Application Submitted to HRSA

Submitted to HRSA

Organization: PINELLAS, COUNTY OF, CLEARWATER, Florida

Grants.gov Tracking Number: GRANT12690675

EHB Application Number: 158549

Grant Number: 3 H80CS00024-17-05

Funding Opportunity Number: HRSA-19-013

Received Date: 9/17/2018 4:26:04 PM

Total Number of Pages Submitted by the Applicant: 155

(Number of pages counted in accordance with program guidance: 97)

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Table Of Contents

1. Application for Federal Assistance (SF-424)

2. Project Description

3. Additional Program/Project Congressional Districts

4. Key Contacts (Grants.gov PDF)

5. Project/Performance Site Location(s)

6. Project Narrative

7. SF-424A: Budget Information - Non-Construction Programs

8. Budget Narrative

9. SF-424B: Assurances - Non-Construction Programs

10. SF-LLL Disclosure of Lobbying Activities

11. Attachment 1 - Service Area Map and Table (SAC Map 2018.pdf)

12. Attachment 2 - Bylaws (MMUAC BYLAWS - Final Approved 050217 and 080117.pdf)

13. Attachment 3 - Project Organizational Chart (Organizational Chart 2018.pdf)

14. Attachment 4 - Position Descriptions for Key Management Staff (Attachment 4 - Position Descriptions.pdf)

15. Attachment 5 - Biographical Sketches for Key Management Staff (Attachment 5 - Bios.pdf)

16. Attachment 6: Co-Applicant Agreement (required for public center applicants that have a co-applicant board) (as applicable) (MMUAC Co-Applicant Agreement Approved 06022015 and 08182015.pdf)

17. Attachment 7: Summary of Contracts and Agreements (as applicable) (Contract Summary.pdf)

18. Attachment 9 - Collaboration Documentation (Combined 091718.pdf)

19. Attachment 10 - Sliding Fee Discount Schedule(s) (Attachment 10 Sliding Fee Schedule.pdf)

20. Other Attachments (SF424_2_1-1235-Congressional2016.pdf)

21. Form 1A - General Information Worksheet

22. Form 1C - Documents On File

23. Form 4 - Community Characteristics

24. Form 2 - Staffing Profile

25. Form 3 - Income Analysis

26. Form 5A - Required Services Provided

27. Form 5A - Additional Services Provided

28. Form 5A - Specialty Services Provided

29. Form 5B - Service Sites

30. Form 5C - Other Activities/Locations

31. Form 6A - Current Board Member Characteristics

32. Form 6B - Request for Waiver of Board Member Requirements

33. Form 8 - Health Center Agreements

34. Form 10 - Emergency Preparedness Report

35. Form 12 - Organization Contacts

36. Clinical Performance Measures

37. Financial Performance Measures

38. Summary Page

Skip to Main Content

Application for Federal Assistance SF-424

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

*** 1. Type of Submission**
- ☐ Preapplication
- ☑ Application
- ☐ Changed/Corrected Application

*** 2. Type of Application**
- ☐ New
- ☐ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify): Competing Continuation

*** 3. Date Received:** 8/7/2018

4. Applicant Identifier: H80CS00024

*** 5.a Federal Entity Identifier:** Application #:158549Grants.Gov #:GRANT12690675

5.b Federal Award Identifier: H80CS00024

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

7. State Application Identifier:

8. Applicant Information:

* a. Legal Name: PINELLAS, COUNTY OF

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

* c. Organizational DUNS: 055200216

d. Address:

* Street1: c/o Office of Management and Budget,14 S. Ft. Ha

Street2:

* City: Clearwater

County:

* State: FL

Province:

* Country: US: United States

* Zip / Postal Code: 33756-

e. Organization Unit:

Department Name: Human Services

Division Name:

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

Prefix: Ms.

* First Name: Daisy

Middle Name: Middle Name:

Last Name: Rodriguez

Suffix:

Title: Director

Organizational Affiliation:

* Telephone Number: (727) 464-4206

Fax Number:

* Email: darodriguez@pinellascounty.org

9. Type of Applicant 1: B: County Government

Type of Applicant 2:

Type of Applicant 3:

* Other (specify):

*** 10. Name of Federal Agency:** N/A

11. Catalog of Federal Domestic Assistance Number: 93.224

CFDA Title: Community Health Center

*** 12. Funding Opportunity Number:** HRSA-19-013

* Title: Service Area Competition

13. Competition Identification Number:

7413

Title:

Service Area Competition

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:	3/1/2019	* b. End Date:	2/28/2022

18. Estimated Funding ($):

* a. Federal	$1,456,815.00
* b. Applicant	$2,220,604.00
* c. State	$0.00
* d. Local	$0.00
* e. Other	$0.00
* f. Program Income	$1,700.00
* g. TOTAL	$3,679,119.00

*** 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 explaination 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:	8/7/2018

Project Title:	Service Area Competition (HRSA 19-013)
Applicant Organization Name:	Pinellas County dba Board of County Commissioners
Address:	14 S. Ft. Harrison, Clearwater, FL 33756
Project Director Name:	Ms. Daisy Rodriguez
Contact Phone Number:	727-464-4206
Email Address:	darodriguez@pinellascounty.org
Website Address:	www.pinellascounty.org
Federal funds requested:	$1,456,815.00
Service Area ID Number:	230
City/State:	Clearwater, Florida
Patient Target:	2979

Program Summary
Authorized by Pinellas County Board of County Commissioners (BCC) and the Health Care for the Homeless Co-Applicant Board, Pinellas County Human Services' Health Care for the Homeless (HCH) program provides basic medical care and related services to nearly 3,000 homeless individuals residing in Pinellas County, FL.

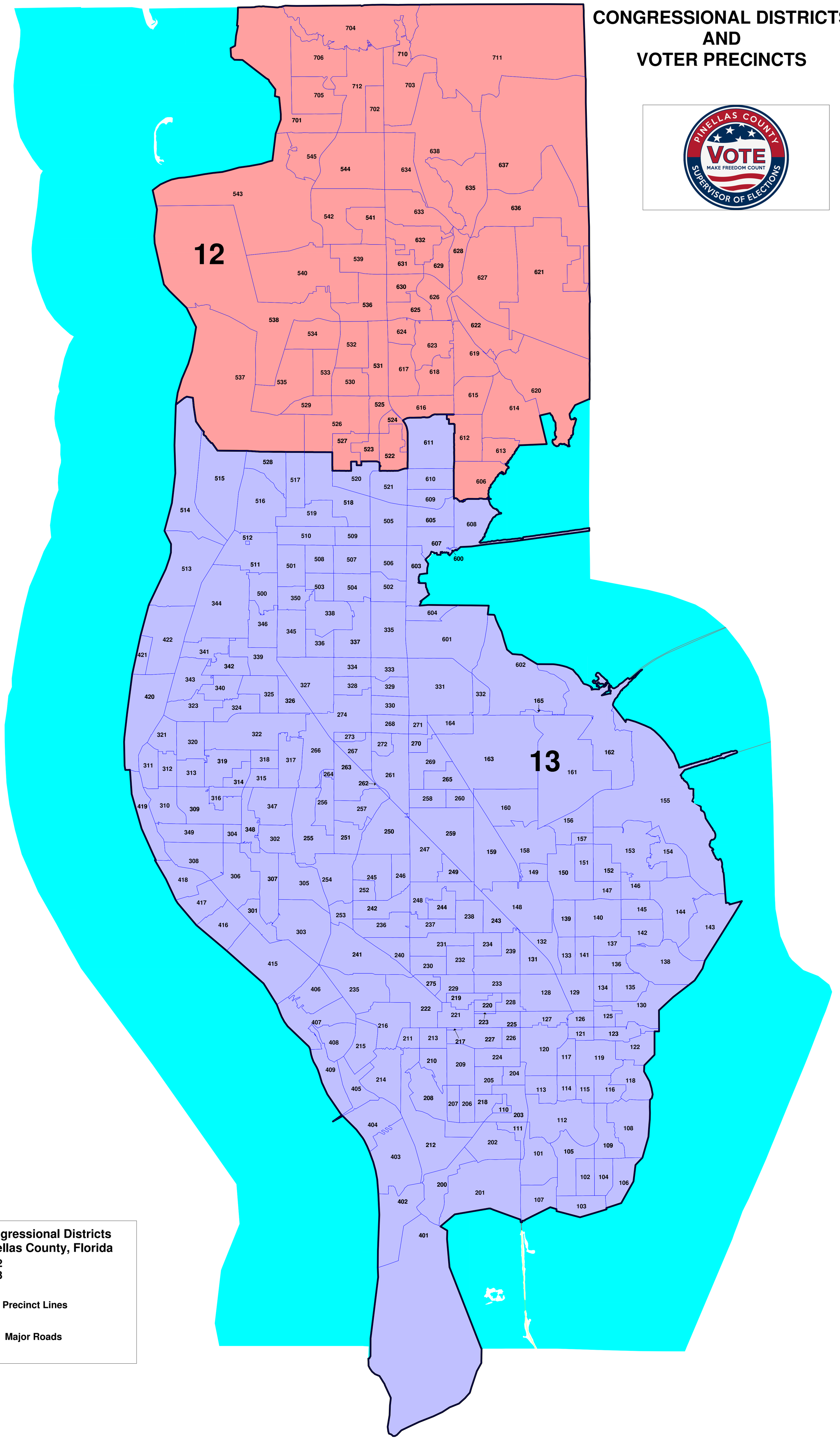
Program Services
Medical Services include: primary care, including the treatment of illness or injury as well as preventive care, education, limited prescription coverage and referrals for lab work, specialty care, dental assistance, behavioral-mental health assistance and substance use disorder services.

The HCH Program has two service sites including the Bayside Health Clinic located at 14808 49th Street North in Clearwater and the use of a Mobile Medical Unit (MMU) van in varied locations throughout the county where the homeless congregate.

The County contracts with the Florida Department of Health in Pinellas County (DOH) to provide primary care clinical services. Both the Pinellas DOH and County contract with various providers in the County for additional medical and supportive care services as needed by the program.

Population Served
The 2018 Point in Time (PIT) Homeless Count for Pinellas County revealed 6,216 adults and children who reported to be homeless on the night of January 25, 2018. The PIT count includes those who are without housing and considered "unsheltered" individuals or families, those who are in a homeless shelter, transitional housing, safe haven or hotel and individuals and families who were considered to be at-risk of becoming homeless.

CONGRESSIONAL DISTRICTS AND VOTER PRECINCTS



Created By: IT Dept, Pinellas County Supervisor of Elections 2016

OMB Number: 4040-0010
Expiration Date: 12/31/2019

Key Contacts Form

*** Applicant Organization Name:**

Pinellas County dba Board of County Commissioners

Enter the individual's role on the project (e.g., project manager, fiscal contact).

*** Contact 1 Project Role:** Project Director

Prefix: Ms.

* First Name: Daisy

Middle Name:

* Last Name: Rodriguez

Suffix:

Title: Director

Organizational Affiliation:

Pinellas County

* Street1: 440 Court Street, 2nd fl

Street2:

* City: Clearwater

County: Pinellas

* State: FL: Florida

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 33756-5105

* Telephone Number: 727-464-4206

Fax:

* Email: darodriguez@pinellascounty.org

OMB Number: 4040-0010
Expiration Date: 12/31/2019

Key Contacts Form

*** Applicant Organization Name:**

Pinellas County dba Board of County Commissioners

Enter the individual's role on the project (e.g., project manager, fiscal contact).

*** Contact 2 Project Role:** Grants Manager

Prefix: Ms.

* First Name: Elisa

Middle Name:

* Last Name: DeGregorio

Suffix:

Title: Grants Section Manager

Organizational Affiliation:

Pinellas County

* Street1: 440 Court Street, 2nd fl

Street2:

* City: Clearwater

County:

* State: FL: Florida

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 33756-5105

* Telephone Number: 727-464-8434

Fax:

* Email: edegregorio@pinellascounty.org

Skip to Main Content

OMB Approval No. 4040-0010
Expiration Date 10/31/2019

Project/Performance Site Location(s)

Project/Performance Site Primary Location

Organization Name: Pinellas County dba Board of County Commissioners

* Street1: 440 Court Street, 2nd fl

Street2:

* City: Clearwater

County: Pinellas

* State: Florida Province:

* Country United States * ZIP / Postal Code: 33756-

DUNS Number: 055200216

Project/ Performance Site Congressional District:

Project/Performance Site Location

Organization Name: Pinellas County dba Board of County Commissioners

* Street1: 14808 49th Street N

Street2:

* City: Clearwater County: Pinellas

* State: Florida Province:

* Country United States * ZIP / Postal Code: 33762-

DUNS: 055200216

Project/ Performance Site Congressional District:

Project/Performance Site Location

Organization Name: Pinellas County dba Board of County Commissioners

* Street1: 647 1st Ave N

Street2:

* City: Saint Petersburg County:

* State: Florida Province:

* Country United States * ZIP / Postal Code: 33701-

DUNS: 055200216

Project/ Performance Site Congressional District:

Need

1) _*_ Describe the proposed service area (consistent with Attachment 1: Service Area Map and Table), including:

a) *The service area boundaries.*
b) *If you are a competing continuation applicant: How you annually review and determine your service area based on where patients reside, as reported in the 2017 UDS and identified in the SAAT (i.e., service area zip codes listed on Form 5B: Service Sites represent those where 75 percent of current patients reside).*

Pinellas County is a 280 square mile peninsula on Florida's Gulf Coast bordered by the Gulf of Mexico and Tampa Bay. The health center completes an annual Needs Assessment which includes a review of the Service Catchment Area and Service Area in correlation with the health center's UDS data and Point in Time Homeless counts to ensure continued access to clients in need. The Pinellas County HCH Program operates through two service sites at seven different locations weekly – the Mobile Medical Unit (MMU) and Bayside Health Clinic. The MMU travels throughout the county to six homeless service sites over the course of a week. The sites include three locations in Clearwater, and three locations in St. Petersburg. According to the 2017 PIT Report, 2.6% of the county's homeless individuals primarily stay in Tarpon Springs, 20.2% in Clearwater and 65.3% in St. Petersburg. The MMU is in Clearwater 2 days per week, and St. Petersburg 3 days per week. The time spent in each location is appropriately positioned to meet the population demand. Initially in 2017, the MMU van was visiting one location in Tarpon Springs, but due to low utilization, it was decided by the Health Care for the Homeless Advisory Board to adjust the schedule to ensure services are offered in locations identified to best meet client's needs. Medical care is provided on the MMU from 8:30 am to 5 pm, Monday through Thursday and 8:30 am to 4:00 pm on Friday (closed Monday for travel time between sites from 11:30 am to 1:00 pm). The Bayside Health Clinic is a stationary site nearly-central to the county, and provides approximately 60% of the program's medical encounters monthly. The clinic is located within a two-mile radius of the two largest homeless shelters in Pinellas County, which can served over 700 homeless individuals per night. The Bayside Health Clinic is open from 8:00 am to 8:00 pm, Monday through Friday, and 8:00 am - 12:00 noon on Saturdays.

2) _*_ Citing data sources and the frequency of assessments, describe the service area/target population and the current health care needs, specifically addressing items a-d below. This description must include the unique needs of each special population, as identified in the SAAT with a funding amount greater than $0 (MHC, HCH, PHPC).

a) *Factors associated with access to care and health care utilization (e.g., geography, transportation, occupation, unemployment, income level, educational attainment, transient populations).*
b) *Most significant causes of morbidity and mortality (e.g., diabetes, cardiovascular disease, cancer, low birth weight, mental health and/or substance use disorder).*
c) *Health disparities.*
d) *Unique health care needs or characteristics that impact health, access to care, or health care utilization (e.g., social factors, environmental factors, occupational factors, cultural/ethnic factors, language needs, housing status).*

a) Access:

Transportation: There are significant transportation barriers to health access for the homeless population in Pinellas County. The ease of access to public transportation can vary greatly within Pinellas. The Pinellas County Transit Authority's (PSTA) provides bus services throughout Pinellas County. Bus schedules, frequency, routes and stops vary by time of day and day of week.

Insurance: According to 2016 CMS data for the State Uninsured Rate (under age 65), there are approximately 2,544,000 uninsured residents in Florida and approximately 102,640 uninsured residents in Pinellas County, 4% of the State's total. In 2017 UDS data indicate that 34.21% of HCH health center patients were reported to be uninsured. For the same reporting period, the Pinellas County HCH program saw 95.43% uninsured patients. This has been a consistent percentage over the past three years of patient data, as reported in UDS.

b) Most Significant Causes of Morbidity/Mortality:
Serious Mental Illness and/or Substance Use Disorder: 2018 PIT shows 20.6% of the HUD homeless population report as having a SMI and 19.8% report a SUD. This is down from the 2017 PIT which showed 26.1% and 23.2% respectively. The Pinellas County HCH program provider mental health services to 38.48% of patients and substance use services to 4.39% of patients in 2017.

A Background Paper from the Office of Research & Public Affairs at the Treatment Advocacy Center *Serious Mental Illness and Homelessness* (September 2016) estimates approximately one-third of the total homeless population are individuals with untreated serious mental illness with the mortality rate for these individuals 4 to 9 times greater than the general population. SAMHSA's *Overview of Homelessness* states that in January 2016, one in five people experiencing homelessness had a serious mental illness, and a similar percentage had a chronic substance use disorder. While chronic homelessness represents approximately 16% of the overall homeless population, approximately 30% have a serious mental illness and around two-thirds have a primary substance used disorder or chronic health conditions.

A 2013 article from the JAMA Internal Medicine titled *Mortality Among Homeless Adults in Boston* reviewed a cohort of homeless adults in Boston from 2003 through 2008. This study found that drug overdose was the leading cause of death (16.8%) among the homeless adults reviewed in Boston. The homeless population in Boston accounts for 0.3% of Massachusetts adult population while accounting for 5% of all adult drug overdose deaths during the study period.

c) Health Disparities: *Health Care Delivery Strategies: Addressing Key Preventive Health Measures in Homeless Health Care Settings*, discusses the Health Disparities and Inequalities Report (2011a) from the Centers for Disease Control & Prevention (CDC) documents that socioeconomic status and living conditions have a direct influence on health and "inadequate housing contributes to infectious and chronic disease and injury. (Bharel M, 2011)" According to the report, manageable health conditions that are equally prevalent in homeless and general populations are less controlled in homeless individuals. The likelihood of disease related complications is increased with poorly managed diabetes including heart disease, stroke, hypertension, blindness, kidney disease, neuropathy and lower-limb amputation (Bharel M, 2011). A study involving a survey of homeless clients with diabetes indicated 72% of participants reported experiencing difficulties managing their diabetes (Hwang & Bugeja, 2000).

The homeless population suffers a variety of ailments and health risks at rates consistently higher, and in some cases dramatically higher, than the housed. *Homelessness and Health: What is the Connection*, published by the National Health Care for the Homeless Council in June 2011, showed homeless

individuals had increased liver conditions (16% vs. 5%), fair or poor health (46% vs. 32%), food insufficiency (21% vs. 10%), chronic bronchitis (19% vs. 11%), tooth loss (72% vs. 54%), alcohol dependence (11% vs. 2%), and severe mental illness (25% vs. 12%) when compared to their housed counterparts. The report also showed higher rates (38% vs. 27%) for homeless suffering from multiple chronic conditions, which included two or more of the following: hypertension, diabetes, asthma, emphysema, chronic bronchitis, heart problems, stroke, liver condition, weak/failing kidneys, cancer and HIV/AIDS.

d) Unique Needs:

Social Factors: According to the *Intergenerational Disparities Experienced by Homeless Black Families* (ICPH 2010), in 2010 one out of every 141 black family members stayed in a homeless shelter, a rate seven times higher when compared with persons in white families (1:990). In 2011, one-third (34.8%) of adults exited programs serving homeless households in Florida without any income or social safety net benefits, and only one-quarter (24.6%) were employed (American Almanac of Family Homelessness).

Local statistics are in line with the national trends. As indicated in Form 4: Community Characteristics, the race and ethnicity of the homeless population generally mirror that of the service area population in Pinellas County, except among Blacks/African Americans. The percentage of the homeless population that is Black/African American is 10% higher than the general population. Financial assets serve as a crucial buffer in times of economic hardship, covering unexpected health expenses and preventing loss of housing when unemployed. The Black/African American population is consistently more economically disadvantaged than the White population, with poverty, homelessness and health issues being intrinsically intertwined.

Response

1) Describe how you will ensure access to all required and additional services (consistent with Form 5A: Services Provided) and other activities, as applicable, (consistent with Form 5C: Other Activities/Locations) to meet the identified needs, including:

a) *The method of provision of services (Form 5A: Services Provided).*
b) *How services provided through contractual agreements (Form 5A: Services Provided, Column II) will be documented in the patient's health center record, and how the health center will pay for the services.*
c) *How services provided through referral arrangements (Form 5A: Services Provided, Column III) will be managed, and the process for tracking and referring patients back to the health center for appropriate follow-up care.*
d) *How you make arrangements and provide resources that address health care access and utilization barriers (e.g., transportation, transience, unemployment, income level, educational attainment) and other factors that impact health status (e.g., social factors, the physical environment, cultural/ethnic factors, housing status). Additionally, describe such services for any targeted special populations.*
e) *If HCH funding is requested: Document how substance use disorder services will be made available (consistent with Form 5A: Services Provided).*

The health center utilizes all three service delivery methods indicated on the Scope of Project: direct, formal written contract/agreement, and formal written referral arrangement.

Direct service delivery staff providing eligibility assistance and outreach are located at various Human Services and Department of Health sites in Pinellas County. Staff attend community and outreach events, as requested to further reach potential clients.

Pinellas County (grantee) contracts with the Florida Department of Health (DOH), Operation PAR, Citizens Rx, LLC, Pinellas Suncoast Transit Authority, and BayCare Home Care for various in-scope services. The Florida Department of Health provides frontline clinical staff for operation of the health care clinic and mobile medical unit and provisions to ensure diagnostic laboratory, diagnostic radiology, coverage for emergencies during and after hours, immunizations, gynecological care, preventive and additional dental, case management, eligibility assistance, health education, outreach, mental health and psychiatric services, translation, and podiatry. DOH clinic staff utilize Pinellas County's computer equipment to access the electronic health record software (EHR), paid for and maintained by the grantee. Services provided to health center clients are directly input into the health center record via DOH staff at the point of service. Referrals are made by DOH staff to other programs and organizations to provide clients a full array of comprehensive services.

Laboratory services are provided by a DOH contractor and laboratory specimens are collected by DOH staff at the clinic or on the van, packaged and sent to the lab with results sent via electronic interface, or phoned to the providers for critical reports. The health center physicians review lab results and accept (sign off) on the electronic report for inclusion in the client's electronic health record.

Specialty care referrals, including medical, behavioral health and substance abuse specialists are tracked using a referral tracking log. Referrals tracked are those determined by the client's primary provider and care team to be important for a client's treatment or as indicated by evidence-based guidelines. For specialists that do not have electronic communications with the health center, established alternative mechanisms for timely communication are established and include: telephone, fax, or written correspondence. Referrals are documented in the client's electronic health record with supporting documentation included in an attached Referral Packet. This information is provided via the EHR to the Care Coordinator for processing and follow up. Specialty services provided through DOH are paid for on a fee-for-service basis and billed back to the health center monthly for services rendered.

Dental services are provided to health center clients at dental suites located in the Bayside Clinic. The Health Care for the Homeless Program is staffed by a full time dentist and support staff to provide preventive and restorative dental treatment. Services include: dental exams, oral cancer screenings, oral health education, dental x-rays, cleaning, extractions, restorations, incisions, drainage, dentures, and prescriptions.

Prescription services are provided to health center clients via contractual agreement with Citizens, Rx. As the health center's Pharmacy Benefit Manager, Citizens dispenses medications through local pharmacies throughout the service area to address the medication needs of clients. Many of the medication aid in treating and managing chronic health conditions.

Resources to Address Access and Utilization Barriers: The Pinellas County Health Care for the Homeless Program offers individuals a few opportunities to engage in services to assist overcoming health care utilization barriers. These include the provision of a mobile medical unit (MMU), the location of a bricks-and-mortar clinic with expanded services hours next door to the largest emergency shelter, and the provision of 10 day (non-consecutive) bus pass per month.

The MMU travels throughout Pinellas County five days per week and parks at various service sites to provide appointments and walk-up services to clients. Sites include homeless shelters, soup kitchens, and sites generally utilized by the homeless population. The HCH Co-Applicant Board reviews service utilization by site to ensure access is distributed throughout the County to areas most in need.

The Bayside Clinic is a bricks-and-mortar medical and dental clinic located adjacent to the largest emergency homeless shelter in Pinellas County and two miles from the second largest emergency shelter. The clinic operates six days per week and offers evening and weekend hours.

The Pinellas County Health Care for the Homeless Program offers clients, having had a medical visit, a 10 day (non-consecutive) bus pass to provide transportation access for follow up or specialty services.

HCH Substance Use Services: Health center clients coming into the clinic or presenting on the mobile medical unit are screened utilizing a Behavioral Health Screening Form incorporating the PHQ-9 Client Health Questionnaire, the GAD-7 General Anxiety Questionnaire, MDQ – Mood Questionnaire, and SSI-SA Substance Use Questionnaire. The nurse/medical assistant score the form and document the screening tool in the client's health record. During the encounter, the medical provider reviews the score, discusses this with the client, and, if appropriate, refers to the appropriate behavioral health service. Services indicated for referral based upon the Behavioral Health Screening Form include: Mental Health Counseling/Psychiatric Services, Substance Use and/or Co-Occurring/Counseling Services, or Substance Use/Medication Assisted Treatment. Referrals for Substance Use and/or Co-Occurring are sent to Operation PAR for treatment.

The health center contracts with Operation PAR, the only local non-profit offering three medication assisted treatment options. HCHP clients are connected with Operation PAR via referral and have access to counseling, case management, and medications (vivitrol, suboxone, or methadone) to aid in their recovery. Beyond the contractual arrangement with the health center, Operation PAR provides inpatient detoxification services to indigent individuals. Detox patients are reviewed for enrollment, eligibility and connection with the HCH Program. If active HCH clients are identified, Operation PAR staff facilitate reconnection to the health center for clients who request a referral and further connection to outpatient substance use services prior to release from inpatient treatment. If a detox patient is not an active HCH client, but eligible for the services, Operation PAR will assist the individual in enrollment in and access to health care services to further facilitate referral to treatment upon release.

2) Describe the proposed service delivery sites (consistent with Form 5B: Service Sites) and how the sites assure availability, prompt accessibility, and continuity of services (consistent with Forms 5A: Services Provided and 5C: Other Activities/Locations) within the proposed service area relative to where the target population lives and works (e.g., areas immediately accessible to public housing for health centers targeting residents of public housing). Specifically address:

a) *Access barriers (i.e., barriers resulting from the area's physical characteristics, residential patterns, or economic and social groupings).*
b) *Distance and duration for patients to travel to or between service sites to access the full range of services proposed (consistent with Form 5A: Services Provided).*
c) *How the total number and type (e.g., fixed site, mobile van, school-based clinic), hours of operation, and location (e.g., proximity to public housing) of service delivery sites facilitate scheduling appointments and accessing services.*

The Pinellas County Health Care for the Homeless Program offers two ways to access primary care services for homeless clients. The Bayside Clinic and a mobile medical unit. The Bayside Clinic is a bricks-and-mortar facility located adjacent to the County's largest emergency homeless shelter (Pinellas Safe Harbor) and located two miles from the second largest homeless shelter (Pinellas Hope). The clinic operates six days a week, offering evening hours (5 pm to 8 pm) Mondays through Thursdays, and weekend hours (8 am to Noon, Saturdays) to facilitate clients accessing services. The Bayside Clinic offers primary care and dental services.

The mobile medical unit (MMU) 40 foot, fully equipped medical van that travels to different locations throughout the county. The MMU offers primary care services to homeless individuals at six locations throughout the county where homeless individuals frequent. The MMU is open weekdays from 8 am to 5 pm at locations including homeless shelters, soup kitchens, and treatment facilities. All site locations and hours are determined by the Co-Applicant Board based upon input from consumers and staff and based upon funding/staff availability.

For access to additional referred services, clients of the health center are afforded a ten (10) day non-consecutive bus pass per month.

3) Describe how you will promptly respond to patient medical emergencies during and after regularly scheduled hours, including:

a) *How you ensure that at least one staff member certified in basic life support skills is present at each service delivery site (consistent with Form 5B: Service Sites) during regularly scheduled hours of operation.*
b) *How you ensure after-hours coverage that:*
   - *Is provided via telephone or face-to-face by an individual with the qualifications and training necessary to exercise professional judgment in assessing the need for emergency care.*
   - *Includes the ability to refer patients either to a licensed independent practitioner for further consultation or to locations, such as emergency rooms or urgent care facilities, for further assessment or immediate care, as needed.*
c) *How patients are informed of after-hours coverage, including those with limited English proficiency (i.e., language(s), literacy levels, and formats of materials/messages).*

The Florida Department of Health Clinic and Mobile Medical Unit staff are AED and CPR certified for emergencies that present at service delivery sites during regularly scheduled hours of operation.

The contract with the Florida Department of Health in Pinellas County maintains after-hours access for clients. After normal operating hours, the phone will be switched over to the answering service that will process all incoming calls for follow up by an on-call physician. On-call providers are responsible responding to calls in a timely manner, assess and triage the caller, document the call via an *After-Hours, On-Call Note*, and flag the note if follow up is needed. On-call physicians may triage callers to: nearest emergency room or walk-in clinic, present to the health center during business hours, or contact a subject matter expert for further instruction.

Health Center patients are afforded several opportunities to become informed of the clinic's after-hours line. Clients can call the regular clinic line, which after regular business hours provides and option to press 1 to be connected to the after-hours line. The after-hours number is provided to clients via the program's website, on the back of their program identification card, in program information brochures, and on the clinic door. The program's website utilizes Google Translate to offer individuals with limited English proficiency the opportunity to review the information in the language of their choice.

4) Describe how you address the following related to continuity of care:

a) *_*_ Hospital admitting privileges, such as provider(s) with admitting privileges at one or more hospitals and/or formal arrangements with one or more hospitals or entities (e.g., hospitalists, obstetrics hospitalist practices).*
b) *Health center receipt and recording of medical information from non-health center providers/entities for patients who are hospitalized or visit a hospital's emergency department (e.g., hospital or emergency department discharge follow-up instructions; laboratory, radiology, or other results).*
c) *Health center staff follow-up, when appropriate, for patients who are hospitalized or visit a hospital's emergency department.*

The Florida Department of Health contracts with hospitalists for the hospitalization of all lifecycles and delineates the responsibility of the hospitalists to discharge the patients back to the primary physician at the health center. For clients presenting at the emergency room, the health center, through Pinellas County Human Services (HS) department has agreements with hospitals within Pinellas County for services provided to HCHP clients. HS provides the health center's Care Coordinator with hospital reports and utilization data for continuity of care. Upon notification of discharge, health center patient support staff will schedule a client's appointment in the electronic health record with the reason for visit: 1) an Emergency Department discharge or 2) Hospitalization discharge. An emergency/hospital discharge summary and/or hospital discharge records will be scanned into the electronic health record.

5) Describe the sliding fee discount program, (consistent with Attachment 10: Sliding Fee Discount Schedule). Specifically address how you:

a) *Define income and family size.*
b) *Assess the eligibility of all patients for sliding fee discounts based only on income and family size.*
c) *Apply sliding fee discounts to all required and additional services (Form 5A: Services Provided).*
d) *Determine the number and income ranges of sliding fee discount pay classes.*
e) *Establish a nominal charge, if applicable, for patients at or below 100 percent of the Federal Poverty Guidelines (FPG), available at https://aspe.hhs.gov/poverty-guidelines.*
f) *Inform patients of the availability of sliding fee discounts (e.g., language and literacy-level appropriate materials, intake process, health center's website).*
g) *Evaluate the sliding fee discount program to ensure its effectiveness in reducing financial barriers to care.*

For purposes of the Sliding Fee Discount Program, Pinellas County defines **family** as: a group of two or more people (one of whom is householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered members of one family. **Income** is defined as: monetary payment received for any reason. Per the sliding fee discount policy, a client's application for enrollment will be utilized to financially screen the individual based only on family size and income to determine eligibility for the Sliding Fee Discount Program. Self-declaration of an individual's financial status will be acceptable and final determination from the financial screening proves will be documented in the client's file and renewed annually upon recertification of enrollment. All services within the health center's approved scope of project will be provided to all clients regardless of ability to pay. Per the Sliding Fee Discount Policy, unless specified to the contrary in the policy, clients will be charged for services within the health center's approved scope of project based upon the sliding fee scale based on family size and income. No fees will be charged for pharmacy or specialty services as deemed medically necessary by the primary care provider. Pinellas County utilizes six income ranges for its Sliding Fee Discount Program (shown on the following page). The poverty guidelines are updated annually in accordance with HHS regulations.

Family Size	0%	100%	100%	125%	125%	150%	150%	175%	175%	200%	200%+
1	$0	$12,140	$12,141	$15,175	$15,176	$18,210	$18,211	$21,245	$21,246	$24,280	$24,281
2	$0	$16,460	$16,461	$20,575	$20,576	$24,690	$24,691	$28,805	$28,806	$32,920	$32,921
3	$0	$20,780	$20,781	$25,975	$25,976	$31,170	$31,171	$36,365	$36,366	$41,560	$41,561
4	$0	$25,100	$25,101	$31,375	$31,376	$37,650	$37,651	$43,925	$43,926	$50,200	$50,201
5	$0	$29,420	$29,421	$36,775	$36,776	$44,130	$44,131	$51,485	$51,486	$58,840	$58,841
6	$0	$33,740	$33,741	$42,175	$42,176	$50,610	$50,611	$59,045	$59,046	$67,480	$67,481
7	$0	$38,060	$38,061	$47,575	$47,576	$57,090	$57,091	$66,605	$66,606	$76,120	$76,121
8	$0	$42,380	$42,381	$52,975	$52,976	$63,570	$63,571	$74,165	$74,166	$84,760	$84,761
Fee Paid	**No Fee**		**20% of Full Fee**		**40% of Full Fee**		**60% of Full Fee**		**80% of Full Fee**		**100% of Full Fee**

Pinellas County does not utilize a nominal charge and informs client of the availability of sliding fee discounts verbally, at enrollment, via the Health Care for the Homeless Program website and promotional materials, and via signage (in both English and Spanish) in the lobby/waiting areas of the program's sites.

6) _*_ In Attachment 10: Sliding Fee Discount Schedule, document how the Sliding Fee Discount Schedule(s) (SFDS) is structured to provide:

a) *A full discount for individuals and families with annual incomes at or below 100 percent of the current FPG, unless there is a nominal charge. If there is a nominal charge, it is a flat fee and less than the fee paid by a patient in the first sliding fee discount pay class above 100 percent of the FPG.*
b) *Partial discounts for individuals and families with incomes above 100 percent of the FPG, and at or below 200 percent of the FPG, that adjust in accordance with income using a minimum of three discount pay classes.*
c) *No discounts to individuals and families with annual incomes above 200 percent of the FPG.*
d) *Discounts based on the most current FPG.*

Attachment 10 includes the health center's Sliding Fee Discount Policy, which includes the fee schedule. The health center provides a full discount to clients with incomes at or below 100 percent of FPG and does not impose a nominal fee. There are four discount pay classes for clients with incomes between 100 and 200 percent of the FPG that are adjusted accordingly. No discounts are provided to clients with incomes above 200 FPG. The Sliding Fee Discount Policy is updated annually with HHS poverty guidelines, the current policy incorporating 2018 figures which were publishes in the Federal Register on January 18, 2018.

7) Describe the unduplicated patient commitment (number of patients projected to be served in 2020 as documented on Form 1A: General Information Worksheet), including how it was determined and how it is achievable given any recent or anticipated changes in the local health care landscape, organizational structure, and/or workforce capacity.

The health center commits to an unduplicated patient population of 2,979 projected to be served in 2020. Based upon increases in the unduplicated patients served from years 2015 through 2017, the health

center is reasonably confident that 2,979 is an obtainable goal in 2020. The Bayside Clinic became operational in April of 2016 and offers expanded evening and weekend hours to accommodate patient needs. The clinic accommodated nearly 1,800 patients in 2017, the first full year in operation. The mobile medical unit (MMU) operates 5 days per week at various homeless service sites throughout Pinellas County. The van has capacity to see approximately 1,200 to 1,500 patients per year, depending upon the hours of operation and time lost due to maintenance or break down of the vehicle, and stability of the medical professional team. The Co-Applicant Board reviews patient trends monthly and evaluates MMU sites for opportunities to enhance access and engage more clients. Opportunities for operational efficiencies will continue to be reviewed and site locations evaluated to further enhance access and engagement of unduplicated patients to meet the health center's target.

