



Application Submitted to HRSA

Submitted to HRSA

Organization: PINELLAS, COUNTY OF, CLEARWATER, Florida

Grants.gov Tracking Number: N/A

EHB Application Number: 149919

Grant Number: 6 H80CS00024-16-02

Funding Opportunity Number: HRSA-17-118

Received Date:

Total Number of Pages Submitted by the Applicant: 19

(Number of pages counted in accordance with program guidance: 5)

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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 <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision		* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify) <input type="text"/>
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* 3. Date Received: <input type="text"/>	4. Applicant Identifier: <input type="text"/>
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* 5.a Federal Entity Identifier: Application #: 149919Grants.Gov #: <input type="text"/>	5.b Federal Award Identifier: <input type="text"/> H80CS00024
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* 6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
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8. Applicant Information:	
* a. Legal Name <input type="text"/> PINELLAS, COUNTY OF	* c. Organizational DUNS: <input type="text"/> 055200216
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text"/> 59-6000800	

d. Address:	
* Street1:	<input type="text"/> 14 S. FORT HARRISON OMB 5TH FLOOR
Street2:	<input type="text"/>
* City:	<input type="text"/> CLEARWATER
County:	<input type="text"/>
* State:	<input type="text"/> FL
Province:	<input type="text"/>
* Country:	<input type="text"/> US: United States
* Zip / Postal Code:	<input type="text"/> 33756-5338

e. Organization Unit:	
Department Name:	Division Name:
<input type="text"/> Human Services	<input type="text"/> Planning & Contracts Division

f. Name and contact information of person to be contacted on matters involving this application:			
Prefix:	<input type="text"/> Ms.	* First Name:	<input type="text"/> Daisy
Middle Name: Middle Name:	<input type="text"/>		
Last Name:	<input type="text"/> Rodriguez		
Suffix:	<input type="text"/>		
Title:	<input type="text"/> Health Care Administrator/Project Director		
Organizational Affiliation:	<input type="text"/>		
* Telephone Number:	<input type="text"/> (727) 464-4206	Fax Number:	<input type="text"/>
* Email:	<input type="text"/> darodriguez@pinellascounty.org		

9. Type of Applicant 1:	
<input type="checkbox"/> 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"/> N/A
--

11. Catalog of Federal Domestic Assistance Number:	
<input type="text"/> 93.224	
CFDA Title:	<input type="text"/> Community Health Center

* 12. Funding Opportunity Number:	
<input type="text"/> HRSA-17-118	
* Title:	<input type="text"/> Fiscal Year 2017 Access I

13. Competition Identification Number:

7195

Title:

Fiscal Year 2017
Access Increases in

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

See Attachment

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

Health Center Cluster

Project Description:

See Attachment

16. Congressional Districts Of:

* a. Applicant FL-13

* b. Program/Project FL-13

Additional Program/Project Congressional Districts:

See Attachment

17. Proposed Project:

* a. Start Date: 9/1/2017

* b. End Date: 8/31/2018

18. Estimated Funding (\$):

* a. Federal	\$133,080.00
* b. Applicant	\$0.00
* c. State	\$0.00
* d. Local	\$0.00
* e. Other	\$0.00
* f. Program Income	\$0.00
* g. TOTAL	\$133,080.00

*** 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:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number:

* Email:

* Signature of Authorized Representative:

