Pinellas County Board of County Commissioners (BCC)
BCC Assembly Room
315 Court Street, 5th Floor
Clearwater, Florida 33756

October 29, 2013

WORK SESSION AGENDA

9:30 a.m.

1. Update on the Economic Impact of Poverty Report
2. Contract Administration and Review Team Recommendations
3. Transit Referendum Initiative Discussion

(BCC Conference Room – 5th Floor)

4. Discussion of Lobbyist Ordinance and Other Procedural Issues

Order of Items is Subject to Change. All Times are Approximate. Break May be Taken.

****

Citizens' Comments Will Follow Presentations

Any Person Wishing to Speak During the "Citizens' Comments" Portion of the Work Session Agenda Must Have a Blue Card Completed and Given to the Agenda Staff at the Staff Table. The Chairman Will Call the Speakers, One by One, to the Podium to be Heard. Each Speaker May Speak up to Three (3) Minutes.

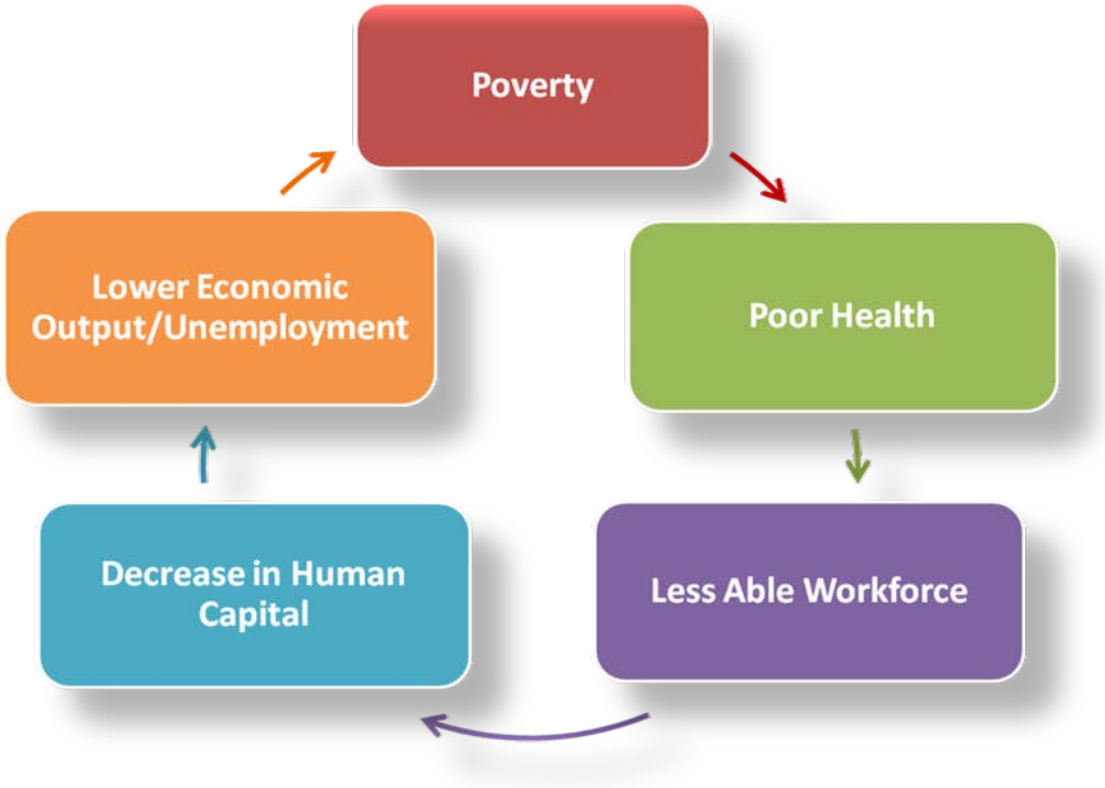
October 29, 2013

Update on The Economic Impact of Poverty Report for the Pinellas County Board of County Commissioners

Gwendolyn C. Warren

Executive Director
Department of Health and Community Services

Impact of Poverty



Individuals in underserved communities face significant barriers to economic self-sufficiency, which drives service delivery costs.

Economic Impact of Poverty Report

- In Spring 2012, the Departments of Health and Human Services, Community Development, Development, Justice and Consumer Services, Code Enforcement, Planning, and Economic Development analyzed the factors that contribute to systemic poverty in an effort to identify inefficiencies in County services and resource allocation.