Collaboration

1) _*_ Describe efforts to coordinate and integrate activities with other providers (consistent with Attachment 1: Service Area Map and Table) and programs in the service area, including those that serve targeted special populations, to support:

- *Continuity of care across community providers.*
- *Access to other health or community services not available through the health center that impact the patient population.*
- *A reduction in non-urgent use of hospital emergency departments.*

The Pinellas County Human Services Department meets, at minimum, semi-annually with Community Health Centers of Pinellas (CHC), the only other FQHC/Health Center grantee in Pinellas County. While there are no formal written agreement between the health center and CHC, Pinellas County, as a local government, provides support to CHC via Intergovernmental Transfers on CHC's behalf for the organization's participation in the State Low Income Pool (LIP). Through this support, CHC is able to expand services provided to: 1) expand its efforts in substance abuse prevention and treatment; 2) expand access to high-quality health services for residents of the Lealman community; and 3) improve access to dental care for residents of Clearwater and south St. Petersburg.

Pinellas County Human Services contracts with several local hospitals to provide funding for health center patients accessing hospital services. HS receives hospital reports and utilization data for continuity of care for health center clients. Through contractual agreement, the hospitals and Human Services meet quarterly to coordinate amongst these partners. From these meetings, partners have worked to enhance eligibility screening processes within the hospitals, improve discharge planning information with the Florida Department of Health in Pinellas, and identifying high use emergency room clients to look for trends and treatment needs. Human Services intends to continue to facilitate these meetings to further progress these efforts that positively impact the health center's patients.

2) _*_ In Attachment 9: Collaboration Documentation, document collaboration with primary care and other providers serving similar patient populations in the service area (consistent with Attachment 1: Service Area Map and Table), including:

- *Other Health Center Program award recipients and look-alikes.*
- *Health departments.*
- *Local hospitals.*
- *Rural health clinics.*

Pinellas County has included letters of support for: Community Health Centers of Pinellas County (CHC), the only other FQHC/Health Center grantee in Pinellas County; the Florida Department of Health in Pinellas County, the contracted clinical services and staff provider for the health center; Pinellas County Homeless Leadership Board, the local continuum of care; Operation PAR, the contracted substance use services provider; Personal Enrichment through Mental Health Services (PEMHS), a local crisis services provider; the St. Petersburg Free Clinic; Bayfront Health St. Petersburg, a contracted hospital provider for the health center's clients; and local homeless services providers, Catholic Charities, St. Vincent de Paul, Salvation Army, and HEP.

Other Health Center Program award recipients and look-alikes: Community Health Centers of Pinellas (CHC) has provided a letter of support dated August 24, 2018.

Health Departments: The Florida Department of Health (DOH) has provided a letter of support dated August 23, 2018.

Local Hospitals: Bayfront Health St. Petersburg has provided a letter of support dated September 12, 2018.

Rural Health Clinics: There are no rural health clinics in Pinellas County.

Evaluative Measures

1) Describe how the health center's QI/QA program addresses:

a) *Adherence to current clinical guidelines and standards of care in the provision of services.*
b) *Identification and analysis of patient safety and adverse events, including implementation of follow-up actions, as necessary.*
c) *Assessment of patient satisfaction, including hearing and resolving patient grievances.*
d) *Completion of quarterly (or more frequent) QI/QA assessments to inform modifications to the provision of services.*
e) *Production and sharing of QI/QA reports to support oversight of and decision-making regarding the provision of services by key management staff and the governing board.*

The Pinellas County Health Care for the Homeless Program has implemented a Quality Improvement (QI) Team to guide and evaluate the QI processes and activities. The Medical Director has charged the QI team with carrying out the purpose and scope of the QI program. Management team members are responsible for conducting QI efforts and for promoting, training, challenging, and empowering employees to participate in the processes of QI. Team members are expected to attend and participate in monthly team meetings. QI is an integrative process that brings together knowledge, structures, processes, and outcomes to increase quality throughout the organization. The mission of the QI program is to improve

and support the health of clients served by ensuring efficient and effective processes and programs through on-going review of performance measures.

The QI Plan includes the implementation, tracking and reporting of activities, projects and team meetings designed to improve processes, efficiencies and performance measures. QI activities include, but are not limited to, the review of: Annual Uniform Data Set (UDS) Report, Monthly Trend Reports, Customer Service Satisfaction Surveys, and QI Training. The QI team tracks the progress of the UDS report on a quarterly basis. The reports are reviewed for reliability, and if needed corrective action plans are developed for improving health care service delivery, documentation, tracking and reporting. The Health Care for the Homeless Program Supervisor disseminates QI Team meeting information during the monthly staff meetings.

The Quality Assurance Coordinator prepares a Monthly Trend Report which is provided to the Medical Director, who presents the report to the Health Care for the Homeless Co-Applicant Board during their monthly meetings. The report includes the trends for the unduplicated client counts and qualified medical encounters (client visits) and patient satisfaction survey responses. These reports are reviewed by the Clinical Team during their monthly meetings. The reports are used for decision-making by the program supervisor, staff and senior management for recommending changes in clinical operations such as hours of operations and/or scheduling of staff to the Co-Applicant Board, the governing body for the health care program.

Patient Safety and Adverse Events: Any incident must be investigated, reported and addressed in a timely and appropriate manner. DOH, as the contracted clinical provider, must notify the County HS Department within one (1) business day of any circumstance or event which may reasonably be considered to jeopardize its capability to continue to meet its obligations. Incidents may include, but are not limited to, those resulting in injury, media coverage or public reaction that may have an impact on the health center's ability to protect and serve its patients. Incident report information shall not include identifying information.

Patient Grievances: If clients have complaints related to the service they receive or pharmacy issues, they may contact the Supervisor or the Program Manager who will hear the complaint and investigate. The HCHP Program Manager will alert the Project Director and/or Medical Director depending on the issue and its severity. The HCHP Program Manager and/or Program Director will work to resolve issues, clarify policy for clients, and make corrective actions if necessary. If the staff cannot satisfactorily resolve the issue, there is an appeal and hearing process upon request. A leadership committee will then review the case and render any further decisions.

2) _*_ Describe the responsibilities of the individual designated to oversee the QI/QA program related to:

a) *Implementation of the QI/QA program and related assessments.*
b) *Monitoring of associated QI/QA outcomes.*

The QI/QA Program is managed by the Florida Department of Health in Pinellas County (DOH). DOH is the County's contracted provider for clinical service delivery and quality assurance in partnership with the County's Strategic Planning and Quality Assurance section.

The County's Medical Director, Dr. Chitra Ravindra is the clinical physician liaison for the health center program who: oversees medical quality assurance, participates and/or facilitate performance improvement mechanisms and monitoring systems, provides medical consultation, oversight, and monitoring, meets with Human Services staff and contractual providers to discuss issues relating to the provision of health care service delivery, including client care and quality assurance issues, participates in State and Federal site reviews, facilitates medical chart reviews and assesses HCH service delivery.

The Quality Assurance Coordinator, a direct report to the Medical Director, is tasked with overseeing the health center's QI/QA program. This position is an Advanced Registered Nurse Practitioner Specialist and is tasked with developing and implementing QA and QI tools to monitor and measure service delivery for the Health Care for the Homeless Program. Data that is collected, evaluated, and analyzed by this position include data on performance, work flow, documentation, coding and other practice measures. Job tasks include development of corrective action plans to improve clinical and operational performance, and conducting regular QA, QI of primary care program based on standard of care, established national criteria and Pinellas County Health and Community Services Department contractual requirements. This position is responsible for the coordination of the National Committee for Quality Assurance (NCQA) Patient Centered Medical Home (PCMH) recognition initiative for agency Primary Care Program.

The Human Services department, through its Strategic Planning and Quality Assurance section, monitors contract performance and collaborates with the Department of Health on QA initiatives.

3) Describe how the health center's physicians or other licensed health care professionals conduct QI/QA assessments using data systematically collected from patient records, to ensure:

a) *Provider adherence to current clinical guidelines, standards of care, and standards of practice.*
b) *The identification of patient safety and adverse events, and the implementation of related follow-up actions.*

The Florida Department of Health in Pinellas (DOH), the contracted clinical provider, utilizes a peer review process of the health center's Licensed Independent Practitioners (LIPs). Peer Review assesses the clinical competency and stability of performance. The American Medical Association (AMA) supports the medical peer review process and recommends that peer review evaluations should be based upon appropriateness, medical necessity, and efficient of services in order to assure quality medical care. An internal peer review is a cost effective way to protect the clients, the examiners, the agency and the public against fraud and abuse. The peer review also helps determine whether the medical record documentation supports the codes submitted to the insurers, documentation guidelines are accurate, complete and succinct and standard of care of outpatient evaluation and management (E/M) services are reviewed.

The process is integral to monitoring the accepted standards of care in providing medical services within a contract. It's also a valuable educational tool for LIP's to improve their coding and documentation skills. All LIPs will review 10 records of another LIP of equal training using the Peer Review Audit Form Template. A random selection of 10 charts for each LIP will be provided for the Peer Review. Findings will be summarized and shared with the program team, and the county Medical Director. If needed, Corrective action plans for improvement will be developed, implemented and monitored. Peer Review participation, performance, and a summary of findings will be documented and utilized in the LIPs annual performance

evaluation. Peer review is conducted on a quarterly basis and findings summarized and shared with the Chief Medical Officer and Quality Improvement Team.

4) Describe how the organization's health record system (e.g., electronic health record (EHR) system) will:

a) *Optimize health information technology.*
b) *Protect the confidentiality of patient information and safeguard it against loss, destruction, or unauthorized use, consistent with federal and state requirements.*
c) *Facilitate the collection and organization of data for the purpose of monitoring program performance.*

Human Services (HS) implemented an Electronic Health Record (NextGen) in August 2011. NextGen is a certified electronic health record utilized for all client documentation. The product is on the ONC Certified Health IT Product List (CHPL), indicating it has been tested and certified under the Office of the National Coordinator for Health IT's (ONC) Health IT Certification Program. The system includes a UDS reporting tool and Practice Management system that allow for the collection and organization of various reports utilized for monitoring the health center's clinical performance and data management. Reports are pulled monthly or quarterly for review by the Quality Improvement (QI) Team. The QI Team is tasked with monitoring the program's performance. Health center staff utilize electronic media provided by Human Services (HS) to access electronic records and systems necessary for day-to-day coordination of clinic operations. System access requires individual login credentials. Once the computer system is accessed, individual credentials are further required for electronic health record access.

5) On the Clinical Performance Measures form only (see detailed instructions in Appendix B), establish realistic goals that are responsive to clinical performance and associated needs. Goals should be measure-specific and informed by contributing and restricting factors affecting achievement.

Clinical Performance Measures are included in the EHB. Historically, the health center has not served any children and thus, measures related to children are not applicable to this program.

6) Describe how the health center will focus efforts on the following HRSA clinical priorities to achieve goals cited in the Clinical Performance Measures form and improve the health status of the patient population:

a) *Diabetes.*
b) *Depression Screening and Follow-Up.*
c) *Child Weight Assessment and Counseling.*
d) *Body Mass Index.*

The health center's action plans include:

- **Diabetes**: Patient visits for Diabetes Mellitus will include a review of the patient's Blood Sugar logs, and if needed 1:1 additional teaching by the nurse or Medical Assistant. Providers will perform a Medication Reconciliation with the patient at each visit, and if needed order additional teaching for the patient. This may include insulin administration, and/or daily foot care. Recent electronic health record training included hands-on training for performing the Medication

Reconciliation for the nurse and the providers. Monthly Care Team meetings are used to re-enforce action plans. A dedicated staff member has been hired and located on-site at the Bayside Clinic for the sole purpose of assisting with completing the paperwork for the "Compassionate Drug Programs". Recent NextGen training included the workflow for completing the Medication Reconciliation and setting the Clinical Guidelines alerting staff when the A1c test is due. The QI Team will utilize the recently installed reporting system to measure Medication Reconciliation for each provider. Monthly Care Team meetings are used to re-enforce action plans.

- **Depression Screening and Follow Up**: During 2018 the program had a NextGen upgrade and training for End Users. This training included the appropriate documentation for the PHQ-9 Screening which is the selected standardized screening tool used by the program. Currently the Depression Screening is completed on paper by the patient and reviewed with the medical provider. Then, the staff enters the information into the electronic health record. The program is planning to change this laborious process. Planning includes a discussion to utilize additional Quality Improvement funding to purchase tablets for patients to use for the Depression Screening. These tablets will be connected to the NextGen electronic health record and subsequently the data will be integrated electronically into their health record. This will speed up the process of the screening process.
- **Child Weight Assessment and Counseling**: This clinical priority is not applicable, as the health center does not see patients under the age of 18.
- **Body Mass Index**: Staff will maintain a current list of community partners who provide Support Groups for Weight Management, will discuss these with the patients and if desired by the patient, a referral will be made. Monthly Care Team meetings are used to re-enforce action plans. The Co-applicant board meets monthly and includes Shelter directors and patients. The planning manager will open a dialogue for improving the Nutrition options at Shelters. The Health Department will make available a Registered Dietician if needed for the plan. Monthly Care Team meetings are used to re-enforce action plans.

7) On the Financial Performance Measures form only (see detailed instructions in Appendix B), establish realistic goals that are responsive to the organization's financial performance and associated needs. Goals should be measure-specific and informed by contributing and restricting factors affecting achievement.

Financial Performance Measures are included within the EHB.

Resources/Capabilities

1) Describe how the organizational structure (including any subrecipients/contractors) is appropriate to implement the proposed project (consistent with Attachments 2: Bylaws and 3: Project Organizational Chart, and, as applicable, Attachments 6: Co-Applicant Agreement and 7: Summary of Contracts and Agreements), including whether your organization is part of a parent, affiliate, or subsidiary organization (consistent with Form 8: Health Center Agreements).

The Project Organizational Chart depicts the reporting structure of the Pinellas County Health Care Homeless Program (HCHP). Pinellas County (grantee), as a public health center, utilizes a co-applicant

board governance structure to meet all Health Center Program requirements. The co-applicant board has approved bylaws and co-applicant agreement. Furthermore, Pinellas County contracts with the Florida Department of Health (DOH) for the clinical operations. The County's role in the program includes the direct employment of a Health Care Administrator (Project Director), who is accountable to the Co-Applicant Board (Board) and responsible for the administration and management of the Health Care for the Homeless Program. The Project Director is employed by the County, but the selection, evaluation, and dismissal is at the discretion of the Board.

The co-applicant board structure was formalized via the attached Mobile Medical Unit Advisory Council & Pinellas County Board of County Commissioners Co-Applicant Agreement in August of 2015. Roles and responsibilities are delineated in the agreement providing the County maintain fiscal control of the program with the Board serving as the patient/community-based governing board overseeing the implementation of the Section 330 grant and the operation of the Health Care for the Homeless Program in accordance with the terms of the agreement and bylaws.

Clinical operations include direct primary medical care services, day-to-day clinical operations of the mobile van and Safe Harbor/Bayside Health Clinic, contracting and maintenance of a specialty care network, quality assurance, and clinical oversight by the Medical Director. The annual contract with DOH, included in the Attachments section, is reviewed and approved by both the MMUAC and the BCC.

All three parties, Pinellas County, DOH, and the Board work together to ensure the HCHP is run in accordance with the Health Center Program's authorizing legislation. All appropriate agreements and executed documents are attached for the parties identified on the HCHP organizational chart. The attachments delineate roles and responsibilities for each of the involved parties.

2) Describe the following related to the staffing plan (consistent with Form 2: Staffing Profile):

a) *_*_ How it ensures that clinical staff, contracts, or formal referral arrangements with other providers/provider organizations, will be in place to carry out all required and additional services (consistent with Form 5A: Services Provided)*
b) *How the size, demographics, and health care needs of the service area/patient population were considered when determining the number and mix of clinical support staff.*
c) *How credentialing and privileging are implemented for all health center employees, individual contractors, and volunteers who provide clinical services, including:*
    - *Clinical staff members (licensed independent practitioners (LIPs)), addressing provider categories separately (e.g., physicians, dentists, physician assistants, nurse practitioners).*
    - *Other licensed or certified practitioners (OLCPs), addressing provider categories separately (e.g., registered nurses, licensed practical nurses, registered dietitians, certified medical assistants).*
    - *Other clinical staff providing services on behalf of the health center, addressing provider categories separately (e.g., medical assistants, community health workers)*

The Form 2: Staffing Profile includes the direct hire of the Project Director and contractual agreements for: Clinical Director/Chief Medical Officer, Facility Staff, Patient Support Staff, General Practitioners, Nurse Practitioners, Physician Assistants, Nurses, Other Medical Personnel, Substance Use Disorder

Providers, Case Managers, Patient/Community Education Specialists, Eligibility Assistance Workers, and Quality Improvement Staff. The Project Director is a direct hire of Pinellas County (grantee) responsible for the management and oversight of the Health Care for the Homeless Program. Contractual positions are established via contractual agreement with the Florida Department of Health (DOH) and Operation PAR. DOH provides the clinical operations staff necessary to oversee and run the Bayside Clinic and Mobile Medical Unit. The County and DOH meet regularly to discuss operations and ensure the appropriate staffing levels for operating the Health Care for the Homeless Program and maintain compliance with the Health Center Program's authorizing legislation. Both County and DOH staff attend and present the Co-Applicant Board with operational data to continue to ensure the health care needs of the service area and patient population are met.

Credentialing and privileging responsibilities were delegated by the HCH Co-Applicant Board to the Medical Executive Committee. The Committee consists of the Project Director, Medical Director, Medical Services Program Manager, Nursing Director, and Senior Dentist. Credentialing and privileging activities by licensed, registered, or certified professionals are tracked by the Credentialing and Privileging Team at the Florida Department of Health Pinellas County. The health center's policy and procedures incorporates the requirements for all health center practitioners, employed or contract, volunteers and locum tenens, at all health center sites. For health center employees, individual contractors, or volunteers, DOH completes the initial and recurring review (every two years) of credentials and privileging and presents the findings to the Medical Executive Committee for approval. For contracted providers (within the health center's scope of project) the Quality Assurance Coordinator is tasked with reviewing each organization's credentialing and privileging process and documentation to assess compliance and presents findings to the Medical Executive Committee for review and approval.

3) _*_ Describe the management team (e.g., project director (PD)/chief executive officer (CEO), clinical director (CD), chief financial officer (CFO), chief information officer (CIO), chief operating officer (COO)), including:

a) *How it supports the operation and oversight of the proposed project, consistent with scope and complexity.*
b) *Training, experience, skills, and qualifications necessary to execute each defined role (demonstrated in Attachment 4: Position Descriptions for Key Management Staff), as well as the amount of time that each will dedicate to Health Center Program activities (consistent with Form 2: Staffing Profile).*
c) *Identification of individuals who will serve in the defined roles (demonstrated in Attachment 5: Biographical Sketches for Key Management Staff). If applicable, identify individuals that will fill more than one key management position, including the positions (e.g., CFO and COO combined role), and describe any changes in key management staff in the last year or significant changes in their roles.*
d) *Employment arrangement of the CEO (consistent with Form 2: Staffing Profile).*
e) *Responsibilities of the CEO for and reporting to the governing board and overseeing other key management staff in carrying out the day-to-day activities of the proposed project.*

The program is housed within the Human Services department of the Pinellas County Board of County Commissioners, a public entity. The County maintains an organizational chart for the department as does the Florida Department of Health in Pinellas County. In addition, a Project Organizational Chart has been

developed specific to the health center program. There are many individuals who participate in the management of the project, which includes the Project Director, Chief Medical Officer, the Chief Financial Officer, and Chief Operating Officer. The key management staff's size is more than appropriate and composition appropriate for the size of this project. All positions that are indicated on the Organizational Chart for the health center program are filled.

Pinellas County Health Care for the Homeless Program's management team includes:

- *Project Director – Pinellas County Health Care Administrator, Daisy Rodriguez – 0.20 FTE*
  Ms. Rodriguez is a direct employee of Pinellas County (grantee) and provides oversight, monitoring and evaluation of health care services delivery ensuring funded programs delivers efficient, effective and compassionate care to clients and assures contract compliance and delivery of services. She reviews and analyzes information and data to aid planning and improve service delivery and utilization. Ms. Rodriguez takes her findings to the Co-Applicant Board monthly to assist in decisions made by the Board. Her job entails acting as the Human Services liaison to the Department of Health, Community Health Centers of Pinellas County, and other organizations delivering health care services. She came to Pinellas County with a background in health care management and regulatory compliance. She has an MBA Healthcare Administration and an MS Healthcare Management.

- *Chief Medical Officer – Pinellas County Medical Director, Chitra Ravindra 0.15 FTE*
  Dr. Ravindra, as a County Medical Director has been instrumental in unifying Pinellas County Human Services and the Department of Health in Pinellas County in executing health care for the indigent population. Her work has aided in streamlining primary care, dental, and behavioral health services for indigent clients in Pinellas County. Her work with the Health Care for the Homeless Program has included implementation of processes to obtain Patient Centered Medical Home Recognition for the program. She has had her Florida Medical License since 1980 and has been with the Department of Health for the past nine years.

- *Chief Financial Officer – Pinellas County Business Services Division Director, Clark Scott – 0.05 FTE*
  Mr. Scott is the Business Services Division Director for the Pinellas County Human Services Department (PCHS). In this role, Mr. Scott is responsible for financial and operational activities critical to the department's strategic success. The Business Services Division provides accounting, financial management and grants coordination for Pinellas County's Human Services Department, the Veterans Services Division, the Pinellas County Health Program, the Pinellas County Health Care for the Homeless Program, the Consumer Services Division, the Justice Coordination Division, and the Community Development Division of the Pinellas County Planning Department. In his role as division director, Mr. Scott leads the preparation of budgets exceeding $70 million with over 100 FTE positions. He is a Certified Public Accountant (CPA, not currently licensed), a Certified Public Finance Officer (CPFO), and a Certified Government Finance Officer (CGFO). He is a member of the American Institute of Certified Public Accountants, the Government Finance Officers Association of the United States and Canada, and the Florida Government Finance Officers Association.

- *Chief Operating Officer – Pinellas County Human Services Division Director, Tim Burns – 0.05 FTE*
  Mr. Burns is the Human Services Division Director for the Pinellas County Human Services Department. In this role he is tasked with management of the Planning and Contracts Division with 34 employees. Responsibilities include accountability of over $32 million in human services contracts and federal grants. His educational background includes a Master of Science in Public Management and Policy with a twenty three year progressive career within Pinellas County.

4) _*_ If applicable, describe how you will maintain appropriate oversight and authority over all contracts for substantive programmatic work and all subawards services and sites (consistent with Forms 5A: Services Provided, 5B: Service Sites, and 8: Health Center Agreements, and Attachment 7: Summary of Contracts and Agreements), including:

a) *The structure of the agreement (i.e., contract or subaward).*
b) *Ensuring the contractor/subrecipient performs in accordance, with all applicable award terms, conditions, and requirements, including those found in section 330 of the PHS Act, implementing program regulations, and grants regulations in 45 CFR Part 75.*
c) *Mechanisms to monitor contractor or subrecipient performance.*
d) *Requirements for the contractor or subrecipient to provide data necessary for you to meet applicable federal financial and programmatic reporting requirements, as well as provisions addressing record retention and access, audit, and property management.*

Pinellas County utilizes contractual agreements with partner organizations to implement various components of the health center's scope of services. It is the policy of Pinellas County Human Services (HS) to monitor the compliance, performance and quality of organizations holding contracts with Pinellas County. Contract monitoring is accomplished by a variety of planned, ongoing, periodic, formal or informal activity. It includes examination and documentation of a provider's performance, monitoring to assure that the provider is operating in accordance with the terms of their County contract and in accordance with Federal statutes, regulations and the grant terms and conditions. Monitoring activities include an Annual Risk Assessment, Quarterly Compliance Monitoring and On-Site monitoring visits. At the end of each fiscal year, the contractual compliance of agencies is evaluated for actual vs. planned activities.

5) Describe how your financial accounting and internal control systems will:

a) *Have the capacity to account for all federal award(s) in order to identify the source (receipt) and application (expenditure) of funds for federally-funded activities in whole or in part, including maintaining related source documentation pertaining to authorizations, obligations, unobligated balances, assets, expenditures, income, and interest under the federal award(s).*
b) *Assure that expenditures of the federal award funds will be allowable in accordance with the terms and conditions of the Federal Award and Federal Cost Principles.*

Pinellas County utilizes an Oracle based financial management system that fully complies with all GAAP and GASB requirements. OPUS Project Accounting (PA) provides Pinellas County with full lifecycle support

for grant projects using a single, accurate view of all project related costs. OPUS project billing allows the County to be able to simplify grants invoicing, improve cash flow, and measure outside financial support. It provides a useful tool for grants reporting, managing cash flow, and providing information to assist with the planning, execution and analysis of current and future projects.

Pinellas County has procedures in place to ensure that grant awards are reconciled at minimum on a quarterly basis, with monthly being the preferred method. The reconciliation process ensures expenditures are allowable, allocable, necessary, and reasonable based on the terms and conditions of the grant award; expenditures are adequately supported by documentation; expenditures are charged to the correct project; and award spending is commensurate with the project timeframe. Reconciliation involves checking expenditures/revenues recorded in Project Accounting to those recorded in General Ledger; and also checking revenues billed during a reporting/billing period against expenditures charged to the project during the same period.

Business Services works directly with the Grant Manager to ensure that submissions for grant reimbursements for grant funds are approved in writing and are aligned with a detailed listing of expenditures to-date prior to draw down. This written approval and detailed expenditure listing is included in the grant invoice in OPUS.

6) Describe how you conduct billing and collections, including:

a) *Requesting applicable payments from patients, while ensuring that no patient is denied service based on inability to pay.*
b) *Educating patients on insurance and, if applicable, third-party coverage options available to them.*
c) *_*_ Billing Medicare, Medicaid, Children's Health Insurance Program (CHIP), and other public and private assistance programs or insurance in a timely manner, as applicable.*

Medical services will be provided to all eligible HCHP clients regardless of ability to pay. While services provided on the Mobile Medical Unit and Bayside Health Clinic are free of charge for individuals whose income is below 100% of the Federal Poverty, there are instances where a fee assessment is conducted and/or where fees may occur. Clients are charged for medical/clinical services based upon a sliding fee scale. All fees for services rendered will be based upon a relative value study of the area's prevailing fees (ex. Ingenix Fee Analyzer). The fee schedule will be reviewed annually by Pinellas County Human Services HCHP administrative/management team and approved by the governing board. No fee will be charged for the following services: Medicaid reimbursable service to any Pinellas County Human Services client who is enrolled in the Medicaid program, no charge for the cost of vaccine shall be assessed for any vaccine purchased under federal/state contracts, regardless of funding source, services with vaccines purchased through federal/state contracts shall not be denied if the client is unable to pay, pharmacy or specialty services as deemed medically necessary by the primary care provider.

Clients receiving services who are assessed a fee in accordance with this policy, will be invoiced. The Billing Form, an electronic form processed through NextGen, will be completed by the conclusion of service delivery by the HCHP medical staff performing the services. All services provided by the medical staff will be updated in NextGen on the Billing Form by marking the appropriate billing code.

If the Billing Form indicates that a Health Insurance Claim Form is necessary, the HCHP staff will prepare a Health Insurance Claim Form. Preparation of the Health Insurance Claim Form will be completed using EZ Claim software. The primary source for information to complete the Health Insurance Claim Form will be the Billing Form completed by the medical staff. The Florida Medicaid Provider Reimbursement Handbook, CMS-1500, Chapter 1 Completing the Claim Form, should be used as a reference for resolving questions in preparing the Health Insurance Claim Form. Documentation supplied with EZ Claim software including Instructions for Preparing the Health Insurance Claim Form and the Florida Medicaid Provider Reimbursement Handbook, CMS-1500 are considered an integral part of this procedure.

HCHP staff will forward a copy of the Billing Form, the original Health Insurance Claim Form, and a copy of the client invoice, if applicable, to the Pinellas County Business Services Division for all encounters for which payment is requested. It is the responsibility of Pinellas County Human Services to exercise due diligence in collecting fees. However, services will not be denied for non-payment of fees.

HCHP staff is prohibited from collecting payments for services on the Mobile Medical Unit or the Bayside Health Clinic. The Pinellas County Business Services Division will submit the Health Insurance Claim Form to the third-party entity responsible for payment in accordance with the Florida Medicaid Provider Reimbursement Handbook, CMS-1500 or other appropriate guide.

The Pinellas County Business Services Division will maintain an accounts receivable aging file for all outstanding claims due from third-party entities. The status of all outstanding claims in the accounts receivable file will be reviewed every ninety days to determine the necessity of follow-up. If follow-up is determined necessary, it will be done in accordance with the Florida Medicaid Provider Reimbursement Handbook, CMS-1500 or other appropriate guide.

The Pinellas County Human Services Director (Health Center CEO) has the authority to reduce or waive charges in situations, based on the criteria below, where a person with an income of 100 - 200 percent of poverty is unable to pay.

Criteria reviewed includes, but not limited to: Patients who have been determined to be homeless, or formerly homeless within the last 12 months; recent loss of employment; recent change in marital status (within 1 year); currently in the process of declaring bankruptcy; medical crisis requiring several return visits; and/or catastrophic situation (death, disability, etc). Any waiving of charges will be documented in the client's file.

7) Describe how you use or plan to use telehealth for the following, as applicable:

a) *Facilitating access to required primary and additional (including specialty) services.*
b) *Providing long-distance primary and additional health services to health center patients.*
c) *Providing health education to health center patients.*
d) *Facilitating professional education.*
e) *Promoting public health.*

The health center is currently working with a Technical Assistance (TA) Provider to establish a telehealth program to facilitate client access to behavioral health. The TA provider has recently been engaged and discussion for development of how telehealth will be utilized is in the very beginning stages.

8) Describe any national quality recognition your organization has received or is in the process of achieving (e.g., HRSA National Quality Leader, HRSA Health Center Quality Leader, Patient-Centered Medical Home, Accreditation Association for Ambulatory Health Care, Joint Commission, state-based or private payer initiatives).

The Pinellas County Health Center received:

- Level 1 Patient Centered Medical Home Recognition from the National Committee for Quality Assurance in July of 2016.
- 2018 HRSA Health Center Quality Leader
- 2018 HRSA Access Enhancer
- 2018 HRSA Health Disparities Reducer

9) Describe your current status or plans for participating in Health Center Program-related federal benefits (e.g., Federal Tort Claims Act (FTCA) coverage, FQHC Medicare/FQHC Medicaid/CHIP reimbursement, 340B Drug Pricing Program, National Health Service Corps providers). If you do not have plans to seek FTCA coverage, describe plans for maintaining or obtaining private malpractice insurance. Refer to Section VIII for details.

The health center participates in Medicaid reimbursement for clients. Historically, the program as not served children or individuals over 65.

The County anticipates requesting proposals for a contracted pharmacy vendor to implement 340b drug pricing. The health center does not plan to seek FTCA coverage, providers serving clients are Florida Department of Health employees and for malpractice purposes are covered under the State of Florida's Risk Management Trust Fund's General Liability Coverage provided pursuant to Chapter 284, Part II, Section 768.28, Florida Statutes. Furthermore, Pinellas County (grantee) maintains a Medical Facilities Professional Liability, General Liability and Employee Benefit Liability Policy.

Governance

1) Describe where in Attachment 2: Bylaws and other components of this application you document meeting the Health Center Program board composition and authority requirements, as follows:

a) _*_ *Board size is at least 9 and no more than 25 members, with either a specific number or range of board members prescribed (compliance demonstrated on Form 6A: Board Member Characteristics).*

b) _*_ *At least 51 percent of board members are patients served by the health center (compliance demonstrated on Form 6A: Board Member Characteristics).*

Note: You may request a waiver of this requirement on Form 6B: Request for Waiver of Board Member Requirements if you are requesting funding to serve only special populations (e.g., if you are not requesting CHC funding).

c) _*_ *Patient members of the board, as a group, reasonably represent the patient population in terms of demographic factors (e.g., gender, race, ethnicity) (compliance demonstrated on Form 6A: Board Member Characteristics, consistent with Form 4: Community Characteristics).*

d) _*_ *Non-patient members are representative of the community in which the health center is located, either by living or working in the community or by having a demonstrable connection to the community.*

e) _*_ *Non-patient members provide relevant expertise and skills (e.g., community affairs, local government, finance and banking, legal affairs, trade unions and other commercial and industrial concerns, social services) (compliance demonstrated on Form 6A: Board Member Characteristics).*

f) _*_ *No more than one-half of non-patient board members may earn more than 10 percent of their annual income from the health care industry (compliance demonstrated on Form 6A: Board Member Characteristics).*

g) _*_ *Health center employees, contractors, and immediate family members of employees may not be health center board members.*

h) _*_ *Board meetings occur monthly.*

i) _*_ *Approving the selection and dismissal or termination of the project director/CEO.*

j) _*_ *Approving applications related to the health center project, including approving the annual budget, which outlines the proposed uses of both federal Health Center Program award and non-federal resources, including revenue.*

k) _*_ *Approving proposed sites, hours of operation, and services.*

l) _*_ *Evaluating the performance of the health center.*

m) _*_ *Establishing or adopting policy related to the operations of the health center.*

n) _*_ *Assuring the health center operates in compliance with applicable federal, state, and local laws and regulations.*

o) _*_ *If you are requesting funding to target any special populations, you have at least one representative on the board from/for each special population who can clearly communicate the special population's needs/concerns (e.g., migratory and seasonal agricultural workers advocate, former or current homeless individual, current resident of public housing).*

Board Size: As indicated on Form 6A, the current Co-Applicant Board is eleven (11) members. The size of the Board is established in Article V – Size and Composition of the HCH Co-Applicant Board Bylaws.

Patient Majority: Pinellas County, as an HCH only grantee, has an active waiver of the 51% patient majority governance and has completed Form 6B requesting this waiver be continued. The Board Composition of the Board is established in Article V – Size and Composition of the HCH Co-Applicant Board Bylaws.

Non-patient Members: As indicated in Form 6A, all of the non-patient board members live and work in the service area, derive no more than 10% of their income from the health industry, and their area of expertise span across government, homeless services, advocacy, and behavioral services. Additional Board requirements regarding members is established in Article V – Size and Composition of the HCH Co-Applicant Board Bylaws.

Board Meetings: Board meetings occur monthly. This is established in Article VII – Meetings and Voting of the HCH Co-Applicant Board Bylaws.

Project Director: Per Section 1.4 Governance Authorities and Responsibilities for Operation of the Health Center, the Co-Applicant Board shall exercise the authority and responsibility including the Evaluation of the Project Director.

Approving Applications and Annual Budget: Per Section 1.3, the BCC and Co-Applicant Board will take such actions required to make application for the Section 330 grant. Per Section 1.4 Governance Authorities and Responsibilities for Operation of the Health Center, the Co-Applicant Board shall annually review and approve the budget prepared for the operation of the Health Care for the Homeless Program.

Approval of Sites, Health Center Performance, Adopting Policies, and Compliance with Applicable Laws: Article X – Responsibilities of the Council articulates the responsibilities of the Co-Applicant Board as it pertains to: Personnel Policies and Procedures, Financial Management, Evaluation of Health Center Activities, Compliance with Laws, Health Care Policies, Grants, and Conflicts of Interest.

Special Population Representation: Pinellas County receives only HCH funding and, per Form 6A, has two patient representatives. This representation is further established in Article V – Size and Composition of the HCH Co-Applicant Board Bylaws.

2) Describe how your governing board (consistent with Attachment 3: Project Organizational Chart) maintains authority and oversight over the proposed project, as outlined in Attachments 2: Bylaws, 6: Co-Applicant Agreement, and 8: Articles of Incorporation. Specifically affirm that:

a) _*_ *No individual, entity, or committee (including, but not limited to, an executive committee authorized by the board) reserves or has approval/veto power over the board with regard to the required authorities and functions.*
b) _*_ *Collaboration or agreements with other entities do not restrict or infringe upon the board's required authorities and functions.*
c) _*_ *New public agency applicants with a co-applicant board: Attachment 6: Co-Applicant Agreement delegates the required authorities and functions to the co-applicant board and delineates the respective roles and responsibilities of the public agency and the co-applicant in carrying out the project.*
d) *Applicants requesting PHPC Funding: The service delivery plan was developed in consultation with residents of the targeted public housing and describe how residents of public housing will be involved in administration of the proposed project.*

Pinellas County, as a public center, utilizes a Co-Applicant Board to maintain oversight and authority over the proposed project. Attachments to this application include the Co-Applicant Board Bylaws and the Co-Applicant Agreement. Both documents delineate specific authorities and responsibilities with regard to the required authorities and functions.

