



Application Submitted to HRSA

Submitted to HRSA

Organization: PINELLAS, COUNTY OF, CLEARWATER, Florida

Grants.gov Tracking Number: N/A

EHB Application Number: 166827

Grant Number: 2 H80CS00024-18-00

Funding Opportunity Number: HRSA-19-100

Received Date:

Total Number of Pages Submitted by the Applicant: 16

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Application for Federal Assistance SF-424

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

<p>* 1. Type of Submission</p> <p><input type="checkbox"/> Preapplication</p> <p><input checked="" type="checkbox"/> Application</p> <p><input type="checkbox"/> Changed/Corrected Application</p>	<p>* 2. Type of Application</p> <p><input type="checkbox"/> New</p> <p><input type="checkbox"/> Continuation</p> <p><input checked="" type="checkbox"/> Revision</p>	<p>* If Revision, select appropriate letter(s):</p> <p><input type="text"/></p> <p>* Other (Specify)</p> <p><input type="text"/></p>
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<p>* 3. Date Received:</p> <p><input type="text"/></p>	<p>4. Applicant Identifier:</p> <p><input type="text"/></p>
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<p>* 5.a Federal Entity Identifier:</p> <p>Application #: 166827Grants.Gov #</p>	<p>5.b Federal Award Identifier:</p> <p>H80CS00024</p>
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<p>* 6. Date Received by State:</p> <p><input type="text"/></p>	<p>7. State Application Identifier:</p> <p><input type="text"/></p>
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8. Applicant Information:

<p>* a. Legal Name</p> <p>PINELLAS, COUNTY OF</p>	<p>* c. Organizational DUNS:</p> <p>055200216</p>
<p>* b. Employer/Taxpayer Identification Number (EIN/TIN):</p> <p>59-6000800</p>	

d. Address:

<p>* Street1:</p> <p>14 S. Fort Harrison OMB 5th Floor</p>	<p>* State:</p> <p>FL</p>
<p>* Street2:</p> <p></p>	<p>* Country:</p> <p>US: United States</p>
<p>* City:</p> <p>CLEARWATER</p>	<p>* Zip / Postal Code:</p> <p>33756-5338</p>
<p>County:</p> <p>Pinellas</p>	
<p>Province:</p> <p></p>	

e. Organization Unit:

<p>Department Name:</p> <p><input type="text"/></p>	<p>Division Name:</p> <p><input type="text"/></p>
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f. Name and contact information of person to be contacted on matters involving this application:

<p>Prefix:</p> <p><input type="text"/></p>	<p>* First Name:</p> <p>Elisa</p>	
<p>Middle Name: Middle Name:</p> <p><input type="text"/></p>		
<p>Last Name:</p> <p>DeGregorio</p>		
<p>Suffix:</p> <p><input type="text"/></p>		
<p>Title:</p> <p><input type="text"/></p>		
<p>Organizational Affiliation:</p> <p><input type="text"/></p>		
<p>* Telephone Number:</p> <p>(727) 464-8434</p>	<p>Fax Number:</p> <p><input type="text"/></p>	
<p>* Email:</p> <p>edegregorio@pinellascounty.org</p>		

9. Type of Applicant 1:

B: County Government

Type of Applicant 2:

Type of Applicant 3:

* Other (specify):

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

N/A

11. Catalog of Federal Domestic Assistance Number:

93.527

CFDA Title:

Affordable Care Act (AC)

*** 12. Funding Opportunity Number:**

HRSA-19-100

* Title:

Fiscal Year (FY) 2019 Int

13. Competition Identification Number:

7814
 Title:
 Fiscal Year (FY)
 2019 Integrated

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

See Attachment

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

Health Center
 Program

Project Description:

See Attachment

16. Congressional Districts Of:

* a. Applicant * b. Program/Project

Additional Program/Project Congressional Districts:

See Attachment

17. Proposed Project:

* a. Start Date: * b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="\$145,000.00"/>
* b. Applicant	<input type="text" value="\$0.00"/>
* c. State	<input type="text" value="\$0.00"/>
* d. Local	<input type="text" value="\$0.00"/>
* e. Other	<input type="text" value="\$0.00"/>
* f. Program Income	<input type="text" value="\$0.00"/>
* g. TOTAL	<input type="text" value="\$145,000.00"/>

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

a. This application was made available to the State under the Executive Order 12372 Process for review on

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372.