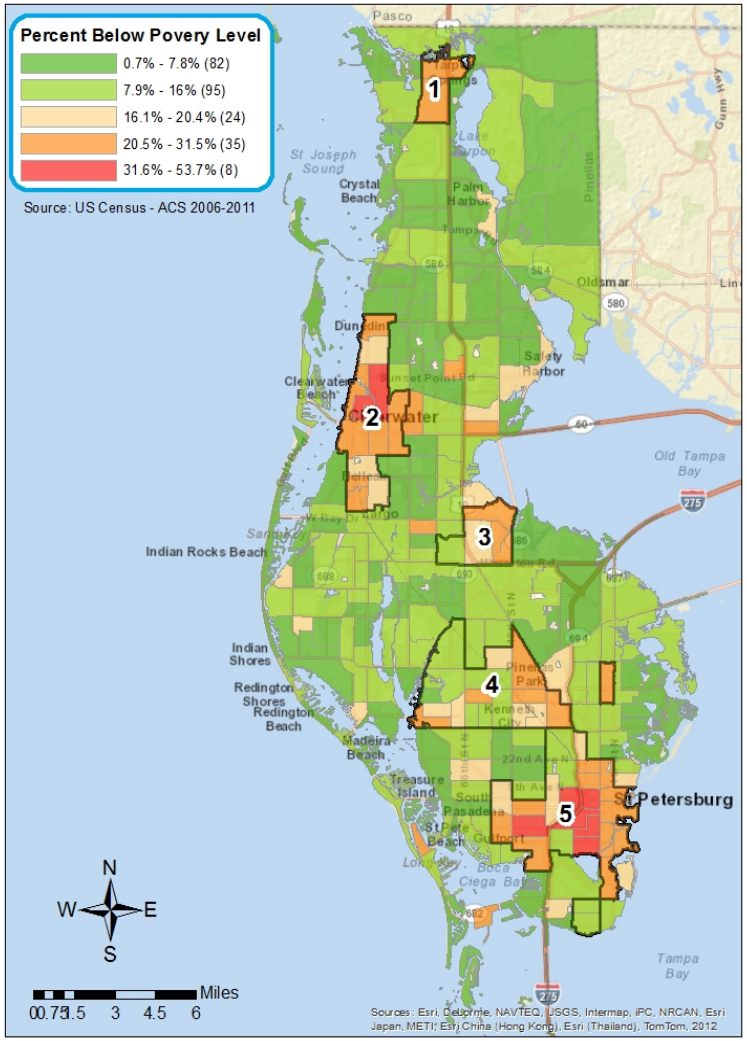
- The strategic analysis, titled the **Economic Impact of Poverty**, identified five At-Risk Zones in Pinellas County with high concentrations of poverty and a low return to the County tax base, seven common factors that contribute to the cycle of poverty and drive up service delivery costs, and outlined specific initiatives to improve overall community outcomes.

Updates to the Economic Impact of Poverty Report

- Pinellas County's At-Risk Communities
- Disparities Within At-Risk Communities
- Insufficient Transportation
- Limited Access to Food
- Lower Educational Attainment
- Limited Access to Health Care
- Increased Crime Rates
- High Unemployment
- Inadequate and Insufficient Housing
- Impact of At-Risk Zones on Pinellas County

Pinellas County's At-Risk Communities

- **920,326** people live in Pinellas County
  - **11.6%,** (**106,758**) live at or below the Federal Poverty Level.
- There are five At-Risk Zones within Pinellas County that have higher concentrations of poverty than the County as a whole
  - East Tarpon Springs, North Greenwood, Highpoint, Lealman Corridor, and South St. Petersburg.
- An estimated **45% (47,581)** of Pinellas County's total low income population lives within the identified At-Risk Zones.

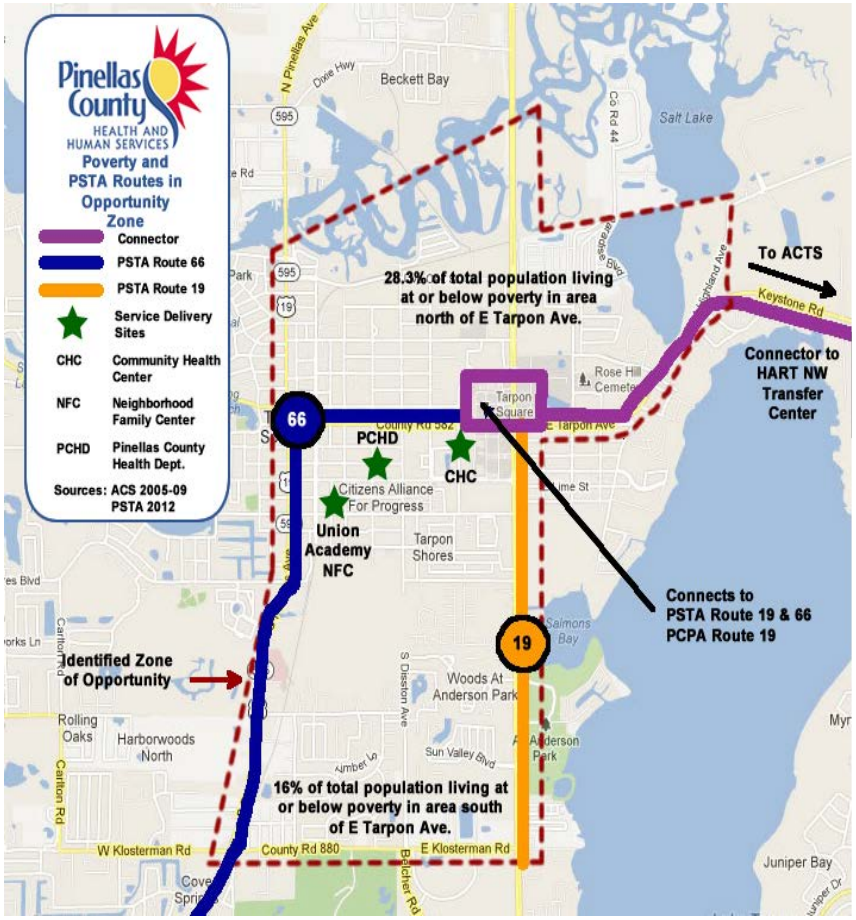


Pinellas County's At-Risk Communities

Zone	Population Living At or Below 100% FPL	Primary Diagnosis for Emergency Room Visit	Emergency Room Financial Hardship	Primary Diagnosis for Inpatient Hospitalization	Inpatient Hospitalization Financial Hardship
E. Tarpon Springs	20% (1,707 individuals)	Alcohol abuse	49.2%	Dehydration	57.3%
N. Greenwood	35% (13,805 individuals)	Asthma, Alcohol abuse, Diabetes	58.2%	Asthma, Alcohol Abuse, Diabetes	60.3%
Highpoint	27% (5,452 individuals)	Asthma, Alcohol abuse, Diabetes	54.8%	Asthma, Alcohol abuse, Diabetes	60.2%
Lealman Corridor	19% (8,048 individuals)	Asthma, Alcohol Abuse	58.1%	Asthma, COPD, Dehydration, Diabetes, and Hepatitis	60.5%
S. St. Petersburg	35% (18,569 individuals)	Asthma, Alcohol Abuse, Pneumonia, and Diabetes	66.6%	Asthma, Dehydration, Diabetes, Hepatitis, and Urinary Tract Infection	57.0%