Support Requested

1) _*_ Provide a complete, consistent, and detailed budget presentation through the submission of the following: SF-424A, Budget Narrative, and Form 2: Staffing Profile, and Form 3: Income Analysis that reflects projected costs and revenues necessary to support the proposed project (see Form 3: Income Analysis for details regarding revenue sources).

Please see the attached referenced items for budget details.

2) Describe how you have considered and planned for mitigating the adverse impacts of financial or workforce-related challenges (e.g., payer mix changes, workforce recruitment or retention challenges).

The County has projected a nominal income of $1,700 from Medicaid payments for the upcoming budget period. The State of Florida has yet, and does not foresee an expansion of Medicaid to the population served by the health center. Nearly all patients served are below 100% of the FPL and are uninsured. There are no additional changes expected and the payer mix has been consistent for the past three years.

As a County government, the Board of County Commissioners has established guidelines and personnel rules pertaining to the recruitment of individuals for vacant positions. It shall be the continuing policy of Pinellas County that the substance, design and administration of its personnel program shall assure the fair treatment of applicants and employees in all aspects for personnel administration without regard to

political affiliation, age, race, color, national origin, sex, or religious creed, and with proper regard for their privacy and constitutional rights as citizens.

The County provides a variety of benefit programs that aid in the retention of all County staff. The County has also implemented a performance review program that encourages frequent communication with supervisors to ensure adequate feedback on individual performance goals.

While the County is the health center grantee, the health center program staffing plan is really a collaboration of both the County and the Florida Department of Health in Pinellas County who provides the clinical staff of the health center. Together, we work to establish the appropriate staffing levels necessary to sustain the needs of the target population served by the health center. The County meets bi-weekly to review operations of the health center and informally on a daily basis with key staff.

Skip to Main Content

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	$1,456,815.00	$2,222,304.00	$3,679,119.00
Total		**$0.00**	**$0.00**	**$1,456,815.00**	**$2,222,304.00**	**$3,679,119.00**

SECTION B - BUDGET CATEGORIES			
Object Class Categories	**Federal**	**Non-Federal**	**Total**
a. Personnel	$0.00	$15770.00	$15770.00
b. Fringe Benefits	$0.00	$6998.00	$6998.00
c. Travel	$0.00	$0.00	$0.00
d. Equipment	$0.00	$0.00	$0.00
e. Supplies	$150.00	$0.00	$150.00
f. Contractual	$1453090.00	$2199536.00	$3652626.00
g. Construction	$0.00	$0.00	$0.00
h. Other	$3575.00	$0.00	$3575.00
i. Total Direct Charges (sum of a-h)	**$1456815.00**	**$2222304.00**	**$3679119.00**
j. Indirect Charges	$0.00	$0.00	$0.00
k. TOTALS (sum of i and j)	**$1456815.00**	**$2222304.00**	**$3679119.00**

SECTION C - NON-FEDERAL RESOURCES				
Grant Program Function or Activity	**Applicant**	**State**	**Other Sources**	**TOTALS**
Health Care for the Homeless	$2,220,604.00	$0.00	$1,700.00	**$2,222,304.00**
Total	**$2,220,604.00**	**$0.00**	**$1,700.00**	**$2,222,304.00**

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	**1st Quarter**	**2nd Quarter**	**3rd Quarter**	**4th Quarter**
Federal	**$1,456,815.00**	$364,203.00	$364,204.00	$364,204.00	$364,204.00
Non-Federal	**$2,222,304.00**	$555,576.00	$555,576.00	$555,576.00	$555,576.00
Total	**$3,679,119.00**	**$919,779.00**	**$919,780.00**	**$919,780.00**	**$919,780.00**

SECTION E - FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
Grant Program	**FUTURE FUNDING PERIODS (YEARS)**			
	First	**Second**	**Third**	**Fourth**
Health Care for the Homeless	$1,456,815.00	$1,456,815.00	$0.00	$0.00
TOTAL	**$1,456,815.00**	**$1,456,815.00**	**$0.00**	**$0.00**

SECTION F - OTHER BUDGET INFORMATION	
Direct Charges	No information added.
Indirect Charges	No information added.
Remarks	No information added.

PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS
H80CS00024 | BUDGET NARRATIVE | FY19

Budget Justification	FY 2019 Budget Period	
	Federal Grant Request	Non-Federal Resources
REVENUE – *Should be consistent with information presented in Budget Information: Budget Details form and Form 3: Income Analysis*		
PROGRAM INCOME (fees, third party reimbursements, and payments generated from the projected delivery of services)		$1,700
STATE FUNDS		
LOCAL FUNDS		$2,220,604
FEDERAL FUNDING HHS | HRSA | Health Center Program Funding Y3	$1,456,815	
OTHER FEDERAL FUNDING (break out by source — e.g., HUD, CDC)		
OTHER SUPPORT		
TOTAL REVENUE	**$1,456,815**	**$2,222,304**
EXPENSES: *Object class totals should be consistent with those presented in Section B of the Budget Information: Budget Details form.*		
PERSONNEL		
ADMINISTRATION Project Director/Health Care Administrator (CEO) .20 FTE | $78,853| D. Rodriguez		$15,770
MEDICAL STAFF		
DENTAL STAFF		
BEHAVIORAL HEALTH STAFF		
ENABLING STAFF		
OTHER STAFF		
TOTAL PERSONNEL	**$0**	**$15,770**
FRINGE BENEFITS		
FICA @ 0.0765 x $15,770		$1,206
State Retirement Contribution @ 0.0817 x $15,770		$1,288
Group Life Insurance @ 0.0014 x $15,770		$22
Long-Term Disability @ 0.0051 x $15,770		$80
Medical @ $20,830 x 0.20 FTE		$4,166
Dental @ $790 x $15,770		$158
Short-Term Disability @ $390 x 0.20 FTE		$78
TOTAL FRINGE	**$0**	**$6,998**

PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS
H80CS00024 | BUDGET NARRATIVE | FY19

TRAVEL		
Not Applicable		
TOTAL TRAVEL	**$0**	**$0**
EQUIPMENT – *Include items of moveable equipment that cost $5,000 or more and with a useful life of one year or more.*		
Not Applicable		
TOTAL EQUIPMENT	**$0**	**$0**
SUPPLIES		
Printing: HCH Outreach Brochure ($0.30 per brochure x 500 copies)	$150	
TOTAL SUPPLIES	**$150**	**$0**
CONTRACTUAL – *Include sufficient detail to justify costs.*		
Contractor: Florida Department of Health in Pinellas County: *provides or subcontracts for a significant portion of required and additional services within the health center's scope of project. DOH also provides quality improvement services, and patient support staff in support of the Patient Centered Medical Home concepts. DOH will serve the patient target of 2,940 unduplicated patients with qualified primary care medical encounters along with identified clinical measure goals as reported in the UDS report. Pinellas County meets bi-weekly with management of the organization, as well as through several sub-committees to support the contract monitoring and program service delivery.*		
Primary Care Services		
Personnel		
Medical Director | C. Ravindra, MD, MBA .15 FTE x $151,253 salary + $51,024 fringe		$30,342
QI Coordinator | R. O'Brien, RN .15 FTE x $76,899 salary + $29,175 fringe		$15,911
Program Supervisor | D. Lindsay 1.0 FTE x $48,902 salary + $16,274 fringe		$65,176
Care Coordinator | C. Ufondu 1.0 FTE x $42,600 salary + $14,220 fringe		$57,139
Computer Program Analyst | A. Verrett .50 FTE x $34,096 salary + $13,335 fringe		$23,716
Clinic Supervisor | C. Wittstruck 1.0 FTE x $33,625 salary + $13,370 fringe	$50,068	
Senior Physician | R. Mungara 1.0 FTE x $130,044 salary + $38,178 fringe	$169,189	
Physician Assistant | F. Agyekum 1.0 FTE x $85,838 salary + $34,868 fringe	$120,706	
ARNP | L. Thykeo-Hicks 0.5 FTE x $70,720 salary + $513 fringe	$41,320	
Registered Nurse | (vacant) 1.0 FTE x $46,584 salary + $23,868 fringe	$70,452	

PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS
H80CS00024 | BUDGET NARRATIVE | FY19

Registered Nurse | M. Handy 0.5 FTE x $47,840 salary + $373 fringe		$24,293
Nurse LPN | O. Hernandez 1.0 FTE x $37,400 salary + $22,715 fringe	$60,115	
Nurse LPN | T. Richardson 1.0 FTE x $34,320 salary + $22,168 fringe	$56,488	
Nurse MA | L. Seymour 1.0 FTE x $26,644 salary + $8,301 fringe	$38,759	
Human Services Analyst | A. Hossley 1.0 FTE x $22,834 salary + $12,114 fringe	$40,251	
Senior Clerk | vacant 1.0 FTE x $23,628 salary + $6,462 fringe		$30,091
Senior Clerk | S. McMichael 1.0 FTE x $22,933 salary + $3,751 fringe	$26,684	
Health Support Tech | S. Raiker 0.5 FTE x $20,737 salary + $6,462 fringe		$16,831
Eligibility Assistance Worker | F. Dillon 1.0 FTE x $22,453 salary + $10,538 fringe		$32,992
Support Staff | Marti-Flores 1.0 FTE x $33,654 salary + $22,102 fringe	$55,756	
Support Staff | J. Reid 1.0 FTE x $21,532 salary = $11,279 fringe		$32,812
Dental Services		
Encounter w/Dentist @ $109/visit @ 1,440 encounters	$156,960	$104,640
Encounter w/Hygienist @ $70/visit @ 252 encounters	$17,640	$29,400
Dentures Labs/Supplies		$15,000
Laboratory Services Subcontractor to FL DOH: Quest Laboratories		
Lab Services (Average of $2,729/mo x 12 mos) FY17 Avg 670 medical encounters/mo)	$32,750	
Behavioral Health Services Subcontractor to FL DOH: Directions for Living		
Fee for Service Contract up to $200,000		$200,000
Specialty Care Services Subcontracted through FL Dept. of Health		
Network of Contracted Providers for Required and Additional Services within the Health Center's Approved Scope of Project (Radiology; Podiatry; Psychiatry; Other…)		$100,000
Local Travel		
.445 mile/@ 158 miles/mo x 12 mos x 1 FTE	$845	

PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS
H80CS00024 | BUDGET NARRATIVE | FY19

Provider Training Basic Life Support Training | CPR @ $62.75 pp/8 FTE	$500	
Office Supplies Two HC Sites: ($283 per month x 12 months)	$3,400	
Medical Supplies Avg $1,316/mo | Avg 283 undup clients/mo; 670 encounters/mo)	$15,800	
Other Services Cell Phone $178/month x 12 months x 1.0 FTE	$2,136	
Administrative Service Fee 10%		$96,193
Sub-Total: FL DOH	**$959,819**	**$874,536**
Operation PAR **(Substance Abuse Services – Medication Assisted Treatment | AIMS Supplemental):** *provide medication assisted treatment (Vivatrol, Bupenephrine, Methadone) for 40 unduplicated HCH clients per year as a result of the Substance Abuse Service Expansion award. AIMS supplemental funding for increase of 1 FTE (Therapist/Case Manager) to increase access to Mental Health and Substance Use Services. Pinellas County meets monthly with the contractor and receives regular performance outcome data for review.*		
SUBSTANCE ABUSE SERVICE EXPANSION (MAT)		
Clinical Staff		
Contract Physician | M. Sheehan $187,000 max federal limit for Exec Comp II x 3.5% FTE	$6,500	
Counselor | T. Rine 1.0 FTE | $35,622 salary	$35,622	
Counselor | S. Reschar 0.125 FTE | $34,688	$4,336	
Case Manager | S. Rhodes 1.0 FTE | $35,388 salary	$35,388	
Dir. Outpatient Services | L. Rosenbluth 0.042 FTE | $75,953 annual salary	$3,190	
CEO/Project Supervisor | D. Clarke 0.05 FTE | $187,000 adjusted annual salary	$9,350	
Evaluator | M. Vargo 0.05 FTE | $78,605 annual salary	$3,930	
Fringe @ 30% of salaries	$27,545	
Medication Assisted Treatment Services		
Methadone 39 patients @ $92.30/week x 26 weeks	$93,592	
Vivitrol 8 patients @ $1300/client x 6 mos	$62,400	
Buprenorphine 4 clients @ $140/week @ 26 weeks	$14,560	

PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS
H80CS00024 | BUDGET NARRATIVE | FY19

Local Travel		
.485 mile/@ 50 mi/wk | 1.25 FTE	$1,261	
Office Supplies		
$100/mo x 12 months	$1,200	
Other Services		
Cell Phone $85/month x 12 mos x 2.0 FTE	$2,040	
Lab Services $50/mo x 12 mos	$600	
Professional Liability Insurance 1.2% of staff salaries and fringe	$1,432	
Computer Maintenance $65/mo x 12 mos x 1 FTE	$780	
Medication Assisted Treatment Training 4 hours /year @ $125/hr	$500	
Transportation Assistance Vouchers/Bus Passes ($13.50/trip - 128 MAT trips/Counseling Services)	$1,735	
Indirect Cost Rate-14.06% (SASE, direct services ($135,409)	$19,039	
Sub-Total Substance Abuse Service Expansion Contract	**$325,000**	
AIMS SUPPLEMENTAL FUNDING		
Clinical Staff		
Licensed Therapist | L. Turek 0.5 FTE | $40,000 salary	$20,000	
Dir. Outpatient Services | L. Rosenbluth .05 FTE | $75,953 annual salary	$3,798	
Case Manager/Outreach | B. Levy .75 FTE | $27,019 annual salary	$20,264	
Fringe @ 30% of salaries	$13,219	
Local/State Travel		
.485 mile/@ 258 mi/mo | 1 FTE	$1,500	
Conference | Behavioral Health & Primary Care Integration May 2019 | 2 nights travel | 1 FTE	$1,250	
Florida Behavioral Health Conference | Registration Fee August 2019 | 2 nights travel | 2 FTE	$2,000	
Office Supplies		
$96.25/mo x 12 months	$1,155	
Other Services		
Cell Phone $85/month x 12 mos x 1.0 FTE	$1,020	
Professional Liability Insurance 1.2% of staff salaries	$529	

PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS
H80CS00024 | BUDGET NARRATIVE | FY19

Occupancy $300/mo x 12 mos	$3,600	
Computer Maintenance $34.50/mo x 12 mos x 1 FTE	$412	
Client Education Classes | Behavioral Health Topics $125/hr	$250	
Conference | Behavioral Health & Primary Care Integration May 2019 | $2,195 Registration Fee	$2,195	
Florida Behavioral Health Conference | Registration Fee August 2019 | $350pp | 2 FTE	$700	
Indirect Cost Rate -14.06% x .5	$10,108	
Sub-Total AIMS Contract	**$82,000**	
Total: Operation PAR (SASE + AIMS)	**$407,000**	**$0**
Personnel Solutions Plus (ACA Outreach): *The County contracts with an employment agency, Personnel Solutions Plus, to hire temporary staff as needed for any County Department. The Billable Rate includes the base salary plus the 36.3-36.47% fee charged by Personnel Solutions Plus.*		
Certified Application Counselor | E. Richards 1.0 FTE | Billable Rate $40.92/hr	$83,477	-
Local Travel | $0.45/mi | @ 517 miles/mo	$2,794	
Sub-Total: Personnel Solutions Plus	**$86,271**	**$0**
Citizens RX (Pharmacy): *The County contracts with a Pharmacy Benefit Manager and its Pharmacy Network to provide needed prescriptions to HCH clients. The County meets with the provider weekly and reviews performance data monthly.*		
Pharmaceuticals + Pharmacy Administrative Costs		$1,325,000
Sub-Total: Citizens RX		**$1,325,000**
TOTAL CONTRACTUAL	**$1,453,090**	**$2,199,536**
OTHER – *Include detailed justification. Note: Federal funding CANNOT support construction, fundraising, or lobbying costs.*		
UDS Training, FL Assoc of Comm Health Centers Registration Fee: $125/pp x 3 FTEs	$375	-
Behavioral Health Integration Software (AIMS) Care Connect/NetSmart | EHR to Operation PAR	$3,200	
TOTAL OTHER	**$3,575**	**$0**
TOTAL DIRECT CHARGES (Sum of TOTAL Expenses)	**$1,456,815**	**$2,222,304**
INDIRECT CHARGES – *Include approved indirect cost rate.* X% indirect cost rate (includes utilities and accounting services)	-	-
TOTALS (Total of TOTAL DIRECT CHARGES and INDIRECT CHARGES)	**$1,456,815**	**$2,222,304**

PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS
H80CS00024 | BUDGET NARRATIVE | FY19

Personnel Object Class Category Justification

PERSONNEL JUSTIFICATION					
Name	**Position Title**	**% of FTE**	**Annual Base Salary**	**Adjusted Annual Base Salary**	**Federal Amount Requested**
Pinellas County Board of County Commissioners					
D. Rodriguez	Project Director/Health Care Administrator	20%	$78,853.00	No Adjustment Needed	$0.00
Quality Assurance/Operations – FL Department of Health (contractor)					
C. Ravindra, MD	Medical Director	15%	$151,253.44	No Adjustment Needed	$0.00
R. O'Brien	QA Coordinator	15%	$76,899.68	No Adjustment Needed	$0.00
D. Lindsay	Supervisor	100%	$48,902.00	No Adjustment Needed	$0.00
C. Ufondu	Care Coordinator	100%	$42,440.58	No Adjustment Needed	$0.00
A. Verrett	Computer Analyst	50%	$34,096.92	No Adjustment Needed	$0.00
Personnel Solutions Plus (contractor)					
E. Richards	Certified Application Counselor/Outreach	100%	$40.92/hr	No Adjustment Needed	$83,477
Clinical/Patient Support Staff – FL Department of Health (contractor)					
R. Mungara	Senior Physician	100%	$129,549.94	No Adjustment Needed	$129,550.00
Vacant - TBD	Registered Nurse	100%	$46,584.00	No Adjustment Needed	$46,584.00
O. Hernandez	Nurse LPN	100%	$37,400.22	No Adjustment Needed	$37,401.00
J. Reid	Support Staff	100%	$21,532.94	No Adjustment Needed	$0.00
M. Marti-Flores	Support Staff/HS Analyst	100%	$33,654.66	No Adjustment Needed	$33,655.00
F. Agyekum	Physician Assistant	100%	$85,837.96	No Adjustment Needed	$85,838.00
C. Wittstruck	Clinic Supervisor	100%	$29,344.38	No Adjustment Needed	$29,344.00
T. Richardson	Nurse LPN	100%	$34,320.00	No Adjustment Needed	$34,320.00
L. Seymour	Medical Assistant	100%	$26,644.80	No Adjustment Needed	$26,645.00
S. McMichael	Senior Clerk	100%	$22,933.04	No Adjustment Needed	$22,934.00
S. Raiker	Health Services Tech	50%	$20,737.60	No Adjustment Needed	$0.00
L. Thykeo Hicks	ARNP	50%	$70,720.00	No Adjustment Needed	$35,360.00
M. Handy	Registered Nurse	50%	$47,840.00	No Adjustment Needed	$0.00
A. Hossley	Human Services Analyst	100%	$27,926.08	No Adjustment Needed	$27,926.00
Vacant – TBD	Eligibility Assistant	100%	$22,453.60	No Adjustment Needed	$0.00
Vacant – TBD	Senior Clerk	100%	$23,628.80	No Adjustment Needed	$0.00
Substance Abuse Service Expansion – Operation PAR (sub-recipient)					
T. Rine	Counselor	100%	$35,622.00	No Adjustment Needed	$34,922.00
S. Reschar	Counselor	12.5%	$34,688.00	No Adjustment Needed	$4,336.00
S. Rhodes	Case Manager	100%	$35,388.00	No Adjustment Needed	$34,688.00
L. Rosenbluth	Dir. Outpatient Services	6.7%	$75,953.00	No Adjustment Needed	$4,990.00
L. Turek	Licensed Therapist	100%	$40,000.00	No Adjustment Needed	$40,000.00
B. Levy	Case Manager	75%	$27,019.00	No Adjustment Needed	$20,264.00
M. Vargo	Evaluator	5%	$78,605.00	No Adjustment Needed	$3,854.00
D. Clarke	Project Supervisor	5%	$198,910.00	Adjusted to $187,000	$9,350.00
M. Sheehan	Physician	3.5%	$260,000.00	Adjusted to $187,000	$6,500.00

Skip to Main Content

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	* TITLE
Daisy M Rodriguez	
* APPLICANT ORGANIZATION	* DATE SUBMITTED
PINELLAS, COUNTY OF	9/17/2018

Skip to Main Content

OMB Approval No. 0348-0046

Expiration Date 12/31/2013

DISCLOSURE OF LOBBYING ACTIVITIES

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

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

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

3. * Report Type:
- ☐ a. initial filing
- ☐ b. material change

For Material Change

Year

Quarter

Date of Last Report

4. Name and Address of Reporting Entity:

☑ Prime ☐ SubAwardee Tier If Known:

*Name PINELLAS, COUNTY OF

*Street 1 c/o Office of Management and Budget,14 S. Ft. Harrison Ave - 5th fl

Street 2

** City* Clearwater *State* FL

** Zip* 33756- Congressional District, if known:

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

6. * Federal Department/Agency:

U.S Department of Health

7. * Federal Program Name/Description:

Health Center Program

CFDA Number, *if applicable*: 93.224

8. Federal Action Number, *if known*:

HRSA-19-013

9. Award Amount, *if known*:

$0.00

10. a. Name and Address of Lobbying Registrant:

Prefix ** First Name* N/A *Middle Name*

** Last Name* N/A *Suffix*

** Street 1* c/o Office of Managemen ** Street 2*

** City* Clearwater *State* FL ** Zip* 33756-

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

Prefix ** First Name* *Middle Name*

** Last Name* *Suffix*

** Street 1* *Street 2*

** City* *State* ** Zip*

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

*** Signature:**

*** Name** *Prefix:* ** First Name* *Middle Name*

Daisy M

** Last Name*

Rodriguez

Suffix

Title:

Telephone No.: (727) 464-4206

Date: 9/17/2018

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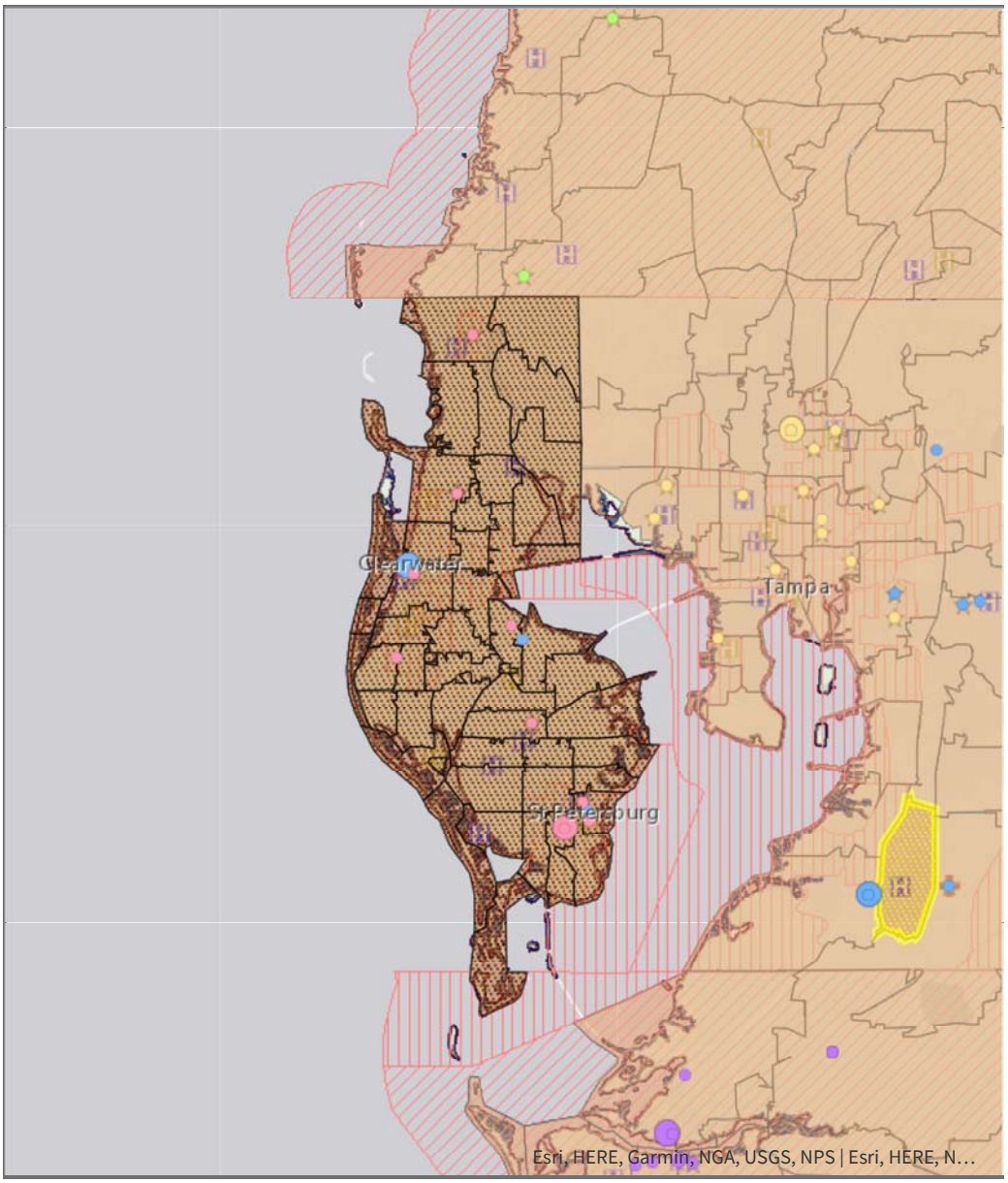
Pinellas County Human Services - Service Are UDS Mapper



States	
Counties	
ZCTAs	
Medically Underserved Areas/Populations (MUA/P)	MUA MUP Governor Designated
Retail Opioid Dispensing Rate (Prescriptions per 100)	0 to 471
Pop: Low-Income (%)	0 to 100%
	Selected ZCTAs
Health Center Administrative Locations	HCP Grantee HCP Look-Alike
Health Center Service Access Points	HCP Grantee HCP Look-Alike
NHSC Sites	All Other Providers Less than 1 PC FTE 1-5 PC FTEs 5+ PC FTEs
Rural Health Clinics	
Hospitals	Short Term Hospital Critical Access Hospital Other Hospital

ZCTA	Post Office Name	State	HCP: Health Center Count (Combined)	HCP: Dominant Health Center	Pop: Total (#)	Pop: Low-Income (#)
Summary:					939,548	308,894
33701	Saint Petersburg	FL	4	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	15,170	5,842
33702	Saint Petersburg	FL	4	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	29,829	8,928
33703	Saint Petersburg	FL	3	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	24,141	5,827
33704	Saint Petersburg	FL	1	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	16,398	3,492
33705	Saint Petersburg	FL	4	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	27,154	12,103
33706	Saint Petersburg	FL	1	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	16,220	3,415
33707	Saint Petersburg	FL	3	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	24,833	8,006
33708	Saint Petersburg	FL	1	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	16,194	3,925
33709	Saint Petersburg	FL	2	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	26,883	10,867
33710	Saint Petersburg	FL	4	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	33,977	10,048
33711	Saint Petersburg	FL	4	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	19,639	9,424
33712	Saint Petersburg	FL	4	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	25,769	11,904
33713	Saint Petersburg	FL	4	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	31,805	11,983
33714	Saint Petersburg	FL	3	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	19,499	10,275
33715	Saint Petersburg	FL	1	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	7,108	1,062

ZCTA	Post Office Name	State	HCP: Health Center Count (Combined)	HCP: Dominant Health Center	Pop: Total (#)	Pop: Low-Income (#)
33716	Saint Petersburg	FL	2	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	17,090	4,209
33744	Bay Pines	FL	0		173	115
33755	Clearwater	FL	4	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	24,860	12,774
33756	Clearwater	FL	4	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	31,910	13,818
33759	Clearwater	FL	3	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	17,840	6,362
33760	Clearwater	FL	3	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	17,401	7,436
33761	Clearwater	FL	2	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	19,579	4,173
33762	Clearwater	FL	2	PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS	7,210	1,385
33763	Clearwater	FL	3	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	18,096	6,488
33764	Clearwater	FL	4	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	25,754	6,129
33765	Clearwater	FL	4	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	14,338	5,257
33767	Clearwater Beach	FL	1	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	8,065	1,791
33770	Largo	FL	4	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	25,687	9,823
33771	Largo	FL	4	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	28,475	11,498
33772	Seminole	FL	2	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	22,242	6,084
33773	Largo	FL	1	COMMUNITY HEALTH	17,366	5,487

ZCTA	Post Office Name	State	HCP: Health Center Count (Combined)	HCP: Dominant Health Center	Pop: Total (#)	Pop: Low-Income (#)
				CENTERS OF PINELLAS, INC.		
33774	Largo	FL	1	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	18,751	5,966
33776	Seminole	FL	1	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	12,746	1,994
33777	Seminole	FL	2	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	16,380	4,890
33778	Largo	FL	1	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	14,377	4,965
33781	Pinellas Park	FL	4	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	25,180	11,154
33782	Pinellas Park	FL	3	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	22,918	7,588
33785	Indian Rocks Beach	FL	1	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	5,711	1,256
33786	Belleair Beach	FL	0		1,671	248
34677	Oldsmar	FL	2	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	21,374	5,238
34681	Crystal Beach	FL	1	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	894	245
34683	Palm Harbor	FL	2	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	32,292	7,651
34684	Palm Harbor	FL	4	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	28,148	7,187
34685	Palm Harbor	FL	3	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	18,434	3,235
34688	Tarpon Springs	FL	3	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	7,245	1,393
34689	Tarpon Springs	FL	3	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	27,173	10,237
34695	Safety Harbor	FL	2		17,695	4,425

ZCTA	Post Office Name	State	HCP: Health Center Count (Combined)	HCP: Dominant Health Center	Pop: Total (#)	Pop: Low-Income (#)
				COMMUNITY HEALTH CENTERS OF PINELLAS, INC.		
34698	Dunedin	FL	3	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	37,854	11,292

ZCTA	Post Office Name	HCP: Total Patients (#)	HCP: Penetration of Low-Income (%)	HCP: Penetration of Total Population (%)
Summary:		49,357	15.98 %	5.25 %
33701	Saint Petersburg	1,151	19.70 %	7.59 %
33702	Saint Petersburg	1,614	18.08 %	5.41 %
33703	Saint Petersburg	675	11.58 %	2.80 %
33704	Saint Petersburg	342	9.79 %	2.09 %
33705	Saint Petersburg	3,234	26.72 %	11.91 %
33706	Saint Petersburg	199	5.83 %	1.23 %
33707	Saint Petersburg	955	11.93 %	3.85 %
33708	Saint Petersburg	187	4.76 %	1.15 %
33709	Saint Petersburg	1,992	18.33 %	7.41 %
33710	Saint Petersburg	1,233	12.27 %	3.63 %
33711	Saint Petersburg	2,334	24.77 %	11.88 %
33712	Saint Petersburg	4,292	36.06 %	16.66 %
33713	Saint Petersburg	2,099	17.52 %	6.60 %
33714	Saint Petersburg	1,733	16.87 %	8.89 %
33715	Saint Petersburg	66	6.21 %	0.93 %
33716	Saint Petersburg	658	15.63 %	3.85 %
33744	Bay Pines	0	0.00 %	0.00 %
33755	Clearwater	2,514	19.68 %	10.11 %
33756	Clearwater	2,759	19.97 %	8.65 %
33759	Clearwater	849	13.34 %	4.76 %
33760	Clearwater	1,684	22.65 %	9.68 %
33761	Clearwater	237	5.68 %	1.21 %
33762	Clearwater	796	57.47 %	11.04 %
33763	Clearwater	655	10.10 %	3.62 %
33764	Clearwater	999	16.30 %	3.88 %
33765	Clearwater	1,121	21.32 %	7.82 %
33767	Clearwater Beach	67	3.74 %	0.83 %
33770	Largo	1,121	11.41 %	4.36 %
33771	Largo	1,617	14.06 %	5.68 %
33772	Seminole	498	8.19 %	2.24 %
33773	Largo	524	9.55 %	3.02 %
33774	Largo	679	11.38 %	3.62 %
33776	Seminole	143	7.17 %	1.12 %

ZCTA	Post Office Name	HCP: Total Patients (#)	HCP: Penetration of Low-Income (%)	HCP: Penetration of Total Population (%)
33777	Seminole	618	12.64 %	3.77 %
33778	Largo	525	10.57 %	3.65 %
33781	Pinellas Park	3,189	28.59 %	12.66 %
33782	Pinellas Park	1,375	18.12 %	6.00 %
33785	Indian Rocks Beach	74	5.89 %	1.30 %
33786	Belleair Beach	0	0.00 %	0.00 %
34677	Oldsmar	450	8.59 %	2.11 %
34681	Crystal Beach	16	6.53 %	1.79 %
34683	Palm Harbor	521	6.81 %	1.61 %
34684	Palm Harbor	515	7.17 %	1.83 %
34685	Palm Harbor	171	5.29 %	0.93 %
34688	Tarpon Springs	144	10.34 %	1.99 %
34689	Tarpon Springs	1,540	15.04 %	5.67 %
34695	Safety Harbor	272	6.15 %	1.54 %
34698	Dunedin	920	8.15 %	2.43 %

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Health Care for the Homeless Co-Applicant Board BYLAWS

Approved by HCH Co-Applicant Board - June 2, 2015

Reviewed & Revised by BCC October 6, 2015
- changes included reference to co-applicant (Article III) & Termination (Article XV)

For Initial Review April 4, 2017; Approval May 2, 2017; BCC Approval 8/1/2017
- changes include Council Name
- Changes from MMU to HCH
- Addition of Alternate Members
- Change in fiscal year to align with new grant year

The Health Care for the Homeless (HCH) Co-Applicant Board serves as the patient/community-based governing board to set health center policy for the Healthcare for the Homeless Program on behalf of the Pinellas County Board of County Commissioners. As a public center, the HCH Co-Applicant Board includes a representative majority of consumer/patient representatives, meets monthly and fulfills all the required authorities of a governing board. The purpose of the co-applicant arrangement is for the co-applicant board to oversee the implementation of the Section 330 grant and the operation of the Healthcare for the Homeless Program via the Mobile Medical Unit operated by the Pinellas County Human Services Department in accordance with the terms of this Agreement and the Bylaws as adopted by the BCC and HCH Co-Applicant Board.

BYLAWS

ARTICLE I – NAME

This organization shall be known as the Health Care for the Homeless (HCH) Co-Applicant Board.

ARTICLE II – MISSION

To bring community services and resources together to provide the best care possible for those in need.

ARTICLE III – GOALS

1. The HCH Co-Applicant Board will assist the Pinellas County Human Services (PCHS) department to implement health services for residents of Pinellas County. These services represent a significant effort by the PCHS to assure that low-income residents have access to an organized system of health care. The HCH Co-Applicant Board and PCHS shall be particularly committed to meeting the health care needs of at-risk indigent populations.

2. The HCH Co-Applicant Board shall review budgets that are included as part of the 330(h) initial and review application.

3. The HCH Co-Applicant Board will serve as an advocate for consumers of the HCHP.

4. The HCH Co-Applicant Board will strive to improve communication between the HCH Co-Applicant Board and other service providers.

5. The HCH Co-Applicant Board shall participate in the planning of and serve as a co-applicant for a grant application to the U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Primary Health Care, under Section 330 of the Public Health Services Act for operation of a Federally Qualified Health Center and for application for operation of a Federally Qualified Health Center Look-Alike Entity. The HCH Co-Applicant Board shall monitor the County's implementation of the Grant, if applicable.

ARTICLE IV – OBJECTIVES

1. To increase the accessibility of primary care services to uninsured/underinsured population groups which experience a shortage of primary care.

2. To assure that the HCH program provides high quality primary care services.

ARTICLE V – SIZE AND COMPOSITION

A. Size

The HCH Co-Applicant Board shall consist of not less than nine (9) and not more than 25 members.

B. Composition

1. A majority (at least 51%) of the HCH Co-Applicant Board members shall be individuals who are a currently registered patient and must have accessed the health center in the past 24 months to receive at least one or more in-scope services that generated a health center visit. As a group, represent the individuals being serviced or to be served in terms of demographic factors, such as race, ethnicity and gender.

2. No more than one-half of the remaining members of the HCH Co-Applicant Board may be individuals who derive more than ten percent (10%) of their annual income from the health care industry.