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

Yes No

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

I Agree

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

Authorized Representative:

Prefix:	<input type="text"/>	* First Name:	<input type="text" value="Daisy"/>
Middle Name:	<input type="text"/>		
* Last Name:	<input type="text" value="Rodriguez"/>		
Suffix:	<input type="text"/>		
* Title:	<input type="text"/>		
* Telephone Number:	<input type="text" value="(727) 464-4206"/>	Fax Number:	<input type="text"/>
* Email:	<input type="text" value="darodriguez@pinellascounty.org"/>		
* Signature of Authorized Representative:	<input type="text" value="Daisy Rodriguez"/>	* Date Signed:	<input type="text"/>

Per FY 2019 IBHS Supplemental Funding, Assistance Listing # 93.527, Project Description/Abstract: A project description/abstract is not required for this application; however, an attachment must be provided in SF-424A Part 2. You may upload a blank document.

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	\$145,000.00	\$0.00	\$145,000.00
Total		\$0.00	\$0.00	\$145,000.00	\$0.00	\$145,000.00

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 Rodriguez

* TITLE

* APPLICANT ORGANIZATION

PINELLAS, COUNTY OF

* DATE SUBMITTED

5/13/2019

FY 2019 Integrated Behavioral Health Services (IBHS)
 Pinellas County Board of County Commissioners | H80CS00024

Budget Line Item/Object Class Category	Sep 1, 2019 through Aug 31, 2020	
	Federal	Non-Federal
PERSONNEL:		
Please see Contractual Below	\$ -	\$ -
TOTAL PERSONNEL:	\$ -	\$ -
FRINGE BENEFITS:		
Please see Contractual Below	\$ -	\$ -
TOTAL FRINGE BENEFITS	\$ -	\$ -
TRAVEL: Detail travel costs consistent with your organization's established travel policy and in compliance with 45 CFR §75.474.		
Please see Contractual Below	\$ -	\$ -
TOTAL TRAVEL:	\$ -	\$ -
EQUIPMENT:		
Please see Contractual Below	\$ -	\$ -
TOTAL EQUIPMENT:	\$ -	\$ -
SUPPLIES:		
Please see Contractual Below	\$ -	\$ -
TOTAL SUPPLIES:	\$ -	\$ -
CONTRACTUAL:		
Directions for Living		
Staff		
Licensed Mental Health Counselor - 1.0 FTE @ \$48,000 annual salary	\$ 48,000	\$ -
Fringe		
FICA @ 7.65%	\$ 3,672	
SUTA @ 0.69%	\$ 331	
Medical @ 11.60%	\$ 5,568	
Worker's Comp @ 1.30%	\$ 624	
Local Travel		
.43/mile x 50/miles per month	\$ 258	\$ -
Office Supplies		
Office Supplies @ \$20/month	\$ 240	\$ -
Other Services		
EHR License @ \$90 license fee/month per FTE	\$ 1,080	\$ -
Computer 1 @ \$1500	\$ 1,500	\$ -
Professional Liability @ \$126/month per FTE	\$ 1,512	\$ -
Conference and Training @ \$250 per FTE	\$ 250	\$ -
Recruitment @ \$470 per FTE	\$ 470	\$ -
Cell phone @ \$55/month per FTE	\$ 660	\$ -
<i>Direct Subtotal</i>	\$ 64,165	\$ -
Administrative Overhead @ 10%	\$ 6,417	\$ -
Subtotal Directions for Living	\$ 70,582	\$ -
Fee-for-Service		
Medical/Psychiatric Visit - 95 visits @ \$310/visit	\$ 29,413.00	\$ -
Subtotal Fee-for-Service	\$ 29,413	\$ -
Telehealth		
Desktop Telehealth Setup with scope cameras - 2 @ \$9500 ea	\$ 19,000.00	\$ -
Desktop Telehealth Setup without scope cameras - 1 @ \$3500 ea	\$ 3,500.00	\$ -
Telehealth Backpack Solution - 1 @ \$8415 ea	\$ 8,415.00	\$ -
Delivery/Training/Setup @ \$7400	\$ 7,400.00	\$ -
Licenses/Recurring Fees @ \$111.5/month x 5 licenses	\$ 6,690.00	\$ -
Subtotal Telehealth	\$ 45,005	\$ -
TOTAL CONTRACTUAL	\$ 145,000	\$ -
OTHER: Include all costs that do not fit into any other category and provide an explanation of each cost.		