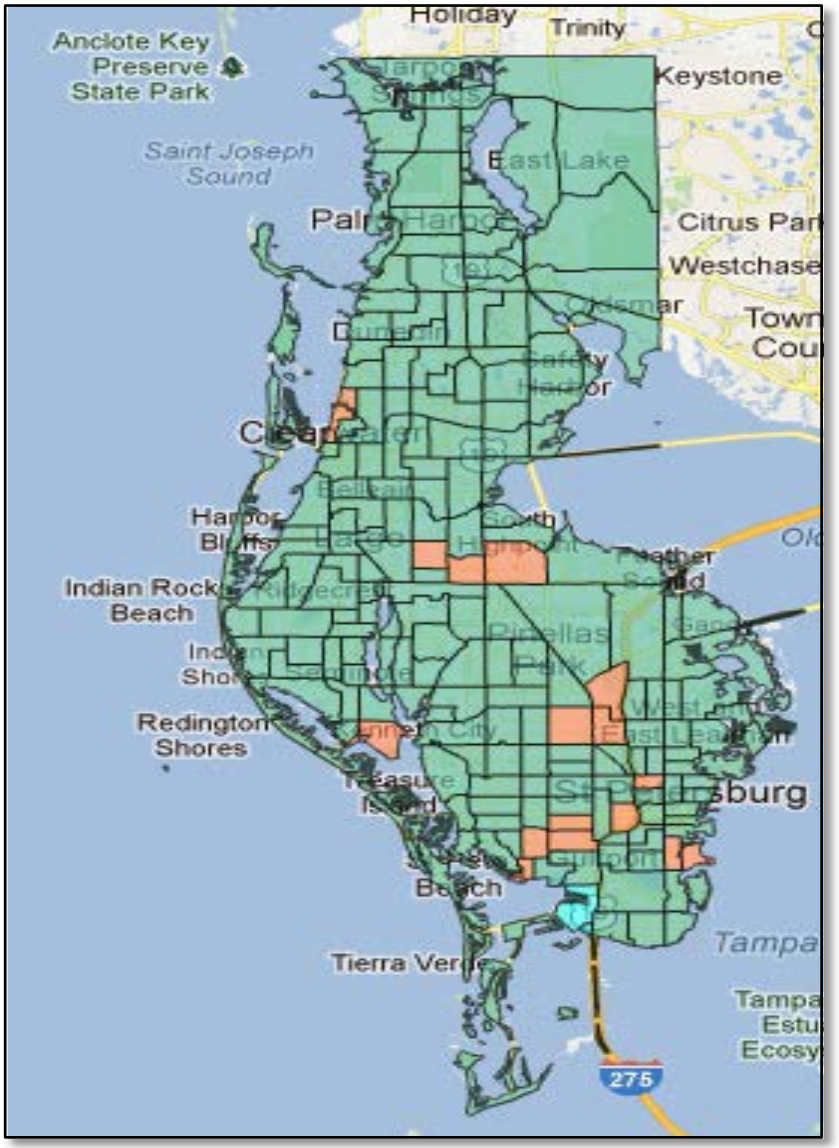
Disparities Within At-Risk Communities

Insufficient Transportation



- Within our At-Risk Zones, **11%** of households do not have a vehicle available, while **41%** have only one vehicle.
  - One-way cash **PSTA** fares cost a minimum of **$2** each way, causing individuals to spend at least **$4** round-trip on any given day and at least **$120** per month – **13%** of an individual's total earnings living exactly at 100% of the Federal Poverty Level.
- Studies show that a lack of access to transportation reduces health care utilization among individuals in all age groups.
- A 2011 Report from the Children's Health Fund cited that **4%** of children in the United States either missed a scheduled health care visit or did not schedule a visit during the preceding year because of transportation limitations.
- The Children's Health Fund estimates that the poorest **1/5** of American families spend **42%** of their income on transportation.

Limited Access to Food



- Zones 2, 3, 4, and 5 are considered **food deserts** – areas without ready access to fresh, healthy, and affordable food.
  - Approximately **36,813** people in Pinellas County live in a food desert.
- Residents living in those areas must rely on fast food restaurants or convenience stores where options are more limited and unhealthy.
  - In addition, prices at convenience stores tend to be higher than those of supermarkets or grocery stores, with low-income individuals paying approximately **1.3%** more for groceries than middle income individuals.
- The USDA indicates that a typical Supplemental Nutrition Assistance Program recipient travels between 2 and 4 miles to the nearest supermarket or grocery store.