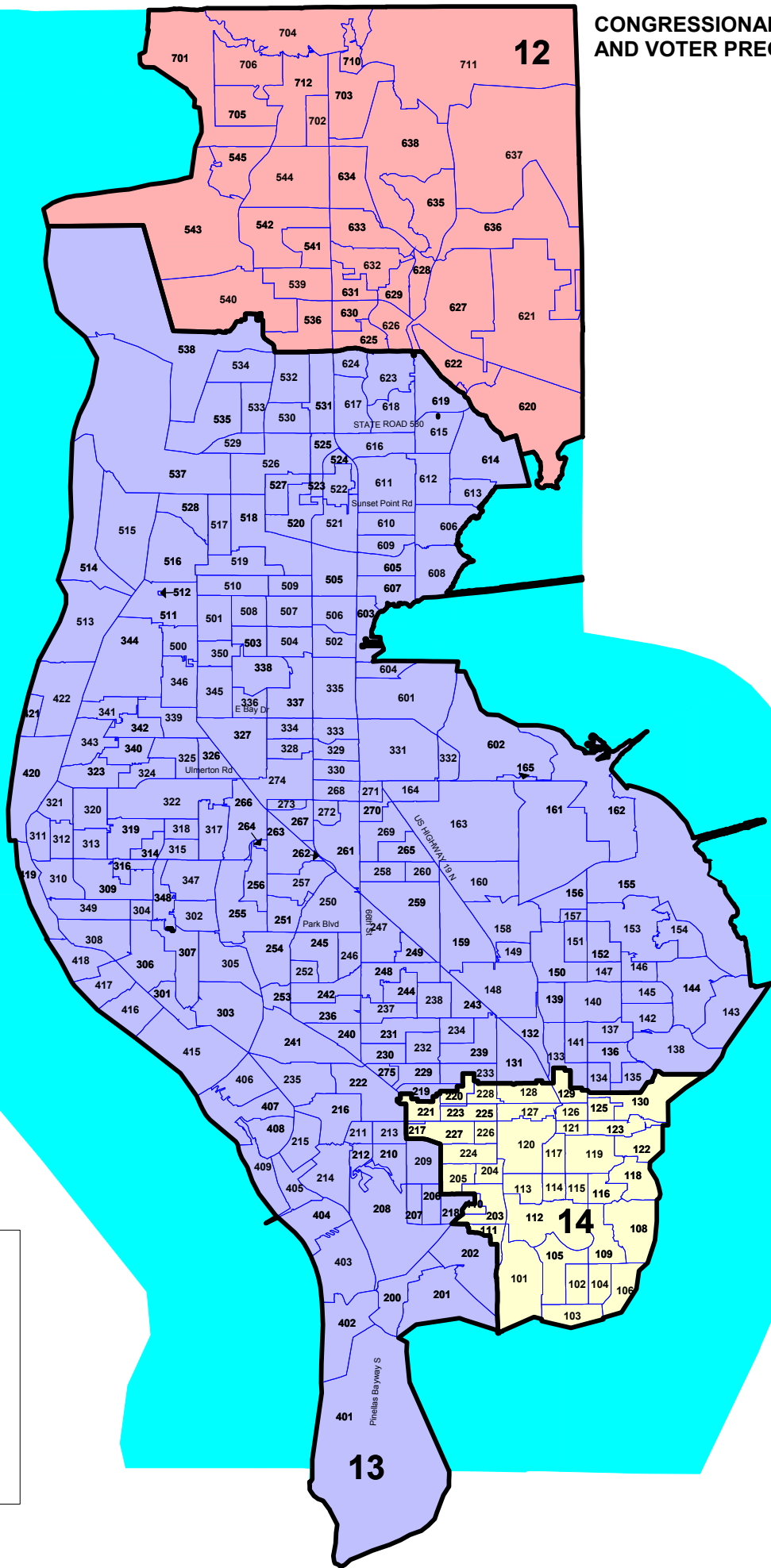
* First Name:

Fax Number:

* Date Signed:



CONGRESSIONAL DISTRICTS AND VOTER PRECINCTS



**Congressional Districts
Pinellas County, Florida**

- 12
- 13
- 14

Precinct Line

Major Roads

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	\$133,080.00	\$0.00	\$133,080.00
Total		\$0.00	\$0.00	\$133,080.00	\$0.00	\$133,080.00

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

* APPLICANT ORGANIZATION

PINELLAS, COUNTY OF

* TITLE

* DATE SUBMITTED

7/25/2017



Access Increases in Mental Health and Substance Abuse Services (AIMS) Supplemental Funding Opportunity: Sample Budget Narrative

Instructions for Completing the Budget Narrative

You must provide a 12-month Budget Narrative (9/1/2017 to 8/31/2018) that explains the amounts requested for each line item in the Federal Object Class Categories Form (see a sample copy of the form on the [AIMS technical assistance website](#)). The Budget Narrative must outline federal and non-federal (if any) costs for each line-item. Include detailed calculations explaining how each line-item expense is derived (e.g., cost per unit) with sufficient detail to enable HRSA to determine if costs are allowed.