FY 2019 Integrated Behavioral Health Services (IBHS)
 Pinellas County Board of County Commissioners | H80CS00024

Budget Line Item/Object Class Category	Sep 1, 2019 through Aug 31, 2020	
	Federal	Non-Federal
TOTAL OTHER:	\$ -	\$ -
INDIRECT COSTS		
TOTAL INDIRECT COSTS	\$ -	\$ -
TOTAL BUDGET	\$ 145,000	\$ -

Personnel Justification				
Position Title - Name	Base Salary	Adjusted Base	FTE to Support IBHS	Federal Amount Requested
Contracted Counselor - TBD	\$ 48,000	\$ 48,000	1.0	\$ 48,000
TOTAL			1.0	\$ 48,000

Federal Object Class Categories

▼ 00166827: PINELLAS, COUNTY OF

Due Date: 05/13/2019 (Due In: 0 Days)

Announcement Number: HRSA-19-100

Announcement Name: Fiscal Year (FY) 2019
Integrated Behavioral Health Services (IBHS)

Application Type: Revision (Supplemental)

Grant Number: H80CS00024

Federal Funding Request Amount: \$145,000.00

▼ **Resources** [↗](#)

As of 05/13/2019 11:52:41 AM

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

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	\$0.00	\$0.00	\$0.00
d. Equipment	\$0.00	\$0.00	\$0.00
e. Supplies	\$0.00	\$0.00	\$0.00
f. Contractual	\$145,000.00	\$0.00	\$145,000.00
g. Other	\$0.00	\$0.00	\$0.00
h. Total Direct Charges (sum of a through g)	\$145,000.00	\$0.00	\$145,000.00
i. Indirect Charges	\$0.00	\$0.00	\$0.00
j. Total Budget Specified in Section A - Budget Summary (sum of h through i)	\$145,000.00	\$0.00	\$145,000.00

Project Overview

00166827: PINELLAS, COUNTY OF

Due Date: 05/13/2019 (Due In: 0 Days)

Announcement Number: HRSA-19-100

Announcement Name: Fiscal Year (FY) 2019 Integrated Behavioral Health Services (IBHS)

Application Type: Revision (Supplemental)

Grant Number: H80CS00024

Federal Funding Request Amount: \$145,000.00

Resources [↗](#)

As of 05/13/2019 11:52:47 AM

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

Telehealth

Are you proposing to use IBHS funding for telehealth to increase access to integrated SUD and/or mental health services? Select One Option

Yes, I am proposing to use IBHS funding for telehealth to provide remote SUD and/or mental health services.

No, I am not proposing to use IBHS funding for telehealth to provide remote SUD and/or mental health services.

Pain Management

Are you proposing to use IBHS funding to help prevent SUDs through enhanced pain management? Select One Option

Yes, I am proposing to use IBHS funding to help prevent SUDs through enhanced pain management.