Lower Educational Attainment

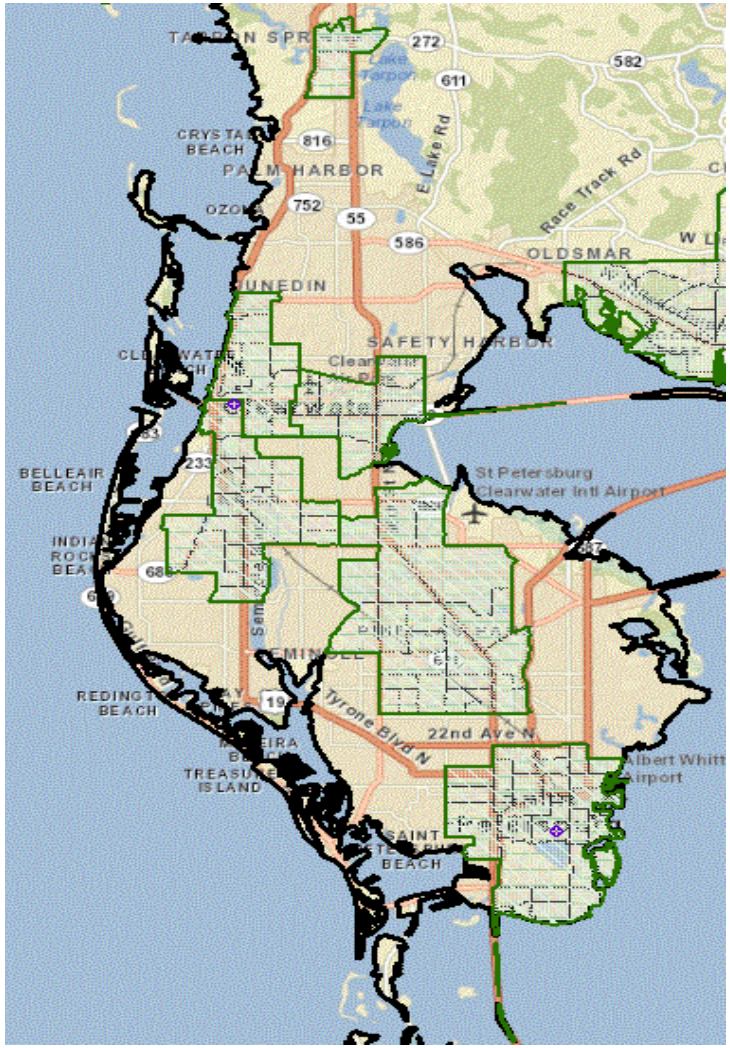
- In Pinellas County, 71% of kindergarten students were ready for school in 2011, but only 63% of kindergarten students within the Zones were ready.
- In 2011, approximately 30% of high school students in the Zones didn't graduate high school, compared to only 19% in Pinellas.
- A high school drop out earns about $7,840 less per year and $260,000 less in a lifetime than a person who does graduate.
- High school drop-outs in the Zones will result in $3.8 million in lost wages per year once they reach adulthood ($127 million less over a lifetime.)

Limited Access to Health Care

- As of Fiscal Year 2012, **149,604** Pinellas County residents were enrolled in Medicaid -- **16%** of the estimated 2012 population.
  - **46%** percent of Medicaid enrollees in the County resided within our At-Risk Zones, **51%** of which were children.

- It is necessary to not only have health insurance, but also multiple access points across the County that accept insurance (including Medicaid) to ensure that residents can receive the care they need.

- There are **12** communities within Pinellas County that have been designated as a Health Professional Shortage Area, including **Clearwater, St. Petersburg, Ridgecrest and Tarpon Springs.**



Lack of Access to Health Care

- It has been documented that individuals with limited access to health care utilize the Emergency Room for primary care.
  - Medicaid beneficiaries under the age of 65 show the most Emergency Room utilization, with more than one-quarter of children and nearly two in five adults having used the Emergency Room at least once in a 12 month time period and the majority reporting that they utilize the Emergency Room because they had no other place to go.
- **29%** of those living in poverty used the Emergency Room at least once over the past 12 months, compared to only **16%** of those living above 400% of the Federal Poverty Level.

Lack of Access to Health Care

In Pinellas County, the average cost of Emergency Room visits at County hospitals across all payer types was **$4,143** – totaling **$1,055,201,608** in Emergency Room costs.

	ER Visits		ER Costs		Average Cost/Visit
	Total	Percent	Total	Percent	
Private Insurance	80,614	30%	$384,344,540	36%	$5,115
Medicaid Only	99,291	38%	$336,096,023	32%	$3,873
KidCare*	2,559	1%	$7,363,342	1%	$2,918
Self-Pay	77,268	29%	$306,449,441	29%	$3,883
Other State/Local Gov't	5,184	2%	$20,948,262	2%	$5,444
All payer types	**264,916**	**100%**	**$1,055,201,608**	**100%**	**$4,143**

The Florida Agency for Health Care Administration reports that **22.5%** of all Emergency Room visits result in hospitalization.