- **AIMS ongoing funding (up to \$75,000)** can only be used to add new direct hire staff and/or contractor full time equivalents (FTEs) by hiring new or increasing the hours of existing personnel who will support the expansion of mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse (i.e., personnel, fringe, and/or contractual costs). Personnel costs must comply with [salary limitation requirements](#).
- **AIMS one-time funding (up to \$75,000)** can be used to support the expansion of mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse, and their integration into primary care. Activities initiated with AIMS one-time funding will not receive future AIMS funding support.

AIMS funding may not supplant existing resources and cannot support the following:

- Costs incurred prior to award
- Purchase or upgrade of an EHR that is not ONC-certified
- Fixed equipment costs, such as permanent signage or heating, ventilation, and air conditioning (HVAC) units
- Construction or minor alterations and renovation
- Facility, land, or vehicle purchases

The Budget Narrative should describe how each cost will support the proposed AIMS project. Include the following information for the 12-month period starting 9/1/2017 through 8/31/2018.

Sample Budget Narrative

Budget Line Item	Federal	Non-Federal
PERSONNEL – List each direct hire staff member who will be supported by AIMS ongoing funding. Salary limitation requirements apply. Refer to the Sample Personnel Justification Table for required information.		
SEE CONTRACTUAL		
TOTAL PERSONNEL	\$0	



Budget Line Item	Federal	Non-Federal
<p>FRINGE BENEFITS – List the components that comprise the fringe benefit rate (e.g., health insurance, taxes, unemployment insurance, life insurance, retirement plan, tuition reimbursement) for the proposed direct hire staff. The fringe benefits should be directly proportional to the personnel costs allocated for the AIMS project.</p>		
SEE CONTRACTUAL		
TOTAL FRINGE BENEFITS	\$0	
<p>TRAVEL – The travel budget should reflect expenses associated with travel for consultants, direct hire staff, and/or contractors 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 individuals traveling.</p>		
Local travel: 200 miles per mo x \$0.485 per mile for contracted therapist to travel to locations to facilitate group sessions, meet with clients, etc.	\$1,164	
Behavioral Health Integration Conference (2 people @ \$1,250 per person – 2 nights)	\$2,500	
Health Care for the Homeless National Conference (2 people @ \$1,550 per person – 4 nights)	\$3,100	
TOTAL TRAVEL	\$6,764	
<p>EQUIPMENT List equipment costs consistent with those provided in the Equipment List Form. 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 equals or exceeds the lesser of the capitalization level established by the non-federal entity for financial statement purposes, or \$5,000. Equipment that does not meet the \$5,000 threshold should be considered Supplies.</p>		
Not Applicable	\$0	
TOTAL EQUIPMENT	\$0	
<p>SUPPLIES – List the items necessary for implementing the proposed project. Equipment that does not meet the \$5,000 threshold listed above should be included here.</p>		
Computer bundle for contracted therapist	\$700	
Telehealth Nodes @ 6 nodes x \$2,500 per node (less than \$5,000 per unit)	\$15,000	
Education Materials – handouts, etc. to be available at service and enrollment sites to inform clients of behavioral health availability, benefits, etc.	\$3,000	
TOTAL SUPPLIES	\$18,700	



Budget Line Item	Federal	Non-Federal
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 or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring contracts.		
BEHAVIORAL HEALTH PROVIDER (OPERATION PAR) <i>(includes salary, fringe, administrative costs associated with each position)</i>		
Licensed Therapist @ 1.0 FTE	\$68,210	
Director of Outpatient Services @ 0.05 FTE – required for oversight of licensure activities	\$4,926	
Telehealth Software Solution @ \$3,000	\$3,000	
EtransX Development - to develop data integration for QI activities regarding behavioral health crisis/emergency services for clients – 40 hours @ \$8,000	\$8,000	
.Net Developer - to develop data integration for QI activities regarding behavioral health crisis/emergency services for clients – 160 hours x \$90/hour	\$14,400	
Staff Training (topics to include Substance Abuse Awareness, Client Education/Engagement, and Verbal De-Escalation) – 4 classes estimated @ 4 hours per class x \$125/hour	\$2,000	
Client Education Classes regarding behavioral health topics – 6 classes estimated @ 2 hours per class x \$125/hour	\$1,500	
TOTAL CONTRACTUAL	\$102,036	
OTHER – Include all costs that do not fit into any other category and provide an explanation of each cost.		
Conference Registration and workshop for 2 staff to attend Integrating Behavioral Health and Primary Care Models	\$4,390	
Conference Registration for National Health Care for the Homeless Conference for 2 staff	\$1,190	
TOTAL OTHER	\$5,580	
TOTAL DIRECT CHARGES (Sum of all TOTAL Expenses)	\$133,080	
INDIRECT CHARGES – Include approved indirect cost rate if applicable		
	\$0	