No, I am not proposing to use IBHS funding to help prevent SUDs through enhanced pain management.

Technical Assistance

Technical assistance on the following topics would support the successful implementation of my IBHS project. Select All That Apply

Integrated behavioral health and primary care services

Prevention of opioid use disorder

Treatment of opioid use disorder

Medication-assisted treatment of opioid use disorder

Telehealth

Pain management

Other (please describe in a comment)

None

Comment

As desired, describe needs specific to the selected topic area(s) or define other topic areas. (Up to 1,000 characters counting spaces)

The health center is exploring use of telehealth for a more integrated approach to primary care and behavioral health connections with the treatment providers. With limited space to physically integrate patients in need of services; we are pursuing strategies to help connect individuals via telehealth to eliminate transportation barriers and facilitate appointments in a more efficient fashion.

Scope of Services

Review your current approved Form 5A: Services Provided. Will a Scope Adjustment or Change in Scope request be necessary to ensure that all planned changes to SUD and mental health services are on your Form 5A? Select One Option

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

No, I reviewed my Form 5A and determined that my health center's 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 below (Up to 1,000 characters counting spaces)

not applicable.

Project Plan

▼ 00166827: PINELLAS, COUNTY OF

Due Date: 05/13/2019 (Due In: 0 Days)

Announcement Number: HRSA-19-100

Announcement Name: Fiscal Year (FY) 2019 Integrated Behavioral Health Services (IBHS)

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Grant Number: H80CS00024

Federal Funding Request Amount: \$145,000.00

▼ **Resources** [↗](#)

As of 05/13/2019 11:52:52 AM

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

Objective	Activities	Outputs	Status
Add 1.0 full-time equivalent (FTE) behavioral health personnel by April 30, 2020.	<ul style="list-style-type: none"> Contracted provider will provide orientation and training to new hires Contracted provider will recruit and hire 1.0 FTE contracted licensed mental health clinician (LMHC). Contract w/behavioral health provider for treatment services 	<ul style="list-style-type: none"> June 01, 2020: LMHC delivering services to clients April 30, 2020: LMHC hired 	Complete
Improve quality of integrated behavioral health services	<ul style="list-style-type: none"> Establish a scope of services and procurement proposal requirements to solicit quotes for procurement of a contracted provider of telepsychiatry. Evaluate feasibility and develop a telehealth strategy 	<ul style="list-style-type: none"> June 01, 2020: Contracted providers begins delivering services to patients May 01, 2020: Procure a contracted provider to deliver on-demand psychiatric services by 	Complete

Staffing Impact

00166827: PINELLAS, COUNTY OF

Due Date: 05/13/2019 (Due In: 0 Days)

Announcement Number: HRSA-19-100

Announcement Name: Fiscal Year (FY) 2019
Integrated Behavioral Health Services (IBHS)

Application Type: Revision (Supplemental)

Grant Number: H80CS00024

Federal Funding Request Amount: \$145,000.00

Resources [↗](#)

As of 05/13/2019 11:52:55 AM

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

Fields with are required

Staffing Positions by Major Service Category	New <u>Direct Hire Staff</u> FTEs Proposed	New <u>Contractor/Agreement</u> FTEs Proposed
Psychiatrists	0.00	0.00
Licensed Clinical Psychologists	0.00	0.00
Licensed Clinical Social Workers	0.00	0.00
Other Licensed Mental Health Providers (e.g., psychiatric social workers, psychiatric nurse practitioners, family therapists) Please Specify: <input type="text" value="Licensed Mental Health Counselor"/>	0.00	1.00
Other Mental Health Staff (e.g., "certified" individuals who provide counseling, treatment, or support to mental health providers) Please Specify: <input type="text"/>	0.00	0.00
Substance Use Disorder Providers	0.00	0.00
Family Physicians	0.00	0.00
General Practitioners	0.00	0.00
Internist	0.00	0.00
Obstetrician/Gynecologist	0.00	0.00
Pediatricians	0.00	0.00
Other Specialty Physicians and Sub-Specialists (e.g., Emergency Medicine, Addiction Medicine, Pain Medicine, Infectious Disease) Please Specify: <input type="text"/>	0.00	0.00
Nurse Practitioners	0.00	0.00
Physician Assistants	0.00	0.00
Certified Nurse Midwives	0.00	0.00