Lack of Access to Health Care

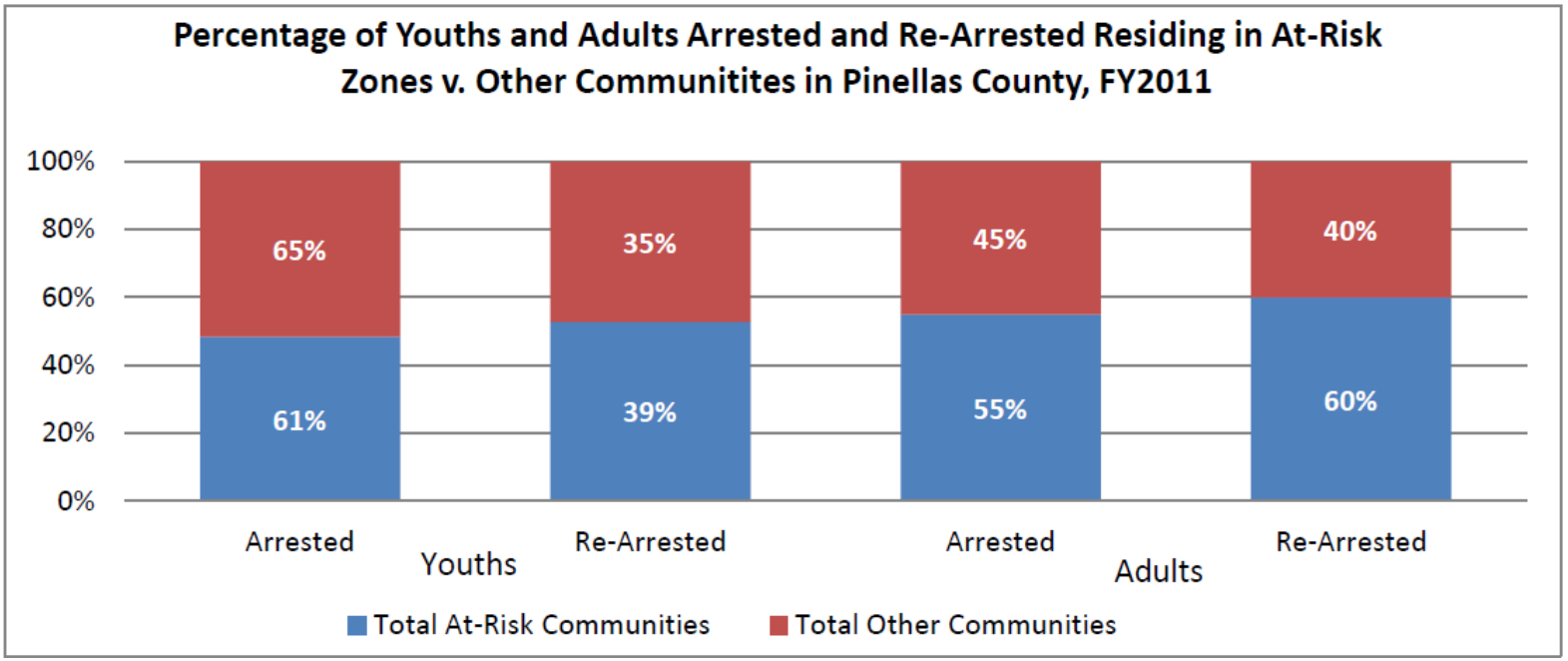
Medicaid patients accounted for **26,877** hospitalizations at a cost of almost **$1.2 billion**, or **39%** of all inpatient costs for County hospitals.

- The average length of stay across all payer types was **5.5** days, but Medicaid patients stayed an average of **7.4** days.

	Hospitalizations		Hospitalization Costs		Average Length of Stay	Average Cost per Visit
	Total	Percent	Total	Percent		
Private Insurance	32,343	47%	$1,424,706,478	48%	8.3	$67,660
Medicaid Only	26,877	39%	$1,178,447,930	39%	7.4	$50,138
KidCare*	377	<1%	$15,631,369	<1%	3.7	$28,651
Self-Pay	8368	12%	$315,412,659	11%	3.9	$36,910
Other State/Local Gov't	1,384	1%	$60,026,560	1%	4.1	$40,773
All payer types	**69,349**	**100%**	**$2,994,224,996**	**100%**	**5.5**	**$46,323**

- Uninsured and Underinsured County residents in the five At-Risk Zones account for approximated **$612 million** in Emergency Room costs and **$1.7 billion** in hospitalization costs each year – a combined cost of over **$2 billion** annually.