Budget Line Item	Federal	Non-Federal
TOTALS (Total of TOTAL DIRECT CHARGES and INDIRECT CHARGES)	\$133,080	

Instructions for Completing the Personnel Justification Table

The information included in the Personnel Justification Table (sample below) must be provided for all direct hire staff and contractors to be supported by AIMS funding. Direct hire staff and contractors supported entirely with non-federal funds do not require this level of information. Personnel costs must comply with salary limitation requirement.

Salary Limitation Requirements

The Consolidated Appropriations Act, 2017 Division H, § 202, (P.L. 115-31), states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” This salary limitation also applies to subawards/subcontracts under a HRSA grant or cooperative agreement. Note that these or other salary limitations may apply in FY 2017, as required by law.

Sample Personnel Justification Table for Proposed Personnel

Name	Position Title	% of FTE	Base Salary	Adjusted Annual Salary	Federal Amount Requested
TBD	Licensed Therapist	100%	\$68,210	\$68,210	\$68,210
Laura Rosenbluth	Director of Outpatient Services	5%	\$98,524	\$4,926	\$4,926
	TOTAL				

Federal Budget Information Table

00149919: PINELLAS, COUNTY OF

Due Date: 07/26/2017 (Due In: 1 Days)

Announcement Number: HRSA-17-118

Announcement Name: Fiscal Year 2017 Access Increases in Mental Health and Substance Abuse Services (AIMS) Supplemental Funding

Application Type: Revision (Supplemental)

Grant Number: H80CS00024

Federal Funding Request Amount: \$133,080.00

Resources

As of 07/25/2017 02:12:35 PM

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

Federal Budget Information

Use of Funds	Federal Funds Requested
Ongoing Service Expansion Funding for Increasing Access	
Mental Health Service Expansion Personnel (Required)	\$37,500.00
Substance Abuse Service Expansion Personnel (Required)	\$37,500.00
One-Time Funding to Support Expanded Services	
Health IT and/or Training Investments	\$58,080.00
Total	\$133,080

One-Time Funding Focus Areas

If one-time funding is requested for health IT and/or training to support the expansion of mental health and substance abuse services and their integration into primary care, indicate which of the following focus areas the one-time funding will address. Select all that apply. If Other Training and/or Other Health IT are selected, describe the proposed activities related to the selected focus area(s) in the Response section of the Project Narrative.

Focus Areas	Select All That Apply
Medication Assisted Treatment	<input type="checkbox"/> Medication Assisted Treatment
Telehealth	<input checked="" type="checkbox"/> Telehealth
Prescription Drug Monitoring Program	<input type="checkbox"/> Prescription Drug Monitoring Program
Clinical Decision Support	<input type="checkbox"/> Clinical Decision Support
Electronic Health Record Interoperability	<input checked="" type="checkbox"/> Electronic Health Record Interoperability
Quality Improvement	<input checked="" type="checkbox"/> Quality Improvement
Cybersecurity	<input type="checkbox"/> Cybersecurity
Other Training (describe in the Response section of the Project Narrative)	<input checked="" type="checkbox"/> Other Training (describe in the Response section of the Project Narrative)
Other Health IT (describe in the Response section of the Project Narrative)	<input type="checkbox"/> Other Health IT (describe in the Response section of the Project Narrative)

Scope of Services

Review the currently approved Form 5A: Services Provided for your organization by clicking this link: [Current Approved Form 5A](#).

Indicate below whether a Scope Adjustment or Change in Scope request will be necessary to ensure that all planned changes to mental health and substance abuse services are on your Form 5A (e.g., to move mental health services from formal referral (Column III) to direct provision (Column I), to add substance abuse services for the first time).

Access the technical assistance materials on the [Scope of Project resource website](#) for guidance in determining whether a Scope Adjustment or Change in Scope will be necessary (click on the "Services" header in the Resources section to access the Form 5A information).