3. The remaining HCH Co-Applicant Board members shall be representatives of the community, in which the catchment area is located and shall be selected for their expertise in community affairs, local government, finance, and banking, legal affairs, trade unions, and other commercial and industrial concerns, or social services agencies within the community.

4. No Board member shall be an employee of the Pinellas County or the spouse or child, parent, brother or sister by blood or marriage of such an employee.

5. No more than two (2) HCH Co-Applicant Board members may be Pinellas County Board of County Commission members.

6. Conflicts of interest, as defined by FLORIDA law, or the appearance of conflicts of interest, shall be prohibited.

7. PCHS shall provide logistical and managerial assistance to the HCH Co-Applicant Board.

ARTICLE VI – MEMBERSHIP AND TERMS OF OFFICE

A. Recruitment/Appointment

On an annual or as needed basis, the HCH Co-Applicant Board shall nominate between one (1) and three (3) individuals to the HCH Co-Applicant Board for each vacant Board seat for consideration and appointment. The HCH Co-Applicant Board may solicit nominations from the community, current or former consumers of the HCH, persons who are currently or formerly homeless, and other interested individuals who are committed and interested in the delivery of

services of the Health Care for the Homeless Program. The Board of County Commissioners shall make appointments from the slate of nominees presented by the HCH Co-Applicant Board. The HCH Co-Applicant Board and the Board of County Commissioners will use their best efforts to maintain the same ratio of consumer members, provider members and consumers-at-large as set out in Article V above.

B. Alternate Membership

If desired, the community organization may appoint, by action taken at an official meeting of the co-applicant board, an alternate for its elected member. The alternate member must be a professional, preferably senior level, full-time employee of the organization, not a volunteer. An alternate voting member's term shall be for no longer than the term of the voting member he or she represents. The alternate member, when attending an HCH *Co-Applicant Board* meeting in the place of a regular member, shall have full voting rights and be counted towards a quorum. The community organization shall notify the HCH Project Director in writing that the appointed individual may act as an alternate member if the regular member cannot attend a meeting. The HCH *Co-Applicant Board* shall acknowledge the appointment of each alternative member by reading the notification of appointment into the minutes of the first HCH *Co-Applicant Board* meeting following notification by the community organization.

C. Terms of Office

Members shall be appointed for terms of two (2) years and shall serve until his/her successor is appointed and qualified. Members may serve no more than three (3) consecutive full terms of office.

D. Removal

Any member of the Board may be removed for unexcused absences, inappropriate behavior or unfavorable representation of the HCH Co-Applicant Board, contingent upon a 2/3 vote of the Board, after notice and an opportunity to be heard. An unexcused absence is defined as an absence of which the chair and/or staff coordinator was not notified in advance for the meeting. Not more than three consecutive unexcused absences from board meetings or failure to attend 75% of the meetings in any calendar year will be allowed.

E. Vacancies and Resignations

On an annual basis, vacancies occurring on the Board shall be filled in the same manner as previous appointments were made, following the guidance in Section A. In the process of filling vacancies, the Co-Applicant Board shall extend their best efforts to maintain the Board's composition of consumer members, provider members and consumers-at-large. Any Board member appointed to fill a vacancy shall be appointed for the unexpired term of her/his predecessor in office.

All resignations must be in writing and submitted to the HCH Co-Applicant Board Chairperson thirty (30) days prior to effective date.

The HCH Co-Applicant Board Chairperson shall nominate an interim appointment to fill the remainder of the term of members removed pursuant to Sections C and D. A member appointed by the Chairperson shall serve as a full member of the Co-Applicant Board pending confirmation by the Board of County Commissioners. The Chairperson in making interim appointments shall use best efforts to maintain the same ratio of consumer members, provider members and consumers-at-large as set out in Article V above.

F. Compensation

Members of the Board shall serve without compensation. However, members may be reimbursed for reasonable expenses actually incurred related to their service on the HCH Co-Applicant Board.

ARTICLE VII – MEETINGS AND VOTING

A. Annual Meeting

The HCH Co-Applicant Board shall hold an annual meeting during the second quarter of each year. The date and time are to be decided by the Board members.

B. Regular and Special Meetings

Regular meetings of the HCH Co-Applicant Board shall be monthly at a time and place to be decided by the Board. The agenda of each meeting will be distributed to the membership not later than two (2) business days prior to each meeting. Notices of meetings will be included on the MMU/Bayside monthly calendar. The agenda may be modified by a majority vote of the members present. All meetings of the HCH Co-Applicant Board shall be open to the public.

Where geography or other circumstances make monthly, in person participation in board meetings burdensome, monthly meetings may be conducted by telephone or other means of electronic communication where all parties can both listen and speak to all other parties.

Special meetings may be called by the Board Chairperson or by four (4) members of the HCH Co-Applicant Board, at such time and place as may be deemed necessary.

C. Notice of Special Meetings

Board members shall be notified of the time, place and purpose of all special meetings of the HCH Co-Applicant Board at least two (2) days prior by email, facsimile, correspondence, or hand delivery in person. Notices of special meetings of the HCH Co-Applicant Board shall specify the business to be transacted at the special meeting and no other business except that specified shall be considered at the special meeting.

D. Quorum

A majority of the HCH Co-Applicant Board members appointed and serving shall constitute a quorum for the transaction of business. Board officers can act in absence of quorum.

E. Voting

All members shall be deemed as equal members and a simple vote is all that is required. A minimum of three members must be present to solidify a vote, except as may be provided by statute or these bylaws.

F. Recording, Distribution and Storage of Minutes

The HCH Co-Applicant Board shall keep a record of its proceedings and shall be custodian of all books, documents, and papers filed with it. All meetings of the HCH Co-Applicant Board, as well as all records, books, documents, and papers, shall be open and available to the public in accordance with F.S. § 286.011.

ARTICLE VIII -- OFFICERS AND STAFF ASSISTANCE

A. Officers

The officers of the Board shall be the Chairperson, Vice-Chairperson, and Secretary.

B. Election and Terms of Office

The officers shall be elected by the Board during the annual meeting and shall take office immediately thereafter. Terms of office shall be for two (2) years or until their successors are elected. Officers shall be elected at the first meeting of the HCH Co-Applicant Board and shall serve until the second annual meeting thereafter.

C. Removal

Any officer elected by the Board may be removed by two-thirds majority vote after notice and an opportunity to be heard.

D. Vacancy

The unexpired term of an officer not completing his or her term shall be filled by a majority vote of the HCH Co-Applicant Board at the next regular meeting after the vacancy or at a special meeting called for that purpose. A majority vote of the total HCH Co-Applicant Board membership shall be necessary to elect an officer.

E. Chairperson

The Chairperson shall be elected by a majority of the HCH Co-Applicant Board membership and shall preside at all meetings of the HCH Co-Applicant Board. The Chairperson shall make appointments to Boards, with approval of a majority of HCH Co-Applicant Board members. The Chairperson shall arbitrate disputes between these Boards. The Chairperson shall be kept advised of the affairs of PCHS and ensure that all directives and policies are carried into effect. The Chairperson shall fill unexpired terms of Co-Applicant Board members. The Chairperson shall perform other duties as may be assigned by the Board.

F. Vice-Chairperson

The Vice-Chairperson shall perform the duties of the Chairperson in the absence of the Chairperson and shall perform such other duties as from time to time may be assigned by the HCH Co-Applicant Board.

G. Secretary

The Secretary shall keep the minutes of all meetings of the HCH Co-Applicant Board. The Secretary shall give notices of all meetings of the HCH Co-Applicant Board in accordance with the provisions of these bylaws or as required by statute or resolution. The Secretary shall perform other duties as assigned by the HCH Co-Applicant Board.

H. Staff Assistance

PCHS STAFF shall ensure that secretarial and/or stenographic assistance and staff assistance, if appropriate, is provided to the HCH Co-Applicant Board meetings and to the Chairperson in the performance of his/her HCH authorized duties, as may be reasonably requested.

ARTICLE IX – COMMITTEE(S)

A. Ad-hoc Committees

The Board may establish ad-hoc Committees as it deems necessary to carry out the purpose and objectives of the HCH Co-Applicant Board. The Chairperson, with the consent of a majority of HCH Co-Applicant Board members, may appoint HCH Co-Applicant Board members to these Committees. Ad-hoc Committees shall be advisory in nature.

B. Standing Committees

The Chairperson of the HCH Co-Applicant Board shall, from among Board members, appoint with the concurrence of a majority of HCH Co-Applicant Board members, the following standing Committees:

1. A Planning and Development Committee composed of four to five (4 -5) Co-Applicant Board members shall be responsible for developing the goals and objectives of the HCH for monitoring and evaluating their implementation and progress, and for reviewing the HCH's by-laws. Additionally, this Committee will monitor local, state, and federal issues regularly informing the Board of these issues.

2. A Clinical Operations Committee composed of four to five (4 -5) Board members shall work with PCHS on establishing all policies and procedures, except for personnel and fiscal policies and procedures (retained by Pinellas County Board of County Commissioners). This Board recommends the approval of the annual quality assurance/quality improvement plan to the full Board, monitors the plan's implementation and results. This Board will meet at least quarterly.

The function of the standing Committees is advisory in nature. Any action or decision must be approved by the FULL HCH Co-Applicant Board. No Board or individual member may decide any matter or action without specific Board approval. The PCHS Project Director shall be a non-voting member of all Committees.

C. General Committee Procedures

1. Term: Each standing Committee, except the Nominating Committee, shall be appointed at the annual meeting of the Co-Applicant Board and shall serve for the ensuing year. Board chairpersons shall also serve for the ensuing year.

2. Meeting Procedure: Every meeting of a standing Committee of the Co-Applicant Board shall be called by its chairperson or by a majority of Board members. At the first meeting of a standing Board, a meeting schedule shall be determined. In the event that a special meeting is necessary, Board members shall be notified of the time, place and purpose of the special Board meeting at least two (2) business days prior by facsimile, correspondence, or hand delivery in person. A quorum for the conduct of Board business shall require the presence of a majority of the Board members.

3. Membership: Only Board members may be appointed to standing Committees of the HCH Co-Applicant Board. The Board may request that non-Board members attend HCH Co-Applicant Board meetings to provide assistance or information.

4. Voting: When the Board meets and votes on an issue, only members, or approved alternate members of that Board may vote. Co-Applicant Board members who are present and who are not members of the Board may not vote. HCH Co-Applicant Board is advisory in nature and all actions shall be forwarded for review and action/inaction to the full Board of County Commissioners.

ARTICLE X -- RESPONSIBILITIES OF THE COUNCIL

A. Personnel Policies and Procedures

The HCH Co-Applicant Board, through its Cooperative Agreement, shall be bound by the Pinellas County personnel policies and procedures. These agreements and policies include selection and dismissal procedures, performance appraisal procedures, salary and benefit scales, employee grievance procedures, and equal opportunity and non-discrimination practices as established by the Pinellas County Board of County Commissioners.

B. Financial Management

The HCH Co-Applicant Board shall annually review the budget prepared by the PCHS Department for the operation of the HCH. The HCH Co-Applicant Board shall advise the Pinellas County Board of County Commissioners regarding this budget. The HCH Co-Applicant Board shall review and approve the annual Section 330 grant budget and recommend this budget to the Board

of County Commissioners. The HCH Co-Applicant Board and Board of County Commissioners shall jointly approve the annual Section 330 budget submitted to the Bureau of Primary Health Care.

The HCH Co-Applicant Board shall review management reports to support the PCHS and the Board of County Commissioners in the operation of the HCH. The HCH Co-Applicant Board shall provide assurance to the Federal Bureau of Primary Care that the HCH shall operate within the adopted budget. The HCH Co-Applicant Board shall set a fee schedule for the services provided through the HCH and shall recommend to the Board of County Commissioners policies for discounting fees (i.e. sliding fee scale) based on patient/family size and income.

Audits, as required by law for the 330 Grant Agreement shall be performed by an independent auditor. The audits may be performed in conjunction with other Pinellas County audits.

C. Evaluate Health Center Activities

The Board shall evaluate utilization patterns, productivity, patient satisfaction, and achievement of project objectives of the HCH, and shall develop and implement a process for hearing and resolving patient grievances.

The Board shall evaluate the HCH achievements at least annually and utilizing the knowledge gained thereby to revise the HCH goals, objectives, plan and budget as necessary and appropriate, including providing advice regarding the establishment of linkages with other health care providers and/or health care programs.

The Board shall evaluate itself periodically for efficiency, effectiveness, and compliance with all requirements imposed upon community health centers, as set forth in Section 330 of the Public Health Service Act, 42 U.S.C. § 254b.

D. Compliance with Laws

The Board shall assure that the HCH is operated in compliance with applicable Federal, State and local laws and regulations.

E. Health Care Policies

The Board shall work with the HCH clinical staff to establish policies for health care delivery, including those dealing with the scope, availability and types of services, location and hours of services, and quality of care audit procedures**.**

F. Grants

The Co-Applicant Board shall work with the PCHS to identify and make application for grant opportunities.

G. Administrative Assistance

The PCHS shall provide the administrative assistance necessary to fulfill the Board's responsibilities.

H. Conflict of Interest

No employee, officer or agent shall participate in the selection, award or administration of a contract supported by Federal funds if a real or apparent conflict of interest would be involved. Such a conflict would arise when the employee, officer, or agent, or any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in the firm selected for an award. The officers, employees and agents of the recipient shall neither solicit nor accept gratuities, favors, or anything of monetary value from contractors, or parties to sub-agreements. However, recipients may set standards for situations in which the financial interest is not substantial or the gift is an unsolicited item of nominal value. The standards of conduct shall provide for disciplinary actions to be applied for violations of such standards by officers, employers or agents of the recipients.

ARTICLE XI -- FISCAL YEAR

The fiscal year of the Board shall be March 1 – February 28 (February 29 in leap year).

ARTICLE XII -- ORDER OF BUSINESS

The order of business of the Board at its regular and annual meetings, unless changed by a majority vote of its members, shall be as follows:

<u>Regular Meeting</u>

1. Welcome and Call to Order
2. Approval of Minutes
3. Guest Speaker, if applicable
4. Community Input (limited to 3 minutes unless extended by the Chairperson)
5. Staff Reports (Governance, Fiscal, Clinical)
6. Committee Reports, if any
7. Other
8. Adjournment

<u>Annual Meeting</u>

1. Welcome, and Call to Order
2. Approval of Minutes
3. Community Input (limited to 3 minutes unless extended by the Chairperson)
4. Chairperson's Annual Report
5. Election of Board Officers
6. Unfinished Business
7. New Business
8. Board Announcements
9. Adjournment

ARTICLE XIII—AMENDMENTS

These bylaws may be amended at a regular meeting of the Board by a two-thirds vote of the entire membership of the HCH Co-Applicant Board, only after the proposed change has been presented and discussed at a previous regular meeting. Amendments to the bylaws do not become effective until voted and approved by the Board of County Commissioners.

ARTICLE XIV -- PROXY

An absent HCH Co-Applicant Board alternate member shall be allowed to vote by proxy.

ARTICLE XV – PROGRAM TERMINATION

The HCH Co-Applicant Board shall remain in existence for as long as required to remain eligible for receipt of funding from the United States Government under Section 330 or any successor law that requires the existence of a Co-Applicant Board. In the event the Program is terminated or is no longer funded by HRSA, the HCH Co-Applicant Board shall cease to operate unless the Pinellas County Board of County Commissioners takes action to continue the HCH Co-Applicant Board's existence.

Notwithstanding the foregoing, the Pinellas County Board of County Commissioners may terminate the HCH Co-Applicant Board at any time. However, any such termination may affect Section 330 funding.

ARTICLE XVI -- PARLIAMENTARY AUTHORITY

The Parliamentary Authority of the Council shall be Robert's Rules of Order.

CONCLUSION

To the extent that any of the HCH Co-Applicant Board By-laws are contrary to statutory requirements or the PCHS' authorization, they shall be of no force or effect.

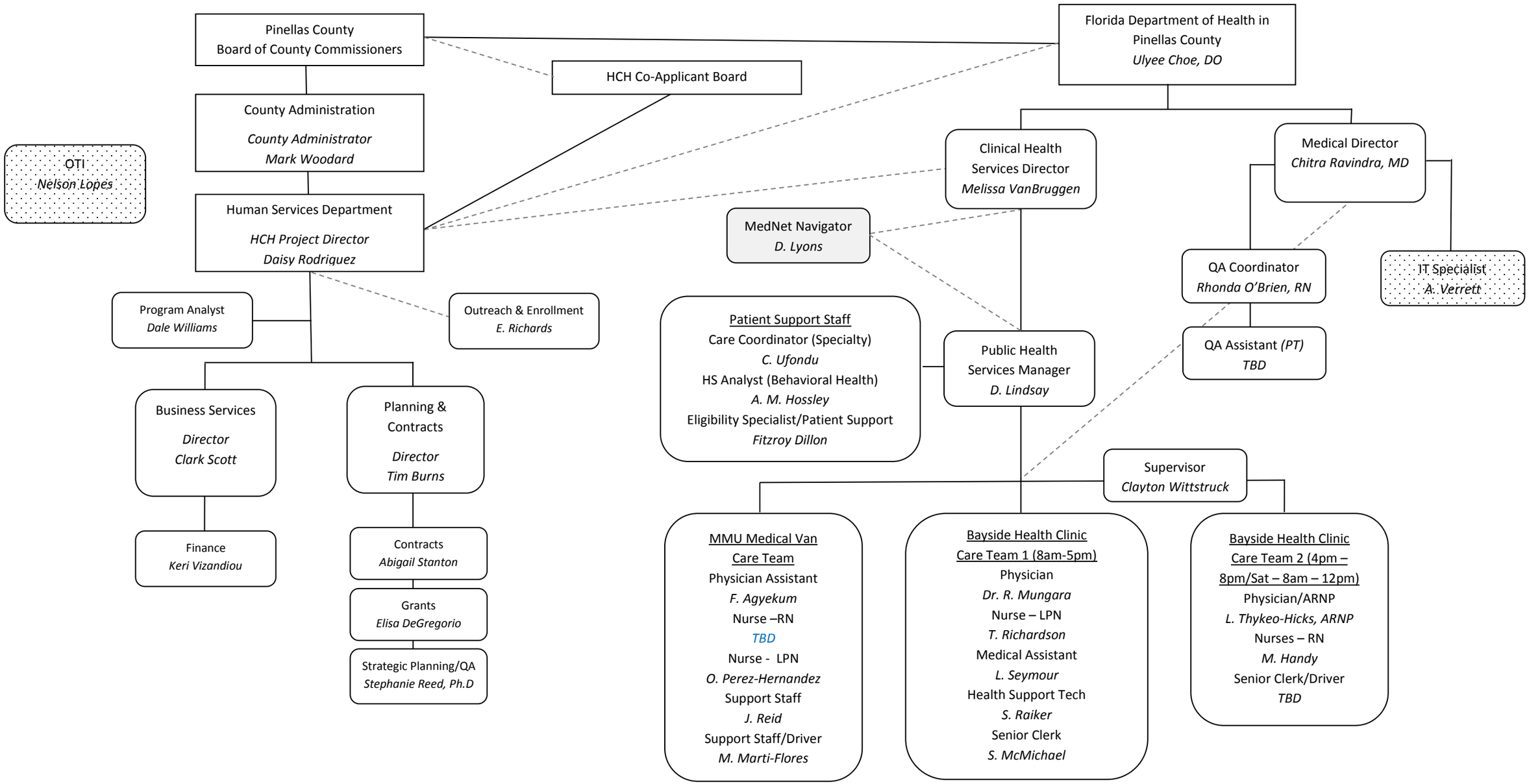
ADOPTED -

Approved by HCH Co-Applicant Board 11/04/2014
Updated Draft as of 4/10/2015 per feedback from HRSA on 3/30/2015
Provided to HCH Co-Applicant Board for review on 5/5/2015
Approved by HCH Co-Applicant Board 06/02/2015

Updated on 10/1/2015 per feedback from HRSA on 9/23/2015
Approved by HCH Co-Applicant Board on 10/6/2015
Updated in March 2017, distributed for review by Co-Applicant Board on 4/4/2017
Approved by Co-Applicant Board 5/2/2017
Approved by Pinellas County BCC 8/1/2017

Pinellas County – Healthcare for the Homeless Program (Section 330 (h))

Project Organizational Chart – *updated August 2018*



Pinellas County – Healthcare for the Homeless Program (Section 330 (h))
Roles/Responsibilities – *updated August 2018*

Health Care Administrator/HCH Project Director

The Project Director is accountable to the MMUAC/Co-Applicant Board and will provide strategic leadership and will oversee daily executive operations of this Federally Qualified Health Center. The Project Director is responsible for board governance including recruitment and retention, communications and community outreach, oversight of program operations, finance, grant compliance, performance measures, and is mission driven, highly collaborative, capable of providing strong leadership for health center and administrative functions.

Human Services Department

- ***Contracts:*** Reviews and Manages contracts/sub-contracts for clinical services with DOH
- ***Grants***: Liaison with Federal Project Officer; reviews and submits all grant program reports; ensures compliance with health center program requirements; writes and submits all grant applications/renewals; processes all NOAs with BCC and HCH Co-Applicant Board
- ***Strategic Planning/Quality Assurance***: Tracks performance measures and ensures accurate reporting of data from contractors for annual UDS submission.
- ***Program Analyst***: HS Liaison with DOH staff; publishes and communicates changes to schedule, operations of the MMU; technical assistance with clinical staff on electronic health record/reporting – liaison with BTS
- ***Finance***: Prepares and submits all grant financial reports; manages department budget including cost center for health center program
- ***Outreach & Enrollment (ACA)***: Provides outreach and assistance to low-income residents regarding the Affordable Care Act insurance options in the federal marketplace.

Florida Department of Health in Pinellas County (Sub-Contractor for Clinical Services)

- **Medical Director:** Provides clinical oversight of medical care for clients including…
- **Quality Assurance Team:** Directs the quality improvement programs including peer review, credentialing and privileging, patient centered medical home practices, and programmatic data and performance measure review.
- **Clinical Health Services Director:** Manages oversight of the contract and clinical operations of the Dept. and the County.
- **Public Health Services Manager:** Directs on-site clinical operations and serves as liaison between community organizations and programs for HCH patients.
- **Care Teams:** Provides direct medical care to clients including lab work, primary medical care, and follow-up.
- **Patient Support Staff Teams:** Supports eligibility, appointment scheduling, referral tracking and care coordination for patients.

Florida Department of Health in Pinellas County – Medical Director

Part-Time Health Care for the Homeless Program Chief Medical Officer: 0.15 FTE

Role:

The incumbent is part of a global public health organization and is expected to support the Florida Department of Health in Pinellas County in its mission to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts and its vision To be the Healthiest State in the Nation. Furthermore the incumbent is expected to incorporate the agency values of Innovation, Collaboration, Accountability, Responsiveness and Excellence in all aspects of their work.

Responsibilities:

- Act as the clinical physician liaison for internal and contractual programs, including, but not limited to the PCHP, Pharmacy Program, and Health Care for the Homeless Program (HCHP).
- Provide medical consultation, oversight, and monitoring to the PCHP, Pharmacy Program, and HCHP programs.
- Supervise the Quality Assurance Coordinator, HCHP, Pharmacy and Utilization Management.
- Meet with Health and Community Services staff and contractual providers to discuss issues relating to the provision of health care service delivery, including client care and quality assurance issues.
- Provide on-site, telephone, or electronic consultation, as needed.
- Attend HCHP and other health care related meetings, as needed.
- Participate in State and Federal site reviews.
- Facilitate medical chart reviews with the Quality Assurance Coordinator.
- Assess HCHP service delivery, including cost effective methods for health care delivery. Ensure that all necessary remedial actions are documented and taken whenever significant deviations from established performance specifications are identified on the HCHP.
- Assess and make recommendations on HCHP staff training and continuing medical education needs, provide guidance to medical staff on training opportunities for on-going medical education, continuing medical education, and continue education needs.

Minimum Qualifications:

Florida Medical License - MD

Pinellas County Human Services Health Care Administrator

Part-Time Health Care for the Homeless Program Chief Executive Officer: 0.20 FTE

Role:

This is professional and administrative management level position in the Pinellas County Human Services Department requiring strong leadership, coordinator, program management, and decision-making skills. An incumbent in this position is responsible for management and oversight of the Health Care Services' programs within Pinellas County Human Services. This position requires an understanding of health care systems, including business, government/ industry policies/regulations, financial information plus the ability to analyze trends, interpret data, and solve problems. The position reports to the Director of Human Services. This position plans, organizes, directs and coordinates Human Services funded health care services delivery through supervision and management of internal programs and externally through contractual arrangements with vendors and providers. The position requires extensive senior level management dealings and interactions with public and private organizations including individuals and officials representing citizens, hospitals, managed care organizations, practitioners, and community agencies.

Responsibilities:

- Develops plans, policies, and procedures to ensure program implementation.
- Provides oversight, monitoring and evaluation of health care services delivery.
- Assures contract compliance and delivery of services, and prepares budget.
- Assures that funded programs deliver efficient, effective and compassionate care to clients.
- Works closely and collaboratively with other Health & Human Services Managers to assure department outcomes and objectives are met.
- Reviews and analyzes information and data to aid planning and improve service delivery and utilization. Coordinates and collaborates with other health care providers to assess community health needs for program planning.
- Acts as Human Services liaison to Pinellas County Health Department, Community Health Centers of Pinellas, and other community organizations delivering health care services. Serves on coalitions and partnerships related to health care.
- Prepares for and holds discussions on service delivery issues, coordinates short and long range planning, promotes health programs and resolves problems.

Minimum Qualifications:

Bachelor's degree in health care administration, hospital administration, public health, business administration, public administration or related field, with specialized experience in health management or similar field and 2 years' experience in health care management that includes 1 year supervisory experience or supervisory training; or Master's degree and 2 years' experience as described above; or an equivalent combination of education, training, and/or experience.

Pinellas County Human Services Director of Business Services

Part-Time Health Care for the Homeless Program Chief Financial Officer: 0.05 FTE

Role:

This is highly responsible administrative, technical, and management work directing the operations of a division within the Department of Human Services, (HS). Work involves responsibility for the leadership, organization, direction, and coordination of the day-to-day operations of the division. Duties involve responsibility for resource allocation, including budget and personnel. Duties also involve working closely with the Director of HS on critical issues and organizational policies. *The difference between this class and the Division Director 1, HS is the more advanced levels in scope of work, complexity, fiscal responsibility, impact on the organization, span of control, or finality of action.* Considerable independent judgment and initiative are exercised in carrying out the daily operations of the division. Work is performed under the general supervision of the Director of HS.

Responsibilities:

- Provides leadership management principles and processes for a specific division within the HS.
- Directs the programs and activities of a specific division within the HS.
- Oversees administrative and technical staff, managers, and supervisors in the administration of the division.
- Prepares reviews, approves and submits the operating budget for the division.
- Provides and initiates recommendations, presentations, and reports on division-related functions.
- Directs, supports, and guides managers and subordinates in project development.
- Develops general policies, in consultation with the Director of HS and other Division Directors, for maximum utilization of available financial resources through appropriate allocation of manpower and equipment services.
- Provides oversight and direction in response to inquiries from the Board of County Commissioners, the media, and the public to ensure consistency with county policies and goals.

Minimum Qualifications:

8 years of progressively responsible professional experience in; public administration, human services, or non-profit services related to families and children which includes at least 2 years of supervisory management experience; or Bachelor's degree in human services, social work, psychology, business administration, public administration, or closely related field and 4 years of experience as described above; or Master's degree and 2 years of experience as described above; or An equivalent combination of education, training, and/or experience.

Pinellas County Human Services Director of Programs

Part-Time Health Care for the Homeless Program Chief Operations Officer: 0.05 FTE

Role:

This is highly responsible administrative, technical, and management work directing the operations of a division within the Department of Human Services (HS). Work involves responsibility for the leadership, organization, direction, and coordination of the day-to-day operations of the division. Duties involve responsibility for resource allocation, including budget and personnel. Duties also involve working closely with the Director of HS on critical issues and organizational policies. Work is performed under the general supervision of the Director of HS. Considerable independent judgment and initiative are exercised in carrying out the daily operations of the division.

Responsibilities:

- Provides leadership management principles and processes for a specific division within the HS.
- Directs the programs and activities of a specific division within the HS.
- Oversees administrative and technical staff, managers, and supervisors in the administration of the division.
- Prepares reviews, approves and submits the operating budget for the division.
- Provides and initiates recommendations, presentations, and reports on division-related functions.
- Directs, supports, and guides managers and subordinates in project development.
- Develops general policies, in consultation with the Director of HS and other Division Directors, for maximum utilization of available financial resources through appropriate allocation of manpower and equipment services.
- Provides oversight and direction in response to inquiries from the Board of County Commissioners, the media, and the public to ensure consistency with county policies and goals.

Minimum Qualifications:

8 years of progressively responsible professional experience in; public administration, human services, or non-profit services related to families and children which includes at least 2 years of supervisory management experience; or Bachelor's degree in human services, social work, psychology, business administration, public administration, or closely related field and 4 years of experience as described above; or Master's degree and 2 years of experience as described above; or An equivalent combination of education, training, and/or experience.

Chitra Ravindra, M.D, M. P.H., M.B.A, F.A.F.P.

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727-520-7320-Home
Chitra2002@aol.com

CAREER HIGHLIGHTS

As a private practitioner and a public service employee, I bring about 40 years of service as a doctor, healthcare provider and administrator. I look forward to offering my expertise while serving in a capacity where I can mentor and transfer the benefit of my experience to the next generation of medical practitioners.

PROFESSIONAL EXPERIENCE

County Medical Director **January 2014- Present**
As a County Medical Director instrumental in unifying Pinellas County Human Services and the Department of Health in Pinellas County in executing health care for the indigent population. Streamlining primary care, dental and mental health services. Improved the delivery of care on Mobile Medical Unit.

Director of Primary Care Medical Services April 2009- March 2014
Department of Health in Pinellas County
As Director of Primary Care Medical Services responsible and oversee the delivery of medical services. Duties involved both providing primary clinical services as well as administrative responsibilities. Clinical activities are currently focused on adult health programs, EPSDT, acute and chronic care disease early diagnosis and treatment administer both effectively and efficiently.

Clinic Physician April 2007- March 2009
St. Anthony's Primary Care
Served as a primary care physician. Duties included all aspects of clinical practice including oversight and supervision of physicians and nursing staff.

Group Private Practice March 2005- March 2007
Family Medicine Center
Private clinical practice providing primary care to adults and seniors.

Private Practice September 2002- March 2005
Family Medical and Eye Care
Provided primary clinical care. Attended to the patients of all ages, though the practice was focused primary on adult and senior patients' care. As the owner of the building, renovated the structure to meet the needs of future office based practices.

Chairperson of Department of Family Medicine December 1996 - September 2002
CIGNA Health Care of Florida
Providing primary healthcare services to the Family Medicine sector. Supervising the doctors, ARNP"s and P.A.'s. Provided call coverage for hospitals. Was in charge of the productivity and cost report.

Clinic Physician September 1995- November 1996
Family practice affiliated with Palms of Pasadena Hospital. Provided primary clinical care as a private medical practitioner.

Additional Clinical Experience
St. Anthony's Family Medicine Center April 1993- April 1995
Director of Family Health, Pinellas County Health Department November 1991- November1992
Clinic Physician, Pinellas County Health Department September1982- December 1987

RESIDENCY
Combined Family Practice and Preventive Medicine- 07/01/1988- 11/01/1991
G.W. Hubbard Hospital, Nashville, TN
Pathology – Anatomic and Clinical Residency- 07/01/1978- 11/30/1979
Union Memorial Hospital, Baltimore, MD

EDUCATION
MBA (2005) Masters in Business Administration, University of South Florida, Tampa, FL
MPH (1985) Masters in Public Health, University Of South Florida- Tampa. Florida
MBBS (1975) Bachelor of Medicine and bachelor of Surgery, Coimbatore Medical School- Coimbatore, India

BOARD CERTIFICATIONS
Florida Medical License – since 1980
Board Certification and Recertification- in Family Medicine- Active till 2007.
Board Eligible in Preventive Medicine.

PUBLICATION
Nutrition In Teenage Pregnancy, Ravindra Chitra, Journal of Florida Medical Association, Jacksonville, FL., June 1989 , Vol. 76 No. 6 pp. 523-525.

ORGANIZATIONS AND AFFILIATIONS
Fellow of American College of Family Physicians
Member, American Medical Association
Member, American Association of Physicians of South East Asia
Member, American Association of Physicians of Indian origin
Member and Past Chair of Board of Trustee in Hindu Temple of Florida

DAISY M. RODRIGUEZ

Phone: 646-408-4499 455 Alt 19 S. Palm Harbor, FL 34683 Emails: Rodriguez.daisy04@gmail.com

Accomplished professional with an excellent background in health care management, fiscal operations, regulatory compliance and demonstrated progressive leadership managing multi-disciplinary primary and specialty clinics and physician practices

Joint Commission, NYS DOHMH, OSHA and CMS regulatory compliance,
Financial business acumen, Development and management of annual budget(s)
Fluent in English - Spanish – Oral and written
Recipient Manager of the Year Award 2013 – Association of Hispanic Heath Care Executives

Education:

St. Joseph's College, NY	2008	MBA Healthcare Administration
St Joseph's College, NY	2007	MS Healthcare Management

Experience:

2015 – Present: Pinellas County Human Services Dept. - Healthcare Administrator:

- Provides oversight, monitoring and evaluation of health care services delivery ensuring funded programs delivers efficient, effective and compassionate care to clients and assures contract compliance and delivery of services.
- Reviews and analyzes information and data to aid planning and improve service delivery and utilization.
- Coordinates and collaborates with other health care providers to assess community health needs for program planning.
- Acts as Human Services liaison to Pinellas County Health Department, Community Health Centers of Pinellas, and other community organizations delivering health care services. Serves on coalitions and partnerships related to health care.
- Collaborates with other Human Services Managers to assure department outcomes and objectives are met.
- Prepares for and holds discussions on service delivery issues, coordinates short and long range planning, promotes health programs and resolves problems.
- Remains current on advances in medicine and health care delivery information technology, government regulations and standards, health insurance changes and financing.

2013-2015 : Montefiore Health System –Yonkers NY -Director Ambulatory- EPIC EMR

Establish operational high-level objectives for the department and oversee the cascading of those objectives to managers and their reports. Ensure operational strategies are in line with the organization's goals including service quality initiatives.

- Direct and Lead EPIC Care Ambulatory EMR implementation across Medical Group Practices, Occupational Health Services and Urgent Care Centers
- Manage Epic Ambulatory and specialty modules for Oncology, Ophthalmology, Transplant, Cardiology, Home Care and Orthopedics
- Collaborate with department administrators, clinical leadership and key stakeholders for the coordination and alignment of Epic EMR implementation objectives and functions across multiple functional areas.
- Oversee activities of Assistant Director(s) and other direct reports
- Supply oversight and accountability on product and service delivery to the client
- Provide guidance to team by communicating vision, strategies and objectives to line management and oversee the direction of cross –functional teams assigned to Epic ambulatory project and services.

- Ensure resource management function is achieving its goal to balance client project needs and the development needs of associates.
- Establish performance management and professional development to ensure that managers and staff are working together on development goals.
- Responsible for hiring and staffing decisions of direct reports and key positions within the department.

2008 – 2013: Montefiore Medical Center, Bronx, NY - Administrative Director AIDS Center
Administrative oversight for the day to day operational and fiscal management of multi-located HIV, infectious disease and mental health clinics ensuring compliance with all Federal, State and local regulations.

- Direct, supervise and coordinate clinical practice, assuring appropriateness of staffing support, resolution of patient issues and efficiency of day-to-day program and fiscal operations of the HIV/AIDS , infectious disease, and mental health clinics ;
- Provide leadership and guidance to 10 multi- specialty managers and 50+ staff in multi-disciplinary co-located clinic
- Develop and effectively monitor $2.5million operating budget and monitoring of program utilization, expenditures, reimbursements and denial trends.
- Develop and maintain staffing patterns; participate in recruitment efforts
- Develop and implement standard operating policies and procedures in accordance with the mission and vision of the medical
- Ensure regulatory compliance with NYSDOHMH, AIDS Institute, JCAHO, CMS and other regulatory agencies
- Oversight of department CQM program, compliance with NPSG and performance improvement initiatives
- Grants administrator ensuring fiscal and program compliance, and reporting (HIV testing & counseling, Women's Prevention Services, Women's Supportive Services, CDC HIV Outreach and Prevention, Hepatitis C, in addition to NIH and private research grants)

2005- 2008: Cabrini Medical Center, New York, NY - Administrator, Ambulatory & Diagnostic Svcs
Administrative leadership of the day to day operations and fiscal management of five hospital owned community based outpatient primary and specialty clinics and the successful integration of ancillary and diagnostic service lines.