Nurses	0.00	0.00
Other Medical Personnel (e.g. Medical Assistants, Nurse Aides)	0.00	0.00
Laboratory Personnel	0.00	0.00
Pharmacy Personnel	0.00	0.00
Case Managers	0.00	0.00
Patient/Community Education Specialists	0.00	0.00
Outreach Workers	0.00	0.00
Transportation Staff	0.00	0.00
Eligibility Assistance Workers	0.00	0.00
Interpretation Staff	0.00	0.00
Community Health Workers	0.00	0.00
Other Enabling Services Staff (e.g., staff who support outreach, care coordination, transportation) Please Specify: <input type="text"/>	0.00	0.00
Other Professional Health Services Staff (e.g., physical therapists, occupational therapists, acupuncturists) Please Specify: <input type="text"/>	0.00	0.00
Subtotal	0.00	1.00
Total FTEs		1.00

Patient Impact

00166827: PINELLAS, COUNTY OF

Due Date: 05/13/2019 (Due In: 0 Days)

Announcement Number: HRSA-19-100

Announcement Name: Fiscal Year (FY) 2019
Integrated Behavioral Health Services (IBHS)

Application Type: Revision (Supplemental)

Grant Number: H80CS00024

Federal Funding Request Amount: \$145,000.00

Resources [↗](#)

As of 05/13/2019 11:52:59 AM

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

▼ Patient Impact Questions

Existing Patient Impact

1. Total Unduplicated Existing Patients: Enter the total number of existing patients who will newly access SUD and/or mental health services in calendar year 2020 as a result of IBHS funding (e.g., existing medical patients not currently accessing these services that will begin to do so).

Attribute each patient to EITHER SUD or mental health 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). 100

2. Existing Patients by Service Type: Enter the number of existing patients who will newly access each service as a result of IBHS funding in calendar year 2020 below.

Count each projected existing patient according to the services they are expected to access. If a patient will start accessing both SUD and mental health services, they should be counted once for SUD and once for mental health.

- A. SUD Services Patients 0
- B. Mental Health Services Patients 100

New Patient Impact

3. Total Unduplicated New Patients: Enter the number of new patients (new to the health center) who will access SUD and/or mental health services in calendar year 2020 as a result of IBHS funding.

Attribute each patient to EITHER SUD or mental health 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

Note: New unduplicated projected patients entered in response to this question will be added to your patient target. Failure to achieve this new patient projection by December 31, 2020 may result in a funding reduction when your service area is next competed through Service Area Competition (SAC). See the [SAC technical assistance website](#) for patient target resources.

4. New Patients by Service Type: Enter the number of new patients (new to the health center) who will access each service in calendar year 2020 below.

Count each projected new patient according to the services they are expected to access. If a new patient will access both SUD and mental health services, they should be counted once for SUD and once for mental health.

- A. SUD Services Patients 0
- B. Mental Health Services Patients 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 NEW Patients by Population Type	0

Equipment List

▼ 00166827: PINELLAS, COUNTY OF

Due Date: 05/13/2019 (Due In: 0 Days)

Announcement Number: HRSA-19-100

Announcement Name: Fiscal Year (FY) 2019
Integrated Behavioral Health Services (IBHS)

Application Type: Revision (Supplemental)

Grant Number: H80CS00024

Federal Funding Request Amount: \$145,000.00

▼ Resources [↗](#)

As of 05/13/2019 11:53:04 AM

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



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.