Note the following before selecting "Yes" or "No" below:

- AIMS funding may support the expansion of existing services in scope as well as new mental health and substance abuse services that are not currently in your scope of project if they align with the AIMS purpose.
- You must separately submit a Scope Adjustment or Change in Scope request to HRSA to add new services to your scope of project or to move one or more services currently provided only in Form 5A Column III to Column I and/or Column II. You may not modify your approved Form 5A through this application.
- You do not need to submit a Scope Adjustment or Change in Scope request if AIMS funding will expand services that you are already providing in the same modes of provision (i.e., Form 5A Column I, Column II).
- AIMS funded services must be listed in Column I and/or II on Form 5A, either currently or after you submit and are approved for a Scope Adjustment or Change in Scope. AIMS funded services are limited to: Mental Health, HCH Required Substance Abuse, Substance Abuse, Case Management, and/or Health Education.
- All services supported by AIMS funding, including those to be added to or changed on Form 5A, must be implemented within 120 days of award.

Yes, I have reviewed my Form 5A and have determined that my proposed activities will require a Scope Adjustment or Change in Scope request to modify Form 5A.

No, I have reviewed my Form 5A and determined that my proposed activities will not require a Scope Adjustment or Change in Scope request to modify Form 5A.

If yes, describe the proposed changes and a timeline for requesting necessary modifications to your Form 5A through a Scope Adjustment or Change in Scope request. You must receive HRSA approval prior to implementation, which must occur within 120 days of award.

Approximately 1/4 page. (Max 1000 Characters with spaces)

Federal Object Class Categories

00149919: PINELLAS, COUNTY OF

Due Date: 07/26/2017 (Due In: 1 Days)

Announcement Number: HRSA-17-118

Announcement Name: Fiscal Year 2017 Access
Increases in Mental Health and Substance Abuse
Services (AIMS) Supplemental Funding

Application Type: Revision (Supplemental)

Grant Number: H80CS00024

Federal Funding Request Amount: \$133,080.00

Resources [↗](#)

As of 07/25/2017 02:12:40 PM

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

Total Proposed Budget	Amount
Section 330 federal funding (from Total Federal - New or Revised Budget on Section A – Budget Summary)	\$133,080.00
Non-federal funding (from Total Non-Federal - New or Revised Budget on Section A – Budget Summary)	\$0.00
Total	\$133,080.00

Budget Categories

Object Class Category	Federal	Non-Federal	Total
a. Personnel	\$0.00	\$0.00	\$0.00
b. Fringe Benefits	\$0.00	\$0.00	\$0.00
c. Travel	\$6,764.00	\$0.00	\$6,764.00
d. Equipment	\$0.00	\$0.00	\$0.00
e. Supplies	\$18,700.00	\$0.00	\$18,700.00
f. Contractual	\$102,036.00	\$0.00	\$102,036.00
g. Construction	N/A	N/A	N/A
h. Other	\$5,580.00	\$0.00	\$5,580.00
i. Total Direct Charges (sum of a - h)	\$133,080.00	\$0.00	\$133,080.00
j. Indirect Charges	\$0.00	\$0.00	\$0.00
k. Total Budget Specified in this application (sum of i - j)	\$133,080.00	\$0.00	\$133,080.00

Staffing Impact

00149919: PINELLAS, COUNTY OF

Due Date: 07/26/2017 (Due In: 1 Days)

Announcement Number: HRSA-17-118

Announcement Name: Fiscal Year 2017 Access
Increases in Mental Health and Substance Abuse
Services (AIMS) Supplemental Funding

Application Type: Revision (Supplemental)

Grant Number: H80CS00024

Federal Funding Request Amount: \$133,080.00

Resources 

As of 07/25/2017 02:12:45 PM

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

Position	New Direct Hire Staff FTEs Proposed	New Contractor FTEs Proposed
Psychiatrists	0.00	0.00
Licensed Clinical Psychologists	0.00	0.00
Licensed Clinical Social Workers	0.00	0.00
Other Mental Health Staff Please Specify: Licensed Therapist	0.00	0.50
Other Licensed Mental Health Providers Please Specify:	0.00	0.00
Substance Abuse Providers	0.00	0.50
Case Managers	0.00	0.00
Patient/Community Education Specialists (Health Educators)	0.00	0.00
Community Health Workers	0.00	0.00
Total	0.00	1.00