- Successfully integrate ambulatory and ancillary services to maximize access, customer satisfaction and revenue opportunities consistent with hospital strategic objectives
- Successfully manage operating budgets for clinics and ancillary departments to exceed fiscal goals
- Develop and implement operating policies and procedures for the Ambulatory Services Network to standardize proper patient scheduling, data collection and registration to maximize visit flows and ensure consistent outpatient growth and revenue potential
- Develop and implement performance improvement program for the ambulatory services network through collaboration with senior management and medical leadership
- Collaborate with Medical Director of the Department of Medicine, clinic medical director, physicians and residents to identify and achieve short and long-term goals for community based medical practices
- Assess operational progress with direct reporting to COO & CMO
- Develop marketing strategies to increase patient enrollment and forge linkages with community based referrals

1996-2005: Cabrini Medical Center - Director Outpatient Services-Ambulatory Services Network (Promoted to Administrator - 2005) ;

Bio

Clark R. Scott is the Business Services Division Director for the Pinellas County Human Services Department (PCHS). In this role, Mr. Scott is responsible for financial and operational activities critical to the department's strategic success.

The Business Services Division provides accounting, financial management and grants coordination for Pinellas County's Human Services Department, the Veterans Services Division, the Pinellas County Health Program, the Pinellas County Mobile Medical Unit, the Consumer Services Division, the Justice Coordination Division, and the Community Development Division of the Pinellas County Planning Department. In his role as division director, Mr. Scott leads the preparation of budgets exceeding $70 million with over 100 FTE positions. Among other responsibilities, he manages all medical / health services financing contracts. He is the county fiscal liaison to the local county health department, local hospitals, and the local federally qualified community health center. He plans and oversees the work of personnel engaged in customer service, budget control, financial management, information technology, and related administrative department operations.

During his 21-year tenure with Pinellas County, Mr. Scott has served in a variety of roles. Prior to becoming the Business Services Division Director for PCHS, he worked in the county Office of Management and Budget where he was responsible for the development of the county-wide and special districts budgets for all fund entities of Pinellas County. He managed the preparation of the county cost allocation plans and the development of county bond disclosure reports. Prior to becoming the county Budget Manager, Clark worked as the Accounting and Contracts Manager for the Pinellas County Community Development Department and the Housing Finance Authority.

Prior to employment with Pinellas County, he was a Senior Auditor for a regional public accounting firm focused on Single Audit Act compliance audits of governmental and non-profit entities.

He is a Certified Public Accountant (CPA, not currently licensed), a Certified Public Finance Officer (CPFO), and a Certified Government Finance Officer (CGFO). He is a member of the American Institute of Certified Public Accountants, the Government Finance Officers Association of the United States and Canada, and the Florida Government Finance Officers Association.

Clark received a B.S. degree in Accounting from Nicholls State University in Thibodaux, Louisiana. He has more than 20 years of experience in the accounting profession. He is married and has twin eighteen-year old daughters.

Timothy L. Burns

Cell Phone: (727) 743-9396 | E-Mail: tburns@pinellascounty.org

EDUCATION

May 1995 **Master of Science: Public Management and Policy**
Carnegie Mellon University, H. John Heinz III School of Public Policy and Management Concentration: Policy Analysis

May 1993 **Bachelor of Science: Political Science and Justice Studies**
Frostburg State University

EXPERIENCE

November 2013-Present **Division Director**
Department of Human Services, Pinellas County
Manage Planning and Contracts Division with 34 employees. Oversee Contract Services, Planning and Quality Assurance, Grants, Justice Coordination, and Consumer Protection operational sections. Ensure accountability of over $32 million in human services contracts and federal healthcare grants. Provide high-level policy and program planning.

June 1995-November 2013 **Bureau Director (12/06-11/13)**
Interim Bureau Director (7/06-12/06)
Department of Justice and Consumer Services, Pinellas County
Office of Justice Coordination (OJC): Provide a high level of research and development expertise, including monitoring and evaluation of present and future justice programs within Pinellas County, coordination of justice system activities, and collaborative system planning to ensure that the citizens of Pinellas receive quality justice services for the resources provided. The Office enhances access to the justice system while focusing on effective policies, operation, and collaboration around the right mix of programs to reduce recidivism and unnecessary system involvement.
Office of Consumer Protection (OCP): Strive to reduce victimization and loss within the Community through mediation, investigation, regulatory enforcement, and education. The Office targets prevention and enforcement strategies to combat the unethical or illegal business practices that can financially destabilize and harm individuals.

Responsibilities and Accomplishments

- Oversee a $12 million budget for department operations, system programs, and grants
- Supervise staff of twenty four employees
- Coordinate critical system projects such as the development of a criminal justice mental health data exchange for improved diversion and expanded reentry services
- Facilitate system analyses and studies such as frequent flyer and cross-system involvement, a justice system study with 144 participants across 30 entities, and development of a systems indicators report to better information decision making
- Perform grant seeking and administration with $12 million in funds received through twenty one awards from 2009 through 2013
- Perform contract administration of justice programs such as Drug Court, Gulfcoast Legal Services, County Funded Court Employees, and Guardian Ad Litem
- Pursue Juvenile Justice System reform to reduce detention use, reduce costs, and improve outcomes for youth including establishing a local working group, implementing electronic monitoring with 3,308 usage days in one year, and recent successes in billing litigation with substantial expected savings
- Review justice system policies and emerging trends and provide updates and briefings to County Administration and the Board of County Commissioners
- Through the efforts of OCP staff, the Office received close to $9 million for consumers in refunds, restitution, and fines
- OCP received a total of 241,201 consumer calls and investigated 20,349 written complaints including 1,432 criminal cases reflecting 2,026 victims (d*uring the period from October 2002 through September 2011*)

Justice Program Coordinator (9/05-7/06)
Department of Justice and Consumer Services, Pinellas County
Managed all activities of the Office of Justice Coordination including supervision of five employees; Provided program oversight through agreements and budgetary control for juvenile justice billing, Help a Child, Gulfcoast Legal Services, Drug Court, Justice Assistance Grants, Juvenile Assessment Center, Guardian Ad Litem, Medical Examiner, and Forensic Lab

Responsibilities and Accomplishments
• Conducted internal investigations and due diligence research for BCC departments Researched issues impacting criminal justice and generated recommendations to address Pinellas County interests
• Performed legislative, policy, and program analysis
• Conducted court related surveys of all 67 Florida counties, a review of Pinellas County Alternatives to Incarceration, and Drug Court Evaluation.

Justice Information Analyst (2/99-9/05)
Justice Programs Analyst (7/97-2/99)
Justice Planner (11/95-7/97)
Department of Justice Coordination, Pinellas County
Responsible for the development and oversight of countywide projects for Pinellas County's Criminal Justice System including interdepartmental coordination, fiscal oversight, and project design and development; Conducted intensive research, analysis, and planning on various criminal justice areas for process evaluation and program development; Conducted legislative, political, and program analysis on criminal justice issues, policies; Performed grant writing in related criminal justice areas

January 2001-May 2009 **Assistant Professor**
Schiller International University, Largo, FL
Provided course instruction related to technology curriculum; Developed course materials

May 2003-May 2006 **Assistant Professor**
St. Petersburg College, St. Petersburg, FL
Provided course instruction related to criminal justice; Developed new course curriculum and course materials

CONTINUING EDUCATION

September 2007 Certification, Achieve Global Trainer Certification, Leadership and Customer Service
December 2004 Graduate, Harvard's Innovations in Governance Executive Program, Harvard University

PROFESSIONAL ACTIVITIES

- Participant on Pinellas Workgroups: Healthy Communities Team, Effective Government Team, Stakeholder Capacity Team, Leadership Capacity Team, Contract Review Team (CRT), Public Safety Initiatives Team, Pinellas County Security Panel, Coordinator/Staff, Public Safety Coordinating Council, Participant, Pinellas Police Standards Council
- Formed/Participant, Pinellas Juvenile Collaboration Team
- Member, Health and Human Services Coordinating Council's Administrative Forum
- Participant, Mental Health Coalition, Department of Health Community Health Assessment Team, Coplink Regional Data Share Committee, Statewide Juvenile Justice Working Group, Florida Association of Counties Workgroups, Tampa Bay Regional Gang Task Force, National Criminal Justice Coordinator Council Network

Mobile Medical Unit Advisory Council & Pinellas County Board of County Commissioners **Co-Applicant Agreement**

Approved by Mobile Medical Unit Advisory Council, June 2, 2015
Approved by Board of County Commissioners, August 18, 2015

The Mobile Medical Unit Advisory Council (MMUAC)(Co-Applicant Board) serves as the patient/community-based governing board to set health center policy for the Healthcare for the Homeless Program on behalf of the Pinellas County Board of County Commissioners. As a public center, the MMUAC includes a representative majority of consumer/patient representatives, meets monthly and fulfills all the required authorities of a governing board. The purpose of the co-applicant arrangement is for the co-applicant board to oversee the implementation of the Section 330 grant and the operation of the Healthcare for the Homeless Program via the Mobile Medical Unit operated by the Pinellas County Human Services Department in accordance with the terms of this Agreement and the Bylaws as adopted by the BCC and MMUAC.

CO-APPLICANT AGREEMENT

BETWEEN
Mobile Medical Unit Advisory Council (MMUAC)

AND

Pinellas County Board of County Commissioners (BCC)

This Co-Applicant Agreement (hereinafter referred to as "Agreement") is entered into this June 2, 2015, by and between the Mobile Medical Unit Advisory Council (MMUAC) and the Pinellas County Board of County Commissioners (BCC), herein represented by MMUAC and BCC, defined below, shall be collectively referred to as the "Parties").

Recitals

Whereas, the MMUAC was established to serve as an advocate for consumers of the Healthcare for the Homeless program and per HRSA governance requirements, to oversee operations of the Healthcare for the Homeless program in Pinellas County; and

Whereas, The MMUAC will assist the Pinellas County Human Services (PCHS) department to implement health services for homeless residents of Pinellas County. These services represent a significant effort by the PCHS to assure that homeless residents have access to an organized system of health care; and

Whereas, The MMUAC shall review budgets that are included as part of the 330(h) initial and renewal applications; and

Whereas, The MMUAC shall participate in the planning of the grant application to the U.S. Department of Health and Community Services (HHS), Health Resources and Services Administration, Bureau of Primary Health Care, under Section 330(h) of the Public Health Services Act for operation of a Federally Qualified Health Center; and

Whereas, pursuant to such funding by the HHS, the BCC and the MMUAC must set forth the responsibilities of each party; and

Whereas, the BCC wishes to give support to the MMUAC, and recognizes the powers, privileges, and functions of each party as contained herein.

NOW, THEREFORE, in consideration of the promises and the mutual covenants set forth in this Agreement, the receipt and adequacy of which are acknowledged by the Parties to this Agreement, MMUAC and the BCC hereby agree as follows:

1. MMUAC's Role.

1.1. MMUAC Purpose:

The MMUAC shall oversee the implementation of the Section 330 grant and the operation of the Healthcare for the Homeless Program operated by the Pinellas County

Human Services Department in accordance with the terms of this Agreement and the Bylaws as adopted by the BCC and MMUAC. The Bylaws are incorporated herein by reference and attached as Exhibit A. The MMUAC will provide guidance and assist the BCC and the PCHS Department to implement health services for Pinellas County homeless residents. These services shall provide assurance that homeless Pinellas County residents have access to an organized system of health care, and shall assure that County residents have adequate access to categorical public health programs. The MMUAC, BCC and PCHS Department shall be particularly committed to meeting the needs of the homeless population in the county.

1.2. Composition of and Appointments to the MMUAC.

The MMUAC shall present nominations for vacancies on the MMUAC to the BCC for consideration and appointment consistent with its bylaws. Both the MMUAC and the BCC shall work to maintain the same ratio of consumer members, provider members and community members as set out in the Board Composition section of the MMUAC Bylaws and required by Section 330 policies and guidelines.

1.3. Joint Application

The BCC and MMUAC will take such actions as are required to make application for the Section 330 grant. They shall also take the steps necessary to name Pinellas County and the MMUAC as co-applicants in these actions.

1.4. Governance Authorities and Responsibilities for Operation of the Health Center.

The MMUAC shall exercise the following authorities and responsibilities of a co-applicant as set forth in Section 330, its implementing regulations and related BCC policies. These authorities and responsibilities include:

1.4.1. Access to Care: To increase the accessibility of primary care services to the homeless population which experiences a shortage of primary care.

1.4.2. Program Evaluation: Evaluating the MMU achievements at least annually and utilizing the knowledge gained thereby to revise the MMU goals, objectives, plan and budget as necessary and appropriate, including providing advise regarding the establishment of linkages with other health care providers and/or health care programs.

1.4.3. Evaluation of Project Director: The Project Director shall be primarily responsible for the management and operation of the Healthcare for the Homeless Program . The MMUAC shall have the authority to suspend, remove, appoint and/or reappoint a person the position of Project Director in accordance with the Pinellas County personnel rules and other procedures and policies of the Board of County Commissioners. The MMUAC shall participate in the annual performance evaluation of the Project Director, to be conducted in accordance with HHS Health Resources and Services Administration's Bureau of Primary Health Care's Program Requirements and Pinellas County personnel policies.

1.4.4. Personnel Policies: Personnel policies and procedures of the health center shall be those adopted by the Board of County Commissioners for Pinellas County employees (See Section 2.1.6 below). The MMUAC may make recommendations to the BCC regarding the terms and conditions of those agreements as might benefit the operation of the Healthcare for the Homeless Program.

1.4.5. Compliance: Evaluating itself periodically for efficiency, effectiveness, and compliance with all requirements imposed upon community health centers, as set forth in Section 330 of the Public Health Service Act, 42 U.S.C. § 254b;

In conjunction with Human Services, assuring that the Healthcare for the Homeless Program is operated in compliance with applicable Federal, State and local laws and regulations; and

1.4.6. Subject to Section 2.1 of this Agreement, performing all other authorities and responsibilities that are required by Section 330 and its implementing regulations and policies to be vested in a Section 330-compliant governing Board.

1.4.7. Financial Plan and Budget: The Project Director, in collaboration with the finance department, shall prepare a budget and financial plan for each fiscal year, in accordance with Pinellas County policies and procedures. The MMUAC shall annually review and approve the budget prepared by PCHS for the operation of the Healthcare for the Homeless Program and recommend this budget to the BCC. The MMUAC and BCC shall jointly approve the annual Section 330 budget submitted to the Bureau of Primary Health Care.

1.4.8. Amendments to the Budget: Pinellas County budget policies and procedures will be utilized for all amendments to the jointly adopted Healthcare for the Homeless Program budget. Amendments requiring full approval of the BCC shall also require approval of the MMUAC. MMUAC approval shall either be obtained prior to the submission of the adjustment to the BCC or the action of the BCC shall be contingent upon the concurrence of the MMUAC.

1.4.9. Strategic Planning: The MMUAC shall participate in the strategic planning process based on (i) an assessment of the health care needs of the community served by the MMU, (ii) the scope and capabilities of other health care providers in the community, (iii) the resources available to the MMU; and (iv) any policy changes that may be required to comply with such strategic plan.

2. The BCC's Role.

2.1. Governance Authorities and Responsibilities for the Health Center.

The BCC shall exercise certain governance responsibilities and authorities with respect to the MMU. These authorities and responsibilities include:

2.1.1. Access to Care: To arrange for the provision of comprehensive primary care services to the homeless residents of the Medically Underserved Areas (MUAs)/Medically Underserved Populations (MUPs) of Pinellas County.

2.1.2. Financial Management: Developing, adopting, and periodically updating policies for financial management practices, including a system to assure accountability for Health Center resources, and long-range financial planning in conjunction with MMUAC;

2.1.3. Internal Controls: Developing, adopting, and periodically updating internal control procedures to ensure sound financial management procedures as well as purchasing policies and standards;

2.1.4. Personnel Policies: Developing, adopting, and periodically updating personnel policies and procedures that shall be applicable to all County employees. Policies and procedures shall set forth selection, performance review/evaluations, and dismissal procedures, employee compensation, including wage and salary scales and benefit packages, position descriptions and classification, employee grievance procedures, and which shall meet all Federal and/or State employment requirements including, but not limited to, equal employment opportunity, drug free workplace, and non-discrimination laws;

2.1.5. Strategic Planning: In conjunction with the MMUAC, developing and adopting an annual strategic plan; and

2.1.6. Compliance: In conjunction with the MMUAC, assuring that the Healthcare for the Homeless Program is operated in compliance with applicable Federal, State and local laws and regulations.

2.2. Operational Responsibilities.

The BCC shall fulfill the following obligations with respect to Healthcare for the Homeless Program:

2.2.1. Applying for and maintaining all licenses, permits, certifications, and other approvals necessary for the operation of the Healthcare for the Homeless Program.

2.2.2. Budget: The Project Director, in collaboration with the finance department, shall prepare a budget and financial plan for each fiscal year, in accordance with Pinellas County policies and procedures. The MMUAC shall annually review the budget prepared by PCHS for the operation of the Healthcare for the Homeless Program. The MMUAC shall review and approve the annual Section 330 grant budget and recommend this budget to the BCC. The MMUAC and BCC shall jointly approve the annual Section 330 budget submitted to the Bureau of Primary Health Care.

2.2.3. Amendments to the Budget: Pinellas County budget policies and procedures will be utilized for all amendments to the jointly adopted Healthcare for the Homeless Program budget. Amendments requiring full approval of the BCC shall also require approval of the MMUAC. MMUAC approval shall either be obtained prior to the submission of the adjustment to the BCC or the action of the BCC shall be contingent upon the concurrence of the MMUAC.

2.2.4. In accordance with Federal Section 330 regulations, receiving, managing and disbursing Healthcare for the Homeless Program revenues, if any, consistent with the Healthcare for the Homeless Program budget approved and Federal Program Requirements in accordance with this Agreement. MMUAC shall not be required to disburse funds for any expenditure not authorized by a budget approved in accordance with this Agreement. BCC shall advise in writing to the MMUAC before implementing any material change in the Healthcare for the Homeless Program approved budget.

2.2.5. Directly employing or contracting for all Healthcare for the Homeless Program personnel (including the Project Director, other key management, and all clinical, administrative, and support staff) as may be necessary to operate the Healthcare for the Homeless Program and to furnish, or arrange for the provision of, the full range of primary, preventive, and supplemental health care services required by Section 330. Clinicians hired by the Healthcare for the Homeless Program shall meet the credentialing requirements and qualifications established by the BCC.

2.2.6. Developing and establishing management and control systems for the Healthcare for the Homeless Program that are in accordance with sound financial management procedures, including:

2.2.6.1. The establishment of billing and collection systems pursuant to which MMU shall make every reasonable effort to bill and collect payment from patients in accordance with the fee schedule and schedule of discounts established in accordance with 42 CFR §51c.303 and other billing and collection policies developed in consultation with the BCC, as well as make reasonable efforts to bill and collect payments without application of any discounts from public and private third party payors; and

2.2.7. On behalf of the BCC, PCHS is responsible for preparing monthly financial and operational reports for the MMUAC, and any other reports reasonably requested by the MMUAC in order to enable the MMUAC to fulfill its responsibilities for the Healthcare for the Homeless Program;

2.2.8. Under the direction of the HS's Project Director, managing the day-to-day business affairs of the MMU. Such management functions may include, but are not limited to:

2.2.8.1. Developing clinical protocols, medical standards, productivity standards, and quality assurance programs designed to meet the health care policies and procedures established by the MMUAC, as well as standards imposed by appropriate funding sources, government agencies, and certifying agencies; and

2.2.8.2. Providing all necessary management, administrative or financial expertise and personnel as shall be necessary to assure high level technical expertise in areas relevant to the Healthcare for the Homeless Program operations.

3. Mutual Obligations.

3.1. The MMUAC Chair (or his/her duly authorized designee), on behalf of Healthcare for the Homeless Program, and the Health Center's Project Director (or his/her duly authorized designee), on behalf of the BCC, shall coordinate the Parties' efforts to meet their respective obligations under this Agreement and shall cooperate to communicate and resolve any issues between the Parties. Each shall be reasonably accessible and available for (i) consultations regarding day-to-day operations of the Healthcare for the Homeless Program; (ii) when requested, meetings of the Parties' respective governing boards; and (iii) otherwise as is reasonably necessary.

3.2. The Parties shall collaborate to provide orientation and training to MMUAC members, in conjunction with Healthcare for the Homeless Program staff, in order to educate MMUAC members regarding their legal duties and obligations vis-à-vis the Healthcare for the Homeless Program.

3.3. The Parties agree that Section 330 grant funds and grant-related income (including fees, premiums, and third-party reimbursements) and State, local and other operational funds which may be collected, shall be utilized to reimburse the Parties for costs incurred in carrying out each Party's obligations consistent with the approved Healthcare for the Homeless Program's annual budget.

3.4. Record Keeping and Reporting.

3.4.1. Each Party shall maintain records so as to enable the Parties to meet all grant-related reporting requirements. Specifically, MMUAC shall assist the BCC, as requested, in the preparation of those portions of the financial report ("FFR"), as well as other reports, which pertain to the operation of the Healthcare for the Homeless Program.

3.4.2. The Parties shall maintain financial records and reports, supporting documents, statistical records, and all other books, documents, papers or other records related and pertinent to this Agreement for a period of four (4) years from the date this Agreement expires or is terminated. If an audit, litigation, or other action involving the records is started before the end of the four (4) year period, the Parties agrees to maintain the records until the end of the four (4) year period or until the audit, litigation, or other action is completed, whichever is later. The Parties shall make available to each other, DHHS and the Comptroller General of the United States, or any of their duly authorized representatives, upon appropriate notice, such financial systems, records, reports, books, documents, and papers as may be necessary for audit, examination, excerpt, transcription, and copy purposes, for as long as such systems, records, reports, books, documents, and papers are retained.

3.4.3. The Parties agree that the BCC shall retain ownership of all medical records established and maintained relating to diagnosis and treatment of patients served by the Healthcare for the Homeless Program.

3.5. Ownership of Property and Equipment Acquired with Grant Funds.

3.5.1. The provisions of 45 C.F.R. § 74.40 et seq. apply to real property and equipment acquired under this Agreement. The Parties agree that the BCC shall be the title holder to all property purchased with grant funds.

3.6. Copyrightable Material.

3.6.1. If any copyrightable material is developed under this Agreement, the BCC shall hold all right, title and interest to such material, and BCC shall have a royalty-free, non-exclusive and irrevocable right to reproduce, publish, authorize others or otherwise use such material.

3.7. Survival of Article. Sections 3.3, 3.4, 3.5, and 3.6 of this Article shall survive the termination of this Agreement without regard to the cause for termination.

3.8. Sovereign Immunity. Nothing in this Agreement shall limit, or shall be deemed to limit, the BCC'a right to the protections and limitations provided by statutes designed to protect and limit the exposure and liability of the BCC as an instrumentality of the State of Florida.

4. Third Party Affiliations.

Neither Party shall execute a merger, consolidation, or comprehensive affiliation with a third party that affects, or may affect, the MMU without the written consent of the other Party, which consent shall not be unreasonably withheld.

5. Governing Law.

5.1. Applicable Federal Laws, Regulations and Policies.
This Agreement shall be governed and construed in accordance with applicable Federal laws, regulations, and policies, including but not limited to: Section 330, its implementing regulations at 42 C.F.R. Part 51c, applicable BPHC policies (including, but not limited to, BPHC Program Expectations), the Public Health Service Grants Policy Statement in effect as of the date the Agreement is executed, DHHS administrative regulations set forth in 45 C.F.R Part 74, and relevant Office of Management and Budget Circulars.

5.2. Compliance with State and Local Law.
This Agreement is governed by the laws of the State of Florida. Each Party covenants to comply with all applicable laws, ordinances and codes of the State of Florida and local governments in the performance of the Agreement, including all licensing standards and applicable accreditation standards.

5.3. New BPHC Directives.
The MMU Division Director shall submit promptly to each Party any additional directives that are received from the BPHC pertinent to the Section 330 grant, and the Parties shall comply with such additional directives, as applicable.

5.4. Non-Discrimination.
Each Party agrees that it and its subcontractors, if any, will not discriminate against any employee or applicant for employment to be employed in the performance of this Agreement with respect to his hire, tenure, terms, conditions or privileges of employment or any matter directly or indirectly related to employment, because of his or her race, religion, color, sex, disability, national origin or ancestry.

6. Term.

This Agreement shall remain in effect during the project period of any Section 330 award the BCC receives with MMUAC as its co-applicant Board, unless terminated at an earlier date in accordance with the terms of Section 7 of this Agreement.

7. Termination.

7.1. Immediate Termination.
This Agreement shall terminate immediately upon the effective date of non-renewal or termination of the Section 330 grant, or upon the loss of any license, permit or other authorization required by law or regulation for operation of the Healthcare for the Homeless Program.

7.2. For Cause Termination.
Either Party may terminate this Agreement for cause in the event that the other Party fails to meet any material obligation under this Agreement, subject to Section 7.4 of this Agreement. Such for cause termination shall require sixty (60) days' prior written notice of intent to terminate during which period the Party that has allegedly failed to meet a material obligation may cure such failure or demonstrate that no such failure has occurred. Any dispute between the Parties regarding whether a breach of a material obligation has occurred, or that such a breach has been satisfactorily cured, will be resolved in accordance with Section 8 of this Agreement.

7.3. Termination for Mutual Convenience.
This Agreement may be terminated upon the mutual written consent of the Parties, subject to Section 7.4 of this Agreement.

7.4. Termination Contingent upon Bureau of Primary Health Care (BPHC) Approval.
For cause termination or termination for mutual convenience shall not become effective unless and until BPHC issues its written approval of such termination, if such approval is necessary.

8. Dispute Resolution.

The Parties shall first attempt to resolve any dispute arising under this Agreement by informal discussions between the liaison designated by BCC and the liaison designated by the MMUAC. In the event the Parties are unable to resolve the dispute through informal negotiations within a reasonable period of time after commencement of such discussions (not to exceed thirty [30] days), the Parties may pursue formal mediation, if they mutually agree to do so. If, after mediation (or in the absence of mutual consent to mediate), the Parties are still unable to resolve the dispute, either Party may thereafter pursue any remedy available at law.

9. Proprietary Information and Confidentiality.

9.1. The Parties (and their directors, officers, employees, agents, and contractors) shall maintain the privacy and confidentiality of all information regarding the personal facts and circumstances of the patients receiving care provided by the Healthcare for the Homeless Program, in accordance with all applicable State and Federal laws and regulations and the Parties' policies and procedures regarding the privacy and confidentiality of such information. The Parties (and their directors, officers, employees, agents, and contractors) shall not divulge such information to any third parties without the patient's written consent, except as may be required by law or as may be necessary to provide service to such patient.

9.2. Except as is necessary in the performance of this Agreement, or as authorized in writing by a Party or by law, neither Party (nor its directors, officers, employees, agents, and contractors) shall disclose to any person, institution, entity, company, or any other party, any information which is directly or indirectly related to the other Party that it (or its directors, officers, employees, agents, and contractors) receives in any form (including, but not limited to, written, oral, or contained on video tapes, audio tapes or computer diskettes) as a result of performing obligations under this Agreement, or of which it is otherwise aware. The Parties (and their directors, officers, employees, agents, and contractors) also agree not to disclose, except to each other, any proprietary information, professional secrets or other information obtained in any form (including, but not limited to, written, oral, or contained on video tapes, audio tapes or computer diskettes) during the course of carrying out the responsibilities under this Agreement, unless the disclosing Party receives prior written authorization to do so from the other Party or as authorized by law.

9.3. Each Party shall retain title and all rights to the confidential and proprietary information which has been disclosed to the other Party. Upon expiration or termination of this Agreement, or upon request of a Party for any reason, each Party agrees to return promptly to the other Party all confidential and proprietary information in any physical form whatsoever (including, but not limited to, writings, audio tapes, video tapes, and computer diskettes). Further, each Party agrees: (i) to turn over promptly to the other Party any memoranda, notes, records, and/or other documents created by it which contain references to such other Party's confidential or proprietary information; and (ii) that it will not retain any copies, extracts or other reproductions, in whole or in part, of such returned confidential or proprietary information or any memoranda, notes, records and/or other documents related to such information.

9.4. The Parties agree that their obligations and representations regarding all confidential and proprietary information shall be in effect during the term of this Agreement and shall survive the expiration or termination (regardless of the cause of termination) of this Agreement.

9.5. The Parties shall ensure that their respective directors, officers, employees, agents, and contractors are aware of and shall comply with the aforementioned obligations.

10. Notices.

All notices permitted or required by this Agreement shall be deemed given when in writing and delivered personally or deposited in the United States Mail, postage prepaid, Certified and Return Receipt Requested, addressed to the other Party at the address set forth below, or such other address as the Party may designate in writing:

For MMUAC: Mobile Medical Unit Advisory Council
Attn: Chairman
Care of: Pinellas County Human Services Director
440 Court Street, 2nd Floor
Clearwater, FL 33756

For BCC: Pinellas County Human Services Department
Attn. Director, Human Services
440 Court Street, 2nd Floor
Clearwater, FL 33756

The foregoing addresses may be changed and/or additional persons may be added thereto by notifying the other Party hereto in writing and in the manner hereinafter set forth. All notices shall be effective upon receipt.

11. Assignment.

This Agreement shall be binding upon and shall inure to the benefit of the Parties hereto and their respective transferees, successors and assigns; provided that neither Party shall have the right to assign, delegate or transfer this Agreement, or its rights and obligations hereunder, without the express prior written consent of the other Party provided prior to such action.

12. Non-Severability.

The provisions of this Agreement are not severable. In the event that any one or more provisions of this Agreement are deemed null, void, illegal or unenforceable, or should any part of this Agreement, as determined by DHHS or any other governmental authority, cause BCC and the MMUAC (as co-applicants) not to comply with Section 330, the Parties agree to attempt to amend this Agreement as shall reasonably necessary to achieve compliance. In the event that the Parties reach such an agreement, this Agreement shall be construed in all respects as if such invalid or unenforceable provisions have been omitted. In the event that no such amendments or agreements for amendments can reasonably be made, this Agreement shall immediately terminate.

13. Amendments.

Any amendment to this Agreement shall be in writing and signed by both Parties. Except for the specific provision of this Agreement which thereby may be amended, this Agreement shall remain in full force and effect after such amendment.

14. Descriptive Headings.

The descriptive headings in this Agreement are for convenience only, and shall be of no force or effect in construing the interpreting any of the provisions of this Agreement.

15. Waiver.

No provision of this Agreement shall be waived by any act, omission or knowledge of a Party or its agents or employees except by an instrument in writing expressly waiving such provision and signed by a duly authorized officer of the waiving Party.

16. Agency.

Neither Party is, nor shall be deemed to be, an employee, agent, co-venturer or legal representative of the other Party for any purpose. Neither Party shall be entitled to enter into any contracts in the name of, or on behalf of the other Party, nor shall either Party be entitled to pledge the credit of the other Party in any way or hold itself out as having the authority to do so.

17. Third-Party Beneficiaries.

None of the provisions of this Agreement shall be for the benefit of or enforceable by any thirty party, including, without limitation, any creditor of either Party. No third party shall obtain any right under any provision of this Agreement or shall by reason of any provisions make any claim relating to any debt, liability, and obligation or otherwise against any Party to this Agreement.

18. Entire Agreement.

This Agreement constitutes the entire agreement of the Parties with respect to the Parties' joint operation of the MMU as a public health center receiving funds pursuant to Section 330 of the Public Health Service Act, and supersedes all prior oral and unsigned agreements.

CO-APPLICANT AGREEMENT

IN WITNESS WHEREOF, the Parties have caused this Agreement to be executed by their duly authorized representatives.

ATTEST:
Ken Burke
Clerk of the Circuit Court

By: _____
Deputy Clerk

PINELLAS COUNTY, FLORIDA
Acting by and through its Board of County Commissioners

By: _____
Chairman

Date: 8-18-15

APPROVED AS TO FORM
OFFICE OF COUNTY ATTORNEY

By: _____
Assistant County Attorney

MOBILE MEDICAL UNIT ADVISORY COUNCIL

By: _____
Chairman

Date: 7/2/15

I, KENNETH P. BURKE, Clerk of the Circuit Court and Clerk Ex-Officio, Board of County Commissioners, do hereby certify that the above and foregoing is a true and correct copy of the original as it appears in the official files of the Board of County Commissioners of Pinellas County, Florida. Witness my hand and seal of said County FL this 20th day of August A.D. 20 15
KENNETH P. BURKE, Clerk of the Circuit Court Ex-Officio Clerk of the Board of County Commissioners, Pinellas County, Florida.
By _____
Deputy Clerk

No. 13
BCC 08-18-15
2:00 P.M. TODD/Bartlett

#13 Co-Applicant Agreement between Pinellas County and the Mobile Medical Unit Advisory Council approved as required by the U.S. Department of Health and Human Services, Health Resources Services Administration (HRSA).

In response to query by Commissioner Eggers, Human Services Division Director Clark Scott indicated that the Co-Applicant Agreement adheres to HRSA guidelines for governance of the Mobile Medical Unit as a Federally Qualified Health Center, which provides medical services to homeless citizens.

Motion	-	Commissioner Welch
Second	-	Commissioner Gerard
Vote	-	7 – 0

FY 2018 Health Center Contracts

Agency	Type	Brief Description	Term	Service (Scope)
Florida Department of Health in Pinellas County (DOH)	Contract	Interlocal Agreement with the Florida Department of Health in Pinellas County, for the Pinellas County Health Program and the Health Care for the Homeless Program (HCHP).	Oct 1, 2017 through Sep 30, 2018 - second/final renewal	General Primary Medical Care Screenings Coverage for Emergencies During and After Hours Immuunizations Well Child Services Preventive Dental Case Management Eligibility Assistance Health Education Additional Dental Services Nutrition
Citizens RX, LLC	Contract	Pharmaceutical services for HCHP clients.	Oct 1, 2015 through Sep 30, 2020	Additional Service Beyond Scope
Directions for Living	Sub-contract with DOH	Agreement between DOH and Directions for Living to provide HCHP clients behavioral health assessments, counseling services, and crisist intervention for clients who have a need for assistance for behavioral health and voluntarily agree to accept services in their medical home.	Oct 1, 2017 through Sep 30, 2018	Mental Health Services Psychiatry

FY 2018 Health Center Contracts

Agency	Type	Brief Description	Term	Service (Scope)
Operation PAR	Contract	Contractual agreement to provide Medication Assisted Treatment (MAT) via Substance Abuse Services Expansion (SASE) funding to HCHP clients and Substance Use/Co-Occurring counselling services (via AIMS funding) to HCHP clients.	Mar 1, 2016 through Feb 28, 2017 - original term Mar 1, 2017 through Feb 28, 2018 - amendment 1 (for MAT) Sep 1, 2017 through Feb 28, 2019 (for AIMS)	HCH required Substance Abuse Services
Quest	Sub-contract with DOH	Agreement between the Florida Department of Health and Quest for clinical labratory testing services.	Feb 4, 2016 through Feb 3, 2019	Diagnostic Labratory
Rose Radiology	Sub-contract with DOH	Agreement between the Florida Department of Health and Rose for imaging services.	Jul 1, 2018 through Sep 30, 2018	Diagnostic Radiology
Bayfront	Sub-contract with DOH	Agreement between the Florida Department of Health and Bayfront for specialty gynecological services.	Jul 1, 2018 through Sep 30, 2018	Gynecological Care
Pinellas Suncoast Transit Authority (PSTA)	Contract	Agreement with PSTA to provide transportation assistance to HCHP clients via non-consecutive 10-day bus passes each month for transportation for medical appointments, pharmacy/medication pick up, grocery shopping and other vital services.	Oct 1, 2017 through Sep 30, 2018	Transportation

FY 2018 Health Center Contracts

Agency	Type	Brief Description	Term	Service (Scope)
BayCare Home Care	Contract	Agreement with BayCare Home Care to provide HCHP clients durable medical equipment, home health services, oxygen, outpatient rehabilitation services, wound care, infusion therapy, and orthotics and prosthetics.	Oct 1, 2017 through Sep 30, 2018	Occupational Therapy Physical Therapy
Bay Area Legal Services	MOU	MOU with Bay Area Legal Services to provide space within the Bayside Health Clinic for Bay Area Legal Services to provide clients with legal services.	Oct 27, 2016 through Sep 30, 2019	Additional Enabling/Supportive Services
Various Specialty Service Providers	Sub-contract with DOH	Purchase Order Agreements with various specialty providers for HCHP clients. Podiatry is one of the many specialties.	various	Podiatry

COMMUNITY HEALTH CENTERS OF PINELLAS, INC.