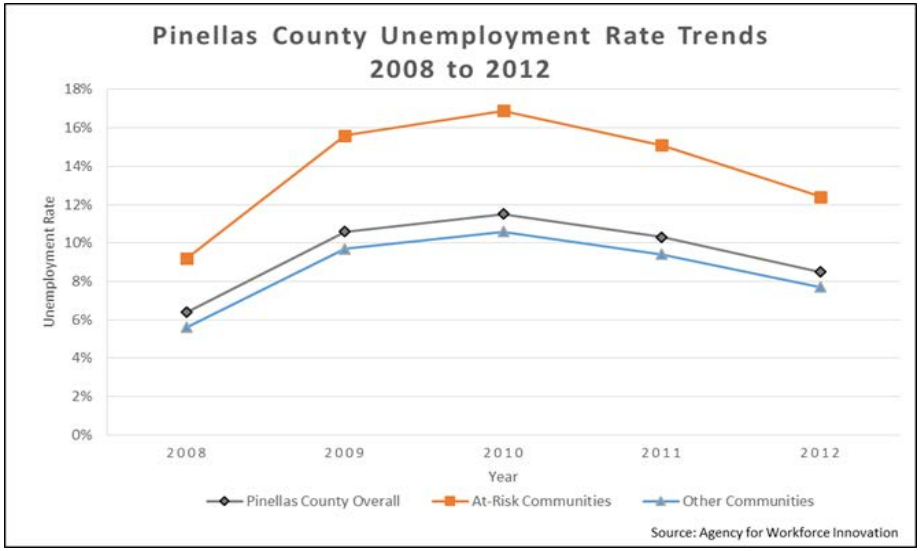
Increased Crime Rates

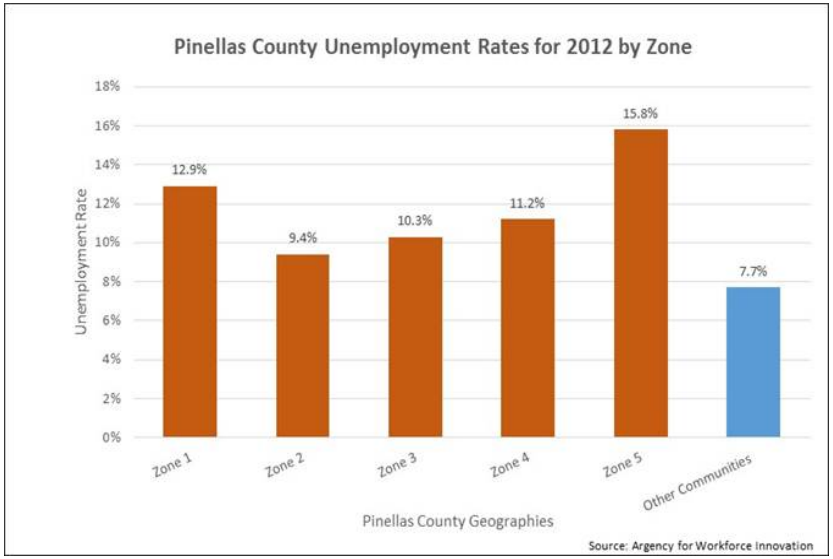


	Youths				Adults			
	Arrested		Re-arrested		Arrested		Re-arrested	
Zone 1	55	2%	17	2%	689	2%	175	2%
Zone 2	260	9%	94	8%	2,560	9%	834	10%
Zone 3	202	7%	88	8%	1,538	5%	6439	5%
Zone 4	401	14%	191	17%	3,909	14%	1,200	14%
Zone 5	768	28%	339	30%	7,111	25%	2,362	28%
Total At-Risk Zones	**1,686**	**61%**	**729**	**65%**	**15,807**	**55%**	**7,602**	**60%**
Total Other Communities	**1,090**	**39%**	**395**	**35%**	**12,705**	**45%**	**4,882**	**40%**
Total Pinellas County	**2,776**	**100%**	**1,124**	**100%**	**28,512**	**100%**	**12,484**	**100%**

High Unemployment

The unemployment rate in Pinellas County has increased from **3.9%** in 2007 to **9%** in 2012. The unemployment rate in the At-Risk Zones was **12%** in 2012.





Specific Communities within the At-Risk Zones experienced higher unemployment than the County as a whole – with South St. Petersburg (Zone 5) exhibiting the highest rate at **15.8%.**

Inadequate and Insufficient Housing

Housing expenditures exceeding **30%** of household income have been an indicator of a housing affordability problem.

- The 2012 Median Annual Income in Pinellas County was **$43,882** with an average household size of **2.2**.

A family in Florida without a housing subsidy needs to make **$41,574** a year to afford a two-bedroom unit at the fair market rent.

- A family of four using only 30% of their monthly income on rent should pay no more than **$576.25** for a two-bedroom unit.

	Available To Rent On September 4, 2013		Total Listed On Database	
Maximum Rent on Database	Available Properties	Available Units	Total Properties	Total Units
$300	2	6	4	13
$400	9	29	10	32
$500	32	102	40	128
$600	102	326	132	422
Total available within affordable range	145	463	186	595

A September 4, 2013 search on www.floridahousingsearch.org for the availability of housing properties with rent under $600 a month in Pinellas County resulted in only **145** available properties in the entire County.

Impact of At-Risk Zones in Pinellas County

Emergency Room costs for Medicaid and Uninsured:	**$663.5 million**
Inpatient costs for Medicaid and Uninsured:	**$1.5 billion**
Potential lost wages for students not graduating with standard diploma:	**$3.8 million**
Lost wages for adults with less than high school completed:	**$112.1 million**
Lost wages among arrested adults that are high school dropouts:	**$83.2 million**
Cost of homeless individuals:	**$167.9 million**
Estimated Total:	**$2.5 billion**

Pinellas County Action Steps

Integration of Services

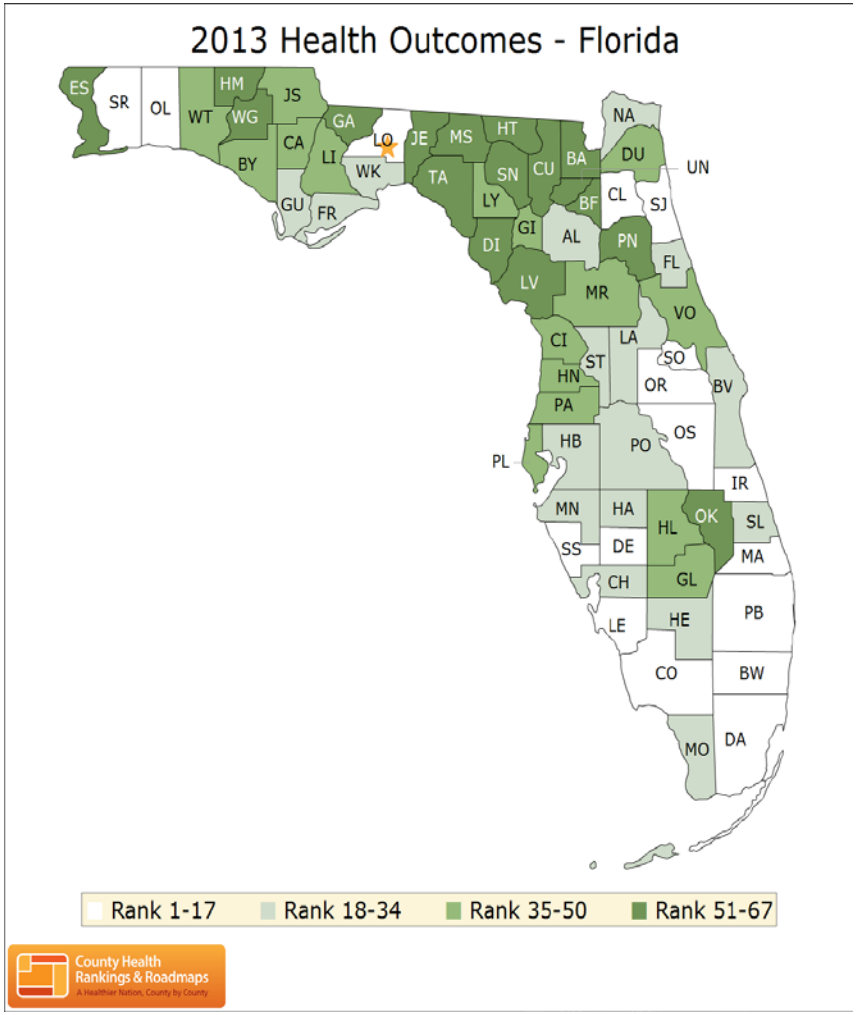
- The Department of Health and Community Services aims to be an efficient, data-driven organization that provides quality customer service and delivers measurable outcomes that improve the lives of individuals and changes communities that have experienced blight.