Patient Impact

00149919: PINELLAS, COUNTY OF

Due Date: 07/26/2017 (Due In: 1 Days)

Announcement Number: HRSA-17-118

Announcement Name: Fiscal Year 2017 Access Increases in Mental Health and Substance Abuse Services (AIMS) Supplemental Funding

Application Type: Revision (Supplemental)

Grant Number: H80CS00024

Federal Funding Request Amount: \$133,080.00

Resources [↗](#)

As of 07/25/2017 02:12:50 PM

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

▼ Patient Impact Questions

Existing Patient Impact

1. Unduplicated Total (Existing Patients): Enter the number of existing patients who will newly access mental health and/or substance abuse services in calendar year 2018 as a result of AIMS funding (e.g., existing medical patients not currently accessing these services that will begin to do so).

Attribute the total projected existing patients to EITHER mental health OR substance abuse in your response to Question 1, even if some existing patients are expected to access both expanded services (i.e., count each existing projected patient only once in this unduplicated patient projection).

120

2. Patients by Service Type (Existing Patients): Enter the number of existing patients who will access each service in calendar year 2018 in the table below.

Count each projected existing patient according to the services they are expected to access. If a patient will start accessing both mental health and substance abuse services, they should be counted once for each service type in this table (e.g., an individual who will newly access both mental health and substance abuse services should be counted once for mental health and once for substance abuse).

Mental Health Services	Substance Abuse Services
30	90

New Patient Impact

3. Unduplicated Total (New Patients): Enter the number of new patients (new to the health center) who will access mental health and/or substance abuse services in calendar year 2018 as a result of AIMS funding.

Attribute the total projected new patients to EITHER mental health OR substance abuse in your response to Question 3, even if some new patients are expected to access both expanded services (i.e., count each new projected patient only once in this unduplicated patient projection).

0

4. Patients by Service Type (New Patients): Enter the number of new patients (new to the health center) who will access each service in calendar year 2018 in the table below.

Count each projected new patient according to the services they are expected to access. If a new patient will access both mental health and substance abuse services, they should be counted once for each service type in this table (e.g., an individual new to the health center as a result of this funding who will access both mental health and substance abuse services should be counted once for mental health and once for substance abuse).

Mental Health Services	Substance Abuse Services
0	0

▼ New Patients by Population Type

Population Type	NEW Patients Projected
Total NEW Patients (from Question #3)	0
General Underserved Community	0
Migratory and Seasonal Agricultural Workers	0
Public Housing Residents	0
People Experiencing Homelessness	0
Total	0

Project Narrative

00149919: PINELLAS, COUNTY OF

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Fields with are required

Need

1. Describe the need to expand or begin providing mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse.

Approximately 3/4 page. (Max 2500 Characters with spaces)

The Pinellas County Health Care for the Homeless has realized a high demand for the Medication Assisted Treatment (MAT) provided to clients through Substance Abuse Expansion funding. During the first 13 months of the project, Pinellas County was able to provide MAT services to 81 unduplicated clients (202.5% of the 40 proposed clients). 2016 UDS data shows that the program provided 602 unduplicated mental health patients a total of 1,447 clinic visits and 60 unique substance abuse patients received 474 clinic visits. Compared to 2015 UDS data, Pinellas County saw an 87% increase in mental health patients (322 unduplicated in 2015), a 147% increase in mental health visits (587 in 2015), a 9% increase in substance abuse patients (55 unduplicated in 2015) and a 123% increase in substance abuse visits (213 in 2015). This significant increase in conjunction with the continued demand for MAT services is indicative of the need to expand mental health and substance abuse services to our clients. Beyond the homeless population seen by the health center, the local area has seen a significant increase in opioid misuse. Data from the local emergency medical services (EMS) provider and medical examiner shows an increase in EMS naloxone administrations (19%) and opioid related deaths (52%) between 2015 and 2016. This trend appears to be continuing into 2017. Given the local landscape related to opioids coupled with the service data regarding the health center's clients, there is a significant need to expand the services that are currently being offered.