August 24, 2018

The Honorable Kenneth Welch
Chairman, Pinellas County Board of County Commissioners
315 Court Street
Clearwater, Florida 33756

Dear Commissioner Welch:

Please accept this letter of support for Pinellas County's Service Area Competition grant application for the Health Care for the Homeless (HCH) health center program.

Community Health Centers of Pinellas, Inc. (CHCP), an FQHC and fellow HRSA Program grantee, operates eleven (11) health care centers throughout Pinellas County. As a Patient Centered Medical Home, CHCP provides access to quality primary health care to the low-income, uninsured, and underinsured population, regardless of their ability to pay.

The County's HCH program has been serving homeless citizens with primary and specialty care, including behavioral health and substance abuse services, since 2001. In 2017, the County reported serving 2,799 unduplicated patients in the service area.

The program operates the Bayside Clinic and a Mobile Medical Unit (MMU). The Bayside Clinic is located adjacent to Pinellas Safe Harbor, the county's largest emergency shelter, and operates 6 days per week. The MMU travels throughout the county five days a week to meet patients where they are - homeless shelters, soup kitchens and treatment facilities. The mobile van gives the County the flexibility to take medical services directly to the clients who often lack transportation and other means of getting access to care.

The County has worked closely with CHCP and the local homeless providers in the community to promote access to the health care services needed by the homeless population. CHCP fully supports this application to continue providing medical services for the homeless and supports the patient target of 2,979 unduplicated patients by 12/31/2020. We commit to work alongside our colleagues and partners to ensure a seamless system of care for all homeless citizens.

Sincerely,

Elodie Dorso
CEO & President

MISSION: "TO PROVIDE QUALITY HEALTH CARE TO ALL"

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

727.824.8181 • WWW.CHCPINELLAS.ORG

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

St. Petersburg Free Clinic
Food ~ Shelter ~ Health Care

863 3rd Avenue North
St. Petersburg, FL 33701-2703
Phone: (727) 821-1200
Fax: (727) 821-9263
www.StPetersburgFreeClinic.org

September 4, 2018

The Honorable Kenneth Welch
Chairman, Pinellas County Board of County Commissioners
315 Court Street
Clearwater, Florida 33756

Dear Commissioner Welch:

Please accept this letter of support for Pinellas County's Service Area Competition grant application for the Health Care for the Homeless (HCH) health center program.

St. Petersburg Free Clinic is a multi-service, independent, not-for-profit human services agency providing our community neighbors assistance with food, shelter and health care. We have been caring for the underserved facing temporary emergency needs throughout Pinellas County since 1970. The Clinic's programs provide food, transitional housing, and health care to the uninsured and needy. We often coordinate with the County to close the gaps in health care delivery.

The County's HCH program has been serving homeless citizens with primary care, specialty care including behavioral health and substance abuse services, since 2001. In 2017, the County reported serving 2,799 unduplicated patients in the service area.

The program operates the Bayside Clinic and a Mobile Medical Unit (MMU). The Bayside Clinic is located adjacent to Pinellas Safe Harbor, the county's largest emergency shelter, and operates 6 days per week. The MMU travels throughout the county five days a week to meet patients where they are - homeless shelters, soup kitchens and treatment facilities. The mobile van gives the County the flexibility to take medical services directly to the clients who often lack transportation and other means of getting access to care.

The St. Petersburg Free Clinic fully supports this application to continue providing medical services for the homeless and supports the patient target of 2,979 unduplicated patients by 12/31/2020. We commit to work alongside our colleagues and partners to ensure a seamless system of care for all homeless citizens.

Sincerely,

Beth A. Houghton
Executive Director
St. Petersburg Free Clinic

CHANGING LIVES WITH HELP & HOPE

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EXECUTIVE DIRECTOR:
Beth A. Houghton

You can help others by including the Free Clinic in your will.

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

Florida HEALTH

Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

Vision: To be the **Healthiest State** in the Nation

August 23, 2018

The Honorable Kenneth Welch
Chairman, Pinellas County Board of County Commissioners
315 Court Street
Clearwater, Florida 33756

Dear Commissioner Welch:

Please accept this letter of support for Pinellas County's Service Area Competition grant application for the Health Care for the Homeless (HCH) health center program.

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

The County's HCH program has been serving homeless citizens with primary care, specialty care including behavioral health and substance abuse services, since 2001. In 2017, the County reported serving 2,799 unduplicated patients in the service area.

The program operates the Bayside Clinic and a Mobile Medical Unit (MMU). The Bayside Clinic is located adjacent to Pinellas Safe Harbor, the county's largest emergency shelter, and operates 6 days per week. The MMU travels throughout the county five days a week to meet patients where they are - homeless shelters, soup kitchens and treatment facilities. The mobile van gives the County the flexibility to take medical services directly to the clients who often lack transportation and other means of getting access to care.

The County has worked closely with the Florida Department of Health and the local homeless providers in the community to promote access to the health care services needed by the homeless population. The Florida Department of Health fully supports this application to continue providing medical services for the homeless and supports the patient target of 2,979 unduplicated patients by 12/31/2020. We commit to work alongside our colleagues and partners to ensure a seamless system of care for all homeless citizens.

Sincerely,

Ulyee Choe, DO
County Health Department Director

UC/mb

Florida Department of Health
in Pinellas County
205 Dr. Martin Luther King Jr. St. N. • St. Petersburg, FL 33701-3109
PHONE: (727) 824-6900 • FAX (727) 820-4285
FloridaHealth.gov

PHAB Accredited Health Department
Public Health Accreditation Board

Bayfront Health
St. Petersburg

September 12, 2018

The Honorable Kenneth Welch
Chairman, Pinellas County Board of County Commissioners
315 Court Street
Clearwater, Florida 33756

Dear Commissioner Welch:

Please accept this letter of support for Pinellas County's Service Area Competition grant application for the Health Care for the Homeless (HCH) health center program.

Bayfront Health St. Petersburg is a 480-bed teaching hospital in St. Petersburg, Florida. Bayfront is home to more than 550 physicians representing a variety of specialties. In addition to accreditation by The Joint Commission, Bayfront is certified as a Level II trauma center, Level III regional perinatal intensive care center, comprehensive and primary stroke center, heart failure center, Level IV epilepsy center and certified hip and knee replacement center. The County has a formal contract with Bayfront Health to provide the full array of inpatient and outpatient services to clients served by the County's health care programs.

The County's HCH program has been serving homeless citizens with primary care, specialty care including behavioral health and substance abuse services, since 2001. In 2017, the County reported serving 2,799 unduplicated patients in the service area.

The program operates the Bayside Clinic and a Mobile Medical Unit (MMU). The Bayside Clinic is located adjacent to Pinellas Safe Harbor, the county's largest emergency shelter, and operates 6 days per week. The MMU travels throughout the county five days a week to meet patients where they are - homeless shelters, soup kitchens and treatment facilities. The mobile van gives the County the flexibility to take medical services directly to the clients who often lack transportation and other means of getting access to care.

Bayfront Health fully supports this application to continue providing medical services for the homeless and supports the patient target of 2,979 unduplicated patients by 12/31/2020. We commit to work alongside our colleagues and partners to ensure a seamless system of care for all homeless citizens.

Sincerely,

John R. McLain, CEO
Bayfront Health – St. Petersburg

701 Sixth Street South • St. Petersburg, FL 33701
727-823-1234 • Bayfront.com

Catholic Charities
Diocese of St. Petersburg, Inc.

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Executive Director
Mark A. Dufva, M.S.
Jeff Forbes Center
1213 16th Street North
St. Petersburg, FL 33705
Phone: (727) 893-1314 ext. 202

August 23, 2018

The Honorable Kenneth Welch
Chairman, Pinellas County Board of County Commissioners
315 Court Street
Clearwater, Florida 33756

Dear Commissioner Welch:

Please accept this letter of support for Pinellas County's Service Area Competition grant application for the Health Care for the Homeless (HCH) health center program.

Pinellas Hope started out as an emergency shelter for over 250 homeless men and women, located in Clearwater on 20 acres provided by Bishop Robert N. Lynch and the Diocese of St. Petersburg. It opened its doors on December 1, 2007, and in 2009 opened an additional five buildings with 80 permanent supportive apartments (Pinellas Hope II) for the homeless in Pinellas County. In the following years, we added 76 additional units (Phases III – V) and are phasing out temporary tents into more permanent structures by converting used shipping containers into Hope Cottages, which offer a safe environment to homeless individuals, with A/C, heat and electric, as they transition out of homelessness. Pinellas Hope provides much needed services in the form of food, clothing, medical respite, and job and housing placement assistance. Pinellas Hope currently partners with the County serving clients through the Health Care for the Homeless health center program.

The County's HCH program has been serving homeless citizens with primary care, specialty care including behavioral health and substance abuse services, since 2001. In 2017, the County reported serving 2,799 unduplicated patients in the service area.

The program operates the Bayside Clinic and a Mobile Medical Unit (MMU). The Bayside Clinic is located adjacent to Pinellas Safe Harbor, the county's largest emergency shelter, and operates 6 days per week. The MMU travels throughout the county five days a week to meet patients where they are - homeless shelters, soup kitchens and treatment facilities. The mobile van gives the County the flexibility to take medical services directly to the clients who often lack transportation and other means of getting access to care.

The County has worked closely with Pinellas Hope to promote access to the health care services needed by the homeless population. Pinellas Hope fully supports this application to continue providing medical services for the homeless and supports the patient target of 2,979 unduplicated patients by 12/31/2020. We commit to work alongside our colleagues and partners to ensure a seamless system of care for all homeless citizens.

Sincerely,

Mark A. Dufva
Executive Director

Ministries Of Mercy
LIVE UNITED United Way
Supported by the Diocese of St. Petersburg, AHCA, Allegany Franciscan Foundation, Catholic Charities USA, Catholic Relief Services, Central Florida Behavioral Health Network, Children's Board of Hillsborough County, Citrus County, City of Clearwater, City of Largo, City of Pinellas Park, City of Seminole, City of St. Petersburg, City of Tampa, DeBartolo Family Foundation, Florida Housing Finance Corporation, Florida Pregnancy Care Network, Hillsborough County, Hillsborough County Housing Finance Authority, Mid-Florida Homeless Coalition, Office of Refugee Resettlement, Pasco County, Pasco County Homeless Coalition, Pinellas County Department of Health and Human Services, Pinellas Community Foundation, Publix Supermarkets, St. Petersburg Housing Authority, Tampa Metropolitan YMCA, United States Catholic Conference of Bishops, United Way Suncoast, United Way Pasco County, United Way Hernando County, United Way Citrus County, US Department of Agriculture, US Department of HUD, Wells Fargo, Walmart Community Foundation, White Family Foundation, and many generous donors.
Agency Website: www.ccdosp.org - Agency Email: catholic.charities@ccdosp.org
CCA
MEMBER CCUSA

Homeless Leadership Board

The Pinellas County Homeless Leadership Board, Inc.
647 1st Avenue N., 2nd Floor, St. Petersburg, FL 33701
Phone: 727-582-7916
www.pinellashomeless.org

August 22, 2018

The Honorable Kenneth Welch
Chairman, Pinellas County Board of County Commissioners
315 Court Street
Clearwater, Florida 33756

Dear Commissioner Welch:

Please accept this letter of support for Pinellas County's Service Area Competition grant application for the Health Care for the Homeless (HCH) health center program.

The Homeless Leadership Board, as the local Continuum of Care, works on local homelessness issues from a policy perspective, as the planning body charged with addressing the problem of local homelessness. The Board focuses on making the homeless services system more effective and performance–driven in moving individuals and families from homelessness to permanent housing. The structure of the Board is a nonprofit 501 (c)(3) which focuses on homeless families, individuals and unaccompanied youth.

The County's HCH program has been serving homeless citizens with primary care, specialty care including behavioral health and substance abuse services, since 2001. In 2017, the County reported serving 2,799 unduplicated patients in the service area.

The program operates the Bayside Clinic and a Mobile Medical Unit (MMU). The Bayside Clinic is located adjacent to Pinellas Safe Harbor, the county's largest emergency shelter, and operates 6 days per week. The MMU travels throughout the county five days a week to meet patients where they are - homeless shelters, soup kitchens and treatment facilities. The mobile van gives the County the flexibility to take medical services directly to the clients who often lack transportation and other means of getting access to care.

The County has worked closely with the Homeless Leadership Board and the local homeless providers in the community to promote access to the health care services needed by the homeless population. The HLB fully supports this application to continue providing medical services for the homeless and supports the patient target of 2,979 unduplicated patients by 12/31/2020. We commit to work alongside our colleagues and partners to ensure a seamless system of care for all homeless citizens.

Sincerely,

Susan Myers, CEO
Pinellas County Homeless Leadership Board

Funded by State of Florida, Department of Children and Families; Pinellas Board of County Commissioners; HUD; JWB; Cities of Clearwater, Largo, Pinellas Park, St. Petersburg and Tarpon Springs; Pinellas Community Foundation; Children's Services Board; Foundation for a Healthy St. Petersburg and individual contributions.

Personal Enrichment through Mental Health Services
INC.

August 22, 2018

The Honorable Kenneth Welch
Chairman, Pinellas County Board of County Commissioners
315 Court Street
Clearwater, Florida 33756

Dear Commissioner Welch:

Please accept this letter of support for Pinellas County's Service Area Competition grant application for the Health Care for the Homeless (HCH) health center program.

Personal Enrichment through Mental Health Services (PEMHS) has been committed to providing care in crisis since 1981. Our dedicated staff, and comprehensive range of programs are designed to meet the needs of children, adults and families with the goal of building strong communities.

PEMHS is a private, non-profit behavioral health care organization located in Pinellas County, Florida. Programs include a 24-hour suicide hotline, emergency screening and crisis intervention services, inpatient services for adults and children, residential services for children and community based programs.

The County's HCH program has been serving homeless citizens with primary care, specialty care including behavioral health and substance abuse services, since 2001. In 2017, the County reported serving 2,799 unduplicated patients in the service area.

The program operates the Bayside Clinic and a Mobile Medical Unit (MMU). The Bayside Clinic is located adjacent to Pinellas Safe Harbor, the county's largest emergency shelter, and operates 6 days per week. The MMU travels throughout the county five days a week to meet patients where they are - homeless shelters, soup kitchens and treatment facilities. The mobile van gives the County the flexibility to take medical services directly to the clients who often lack transportation and other means of getting access to care.

The County has worked closely with PEMHS to promote access to the health care services needed by the homeless population. PEMHS fully supports this application to continue providing medical services for the homeless and supports the patient target of 2,979 unduplicated patients by 12/31/2020. We commit to work alongside our colleagues and partners to ensure a seamless system of care for all homeless citizens.

Sincerely,

Gerald Wennlund, MA, MBA, CHFP
President & CEO
PEMHS
11254 58th Street North
Pinellas Park, FL 33782
(727) 362-4305
(727) 545-6464 fax

HELPING PEOPLE HELP THEMSELVES

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Barbara Green

PRESIDENT & CEO
Ashley Lowery

August 23, 2018

The Honorable Kenneth Welch
Chairman, Pinellas County Board of County Commissioners
315 Court Street
Clearwater, Florida 33756

Dear Commissioner Welch:

Please accept this letter of support for Pinellas County's Service Area Competition grant application for the Health Care for the Homeless (HCH) health center program.

HEP is a registered 501(c)(3) whose mission has been to provide homeless and low-income families and individuals, including Veterans, with housing, food, clothing, and support services necessary to obtain self-sufficiency and improved quality of life. With community partners, HEP residents have access to a wide range of support services to empower them to break the cycle of homelessness. The County's HCH program has been serving homeless citizens with primary care, specialty care including behavioral health and substance abuse services, since 2001. In 2017, the County reported serving 2,799 unduplicated patients in the service area.

The program operates the Bayside Clinic and a Mobile Medical Unit (MMU). The Bayside Clinic is located adjacent to Pinellas Safe Harbor, the county's largest emergency shelter, and operates 6 days per week. The MMU travels throughout the county five days a week to meet patients where they are - homeless shelters, soup kitchens and treatment facilities. The mobile van gives the County the flexibility to take medical services directly to the clients who often lack transportation and other means of getting access to care.

The County has worked closely with HEP to promote access to the health care services needed by the homeless population. HEP fully supports this application to continue providing medical services for the homeless and supports the patient target of 2,979 unduplicated patients by 12/31/2020. We commit to work alongside our colleagues and partners to ensure a seamless system of care for all homeless citizens.

Sincerely,

Ashley Lowery
President & CEO
Homeless Empowerment Program

HOMELESS EMPOWERMENT PROGRAM
1120 NORTH BETTY LANE - CLEARWATER, FL 33755 - P: 727- 442-9041 - F: 727- 446-1516 - WWW.HEPEMPOWERS.ORG

Operation PAR Inc.
Behavioral Health & Wellness
"Create the Life You Want"

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

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August 23, 2018

The Honorable Kenneth Welch
Chairman, Pinellas County Board of County Commissioners
315 Court Street
Clearwater, Florida 33756

Dear Commissioner Welch:

Please accept this letter of support for Pinellas County's Service Area Competition grant application for the Health Care for the Homeless (HCH) health center program.

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

The County's HCH program has been serving homeless citizens with primary care, specialty care including behavioral health and substance abuse services, since 2001. In 2017, the County reported serving 2,799 unduplicated patients in the service area.

The program operates the Bayside Clinic and a Mobile Medical Unit (MMU). The Bayside Clinic is located adjacent to Pinellas Safe Harbor, the county's largest emergency shelter, and operates 6 days per week. The MMU travels throughout the county five days a week to meet patients where they are - homeless shelters, soup kitchens and treatment facilities. The mobile van gives the County the flexibility to take medical services directly to the clients who often lack transportation and other means of getting access to care.

The County has worked closely with Operation PAR and the local homeless providers in the community to promote access to the health care services needed by the homeless population. Operation PAR fully supports this application to continue providing medical services for the homeless and supports the patient target of 2,979 unduplicated patients by 12/31/2020. We commit to work alongside our colleagues and partners to ensure a seamless system of care for all homeless citizens.

Sincerely,

Dianne L. Clarke

Dianne L. Clarke- CEO
Operation PAR, Inc.

DOING THE MOST GOOD

William Booth, Founder
Brian Peddle, General
Commissioner Willis Howell, Territorial Commander
Lt. Colonel Ken Luyk, Divisional Commander
Lt. Colonels Gary W. and Suzanne H. Haupt, Area Commanders

August 31, 2018

The Honorable Kenneth Welch
Chairman, Pinellas County Board of County Commissioners
315 Court Street
Clearwater, Florida 33756

Dear Commissioner Welch:

Please accept this letter of support for Pinellas County's Service Area Competition grant application for the Health Care for the Homeless (HCH) health center program.

The Salvation Army in Pinellas County provides services to adults and children throughout the County, including emergency shelter, transitional housing, food pantries, rehabilitation and drug treatment, worship services, and case management. It provides these services free of charge to a wide range of individuals and families that would not otherwise have access to assistance. The Salvation Army in Pinellas currently hosts the County's Mobile Medical Unit in two separate sites, one at The Salvation Army One Stop in South County, and the other at The Salvation Army ARC in North County.

The County's HCH program has been serving homeless citizens with primary care, specialty care including behavioral health and substance abuse services, since 2001. In 2017, the County reported serving 2,799 unduplicated patients in the service area.

The program operates the Bayside Clinic and a Mobile Medical Unit (MMU). The Bayside Clinic is located adjacent to Pinellas Safe Harbor, the county's largest emergency shelter, and operates 6 days per week. The MMU travels throughout the county five days a week to meet patients where they are - homeless shelters, soup kitchens and treatment facilities. The mobile van gives the County the flexibility to take medical services directly to the clients who often lack transportation and other means of getting access to care.

The County has worked closely with the Salvation Army to promote access to the health care services needed by the homeless population. The Salvation Army fully supports this application to continue providing medical services for the homeless and supports the patient target of 2,979 unduplicated patients by 12/31/2020. We commit to work alongside our colleagues and partners to ensure a seamless system of care for all homeless citizens.

Sincerely,

Gary W. Haupt, Lt. Colonel
Area Commander

St. Petersburg Area Command
340 14th Avenue South – St. Petersburg, Florida 33701
727-550-8080
www.salvationarmystpetersburg.org

St. Vincent de Paul CARES
384 15th St. North · St. Petersburg, FL 33705-2016
Ph. (727) 823-2516 · Fax (727) 821-6244

August 22, 2018

The Honorable Kenneth Welch, Chairman
Pinellas County Board of County Commissioners
315 Court Street
Clearwater, FL 33756

Dear Commissioner Welch:

Please accept this letter of support for Pinellas County's Service Area Competition grant application for the Health Care for the Homeless (HCH) health center program.

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

The County's HCH program has been serving homeless citizens with primary care, specialty care including behavioral health and substance abuse services, since 2001. In 2017, the County reported serving 2,799 unduplicated patients in the service area.

The program operates the Bayside Clinic and a Mobile Medical Unit (MMU). The Bayside Clinic is located adjacent to Pinellas Safe Harbor, the county's largest emergency shelter, and operates 6 days per week. The MMU travels throughout the county five days a week to meet patients where they are - homeless shelters, soup kitchens and treatment facilities. The mobile van gives the County the flexibility to take medical services directly to the clients who often lack transportation and other means of getting access to care.

The County has worked closely with St. Vincent de Paul and the local homeless providers in the community to promote access to the health care services needed by the homeless population. St. Vincent de Paul fully supports this application to continue providing medical services for the homeless and supports the patient target of 2,979 unduplicated patients by 12/31/2020. We commit to work alongside our colleagues and partners to ensure a seamless system of care for all homeless citizens.

Sincerely,

Michael J Raposa

Michael J. Raposa
Chief Executive Officer

Pinellas County Urban League, Inc.

Building for Equal Opportunity

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333 – 31st Street North
St. Petersburg, FL 33713

Phone: (727) 327-2081
Fax: (727) 321-8349

Website: www.pcul.org
E-Mail: info@pcul.org

August 31, 2018

The Honorable Kenneth Welch
Chairman, Pinellas County Board of County Commissioners
315 Court Street
Clearwater, Florida 33756

Dear Commissioner Welch:

Please accept this letter of support for Pinellas County's Service Area Competition grant application for the Health Care for the Homeless (HCH) health center program.

The National Urban League has a strategic approach to eliminating health disparities in the African American community by introducing new awareness and prevention programs, expanding existing outreach initiatives, and connecting clients to high quality care. As a certified local affiliate, the Pinellas County Urban League and its partners are on a mission to improve access to and knowledge of quality health care within medically underserved communities of the County.

The County's HCH program has been serving homeless citizens with primary care, specialty care including behavioral health and substance abuse services, since 2001. In 2017, the County reported serving 2,799 unduplicated patients in the service area. The program operates the Bayside Clinic and a Mobile Medical Unit (MMU). The Bayside Clinic is located adjacent to Pinellas Safe Harbor, the county's largest emergency shelter, and operates 6 days per week. The MMU travels throughout the county five days a week to meet patients where they are - homeless shelters, soup kitchens and treatment facilities. The mobile van gives the County the flexibility to take medical services directly to the clients who often lack transportation and other means of getting access to care.

The Pinellas County Urban League fully supports this application to continue providing medical services for the homeless and supports the patient target of 2,979 unduplicated patients by 12/31/2020. We commit to work alongside our colleagues and partners to ensure a seamless system of care for all homeless citizens.

Sincerely,

Rev. Watson L. Haynes, II
President & CEO
Pinellas County Urban League

SUPPORTED BY:

LIVE UNITED United Way United Way Suncoast

DEO FLORIDA DEPARTMENT of ECONOMIC OPPORTUNITY

AFFILIATED WITH THE NATIONAL URBAN LEAGUE, INC.

IV. SLIDING FEE DISCOUNT PROGRAM

(Approved by the HCH Co-Applicant Board on September 19, 2017; SFDS Updated February 2018)

The following policies and procedures will be applied uniformly to ALL patients who qualify for services. The SFDP policy will be evaluated every three years.

ELIGIBILITY FOR SFDP

When a client submits an application for enrollment (Appendix A), he/she will be financially screened based on family size and income only to determine eligibility for the Sliding Fee Discount Program. This process will determine the extent of his/her financial responsibility. Self-declaration of their financial status will be acceptable. The final determination from the financial screening process will be documented in the client's file and renewed annually upon recertification of enrollment.

Definitions: Discounts will be based on income and family size only and as defined below:

- **Family** is defined as: a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered members of one family.
- **Income** is defined as**:** monetary payment received for any reason. There are two types of income: Earned Income and Unearned Income. (see page 12, for a detailed definition of income)

Notification: HCHP will notify clients of the availability of the SFDP as follows:

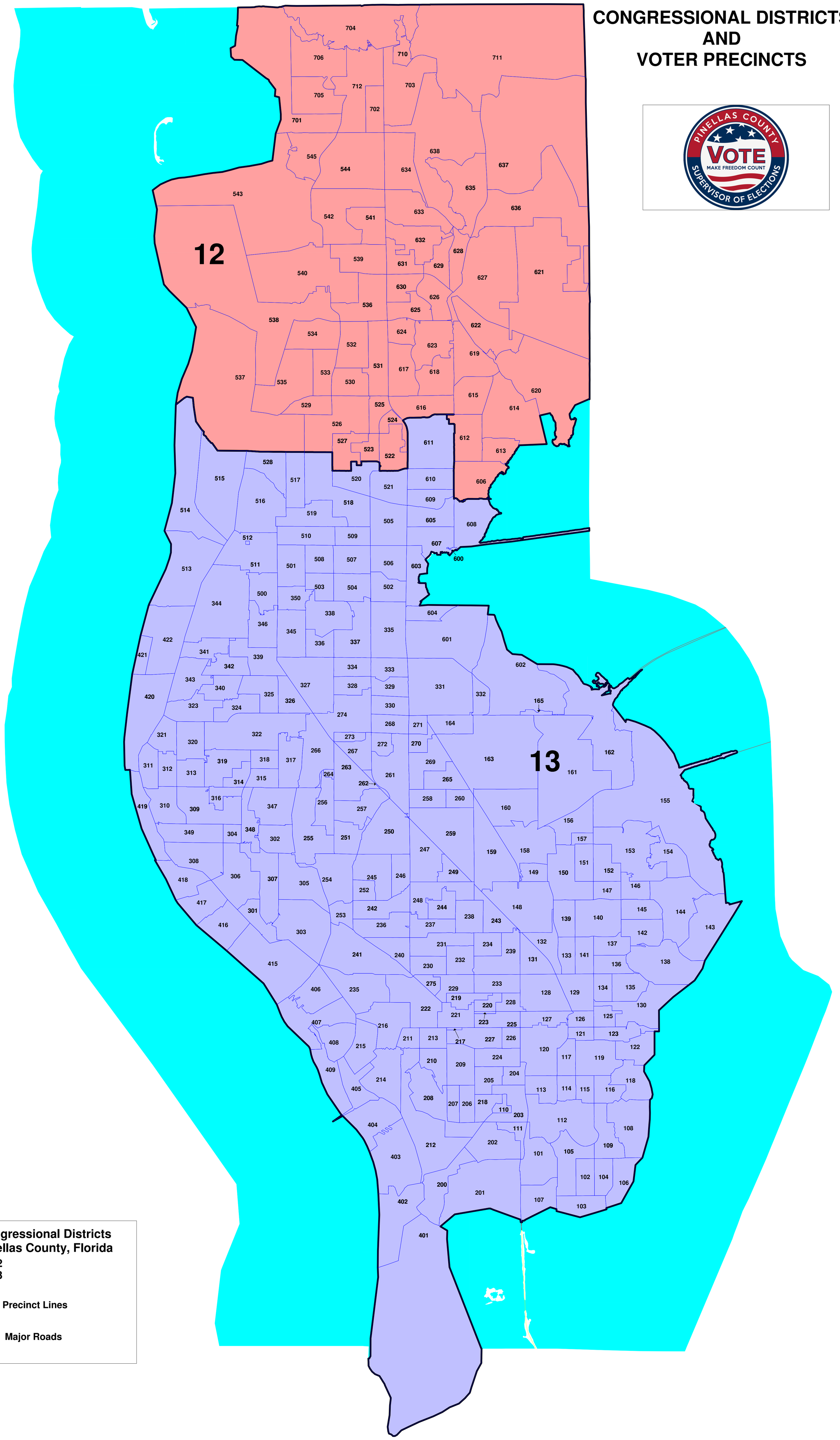
- Verbally, upon enrollment during the application/intake process by HCHP staff
- The Pinellas County HCHP website and promotional materials
- Signage (in both English and Spanish) in the lobby/waiting area of the HCH Sites

SLIDING FEE DISCOUNT SCHEDULE

The following figures are the 2018 HHS poverty guidelines which were published in the Federal Register on January 18, 2018 and are reviewed and approved annually by the HCH Co-Applicant Board. Persons below 100% of the Federal Poverty Level will pay no fee. Persons with family incomes between 101 and 200 percent of the Federal Office of Management and Budget poverty guidelines shall be charged a fee on a sliding scale based on family size and income using the following increments: **The poverty guidelines are updated annually in accordance with HHS regulations.**

Family Size	0%	100%	100%	125%	125%	150%	150%	175%	175%	200%	200%+
1	$0	$12,140	$12,141	$15,175	$15,176	$18,210	$18,211	$21,245	$21,246	$24,280	$24,281
2	$0	$16,460	$16,461	$20,575	$20,576	$24,690	$24,691	$28,805	$28,806	$32,920	$32,921
3	$0	$20,780	$20,781	$25,975	$25,976	$31,170	$31,171	$36,365	$36,366	$41,560	$41,561
4	$0	$25,100	$25,101	$31,375	$31,376	$37,650	$37,651	$43,925	$43,926	$50,200	$50,201
5	$0	$29,420	$29,421	$36,775	$36,776	$44,130	$44,131	$51,485	$51,486	$58,840	$58,841
6	$0	$33,740	$33,741	$42,175	$42,176	$50,610	$50,611	$59,045	$59,046	$67,480	$67,481
7	$0	$38,060	$38,061	$47,575	$47,576	$57,090	$57,091	$66,605	$66,606	$76,120	$76,121
8	$0	$42,380	$42,381	$52,975	$52,976	$63,570	$63,571	$74,165	$74,166	$84,760	$84,761
Fee Paid	No Fee		20% of Full Fee		40% of Full Fee		60% of Full Fee		80% of Full Fee		100% of Full Fee

CONGRESSIONAL DISTRICTS AND VOTER PRECINCTS



Created By: IT Dept, Pinellas County Supervisor of Elections 2016

Form 1A - General Information Worksheet

00158549: PINELLAS, COUNTY OF

Due Date: 09/18/2018 (Due In: 1 Days)

Announcement Number: HRSA-19-013 **Announcement Name:** Service Area Competition **Application Type:** Competing Continuation

Grant Number: H80CS00024 **Target Population:** Health Care for the Homeless **Target Audience:** Not Available

Resources

As of 09/17/2018 04:26:14 PM

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

1. Applicant Information

Applicant Name	PINELLAS, COUNTY OF
Fiscal Year End Date	February 28/29
Application Type	Competing Continuation
Grant Number	H80CS00024
Business Entity	[_] Tribal [_] Urban Indian [_] Private, non-profit (non-Tribal or Urban Indian) [X] Public (non-Tribal or Urban Indian)
Organization Type (Select all that apply)	[_] Faith based [_] Hospital [_] State government [X] City/County/Local Government or Municipality [_] University [_] Community based organization [_] Other If 'Other' please specify:

2. Proposed Service Area

2a. Service Area Designation

Select MUA/MUP

(Each ID must be an integer that is at least 5 but not greater than 12 digits. Use commas to separate multiple IDs, without spaces)

Find an MUA/MUP

[_] Medically Underserved Area (MUA) ID #

[X] Medically Underserved Population (MUP) ID # 05047, 07122, 07400, 07404, 07407

[_] Medically Underserved Area Application Pending ID #

[_] Medically Underserved Population Application Pending ID #

2b. Service Area Type

Choose Service Area Type	[X] Urban [_] Rural [_] Sparsely Populated - Specify population density by providing the number of people per square mile: 0.00

2c. Patients and Visits

Unduplicated Patients and Visits by Population Type

How many unduplicated patients are projected to be served by December 31, 2020? 2979

Population Type	UDS / Baseline Value		Projected by December 31, 2020 (January 1 - December 31, 2020)	
	Patients	Visits	Patients	Visits
Total	2799	24359	2979	25175
General Underserved Community (Include all patients/visits not reported in the rows below)	33	287	0	0
Migratory and Seasonal Agricultural Workers and Families	1	9	0	0
Public Housing Residents	0	0	0	0
People Experiencing Homelessness	2765	24063	2979	25175

Patients and Visits by Service Type

Service Type	UDS / Baseline Value		Projected by December 31, 2020 (January 1 - December 31, 2020)	
	Patients	Visits	Patients	Visits
Total Medical Services	2799	8494	2979	8706
Total Dental Services	784	2774	893	2987
Behavioral Health Services				
Total Mental Health Services	1077	3892	1146	2996
Total Substance Use Disorder Services	123	1800	131	1152
Total Enabling Services	2700	7317	2944	8143

Form 1C - Documents On File

00158549: PINELLAS, COUNTY OF

Due Date: 09/18/2018 (Due In: 1 Days)

Announcement Number: HRSA-19-013 **Announcement Name:** Service Area Competition **Application Type:** Competing Continuation

Grant Number: H80CS00024 **Target Population:** Health Care for the Homeless **Target Audience:** Not Available

Resources

As of 09/17/2018 04:26:18 PM

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

Clinical Staffing	Date of Latest Review/Revision (Maximum 100 characters)
Procedures for Review of Credentials (element c)	9/4/2018
Procedures for Review of Privileges (element d)	9/4/2018

Coverage for Medical Emergencies During and After Hours	Date of Latest Review/Revision (Maximum 100 characters)
Procedures for Responding to Emergencies During Hours of Operation (element b)	9/4/2018
Procedures or Arrangements for After-Hours Coverage (element c)	06/06/2017

Continuity of Care and Hospital Admitting	Date of Latest Review/Revision (Maximum 100 characters)
Procedures for Hospitalized Patients (element b)	9/4/2018

Sliding Fee Discount Program	Date of Latest Review/Revision (Maximum 100 characters)
Sliding Fee Discount Policies (element b)	02/13/2018
Procedures for Assessing Income and Family Size (element f)	09/12/2017

Quality Improvement/Assurance	Date of Latest Review/Revision (Maximum 100 characters)
QI/QA Program Policies (element a)	06/06/2017
QI/QA Procedures or Processes (element c)	06/06/2017
Systems for Protecting Confidentiality of Patient Information (element f)	06/06/2017

Contracts and Subawards	Date of Latest Review/Revision (Maximum 100 characters)
Procurement Procedures (element a)	08/15/2014

Conflict of Interest	Date of Latest Review/Revision (Maximum 100 characters)
Standards of Conduct (element a)	09/19/2017

Financial Management and Accounting Systems	Date of Latest Review/Revision (Maximum 100 characters)
Financial Management and Internal Control Systems (element a)	06/29/2018
Procedures for Drawdown, Disbursement, and Expenditure (element c)	01/17/2018

Billing and Collections	Date of Latest Review/Revision (Maximum 100 characters)
Billing and Collections Systems and Procedures (element d)	09/19/2017
Policies for Waiving or Reducing Fees (element h)	09/19/2017

Form 4 - Community Characteristics

00158549: PINELLAS, COUNTY OF **Due Date: 09/18/2018 (Due In: 1 Days)**

Announcement Number: HRSA-19-013 **Announcement Name:** Service Area Competition **Application Type:** Competing Continuation
Grant Number: H80CS00024 **Target Population:** Health Care for the Homeless **Target Audience:** Not Available

Resources

As of 09/17/2018 04:26:24 PM
OMB Number: 0915-0285 **OMB Expiration Date:** 1/31/2020

Race and Ethnicity	Service Area Number	Service Area Percentage	Target Population Number	Target Population Percentage
Asian	30112	3.2%	14	0.47%
Native Hawaiian	171	0.02%	1	0.03%
Other Pacific Islanders	597	0.06%	11	0.37%
Black/African American	96224	10.24%	599	20.11%
American Indian/Alaska Native	2780	0.3%	29	0.97%
White	774949	82.48%	2191	73.55%
More than One Race	24504	2.61%	87	2.92%
Unreported/Declined to Report (if applicable)	10211	1.09%	47	1.58%
Total	939548	100%	2979	100%