Healthcare Delivery System Re-Design

- Pinellas County Health Ranking
- Current System Design
- Improved Healthcare Delivery Model

- Local Impact of the Patient Protection and Affordable Care Act
- 330 (e) Federally Qualified Health Center Designation
- Increased County Revenue: Third Party and Medicaid Billings

Pinellas County Health Ranking

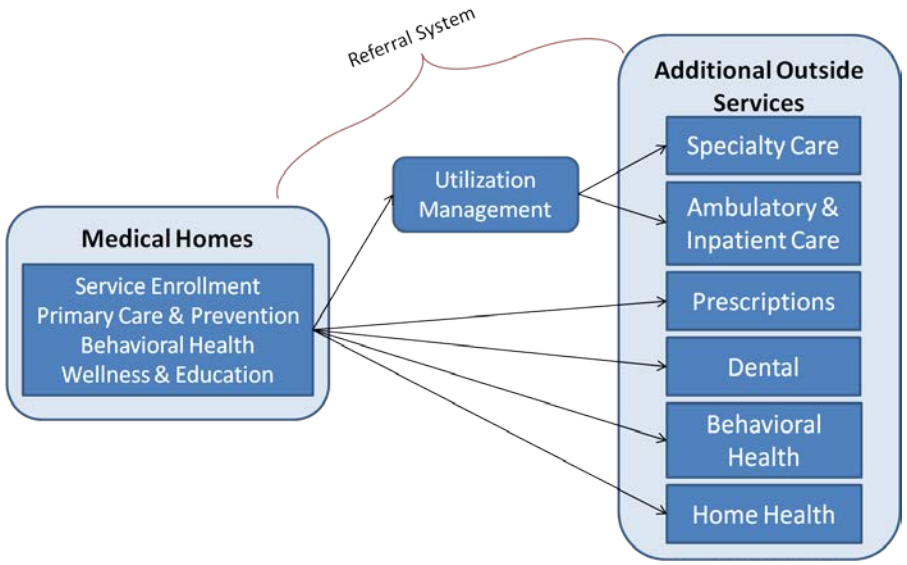


- Pinellas County ranks **38th out of 67** counties in Florida for overall health.
  - It is the lowest ranked large County and lowest ranked urban County.

- Pinellas County ranks lower than the State of Florida and national benchmarks in leading health indicators such as poor health, poor mental health, diabetes, obesity, adult smoking, cancer, sexually transmitted diseases, and cardiovascular disease.

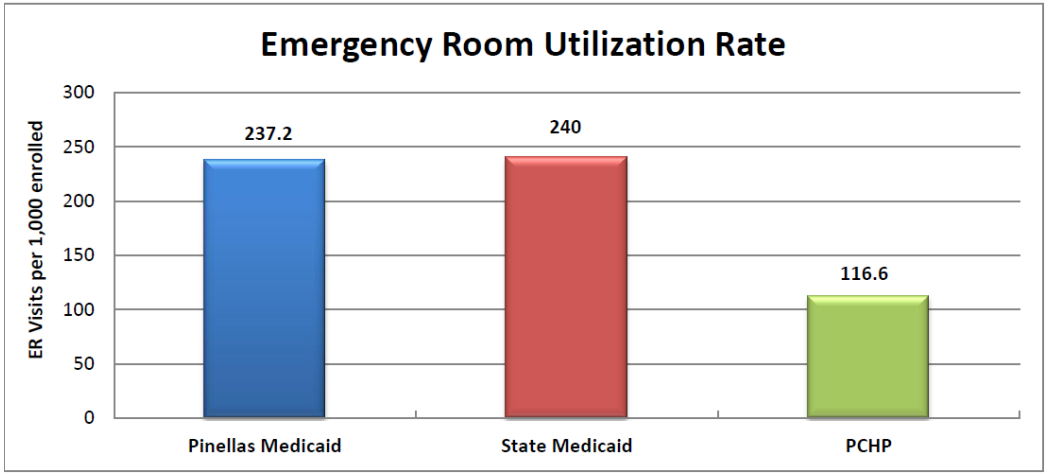
- Some health rankings are in the national **"severe"** benchmark category.

Current Healthcare System Design



The Pinellas County Health Program has proven to decrease per client costs from **$5,927 in 2008** to **$1,442 in 2012**.

A Department study found that from 2008 – 2011, after only 6 months in the program, Pinellas County Health Program clients had an average of **1.3** visits per year to the Emergency Room – half of that of Medicaid clients.