Response

1. Describe the proposed direct hire staff and/or contractor(s) to be supported with AIMS funding, including how they will meet the identified needs through the use of evidence-based strategies.

Approximately 3/4 page. (Max 2500 Characters with spaces)

The Pinellas County Health Care for the Homeless program will utilize AIMS funding to contract for 1.0 FTE licensed therapist to provide clients with group therapy, substance abuse counseling, and co-occurring counseling. One area that has been realized as a barrier to successful treatment is maintaining client engagement. Through the addition of this FTE, the program anticipates the ability to seek increased engagement of clients in the evidence based provision of MAT services and evidence based therapeutic practices. The proposed contracted provider (Operation PAR) utilizes evidence based practices for substance abuse and co-occurring treatments. Proposed funds include 1.0 FTE licensed therapist, 0.05 FTE Director of Outpatient Services, local travel associated with the travel to the various service sites, and a computer bundle for the FTE.

2. Provide a timeline that lists the implementation steps and expected outcomes of the proposed mental health and substance abuse service expansion activities. The timeline must show that expanded access to mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse, will be implemented within 120 days of award.

Approximately 3/4 page. (Max 2500 Characters with spaces)

Pinellas County will leverage an existing contractual relationship with Operation PAR to hire staff through the AIMS funding. Operation PAR has extensive experience working on Federal grants and within specified timelines. Through leveraging the current contract with Operation PAR, the specific position for this funding opportunity will be posted upon notice of award. Operation PAR is an organization of more than 400 employees and is a well-known name throughout the community. The organization will leverage current recruitment strategies to maximize the number of eligible candidates for the position. Given the current contractual relationship between Pinellas County and Operation PAR, we will be able to provide assurance to make the contractual arrangement retroactive to the funding start date. Through this, the contracting and recruitment activities can occur simultaneously. The timeline is as follows: Notice of Award: Position to be posted and contractual agreement between Pinellas County and Operation PAR to be initiated. Days 0-30: Position to be posted and applications accepted. Days 31-60: Interviews and background checks of eligible applicants. Day 61-90: Job offer and new hire processing. Day 91-120: Implementation of services to the Health Center's clients.

3. If one-time funding is requested for health IT and/or training investments, describe how that funding will be utilized to support the expansion of mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse and address the need for integration with primary care. Include a timeline that demonstrates all one-time funding will be expended within 12 months of award.

If one-time funding for health IT and/or training is not requested, enter N/A below.

Approximately 3/4 page. (Max 2500 Characters with spaces)

One-Time funding is being requested for IT and training investments. IT investments include: telehealth software and equipment, EtransX development, and .NET developer. The telehealth equipment and software will be utilized by clinic staff to enhance client engagement in healthcare services. Through increased engagement, the health center can treat the whole person, to include their behavioral health needs. EtransX and .NET development will be utilized to allow the health center to integrate behavioral health crisis data and emergency room data for clinic clients to provide better performance reporting to evaluate clinical quality and identify areas for innovation to better improve and manage the population's health. Through integrating data, the health center will be able to facilitate performance reporting through multiple disparate systems to determine areas for improvement to better assist client health. Training investments identified for use of AIMS funding include staff attendance at the Integrating Behavioral Health and Primary Care Models Conference in May of 2018 and the 2018 National Health Care for the Homeless Conference. These conferences will provide two higher level staff perspectives on best practices associated with behavioral health and primary care integrations, substance abuse opportunities, and population specific best practices. Training opportunities for all health center staff have been identified by the management team to provide the resources to ensure staff have the opportunities and appropriate tools to be aware of the concerns associated with substance abuse, provide an additional opportunity to seek client engagement, and to learn verbal de-escalation techniques to assist in rapport development, which is key to clients engaging in active management of the primary and behavioral health care needs. Lastly, training for clients regarding various behavioral health topics have

been identified as an opportunity to educate and encourage an individual's active participation in their overall health. Through these trainings, clients will be provided opportunities to receive additional information regarding the effects of substance abuse, untreated behavioral health conditions and local opportunities for treatment. The timeline is as follows: Sep-Nov 2017: contract development/execution – training class scheduling/initiation Dec 2017: purchase of telehealth equipment May/June 2018: Conference attendance by health center staff

Equipment List

▼ 00149919: PINELLAS, COUNTY OF

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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.