Hispanic or Latino Ethnicity	Service Area Number	Service Area Percentage	Target Population Number	Target Population Percentage
Hispanic or Latino	83145	8.85%	181	6.08%
Non-Hispanic or Latino	856403	91.15%	2798	93.92%
Unreported/Declined to Report (if applicable)	0	0%	0	0%
Total	939548	100%	2979	100%

Income as a Percent of Poverty Level	Service Area Number	Service Area Percentage	Target Population Number	Target Population Percentage
Below 100%	175850	18.72%	2881	96.71%
100-199%	137926	14.68%	89	2.99%
200% and Above	625772	66.6%	9	0.3%
Total	939548	100%	2979	100%

Principal Third Party Payment Source	Service Area Number	Service Area Percentage	Target Population Number	Target Population Percentage
Medicaid	99592	10.6%	116	3.89%
Medicare	88318	9.4%	20	0.67%
Other Public Insurance	6577	0.7%	0	0%
Private Insurance	615404	65.5%	0	0%
None/Uninsured	129657	13.8%	2843	95.43%
Total	939548	100%	2979	100%

Special Populations and Select Population Characteristics	Service Area Number	Service Area Percentage	Target Population Number	Target Population Percentage
Migratory/Seasonal Agricultural Workers and Families	78	0.01%	0	0%
People Experiencing Homelessness	6216	0.66%	2943	98.79%

Residents of Public Housing	2596	0.28%	0	0%
School Age Children	134649	14.33%	0	0%
Veterans	88359	9.4%	17	0.57%
Lesbian, Gay, Bisexual and Transgender	39461	4.2%	78	2.62%
HIV/AIDS-Infected Persons	45220	4.81%	24	0.81%
Individuals Best Served in a Language Other Than English	23489	2.5%	22	0.74%
Other	0	0%	0	0%

Form 2 - Staffing Profile

00158549: PINELLAS, COUNTY OF **Due Date: 09/18/2018 (Due In: 1 Days)**

Announcement Number: HRSA-19-013 **Announcement Name:** Service Area Competition **Application Type:** Competing Continuation
Grant Number: H80CS00024 **Target Population:** Health Care for the Homeless **Target Audience:** Not Available

Resources

As of 09/17/2018 04:26:28 PM
OMB Number: 0915-0285 **OMB Expiration Date:** 1/31/2020

Key Management Staff/Administration

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Project Director/Chief Executive Officer (CEO)	0.20	NO
Finance Director/Chief Financial Officer (CFO)	0.00	NO
Chief Operating Officer (COO)	0.00	NO
Chief Information Officer (CIO)	0.00	NO
Clinical Director/Chief Medical Officer (CMO)	0.00	YES
Administrative Support Staff	0.00	NO

Facility and Non-Clinical Support

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Fiscal and Billing Staff	0.00	NO
IT Staff	0.00	NO
Facility Staff	0.00	YES
Patient Support Staff	0.00	YES

Physicians

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Family Physicians	0.00	NO
General Practitioners	0.00	YES
Internists	0.00	NO
Obstetricians/Gynecologists	0.00	NO
Pediatricians	0.00	NO
Other Specialty Physicians	0.00	NO

Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Nurse Practitioners	0.00	YES
Physician Assistants	0.00	YES
Certified Nurse Midwives	0.00	NO

Medical

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Nurses	0.00	YES
Other Medical Personnel (e.g. Medical Assistants, Nurse Aides)	0.00	YES
Laboratory Personnel	0.00	NO
X-Ray Personnel	0.00	NO

Dental

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Dentists	0.00	NO
Dental Hygienists	0.00	NO
Dental Therapists	0.00	NO
Other Dental Personnel	0.00	NO

Behavioral Health (Mental Health and Substance Use Disorder)

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Psychiatrists	0.00	NO
Licensed Clinical Psychologists	0.00	NO
Licensed Clinical Social Workers	0.00	NO
Other Licensed Mental Health Providers	0.00	NO
Other Mental Health Staff	0.00	NO
Substance Use Disorder Providers	0.00	YES

Professional Services

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Other Professional Health Services Staff	0.00	NO

Vision Services

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Ophthalmologists	0.00	NO
Optometrists	0.00	NO
Other Vision Care Staff	0.00	NO

Pharmacy Personnel

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Pharmacy Personnel	0.00	NO

Enabling Services

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

Other Programs and Services

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Quality Improvement Staff	0.00	YES
Other Programs and Services Staff	0.00	NO

Total FTEs

Totals	Direct Hire FTEs	Contract/Agreement FTEs
Totals	0.2	N/A

Form 3 - Income Analysis

00158549: PINELLAS, COUNTY OF **Due Date: 09/18/2018 (Due In: 1 Days)**

Announcement Number: HRSA-19-013 **Announcement Name:** Service Area Competition **Application Type:** Competing Continuation

Grant Number: H80CS00024 **Target Population:** Health Care for the Homeless **Target Audience:** Not Available

Resources

As of 09/17/2018 04:26:33 PM

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

Payer Category	Patients By Primary Medical Insurance (a)	Billable Visits (b)	Income Per Visit (c)	Projected Income (d)	Prior FY Income (e)
Part 1: Patient Service Revenue - Program Income					
1. Medicaid	109.00	190.00	$125.00	$1,700.00	$1,700.00
2. Medicare	0.00	0.00	$0.00	$0.00	$0.00
3. Other Public	0.00	0.00	$0.00	$0.00	$0.00
4. Private	0.00	0.00	$0.00	$0.00	$0.00
5. Self Pay	2870.00	8494.00	$0.00	$0.00	$0.00
6. Total (Lines 1 - 5)	2979	8684	N/A	$1,700.00	$1,700.00
Part 2: Other Income - Other Federal, State, Local and Other Income					
7. Other Federal	N/A	N/A	N/A	$0.00	$0.00
8. State Government	N/A	N/A	N/A	$0.00	$443,185.00
9. Local Government	N/A	N/A	N/A	$2,220,604.00	$3,491,170.00
10. Private Grants/Contracts	N/A	N/A	N/A	$0.00	$37,735.00
11. Contributions	N/A	N/A	N/A	$0.00	$0.00
12. Other	N/A	N/A	N/A	$0.00	$0.00
13. Applicant (Retained Earnings)	N/A	N/A	N/A	$0.00	$0.00
14. Total Other (Lines 7- 13)	N/A	N/A	N/A	$2,220,604.00	$3,972,090.00
Total Non-Federal (Non-Health Center Program) Income (Program Income Plus Other)					
15. Total Non-Federal Income (Lines 6+ 14)	N/A	N/A	N/A	$2,222,304.00	$3,973,790.00

Comments/Explanatory Notes (if applicable)

Pinellas County is only able to collect income from clients who have not subscribed to an Medicaid Managed Care/HMO to provide their Medicaid services. The County is attemptin g to contract with the state managed HMO insurers; but the volume doesn't warrant the administrative burden incurred for collections received.

Form 5A - Required Services Provided

00158549: PINELLAS, COUNTY OF **Due Date: 09/18/2018 (Due In: 1 Days)**

Announcement Number: HRSA-19-013 **Announcement Name:** Service Area Competition **Application Type:** Competing Continuation

Grant Number: H80CS00024 **Target Population:** Health Care for the Homeless **Target Audience:** Not Available

Resources

As of 09/17/2018 04:26:38 PM

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

Form 5A - Required Services

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

Form 5A - Additional Services Provided

00158549: PINELLAS, COUNTY OF **Due Date: 09/18/2018 (Due In: 1 Days)**

Announcement Number: HRSA-19-013 **Announcement Name:** Service Area Competition **Application Type:** Competing Continuation

Grant Number: H80CS00024 **Target Population:** Health Care for the Homeless **Target Audience:** Not Available

Resources

As of 09/17/2018 04:26:42 PM

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

Form 5A - Additional Services

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

Form 5A - Specialty Services Provided

00158549: PINELLAS, COUNTY OF **Due Date: 09/18/2018 (Due In: 1 Days)**

Announcement Number: HRSA-19-013 **Announcement Name:** Service Area Competition **Application Type:** Competing Continuation

Grant Number: H80CS00024 **Target Population:** Health Care for the Homeless **Target Audience:** Not Available

Resources

As of 09/17/2018 04:26:47 PM

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

Form 5A - Specialty Services

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

Form 5B - Service Sites

00158549: PINELLAS, COUNTY OF

Due Date: 09/18/2018 (Due In: 1 Days)

Announcement Number: HRSA-19-013 **Announcement Name:** Service Area Competition **Application Type:** Competing Continuation

Grant Number: H80CS00024 **Target Population:** Health Care for the Homeless **Target Audience:** Not Available

Resources

As of 09/17/2018 04:26:52 PM

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

Bayside Health Clinic (BPS-H80-018057) — **Action Status: Picked from Scope**

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

Organization Information

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

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

MOBILE MEDICAL UNIT (BPS-H80-000672) — **Action Status: Picked from Scope**

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

Organization Information

No Organization Added

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

Pinellas County BCC Homeless Program (BPS-H80-014512) **Action Status: Picked from Scope**

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

Organization Information

No Organization Added

Service Area Zip Codes	

Form 5C - Other Activities/Locations

00158549: PINELLAS, COUNTY OF

Due Date: 09/18/2018 (Due In: 1 Days)

Announcement Number: HRSA-19-013
Announcement Name: Service Area Competition
Application Type: Competing Continuation
Grant Number: H80CS00024
Target Population: Health Care for the Homeless
Target Audience: Not Available

Resources

As of 09/17/2018 04:27:01 PM
OMB Number: 0915-0285 **OMB Expiration Date:** 1/31/2020

Activity/Location Information

No other activities/locations added.

Form 6A - Current Board Member Characteristics

00158549: PINELLAS, COUNTY OF **Due Date: 09/18/2018 (Due In: 1 Days)**

Announcement Number: HRSA-19-013 **Announcement Name:** Service Area Competition **Application Type:** Competing Continuation
Grant Number: H80CS00024 **Target Population:** Health Care for the Homeless **Target Audience:** Not Available

Resources

As of 09/17/2018 04:27:06 PM
OMB Number: 0915-0285 **OMB Expiration Date:** 1/31/2020

List of All Board Member(s)

Name	Current Board Office Position Held	Area of Expertise	10% of income from health industry	Health Center Patient	Live or Work in Service Area	Special Population Representative
Jennifer Post		Health Care Business	No	No	Live, Work	Yes (HCH)
Theresa White		Health Care Homeless Shelter	No	No	Live, Work	Yes (HCH)
Gerald Wennlund		Behavioral Health	No	No	Live, Work	Yes (HCH)
Zachary Haisch		Law Enforcement	No	No	Live, Work	Yes (HCH)
Richard Peete	Chairman	Homeless Advocate	No	Yes	Live, Work	Yes (HCH)
Valerie Leonard	Vice-Chair	Homeless Advocate	No	Yes	Live, Work	Yes (HCH)
Helen Rhymes		Government	No	No	Live, Work	Yes (HCH)
Sheila Lopez		Homeless Shelter	No	No	Live, Work	Yes (HCH)
Sandra Grosvenor		Health Care	No	No	Live, Work	Yes (HCH)
Dianne Clarke	Secretary	Substance Abuse	No	No	Live, Work	Yes (HCH)
Danielle Husband		Homeless Shelter	No	No	Live, Work	Yes (HCH)

Patient Board Member(s) Classification

Gender	Number of Patient Board Members
Male	1
Female	1
Unreported/Refused to Report	0
Ethnicity	**Number of Patient Board Members**
Hispanic or Latino	0
Non-Hispanic or Latino	2
Unreported/Declined to Report	0
Race	**Number of Patient Board Members**
Native Hawaiian	0
Other Pacific Islanders	0
Asian	0
Black/African American	0
American Indian/Alaska Native	0
White	2

More Than One Race	0
Unreported/Declined to Report	0

If you are a public organization/center, do the board members listed above represent a co-applicant board?

◉ Yes ○ No ○ N/A

Form 6B - Request for Waiver of Board Member Requirements

00158549: PINELLAS, COUNTY OF **Due Date: 09/18/2018 (Due In: 1 Days)**

Announcement Number: HRSA-19-013 **Announcement Name:** Service Area Competition **Application Type:** Competing Continuation
Grant Number: H80CS00024 **Target Population:** Health Care for the Homeless **Target Audience:** Not Available

Resources

As of 09/17/2018 04:27:11 PM
OMB Number: 0915-0285 **OMB Expiration Date:** 1/31/2020

Request for Waiver	
Name of Organization	PINELLAS, COUNTY OF
1. New Waiver Request	
Are you requesting a new waiver of the 51% patient majority governance requirement?	[ ] Yes [X] No
2. For Applicants With Previous Waiver	
2a. Do you currently have a waiver of the 51% patient majority governance requirement?	[X] Yes [ ] No
2b. Are you requesting the patient majority waiver to be continued? (This question is required if you answered Yes to question 2a.)	[X] Yes [ ] No (Governing Board is in Full Compliance) [ ] Not Applicable
3. Demonstration of Good Cause for Waiver (demonstrate good cause for the waiver request by addressing the following areas)	
3a. Provide a description of the population to be served and the characteristics of the population/service area that would necessitate a waiver. (This question is required if you answered Yes to question 1 and/or question 2b.)	According to the 2018 PIT Count, there were 2,612 homeless adults residing in Pinellas County (HUD-reported data). Additional street surveyed homeless and individuals in jail increases to the total to 3,450. Twenty (20%) percent of HUD reported individuals have a Serious Mental Illness or Substance Use Disorder. With no Medicaid expansion in Florida, many uninsured, low-income adults remain without health insurance. Under Florida's Medicaid system, coverage is only for pregnant women, children, parents or caretaker relatives of children with income within certain limits, aged or disabled individuals not receiving SSI and former foster care individuals. These eligibility requirements leave many homeless individuals without health care coverage. Pinellas County also has six (6) HHS designated Health Professional Shortage Areas (HPSA).The Medically Underserved Populations (MUP) mirror those that have a shortage of health care professionals, however they represent smaller geographic areas.
3b. Provide a description of the health center's attempts to meet the requirement to date and explain why these attempts have not been successful. (This question is required if you answered Yes to question 1 and/or question 2b.)	Members of the HCH Co-Applicant Board and staff continually recruit consumers to participate in the Board. Since 2017 nine (9) Consumers had initially expressed interest and came to at least one meeting; however, many of these individuals could not make the commitment to a monthly meeting due to their personal issues of homelessness, individuals who got a job, and individuals who moved out of the area. One (1) of the nine (9) has remained a board member.Staff members provide copies of the board brochure/flyer to patients; staff and board members present to eligible clients at homeless shelter intake meetings and site announcements; and regularly encourage patients to consider participation.
4. Alternative Mechanism Plan for Addressing Patient Representation	
Present a plan for complying with the intent of the statute via an alternative mechanism that ensures patient input and participation in the organization, as well as direction and ongoing governance of the health center. (This question is required if you answered Yes to question 1 and/or question 2b.)	PC maintains a Board Approved Recruitment Plan with strategies to recruit and cultivate board participation and engagement. Strategies include 1) Peer to Peer recruitment by existing Board members; 2) Stakeholder Recruitment to leaders in the community with expertise in working with the homeless; 3) Marketing tools to educate and encourage participation including, a flyer distributed in clinics, homeless shelters and other areas where the target population gathers; distribution to individuals during survey interviews, focus groups, satisfaction surveys; a Monthly email Newsletter; a Website with meeting agenda's, minutes, and application; and promotion of the Board during community presentations by PC HS Staff. The health center also seeks on-going consumer feedback and participation through satisfaction surveys, focus groups once every 3 years, and in-depth surveys of patients every other year. The health center conducts a stakeholder survey annually as part of its Needs Assessment.

Form 8 - Health Center Agreements

00158549: PINELLAS, COUNTY OF **Due Date: 09/18/2018 (Due In: 1 Days)**

Announcement Number: HRSA-19-013 **Announcement Name:** Service Area Competition **Application Type:** Competing Continuation
Grant Number: H80CS00024 **Target Population:** Health Care for the Homeless **Target Audience:** Not Available

Resources

As of 09/17/2018 04:27:15 PM
OMB Number: 0915-0285 **OMB Expiration Date:** 1/31/2020

PART I: Health Center Agreements

1. Does your organization have a parent, affiliate, or subsidiary organization?	[ ] Yes [X] No
2. Do you have, or propose to make as part of this application, any subawards to subrecipients and/or will you contract with another organization to carry out a substantial portion of the proposed scope of project? Contracts for a substantial portion of the award include contracting for the majority of core primary care services. **Note(s):** • **Subawards or contracts made to related organizations such as a parent, affiliate, or subsidiary must also be addressed in this form.** • **This form excludes contracts for the acquisition of supplies, material, equipment, or general support services (e.g., janitorial services, contracts with individual providers).** If **Yes**, indicate the number of each agreement by type in 2a and/or 2b below and complete Part II. If **No, Part II is Not Applicable.**	[X] Yes [ ] No
2a. Number of contracts for a substantial portion of the proposed scope of project for the majority of core primary care services.	1
2b. Number of subrecipients that will carry out a substantial portion of the proposed scope of project via a subaward.	0
2c. **Total** number of contracts and/or subawards for a substantial portion of the proposed scope of project.	**1**

Part II: Attachments

All affiliations/contracts/subawards referenced in Part I must be uploaded in full. Uploaded documents will NOT count against the page limit

Organization Name	Florida Department of Health Pinellas
Type of Agreement	Contract

Attachments

Document Name	Size	Date Attached	Description
PC and DOH Contract renewals and amendments through Sep 30 2018.pdf	7 MB	08/30/2018	Agreement between Pinellas County and the Florida Department of Health Pinellas for Health Care... (+ View More)

Form 10 - Emergency Preparedness Report

00158549: PINELLAS, COUNTY OF **Due Date: 09/18/2018 (Due In: 1 Days)**

Announcement Number: HRSA-19-013 **Announcement Name:** Service Area Competition **Application Type:** Competing Continuation
Grant Number: H80CS00024 **Target Population:** Health Care for the Homeless **Target Audience:** Not Available

Resources

As of 09/17/2018 04:27:22 PM
OMB Number: 0915-0285 **OMB Expiration Date:** 1/31/2020

Section I : Emergency Preparedness and Management (EPM) Plan	
1. Has your organization conducted a thorough Hazards Vulnerability Assessment? **If Yes, date completed: 04/15/2017**	[X] Yes [ ] No
2. Does your organization have an approved EPM plan? **If Yes, date that the most recent EPM plan was approved by your Board: 04/15/2017** **If No, skip to Readiness section below.**	[X] Yes [ ] No
3. Does the EPM plan specifically address the four disaster phases? This question is mandatory if you answered Yes to Question 2.	
3a. Mitigation	[X] Yes [ ] No
3b. Preparedness	[X] Yes [ ] No
3c. Response	[X] Yes [ ] No
3d. Recovery	[X] Yes [ ] No
4. Is your EPM plan integrated into your local/regional emergency plan? This question is mandatory if you answered Yes to Question 2.	[X] Yes [ ] No
5. If No, has your organization attempted to participate with local/regional emergency planners? This question is mandatory if you answered Yes to Question 2 and No to Question 4.	[X] Yes [ ] No
6. Does the EPM plan address your capacity to render mass immunization/prophylaxis? This question is mandatory if you answered Yes to Question 2.	[X] Yes [ ] No
Section II : Readiness	
1. Does your organization include alternatives for providing primary care to the current patient population if you are unable to do so during emergency?	[X] Yes [ ] No
2. Does your organization conduct annual planned drills?	[X] Yes [ ] No
3. Does your organization's staff receive periodic training on disaster preparedness?	[X] Yes [ ] No
4. Will your organization be required to deploy staff to Non-Health Center sites/locations according to the emergency preparedness plan for local community?	[X] Yes [ ] No
5. Does your organization have arrangements with Federal, State and/or local agencies for the reporting of data?	[X] Yes [ ] No
6. Does your organization have a back-up communication system?	
6a. Internal	[X] Yes [ ] No
6b. External	[X] Yes [ ] No
7. Does your organization coordinate with other systems of care to provide an integrated emergency response?	[X] Yes [ ] No
8. Has your organization been designated to serve as a point of distribution for providing antibiotics, vaccines and medical supplies?	[X] Yes [ ] No
9. Has your organization implemented measures to prevent financial/revenue and facilities loss due to an emergency? (e.g. Insurance coverage for short-term closure)	[X] Yes [ ] No
10. Does your organization have an off-site back up of your information technology system?	[X] Yes [ ] No
11. Does your organization have a designated EPM coordinator?	[X] Yes [ ] No

Form 12 - Organization Contacts

00158549: PINELLAS, COUNTY OF

Due Date: 09/18/2018 (Due In: 1 Days)

Announcement Number: HRSA-19-013 **Announcement Name:** Service Area Competition **Application Type:** Competing Continuation

Grant Number: H80CS00024 **Target Population:** Health Care for the Homeless **Target Audience:** Not Available

Resources

As of 09/17/2018 04:27:28 PM

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

Contact Information

Chief Executive Officer	Name	Highest Degree	Email	Phone Number
Chief Executive Officer	Ms. Daisy A Rodriguez	MBA	darodriguez@pinellascounty.org	(727) 464-4206

Contact Person	Name	Highest Degree	Email	Phone Number
Grants Manager	Ms. Elisa DeGregorio	MA	edegregorio@pinellascounty.org	(727) 464-8434

Chief Medical Officer	Name	Highest Degree	Email	Phone Number
Chief Medical Officer	Dr. Chitra Ravindra	M.D.	Chitra.Ravindra@flhealth.gov	(727) 824-6947

Dental Director	Name	Highest Degree	Email	Phone Number

Behavioral Health Director	Name	Highest Degree	Email	Phone Number

Clinical Performance Measures

00158549: PINELLAS, COUNTY OF

Due Date: 09/18/2018 (Due In: 1 Days)

Announcement Number: HRSA-19-013 **Announcement Name:** Service Area Competition **Application Type:** Competing Continuation

Grant Number: H80CS00024 **Target Population:** Health Care for the Homeless **Target Audience:** Not Available

Resources

As of 09/17/2018 04:27:33 PM

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

Focus Area: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)

Performance Measure Description: Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period. (Required Measure)

Target Goal Description	Decrease the % of patients 18 to 75 years with Type 1 or Type 2 Diabetes: Most Recent Hemoglobin A1c (HbA1c) is > 9 or no test at all during the measurement year: From: 44.81%(Baseline Year): 2017To: < or = 40%
Numerator Description	Patients whose most recent HbA1c level performed during the measurement period is > 9.0% or who had no test conducted during the measurement period
Denominator Description	Patients 18-75 years of age with Type 1 or Type 2 diabetes with a medical visit during the measurement period, excluding patients with a diagnosis of secondary diabetes due to another condition and patients who were in hospice care during the measurement period
Baseline Data	**Baseline Year** 2017 **Measure Type** Percentage **Numerator** 95.00 **Denominator** 212.00 **Calculated Baseline** 44.81%
Progress	As of 8/25/18 our measurement is 108/228=47.37%, which is below the current goal of <40%. This measurement is trending away from the 2017 measurement (44.81%), the 2017 UDS State of FL measurement (35.30%) and 2017 UDS National measurement (32.95%).
Projected Data (by End of December 31st, 2020)	40.00%
Data Source & Methodology	**[X]** EHR **[_]** Chart Audit **[_]** Other: Audit of all applicable patient records utilizing NextGen EHR system implemented in 2011. Data is pulled utilizing the UDS Reporting Tool.
Key Factor and Major Planned Action #1	**Key Factor Type:** **[X]**Contributing **[_]**Restricting **Key Factor Description** The clinic offers scheduled appointments and Same-Day, Walk up visits to patients. In addition, there are expanded hours on Monday-Thursday till 8pm, and on Saturday from 8am-12noon. Patients are provided with Glucose monitoring devices and supplies at no charge, and taught to check their Blood Sugars and to document them in a log. Medications are reviewed with patients during their visits. **Major Planned Action Description** Patient visits for Diabetes Mellitus will include a review of the patient's Blood Sugar logs, and if needed 1:1 additional teaching by the nurse or Medical Assistant. Providers will perform a Medication Reconciliation with the patient at each visit, and if needed order additional teaching for the patient. This may include insulin administration, and/or daily foot care. Recent electronic health record training included hands-on training for performing the Medication Reconciliation for the nurse and the providers. Monthly Care Team meetings are used to re-enforce action plans.
	Key Factor Type: **[_]**Contributing **[X]**Restricting

Key Factor and Major Planned Action #2	**Key Factor Description** The current Pharmacy formulary includes older, generic medications for A1c control. Patients need assistance to complete the required paperwork to access the “compassionate drug programs” for newer, more convenient dosing A1c lowering medications. This assistance is available, but it’s off-site. Providers need to order the A1c at point of care, which is strongly encouraged but not routinely done. In most cases, patients are scheduled an appointment to return at another date for a venipuncture service and no shows are high. Alerts are utilized to remind staff when the A1c is due; however, these aren’t routinely used. **Major Planned Action Description** A dedicated staff member has been hired and located on-site at the Bayside Clinic for the sole purpose of assisting with completing the paperwork for the “Compassionate Drug Programs”. Recent NextGen training included the workflow for completing the Medication Reconciliation and setting the Clinical Guidelines alerting staff when the A1c test is due. The QI Team will utilize the recently installed reporting system to measure Medication Reconciliation for each provider.Monthly Care Team meetings are used to re-enforce action plans.
Comments	

Focus Area: Screening for Depression and Follow-up Plan

Performance Measure Description: Percentage of patients 12 years of age and older screened for depression on the date of the visit using an age appropriate standardized depression screening tool AND, if screening is positive, a follow-up plan is documented on the date of the positive screen (Required Measure)

Target Goal Description	Increase the % of patients 12 years of age and older who were (1) screen for deprssionwith a standardized tool, and if screening was positive, (2) had a follow-up plan documentedFrom: 68.71%(Baseline Year): 2017To: 69%
Numerator Description	Patients screened for depression on the date of the medical visit using an age appropriate standardized screening tool AND, if positive, a follow-up plan is documented on the date of the positive screen
Denominator Description	Patients 12 years of age and older with at least one eligible medical visit during the measurement period, excluding patients with an active diagnosis of depression or bipolar disorder; patients who refuse to participate; or medical reason(s), such as an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status, or situations where the patient's functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools
Baseline Data	**Baseline Year** 2017 **Measure Type** Percentage **Numerator** 1456.00 **Denominator** 2119.00 **Calculated Baseline** 68.71%
Progress	As of 8/25/18 our measurement is 1085/1667=65.09%, which is less than 2017 measurement (68.71%), but above the current goal 50%. The measurement is below the 2017 UDS State FL measurement (73.17%); however, it is approaching the 2017 UDS National measurement (66.15%).
Projected Data (by End of December 31st, 2020)	69.00%
Data Source & Methodology	**[X]** EHR **[_]** Chart Audit **[_]** Other: Audit of all applicable patient records utilizing NextGen EHR system implemented in 2011. Data is pulled utilizing the UDS Reporting Tool.
Key Factor and Major Planned Action #1	**Key Factor Type:** **[X]**Contributing **[_]**Restricting **Key Factor Description** All patients are screened for Depression at their 1st visit using a standardized tool, the PHQ-9 Questionnaire, and if positive a follow-up plan is documented. This is repeated annually, and more often if needed. The patient completes the questionnaire on paper, and during the visit the nurse or Medical Assistant enters the data into the patient’s electronic health record. The provider reviews the screening and determines with the patient if a follow-up is needed. The screening process and the data entry takes up to 15-20 minutes. Despite patients being homeless, like non-homeless consumers it’s recognized on patient satisfaction surveys that wait time is very important to them. **Major Planned Action Description** During 2018 the program had a NextGen upgrade and training for End Users. This training included the appropriate documentation

	for the PHQ-9 Screening which is the selected standardized screening tool used by the program.Currently the Depression Screening is completed on paper by the patient and reviewed with the medical provider. Then, the staff enters the information into the electronic health record. The program is planning to change this laborious process. Planning includes a discussion to utilize additional Quality Improvement funding to purchase tablets for patients to use for the Depression Screening. These tablets will be connected to the NextGen electronic health record and subsequently the data will be integrated electronically into their health record. This will speed up the process of the screening process.
Key Factor and Major Planned Action #2	**Key Factor Type:** **[_]**Contributing **[X]**Restricting **Key Factor Description** The patient population is homeless and depending on health literacy and state of mind during the visit, a staff member may be needed to assist with using the tablet for the screening. **Major Planned Action Description** Staff members will be available for patient assistance as needed.
Comments	

Focus Area: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents

Performance Measure Description: Percentage of patients 3 -17 years of age who had a medical visit and evidence of height, weight, and BMI percentile documentation, and who had documentation of (1) counseling for nutrition, and (2) counseling for physical activity during the measurement period (Required Measure)

Target Goal Description	Not Applicable
Numerator Description	Patients who had their BMI percentile (not just BMI or height and weight) documented during the measurement period, and who had documentation of (1) counseling for nutrition and (2) counseling for physical activity during the measurement period
Denominator Description	Patients 3-17 years of age with at least one medical visit during the measurement period, excluding patients with a diagnosis of pregnancy or in hospice care during the measurement period
Baseline Data	**Baseline Year** 2017 **Measure Type** Percentage **Numerator** 0.00 **Denominator** 0.00 **Calculated Baseline** 0.00%
Progress	Not Applicable. As of 8/25/18, the health center has not served any children or adolescents age 3-17.
Projected Data (by End of December 31st, 2020)	0.00%
Data Source & Methodology	**[X]** EHR **[_]** Chart Audit **[_]** Other: Not Applicable
Key Factor and Major Planned Action #1	**Key Factor Type:** **[X]**Contributing **[_]**Restricting **Key Factor Description** Not Applicable **Major Planned Action Description** Not Applicable
Key Factor and Major Planned Action #2	**Key Factor Type:** **[_]**Contributing **[X]**Restricting **Key Factor Description** Not Applicable **Major Planned Action Description** Not Applicable

Comments	Historically, the health center has not served any children or adolescents age 3-17.

Focus Area: Body Mass Index (BMI) Screening and Follow-up Plan

Performance Measure Description: Percentage of patients age 18 years and older with a BMI documented during the most recent medical visit during the measurement period, or within the twelve months prior to that visit, AND when the BMI is outside of normal parameters, a follow-up plan is documented during the medical visit or during the previous twelve months of the most recent medical visit with the BMI outside of normal parameters (Required Measure)

Target Goal Description	Increase the % of patients 18 years and older with (1) BMI documented and (2) follow-up plan documented if BMI is outside normal parameters. From: 93.14%(Baseline Year): 2017To: 94%
Numerator Description	Patients with a documented BMI during the most recent medical visit or during the previous twelve months, AND when the BMI is outside of normal parameters, a follow-up plan is documented during the medical visit or during the previous twelve months of the most recent medical visit. Normal Parameters: Age 18 years and older with a BMI greater than or equal to 18.5 and less than 25 kg/m2
Denominator Description	Patients age 18 years of age and older with a medical visit during the measurement period, excluding patients who are: pregnant, receiving palliative care, who refuse measurement of height and/or weight or follow-up, or patients with a documented medical reason
Baseline Data	**Baseline Year** 2017 **Measure Type** Percentage **Numerator** 2606.00 **Denominator** 2798.00 **Calculated Baseline** 93.14%
Progress	As of 8/25/18 our measurement is 1925/2131=90.33%, which is lower than the 2017 measurement (93.14%). The measurement exceeds the current goal 80%, the 2017 UDS FL State measurement (82.36%) and the 2017 UDS National measurement (63.85%).
Projected Data (by End of December 31st, 2020)	94.00%
Data Source & Methodology	**[X]** EHR **[_]** Chart Audit **[_]** Other: Audit of all applicable patient records utilizing NextGen EHR system implemented in 2011. Data is pulled utilizing the UDS Reporting Tool.
Key Factor and Major Planned Action #1	**Key Factor Type:** **[X]**Contributing **[_]**Restricting **Key Factor Description** Support Groups for Weight Management is not currently available on-site; however, local hospitals and agencies frequently provide services at no charge to participants. **Major Planned Action Description** Staff will maintain a current list of community partners who provide Support Groups for Weight Management, will discuss these with the patients and if desired by the patient, a referral will be made. Monthly Care Team meetings are used to re-enforce action plans.
Key Factor and Major Planned Action #2	**Key Factor Type:** **[_]**Contributing **[X]**Restricting **Key Factor Description** Most patients eat all their meals and snacks at local shelters, who are somewhat dependent on local agencies to donate food. These foods are often very high in sugar, fat, cholesterol and calories. Some shelters receive food stamps that can be used to purchase healthier food items. **Major Planned Action Description** The Co-applicant board meets monthly and includes Shelter directors and patients. The planning manager will open a dialogue for improving the Nutrition options at Shelters. The Health Department will make available a Registered Dietician if needed for the plan. Monthly Care Team meetings are used to re-enforce action plans.
Comments	

Focus Area: Controlling High Blood Pressure

Performance Measure Description: Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (less than 140/90 mm Hg) during the measurement period (Required Measure)

Target Goal Description	Increase the % of patients 18 through 85 years of age diagnosed with Hypertension whose last blood pressure was less than 140/90.From: 63.91%(Baseline Year): 2017To: 64%
Numerator Description	Patients whose blood pressure at the most recent visit is adequately controlled (systolic blood pressure < 140 mm Hg and diastolic blood pressure < 90 mm Hg) during the measurement period
Denominator Description	Patients 18-85 years of age who had a diagnosis of essential hypertension within the first six months of the measurement period or any time prior to the measurement period, excluding patients with evidence of end stage renal disease (ESRD), dialysis, or renal transplant before or during the measurement period; patients who were pregnant during the measurement period; or patients who were in hospice care during the measurement period
Baseline Data	**Baseline Year** 2017 **Measure Type** Percentage **Numerator** 356.00 **Denominator** 557.00 **Calculated Baseline** 63.91%
Progress	As of 8/25/18 our measurement is 412/676=60.95%, which is below the 2017 measurement (63.91%) and the current goal (76%). The measurement is higher than the 2017 UDS FL State measurement (60.43%) and approaching the 2017 UDS National measurement (62.71%).
Projected Data (by End of December 31st, 2020)	64.00%
Data Source & Methodology	**[X]** EHR **[_]** Chart Audit **[_]** Other: Audit of all applicable patient records utilizing NextGen EHR system implemented in 2011. Data is pulled utilizing the UDS Reporting Tool.
Key Factor and Major Planned Action #1	**Key Factor Type:** **[X]**Contributing **[_]**Restricting **Key Factor Description** The Quality Improvement Team believes the current goal 76% was overstated and should have been lower. **Major Planned Action Description** The new goal will be aligned with the FL State and National measurements from the 2017 UDS Reports.
Key Factor and Major Planned Action #2	**Key Factor Type:** **[_]**Contributing **[X]**Restricting **Key Factor Description** Most of the patients are Nicotine Dependent and are everyday tobacco smokers. The patient's typical mode of transportation is walking and bicycling. Patients often have a higher blood pressure immediately after such activities. **Major Planned Action Description** Recent Electronic Health Record training has been completed by End Users to include documentation of all Blood Pressure readings in the Vital Signs module rather than documenting in the comment section of the patient's health record. After interventions are completed such as patients waiting at least 10 minutes post smoking a cigarette or running/riding their bicycle to the clinic, the blood pressure reading will be repeated and documented in the Vital Sign module so the UDS Reporting Tool can capture the most recent reading. Monthly Care Team meetings are used to re-enforce action plans.
Comments	

Focus Area: Low Birth Weight

Performance Measure Description: Percentage of babies of health center prenatal care patients born whose birth weight was below normal (less than 2,500 grams) (Required Measure)

Target Goal Description	Not Applicable

Numerator Description	Babies born with a birth weight under 2,500 grams
Denominator Description	Babies born during the measurement period to prenatal care patients, excluding stillbirths and miscarriages
Baseline Data	**Baseline Year** 2017 **Measure Type** Percentage **Numerator** 0.00 **Denominator** 0.00 **Calculated Baseline** 0.00%
Progress	Not Applicable. As of 8/25/18, the health center has not had any prenatal care patients.
Projected Data (by End of December 31st, 2020)	0.00%
Data Source & Methodology	**[X]** EHR **[_]** Chart Audit **[_]** Other: Not Applicable
Key Factor and Major Planned Action #1	**Key Factor Type:** **[X]**Contributing **[_]**Restricting **Key Factor Description** Not Applicable **Major Planned Action Description** Not Applicable
Key Factor and Major Planned Action #2	**Key Factor Type:** **[_]**Contributing **[X]**Restricting **Key Factor Description** Not Applicable **Major Planned Action Description** Not Applicable
Comments	Historically, the health center has not had prenatal care patients.

