exchange of information while quarterly reports will focus on patient outcomes and improvements.

The EHR vendor has provided a quote to the County for the additional provider license and training. The quote will be contracted and the existing agreement amended within the first 90 days of award. Training with staff will then be reserved and scheduled.

The additional supplies/printers will be purchased and installed within the first 60 days of award.