Focus Area: Early Entry into Prenatal Care	
Performance Measure Description: Percentage of prenatal care patients who entered prenatal care during their first trimester (Required Measure)	
Target Goal Description	Not Applicable
Numerator Description	Women entering prenatal care at the health center, including a referral provider, or with another health center during their first trimester
Denominator Description	Women seen for prenatal care during the measurement period
Baseline Data	**Baseline Year** 2017 **Measure Type** Percentage **Numerator** 0.00 **Denominator** 0.00 **Calculated Baseline** 0.00%
Progress	Not Applicable. As of 8/25/18, the health center has not had any prenatal patients.
Projected Data (by End of December 31st, 2020)	0.00%
Data Source & Methodology	**[X]** EHR **[_]** Chart Audit **[_]** Other: Not Applicable

Key Factor and Major Planned Action #1	**Key Factor Type:** **[X]**Contributing **[_]**Restricting **Key Factor Description** Not Applicable **Major Planned Action Description** Not Applicable
Key Factor and Major Planned Action #2	**Key Factor Type:** **[_]**Contributing **[X]**Restricting **Key Factor Description** Not Applicable **Major Planned Action Description** Not Applicable
Comments	Historically, the health center has not had prenatal care patients.

Focus Area: Childhood Immunization Status

Performance Measure Description: Percentage of children 2 years of age who were fully immunized by their second birthday (Required Measure)

Target Goal Description	Not Applicable
Numerator Description	Children who were fully immunized before their second birthday. A child is fully immunized if s/he has been vaccinated, or there is documented evidence of contraindication for the vaccine or a history of illness for ALL of the following: four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three H influenza type B (HiB); three Hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one Hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines)
Denominator Description	Children who turn 2 years of age during the measurement period and who had a medical visit during the measurement period, excluding patients who were in hospice care during the measurement period
Baseline Data	**Baseline Year** 2017 **Measure Type** Percentage **Numerator** 0.00 **Denominator** 0.00 **Calculated Baseline** 0.00%
Progress	Not Applicable. As of 8/25/18, the health center has not had any patients age 2.
Projected Data (by End of December 31st, 2020)	0.00%
Data Source & Methodology	**[X]** EHR **[_]** Chart Audit **[_]** Other: Not Applicable.
Key Factor and Major Planned Action #1	**Key Factor Type:** **[X]**Contributing **[_]**Restricting **Key Factor Description** Not Applicable **Major Planned Action Description** Not Applicable
Key Factor and Major Planned Action #2	**Key Factor Type:** **[_]**Contributing **[X]**Restricting **Key Factor Description**

	Not Applicable **Major Planned Action Description** Not Applicable
Comments	Historically, the health center has not had any patients age 2.

Focus Area: Cervical Cancer Screening

Performance Measure Description: Percentage of women 21-64 years of age, who were screened for cervical cancer using either of the following criteria: 1) Women age 21-64 who had cervical cytology performed every three years, or 2) Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every five years (Required Measure)

Target Goal Description	Increase the % of women 23-64 years of age who were screened for cervical cancer. From: 48.65%,(Baseline Year): 2017To: 50%
Numerator Description	Women with one or more screenings for cervical cancer, defined by any one of the following: 1) Cervical cytology performed during the measurement period, or the two years prior to the measurement period, for women who are at least 21 years old at the time of the test, or 2) Cervical cytology/human papillomavirus (HPV) co-testing performed during the measurement period, or the four years prior to the measurement period, for women who are at least 30 years old at the time of the test.
Denominator Description	Women 23-64 years of age with a medical visit during the measurement period, excluding women who had a hysterectomy with no residual cervix and patients who were in hospice care during the measurement period
Baseline Data	**Baseline Year** 2017 **Measure Type** Percentage **Numerator** 415.00 **Denominator** 853.00 **Calculated Baseline** 48.65%
Progress	As of 8/25/18 our measurement is 305/643 is 47.43%, which is lower than the 2017 measurement (48.65%), and the current goal (50%). The measurement is also below the 2017 FL State measurement (60.59%) and the 2017 National measurement (55.67%).
Projected Data (by End of December 31st, 2020)	50.00%
Data Source & Methodology	**[X]** EHR **[_]** Chart Audit **[_]** Other: Audit of all applicable patient records utilizing NextGen EHR system implemented in 2011. Data is pulled utilizing the UDS Reporting Tool.
Key Factor and Major Planned Action #1	**Key Factor Type:** **[X]**Contributing **[_]**Restricting **Key Factor Description** Most Cervical Cancer screenings are done in-house and the result is automatically integrated into the patient's electronic health record-there is an interface with the lab vendor Quest diagnostics; however, some patients access local agencies such as the Health Department for this screening. When this occurs the result needs to be integrated into the patient's health record and the health history for diagnostic testing needs to be manually updated. Closing the loop by documenting the completed Cervical CA Screening is required for the UDS Reporting tool to capture the completed services.Patients and providers have requested female assistants for this procedure. **Major Planned Action Description** On-going training is provided to staff to ensure the loop is closed for outside vendor screening services. Staffing patterns are adjusted as needed to ensure a female staff member is available to assist with these procedures when requested by patients.
Key Factor and Major Planned Action #2	**Key Factor Type:** **[_]**Contributing **[X]**Restricting **Key Factor Description** Unexpected maintenance issues have resulted in the Mobile Medical Unit (MMU) being sporadically unavailable, thereby causing clinic to be provided inside local Shelters. This limits service delivery, including services for Cervical CA Screening. **Major Planned Action Description** Scheduled maintenance services are utilized routinely to help prevent unexpected problems with the MMU.

Comments	

Focus Area: Tobacco Use: Screening and Cessation Intervention	
Performance Measure Description: Percentage of patients 18 years of age and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation intervention, if identified as a tobacco user (Required Measure)	
Target Goal Description	Maintain the number of adults 18 years and older who were screened for tobacco use at least once during the measurement year or prior year and who received cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user. From: 99.39%(Baseline Year): 2017To: 98%
Numerator Description	Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation intervention, if identified as a tobacco user
Denominator Description	Patients 18 years of age and older seen for at least two medical visits, or at least one preventive medical visit, during the measurement period, excluding documentation of medical reason(s) for not screening for tobacco use OR for not providing tobacco cessation intervention for patients identified as tobacco users
Baseline Data	**Baseline Year** 2017 **Measure Type** Percentage **Numerator** 1804.00 **Denominator** 1815.00 **Calculated Baseline** 99.39%
Progress	As of 8/25/18 our measurement is 1246/1275=97.73%. which is lower than the 2017 measurement (99.39), and approaching the current goal (98%). The measurement is higher than the 2017 UDS FL State measurement (91.08%) and the 2017 UDS National measurement (87.50%).
Projected Data (by End of December 31st, 2020)	98.00%
Data Source & Methodology	**[X]** EHR **[_]** Chart Audit **[_]** Other: Audit of all applicable patient records utilizing NextGen EHR system implemented in 2011. Data is pulled utilizing the UDS Reporting Tool.
Key Factor and Major Planned Action #1	**Key Factor Type:** **[X]**Contributing **[_]**Restricting **Key Factor Description** Patients are screened for Tobacco Use at each visit, and cessation intervention services are provided.Documentation in the electronic health record is required for the UDS Reporting Tool to capture the service. **Major Planned Action Description** Individual and group training has been completed for staff for improving this measure. Focus was on the data entry for documenting the electronic health record.
Key Factor and Major Planned Action #2	**Key Factor Type:** **[_]**Contributing **[X]**Restricting **Key Factor Description** Most of the patients have Nicotine Dependence requiring staff to spend allot of time on this one chronic problem. There is a constant competition for time allocation for services due since most patients have numerous chronic diseases. **Major Planned Action Description** Positive Feedback is given to staff frequently during staff visits and other meeting venues to recognize them for providing these services.
Comments	

Focus Area: Use of Appropriate Medications for Asthma
Performance Measure Description: Percentage of patients 5-64 years of age with a diagnosis of persistent asthma and who were appropriately ordered medication during the measurement period (Required Measure)

Target Goal Description	Maintain percentage of patients 5 through 64 years of age identified as having persistent asthma and were appropriate ordered medication. From: 89.90%(Baseline Year): 2017To: 89%
Numerator Description	Patients who were ordered at least one prescription for a preferred therapy during the measurement period
Denominator Description	Patients 5-64 years of age with persistent asthma and who had at least one medical visit during the measurement period, excluding patients with a diagnosis of emphysema, COPD, obstructive chronic bronchitis, cystic fibrosis, or acute respiratory failure that overlaps the measurement period
Baseline Data	**Baseline Year** 2017 **Measure Type** Percentage **Numerator** 89.00 **Denominator** 99.00 **Calculated Baseline** 89.90%
Progress	As of 8/25/18 our measurement is 61/71=85.92%, which is lower than 2017 measurement (89.90%). The measurement exceeds the current goal (80%), is higher than the 2017 UDS FL State measurement (84.84%) and approaching the 2017 UDS National measurement (86.62%).
Projected Data (by End of December 31st, 2020)	89.00%
Data Source & Methodology	**[X]** EHR **[_]** Chart Audit **[_]** Other: Audit of all applicable patient records utilizing NextGen EHR system implemented in 2011. Data is pulled utilizing the UDS Reporting Tool.
Key Factor and Major Planned Action #1	**Key Factor Type:** **[X]**Contributing **[_]**Restricting **Key Factor Description** The patient population is homeless. Most patients have health problems that have been undiagnosed and/or a delay or interruption of treatment due to their socioeconomic status. **Major Planned Action Description** Providers have been re-trained to diagnose and treat persistent Asthma and Peer Reviews have been completed to monitor progress.
Key Factor and Major Planned Action #2	**Key Factor Type:** **[_]**Contributing **[X]**Restricting **Key Factor Description** Most patients are nicotine dependent and are also exposed to 2nd hand and 3rd hand smoke. Many are heavy everyday smokers for many years. The problem of “chronic cough” is common. These patients are high risk for Chronic Obstructive Pulmonary Disease or Chronic Bronchitis. **Major Planned Action Description** If needed, patients may be referred to a Pulmonary Specialist for evaluation and treatment which includes Pulmonary Function Testing. This is at no cost to the patient.
Comments	

Focus Area: Coronary Artery Disease (CAD): Lipid Therapy

Performance Measure Description: Percentage of patients 18 years of age and older with a diagnosis of coronary artery disease (CAD) who were prescribed a lipid-lowering therapy (Required Measure)

Target Goal Description	Maintain percentage of patients 18 years of age and older with a diagnosis of CAD who were prescribed a lipid lowering medicationFrom: 82.09%(Baseline Year): 2017To: 82%
Numerator Description	Patients who received a prescription for, were provided, or were taking lipid lowering medications during the measurement period
Denominator Description	Patients 18 years of age and older who had an active diagnosis of CAD on the date of the visit or who were diagnosed as having a myocardial infarction (MI), or who had cardiac surgery in the past, with a medical visit during the measurement period and at least two medical visits ever, excluding patients whose last LDL lab test during the measurement period was less than 130 mg/dL and

	individuals with an allergy to, or a history of, adverse outcomes from, or intolerance to, LDL lowering medications
Baseline Data	**Baseline Year** 2017 **Measure Type** Percentage **Numerator** 55.00 **Denominator** 67.00 **Calculated Baseline** 82.09%
Progress	As of 8/25/18 our measurement is 37/46=80.43%, which is lower than the 2017 measurement (82.09%). The measurement exceeds the current goal (76%), and is approaching the 2017 UDS FL State measurement (80.49%) and the 2017 UDS National measurement (80.72%).
Projected Data (by End of December 31st, 2020)	82.00%
Data Source & Methodology	**[X]** EHR **[_]** Chart Audit **[_]** Other: Audit of all applicable patient records utilizing NextGen EHR system implemented in 2011. Data is pulled utilizing the UDS Reporting Tool.
Key Factor and Major Planned Action #1	**Key Factor Type:** **[X]**Contributing **[_]**Restricting **Key Factor Description** Venipuncture services are provided in-house and done at no costs to the patient. The Lipid panel is done fasting. In most cases this requires the patient to return to the clinic when they are fasting for a scheduled venipuncture service.No Show reports a high rate of No Shows for venipuncture services. **Major Planned Action Description** Venipuncture services are now offered as Same-day, Walk up and scheduled appointments.
Key Factor and Major Planned Action #2	**Key Factor Type:** **[_]**Contributing **[X]**Restricting **Key Factor Description** Many patients have chronic pain syndromes and are reluctant to add a medication such as a lipid lowering medication that may cause additional aches and pain. **Major Planned Action Description** Providers will discuss the risks and benefits of the lipid lowering medications and a shared decision with the patient will be made whether the patient will take lipid lowering medications.
Comments	

Focus Area: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet

Performance Measure Description: Percentage of patients 18 years of age and older who were diagnosed with acute myocardial infarction (AMI), coronary artery bypass graft (CABG), or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and had documentation of use of aspirin or another antiplatelet during the measurement period. (Required Measure)

Target Goal Description	Increase percentage of patients 18 years of age and older with a diagnosis of IVD, or AMI, CABG, or PCI procedure with aspirin or another antiplateletFrom: 77.14%(Baseline Year): 2017To: 80%
Numerator Description	Patients who had documentation of use of aspirin or another antiplatelet during the measurement period
Denominator Description	Patients 18 years of age and older with a medical visit during the measurement period who had an active diagnosis of IVD during the measurement period or who had an AMI, CABG, or PCI during the 12 months prior to the measurement period, excluding patients who had documentation of use of anticoagulant medications during the measurement period or patients who were in hospice care during the measurement period
Baseline Data	**Baseline Year** 2017 **Measure Type** Percentage **Numerator** 54.00 **Denominator** 70.00

	Calculated Baseline 77.14%
Progress	As of 8/25/18 our measurement is 45/55=81.82%, which is higher than the 2017 measurement (77.14%). The measurement exceeds the current goal (75%), the 2017 UDS FL State measurement (75.08%) and the 2017 UDS National measurement (79.27%).
Projected Data (by End of December 31st, 2020)	80.00%
Data Source & Methodology	**[X]** EHR **[_]** Chart Audit **[_]** Other: Audit of all applicable patient records utilizing NextGen EHR system implemented in 2011. Data is pulled utilizing the UDS Reporting Tool.
Key Factor and Major Planned Action #1	**Key Factor Type:** **[X]**Contributing **[_]**Restricting **Key Factor Description** Patients are routinely ordered Aspirin and another antiplatelet when needed; however some patients have an intolerance or allergy to these medications. **Major Planned Action Description** Training has been provided to include documentation for intolerance or allergy to Aspirin and/or antiplatelet therapy.
Key Factor and Major Planned Action #2	**Key Factor Type:** **[_]**Contributing **[X]**Restricting **Key Factor Description** Some patients have Alcohol Dependence and are current everyday heavy drinkers; these patients are at a high risk for GI Bleed. **Major Planned Action Description** The providers will discuss the risks vs benefits of these medications with the patients and a shared decision will be made for the patient to take these medications. Providers will document if the patient has an intolerance or allergy to lipid lowering medications.
Comments	

Focus Area: Colorectal Cancer Screening	
Performance Measure Description: Percentage of patients 50-75 years of age who had appropriate screening for colorectal cancer (Required Measure)	
Target Goal Description	Maintain the % of patients 50 through 75 years of age who had appropriate screening for colorectal cancer.From: 30.41%(Baseline Year): 2017To: 25%
Numerator Description	Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria: • Fecal occult blood test (FOBT) during the measurement period; • Fecal immunochemical test (FIT)-DNA during the measurement period or the two years prior to the measurement period; • Flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period; • CT colonography during the measurement period or the four years prior to the measurement period; or • Colonoscopy during the measurement period or the nine years prior to the measurement period
Denominator Description	Patients 50-75 years of age with a medical visit during the measurement period, excluding patients with a diagnosis or past history of total colectomy or colorectal cancer, or patients who were in hospice care during the measurement period
Baseline Data	**Baseline Year** 2017 **Measure Type** Percentage **Numerator** 358.00 **Denominator** 1177.00 **Calculated Baseline** 30.42%
Progress	Progress As of 8/25/18 our measurement 200/986= 20.28% which is lower than the 2017 measurement (30.41%). The measurement is lower than the current goal (25%), the 2017 UDS FL State measurement (42.33%) and the 2017 UDS National measurement (42.02%).

Projected Data (by End of December 31st, 2020)	25.00%
Data Source & Methodology	**[X]** EHR **[_]** Chart Audit **[_]** Other: Audit of all applicable patient records utilizing NextGen EHR system implemented in 2011. Data is pulled utilizing the UDS Reporting Tool.
Key Factor and Major Planned Action #1	**Key Factor Type:** **[X]**Contributing **[_]**Restricting **Key Factor Description** Diagnostic testing includes the Colonoscopy which is completed by a contractor. When completed the reports are sent to the clinic and scanned into the patient's health record. The physician reviews the report and documentation is made in the health record in order for the UDS Reporting tool to capture the service. **Major Planned Action Description** Recent End User Training was provided to all staff regarding receiving and documenting referrals and the consult notes which includes the date of the service. This training re-enforced the importance of the documentation in the health record.
Key Factor and Major Planned Action #2	**Key Factor Type:** **[_]**Contributing **[X]**Restricting **Key Factor Description** Most patients are over 50 years old and have numerous chronic diseases and acute illnesses that are managed during office visits. **Major Planned Action Description** Standing orders is being implemented for the iFOBT testing. The QI Team is pursuing an electronic method for sending patient reminders for preventive services that are needed.
Comments	

Focus Area: HIV Linkage to Care

Performance Measure Description: Percentage of patients newly diagnosed with HIV who were seen for follow-up treatment within 90 days of diagnosis (Required Measure)

Target Goal Description	Not Applicable
Numerator Description	Newly diagnosed HIV patients that received treatment within 90 days of diagnosis, including patients who: • Were newly diagnosed by health center providers, • Had a medical visit with a health center provider who initiates treatment for HIV, or • Had a visit with a referral resource who initiates treatment for HIV
Denominator Description	Patients first diagnosed with HIV by the health center between October 1 of the prior year through September 30 of the current measurement year, and had at least one medical visit during the measurement period or prior year
Baseline Data	**Baseline Year** 2017 **Measure Type** Percentage **Numerator** 0.00 **Denominator** 0.00 **Calculated Baseline** 0.00%
Progress	As of 8/25/18 the health center has not had any patients newly diagnosed with HIV.
Projected Data (by End of December 31st, 2020)	0.00%
Data Source & Methodology	**[X]** EHR **[_]** Chart Audit **[_]** Other: Audit of all applicable patient records utilizing NextGen EHR system implemented in 2011. Data is pulled utilizing the UDS Reporting Tool.

Key Factor and Major Planned Action #1	**Key Factor Type:** **[X]**Contributing **[_]**Restricting **Key Factor Description** Not Applicable **Major Planned Action Description** Not Applicable
Key Factor and Major Planned Action #2	**Key Factor Type:** **[_]**Contributing **[X]**Restricting **Key Factor Description** Not Applicable **Major Planned Action Description** Not Applicable
Comments	Historically, the health center has not served any newly diagnosed HIV patients.

Focus Area: Dental Sealants for Children Between 6-9 Years

Performance Measure Description: Percentage of children, 6 through 9 years of age, at moderate to high risk for caries who received a sealant on a permanent first molar during the measurement period (Required Measure)

Target Goal Description	Not Applicable
Numerator Description	Children who received a sealant on a permanent first molar tooth during the measurement period
Denominator Description	Children 6-9 years of age who had an oral assessment, or comprehensive or periodic oral evaluation dental visit, and are at moderate to high risk for caries, excluding children for whom all first permanent molars are non-sealable
Baseline Data	**Baseline Year** 2017 **Measure Type** Percentage **Numerator** 0.00 **Denominator** 0.00 **Calculated Baseline** 0.00%
Progress	Not Applicable. As of 8/25/18, the health center did not have any patients between 6-9 years old.
Projected Data (by End of December 31st, 2020)	0.00%
Data Source & Methodology	**[X]** EHR **[_]** Chart Audit **[_]** Other: Not Applicable.
Key Factor and Major Planned Action #1	**Key Factor Type:** **[X]**Contributing **[_]**Restricting **Key Factor Description** Not Applicable **Major Planned Action Description** Not Applicable
Key Factor and Major Planned Action #2	**Key Factor Type:** **[_]**Contributing **[X]**Restricting **Key Factor Description** Not Applicable **Major Planned Action Description** Not Applicable

Comments	Historically, the health center did not have any patients between 6-9 years old.

Focus Area: Oral Health (Oral Exams)

Performance Measure Description: Oral health exams (Additional Measure)

Performance Measure Category	Oral Exams
Target Goal Description	Increase the % of adults 18 years and older who receive Oral Health Exams From: 735/2799=26.25%(Baseline Year): 2017 UDS Report To: 30%
Numerator Description	Number of adult patients age 18 and older who have received oral health exams in 2017
Denominator Description	Number of adult patients age 18 years and older in 2017
Baseline Data	**Baseline Year** 2017 **Measure Type** Percentage **Numerator** 735.00 **Denominator** 2799.00 **Calculated Baseline** 26.26%
Progress	As of 8/25/18 our measurement is 592/2133=27.75%=, which is higher than the 2017 measurement (26.25%).
Projected Data (by End of December 31st, 2020)	30.00%
Data Source & Methodology	[_] EHR [_] Chart Audit [X] Other: FL DOH Health Management System The Florida Department of Health's Health Management System
Key Factor and Major Planned Action #1	**Key Factor Type:** [X]Contributing [_]Restricting **Key Factor Description** The Bayside Health Clinic provides on-site Dental Services including Oral Health Exams. The Dental Suite is imbedded inside the Bayside Health clinic. **Major Planned Action Description** The Dental Suite will remain imbedded inside the Bayside Health Clinic.
Key Factor and Major Planned Action #2	**Key Factor Type:** [_]Contributing [X]Restricting **Key Factor Description** Patients are homeless and have a multitude of socioeconomic and health problems. Prior to enrolling in the program many patients lacked access to a Primary Care Provider and a Dental clinic that they could afford and/or call their “own”. **Major Planned Action Description** A dedicated Dental Team including a Dentist has been assigned to staff this Bayside Clinic. Patients have an opportunity to develop a positive rapport with the dedicated team.
Comments	Removed the figure of 300 patients in the performance measure title. The goal is changed from a set figure to a proportion of health center patients.

Focus Area: Enabling Services/Case Management

Performance Measure Description: Percentage of homeless patients who will have at least one case management service during the measurement year. (Additional Measure)

Target Goal Description	Maintain 96% of patients who have at least one Case Management Service.
Numerator Description	Number of homeless patients who had at least one case management service during the measurement year.
Denominator Description	Number of homeless patients during the measurement year.
	Baseline Year 2017

Baseline Data	**Measure Type** Percentage **Numerator** 2700.00 **Denominator** 2799.00 **Calculated Baseline** 96.46%
Progress	As of 8/25/18 our measurement 2063/2133= 96.71% which is higher than the 2017 UDS FL State measurement (96.46%).
Projected Data (by End of December 31st, 2020)	96.00%
Data Source & Methodology	**[X]** EHR **[_]** Chart Audit **[_]** Other: Audit of all applicable patient records utilizing NextGen EHR system implemented in 2011. Nextgen Electronic Health Record Reporting System, Practice Management Report.
Key Factor and Major Planned Action #1	**Key Factor Type:** **[X]**Contributing **[_]**Restricting **Key Factor Description** Enabling Services (Case management) are provided at the the 1st visit and at each subsequent visit. **Major Planned Action Description** Training has been held to include ensuring all patients will have at least one Case Management service during the measurement year.
Key Factor and Major Planned Action #2	**Key Factor Type:** **[_]**Contributing **[X]**Restricting **Key Factor Description** Training is needed annually to re-enforce the need to document all services including Case Management. Individual staff training is needed on occasion.Due to a high number of services provided during each patient visit, there is occasionally an omission of service delivery data entry. **Major Planned Action Description** A new supervisor is dedicated to being the Core Team Member for the Clerical staff. As the Core Team Member the supervisor will re-train staff as needed and this included training for data entry for all services including Case Management.
Comments	The health center reviewed data and increased the goal from 30% to 96% of patients receiving a case management service.

Financial Performance Measures

00158549: PINELLAS, COUNTY OF

Due Date: 09/18/2018 (Due In: 1 Days)

Announcement Number: HRSA-19-013 **Announcement Name:** Service Area Competition **Application Type:** Competing Continuation

Grant Number: H80CS00024 **Target Population:** Health Care for the Homeless **Target Audience:** Not Available

Resources

As of 09/17/2018 04:27:45 PM

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

Focus Area: BPHC Health Center Program Grant Cost Per Total Patient (Grant Costs)

Performance Measure Description: Ratio of total BPHC section 330 grant funds per patient served in the measurement calendar year. (Required Measure)

Target Goal Description	Maximize available federal funds with timely expenditures and drawdowns within 95% of available funds.
Numerator Description	BPHC section 330 grants drawn-down for the period from January 1 to December 31 of the measurement calendar year.
Denominator Description	Total number of patients.
Baseline Data	**Baseline Year** 2017 **Measure Type** Ratio **Numerator** 742621.00 **Denominator** 2799.00 **Calculated Baseline** 265.32 : 1 Ratio
Progress	For the 2018 Calendar Year through June 30, 2018, Pinellas County has drawn down $1,307,548 in federal funds for the health center program. This amount includes expenditures incurred during the last quarter of the 2017 Calendar Year that occurred in January which has increased our draw down amount over last year. The health center has seen 1804 unduplicated patients through June 30, 2018 for a total grant cost per patient of $724.80. We anticipate this number to decrease as our total patients increase throughout the year. As with previous years, while we do anticipate drawdowns for expenditures in the 3rd quarter of the year; the 4th quarter drawdown will occur in the first quarter of 2019. We project our total grant cost per patient to be closer to $400-$500 per patient by December 31, 2018.
Projected Data (by End of December 31st, 2020)	489.03 : 1 Ratio
Data Source & Methodology	Total grant funds available based on 2019 SAC application funding. Patient Target based on Service Area Table target for December 2020.
Key Factor and Major Planned Action #1	**Key Factor Type:** **[X]**Contributing **[_]**Restricting **Key Factor Description** HHS/HRSA have awarded supplemental funding opportunities to the health center that have increased our available grant funds to the health center (QI Awards, Health Information Technology one-time investments, AIMS) where corresponding increases to the new patient target have not accompanied the funding. Rather, additional services and workflow improvements benefit the existing patients served. Therefore, the grant costs per patient increases as patients receive additional benefit from additional funding. **Major Planned Action Description** The health center will continue to monitor expenditures and maximize federal funds to benefit the patients served by the health center program and address needs based on funding opportunities available.
Key Factor and Major Planned Action #2	**Key Factor Type:** **[_]**Contributing **[X]**Restricting **Key Factor Description** Pinellas County is serving a homeless population which has remained steady over the past several years. Homeless individuals have higher health care needs and corresponding higher health care expenditures. Homeless individuals are also difficult to engage in health care services, are transient and follow-up care is more difficult, and tend to have higher pharmacy costs as well. **Major Planned Action Description**

	Given the difficulties of working with and engaging homeless clients in long-term care, the health center continues to focus efforts on care coordination and outreach to increase the number of individuals served at the health center as well as engaging them in the services offered by the health center.
Comments	As of 2018, our current total of federal funds available to the health center is $1,456,819. Our patient target for December 2020 is 2,979 unduplicated patients. Therefore, we anticipate the grant cost per patient to be $489.03. This is higher than previous goals based on increased funding awarded for increased access to services for existing clients; therefore our patient target has not correspondingly increased. We will continue to monitor future supplemental awards and changing patient targets; but do not want to set a goal based on funding not awarded at this time.

Focus Area: Total Cost Per Total Patient (Costs)

Performance Measure Description: Ratio of total cost per patient served in the measurement calendar year. (Required Measure)

Target Goal Description	Decrease the total cost per patient by 15% by 2020 from the 2017 baseline of $1684.43.
Numerator Description	Total accrued cost before donations and after allocation of overhead.
Denominator Description	Total number of patients.
Baseline Data	**Baseline Year** 2017 **Measure Type** Ratio **Numerator** 4714711.00 **Denominator** 2799.00 **Calculated Baseline** 1,684.43 : 1 Ratio
Progress	For the calendar year through June 30, 2018, Pinellas County has expended $1,953,141 and served 1,804 unduplicated patients. The total cost per patient through June 30, 2018 is $1,082.67. If expenditures keep pace with the first six months, and if the health center hits the targeted # of unduplicated patients, we project the final total cost per patient to be approximately $1,311.27 which is less than the prior two years. Expenditures are projected to be reduced this year due to significant savings to the pharmacy program cost savings plan implemented this fiscal year. This cost savings plan includes maximizing 90 day prescriptions, generic brands when possible, and maximizing the pharmaceutical assistance programs offered to low income clients.
Projected Data (by End of December 31st, 2020)	1431.77 : 1 Ratio
Data Source & Methodology	The projected goal is to decrease the total cost per patient by 15% by 2020 from the baseline year of 2017. In 2017 UDS, the total program expenditures were $4,714,711 serving 2,799 unduplicated patients for a total cost per patient of $1,684.43. We anticipate expenditures to be approximately $4,000,000 while maintaining a consistent service to the unduplicated patient target of 2,979.
Key Factor and Major Planned Action #1	**Key Factor Type:** **[X]**Contributing **[_]**Restricting **Key Factor Description** Pharmacy Benefit Management - The County has provided a full range of pharmacy services to patients. In 2016-2017 costs for this service increased significantly. Patients do not currently pay any co-pays; co-insurance; or any fees for medicines prescribed by the health center network. The County currently covers/waives any costs to the patients to incentivize participation and engagement in their health outcomes. As a local government, the health center will continue to seek ways to maximize services to patients at little to no cost, even as local tax revenues get tighter. **Major Planned Action Description** The County implemented a series of actions to reduce the costs to the pharmacy program including maximizing 90 days prescriptions over 30 days; using generic brands as often as possible; and maximizing the use of prescription assistance programs offered to low income clients. Additional strategies are also being employed including the use of over the counter prescription costs, engaging clients in medication assisted treatment and behavioral health services that can also lead to high utilization of other costly emergency services.
Key Factor and Major Planned Action #2	**Key Factor Type:** **[_]**Contributing **[X]**Restricting **Key Factor Description** Pinellas County, a local county government, has made a commitment to the uninsured, homeless population, for access to health care, improving the quality of care, and meeting clinical quality measures for patients. The costs for providing care to this target population is expensive as homeless patients have higher health care needs and are difficult to engage in health care services.

	Major Planned Action Description The County is looking at the entire system of care for homeless and uninsured patients and has implemented and/or will continue to improve upon the following services: Care coordination to assist with access to behavioral health and specialty care networks; patient engagement and outreach for opioid use and treatment; increased medication assisted treatment services for homeless patients; and prescription assistance program engagement.
Comments	

Focus Area: Medical Cost Per Medical Visit (Costs)

Performance Measure Description: Ratio of total medical cost per medical visit in the measurement calendar year. (Required Measure)

Target Goal Description	Maximize provider productivity by increasing the number of medical encounters by 2.5% over the 2017 baseline of 8,368 to 8,577 by 2020.
Numerator Description	Total accrued medical staff and other medical cost after allocation of overhead, excluding medical lab and x-ray cost.
Denominator Description	Medical visits, excluding nurse visits.
Baseline Data	**Baseline Year** 2017 **Measure Type** Ratio **Numerator** 829731.00 **Denominator** 8368.00 **Calculated Baseline** 99.16 : 1 Ratio
Progress	For the Calendar Year through June 30, 2018, Pinellas County has expended $419,759 in medical care services (as defined in UDS Manual, Table 8A Medical Care Services). The health center has provided 4,248 medical care services to patients through June 30, 2018 for a total of $98.81 Medical Cost Per Medical Visit at the mid-point of the 2018 Calendar year. The health center is on pace to exceed the medical encounters provided over 2017 while costs for medical services has remained consistent over the last couple years.
Projected Data (by End of December 31st, 2020)	99.10 : 1 Ratio
Data Source & Methodology	The projected goal is based upon the anticipated medical care services expenditures of approximately $850,000 and medical encounters of approximately 8,577 for the targeted population of 2,979.
Key Factor and Major Planned Action #1	**Key Factor Type:** **[X]**Contributing **[_]**Restricting **Key Factor Description** Medical Services have remained consistent since the opening of the Bayside Health Clinic site in April 2016. The new facility has maximized patient flow and provider productivity. We anticipate continued improvement in clinical workflow and maximizing productivity to efficiently see as may patients as possible. **Major Planned Action Description** The health center continues to work on clinical quality improvement actions including provider training on EHR usage to improve documentation and reduce manual workflows; implementing patient centered medical home standards for improved patient care and coordination; and increasing training of all clinical and patient support staff.
Key Factor and Major Planned Action #2	**Key Factor Type:** **[_]**Contributing **[X]**Restricting **Key Factor Description** Homeless patients have a higher than average number of visits due to the nature of the medical concerns this target population has. Balancing existing patients' follow-up and care coordination while continuing to increase new patient appointments year over year can be challenging. In addition, the mobile van utilized often runs into mechanical or technical needs that may take the van offline for days/weeks at a time, limiting the number of services available to clients at remote sites. **Major Planned Action Description** The health center has implemented a number of connectivity upgrades to the medical van in 2018 that we anticipate will improve the clinical process flow for staff and productivity. Barring mechanical issues and or natural disasters (hurricanes) we should continue to be on pace to increase medical encounters year over year. In addition, maintaining Patient Centered Medical Home recognition can temporary slow productivity and new workflows and processes are in place; however; should improve productivity and patient experience over the long-term.

Comments	

Summary Page

00158549: PINELLAS, COUNTY OF

Due Date: 09/18/2018 (Due In: 1 Days)

Announcement Number: HRSA-19-013 **Announcement Name:** Service Area Competition **Application Type:** Competing Continuation

Grant Number: H80CS00024 **Target Population:** Health Care for the Homeless **Target Audience:** Not Available

Resources

As of 09/17/2018 04:27:52 PM

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

Service Area

1. What is the identification number in the Service Area Announcement Table of the service area that you are proposing to serve?	Service Area ID #:	230
	Service Area City:	Clearwater
	State:	Florida (FL)

Patient Projection

2. What is the total number of unduplicated patients projected to be served by December 31, 2020? Note: If changes are required, revisit Form 1A.	2979
3. What is the Patient Target from the Service Area Announcement Table for the proposed service area?	2979
4. Percent of the service area Patient Target proposed to be served by December 31, 2020. Note: The value must be at least 75 percent for the application to be considered eligible for funding.	100.00%

5. [X] By checking this box, I acknowledge that in addition to the total unduplicated patient projection made on Form 1A (see Item 2 above), I will also meet the additional patient projections for any other funding awarded within my project period that can be monitored by December 31, 2020 (i.e., patient commitments from awarded applications, if any).

Federal Request for Health Center Program Funding

6. I am requesting the following types of Health Center funding:

Funding Type	Fund Requested
Community Health Centers – CHC-330(e)	$0.00
Health Care for the Homeless – HCH-330(h)	$1,456,815.00
Migrant Health Centers – MHC-330(g)	$0.00
Public Housing Primary Care – PHPC-330(i)	$0.00
Total	$1,456,815.00

Note: Ensure this value does not exceed the total annual federal request for funding under the Health Center Program that is available for the service area from the Service Area Announcement Table (Total Funding column). If a funding reduction is required based on the patient projection (value between 75 and 94.9 percent for item 4 above), this figure should be lower than the value in the Service Area Announcement Table. See the Summary of Funding section of the NOFO for details.

Scope of Project: Sites and Services

7. I am proposing the following new site(s): (New applicants and competing supplement applicants only)

This section is not applicable to you, since you are submitting a Competing Continuation application.

8. Sites Certification (New applicants and competing supplement applicants only)

This section is not applicable to you, since you are submitting a Competing Continuation application.

9. Scope of Project Certification - Services (Competing continuation applicants only) - select only one below

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

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

10. Scope of Project Certification - Sites (Competing continuation applicants only) - select only one below

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

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

11. 120 Day Implementation Plan Certification

[X] By checking this box, I certify that if my organization is noncompliant with any Health Center Program requirements, in accordance with Section 330(e)(1)(B), I will submit for HRSA's approval within 120 days of receipt of the Notice of Award (NoA) an implementation plan to come into compliance. I acknowledge that areas of noncompliance will be

documented through the carryover of any unresolved, existing condition from the current project period and/or the placement of new condition(s) on the award based on the review of this application. I also acknowledge that all conditions on my award must be addressed within the timeframes and due dates specified on my Health Center Program NoA(s) and that the implementation plan I submit must align with such timelines.