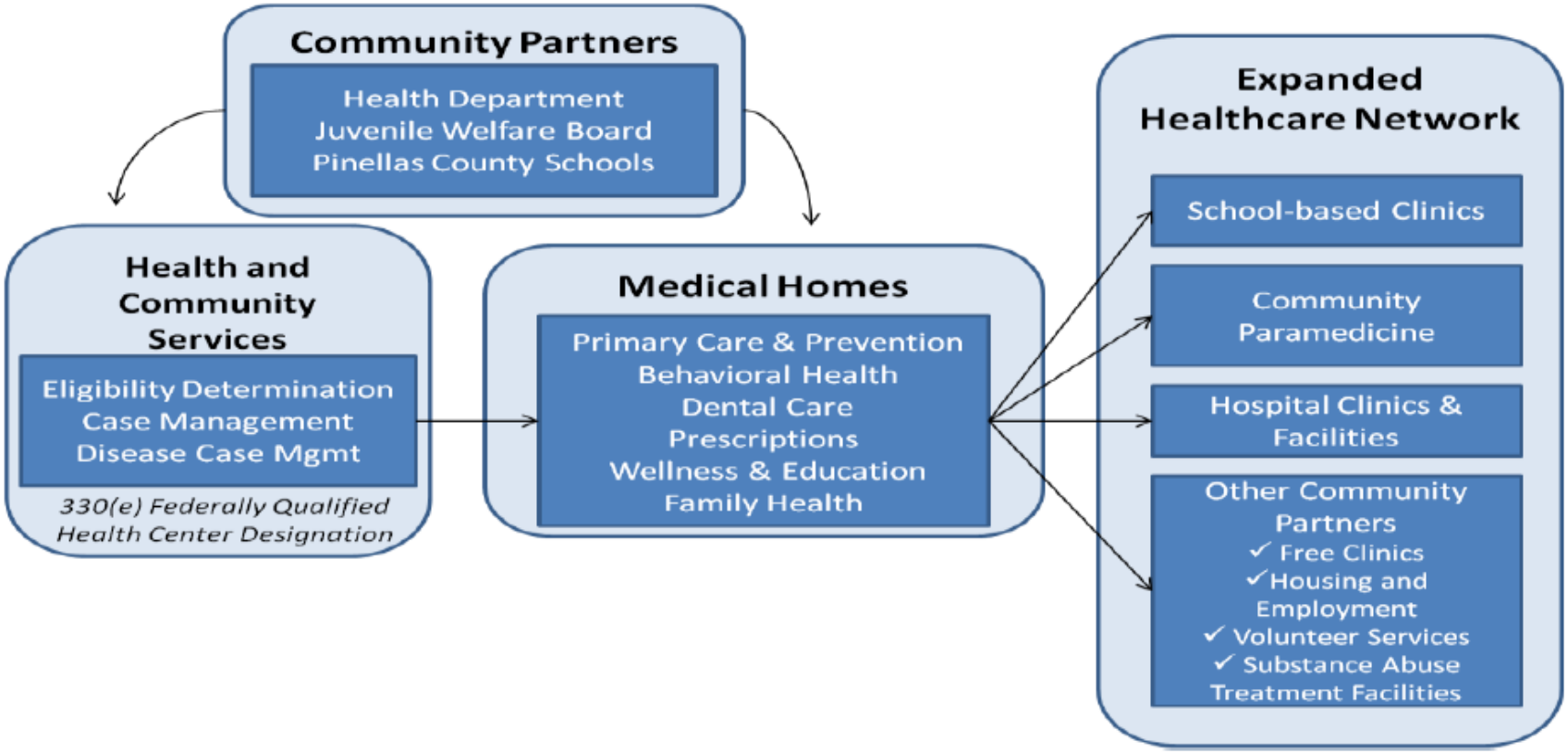
Limitations of Current System Design

- Disproportionate Number of Residents Without Health Coverage and Access to Care
- Lack of Capacity and Adequate Infrastructure to Serve Those in Need

Unmet Need for Primary Care Access in At-Risk Zones				
Zone	**Total Low-Income Individuals**	**Total Accessing Primary Care**	**% of Low-Income Population**	**Unmet Need**
E. Tarpon Springs	8,726	3,122	37.7%	5,154
N. Greenwood	25,520	10,142	39.7%	15,378
Highpoint	15,815	6,925	43.8%	8,890
Lealman	27,015	11,466	42.4%	15,549
S. St. Petersburg	48,246	24,823	51.5%	23,423
Total	**124,872**	**56,478**	**45.2%**	**68,394**

- The Cost of Care is Primarily Borne by the County
- Lack of Coordination Among Providers
- Current System Design Treats Adults and Children Separately

Improved Healthcare Delivery Model



Local Impact of the Patient Protection and Affordable Care Act

State and County Medicaid Projections by 2016

	State	Pinellas County
Medicaid Enrollees (3/31/13)	3,240,242	136,790
"Woodwork Effect"	301,960	12,260
Currently Eligible Population	**3,542,202**	**149,050**
Expansion 0 - 138% FPL	1,295,000	53,200
"Crowd Out"	218, 027	9,157
New Enrollees	1,513,027	**62,357**
Total Medicaid	**5,055,229**	**211,407**

330(e) Federally Qualified Health Center Designation

- In 2010, the Board of County Commissioners requested independent analysis of the Pinellas County Health Program to determine whether it was in the County's interest to expand the number of organized FQHC's and FQHC sites and compared the FQHC in St. Petersburg to similar cities.

FQHC Comparisons

City	Population	FQHC's in City	FQHC Sites in City	Sites Per FQHC
Cincinnati	333,013	7	15	2.1
St. Louis	356,587	4	11	2.8
New Orleans	315,418	2	5	2.5
Anaheim	337,896	7	20	2.9
Tampa	332,888	1	6	6.0
Jersey City	242,503	3	5	1.7
Fort Wayne	255,890	2	2	1.0
Birmingham	230,130	1	4	4.0
Averages	**300,541**	**3.4**	**8.5**	**2.9**
St. Petersburg	**248,098**	**1**	**1**	**1.0**

330(e) Federally Qualified Health Center Designation

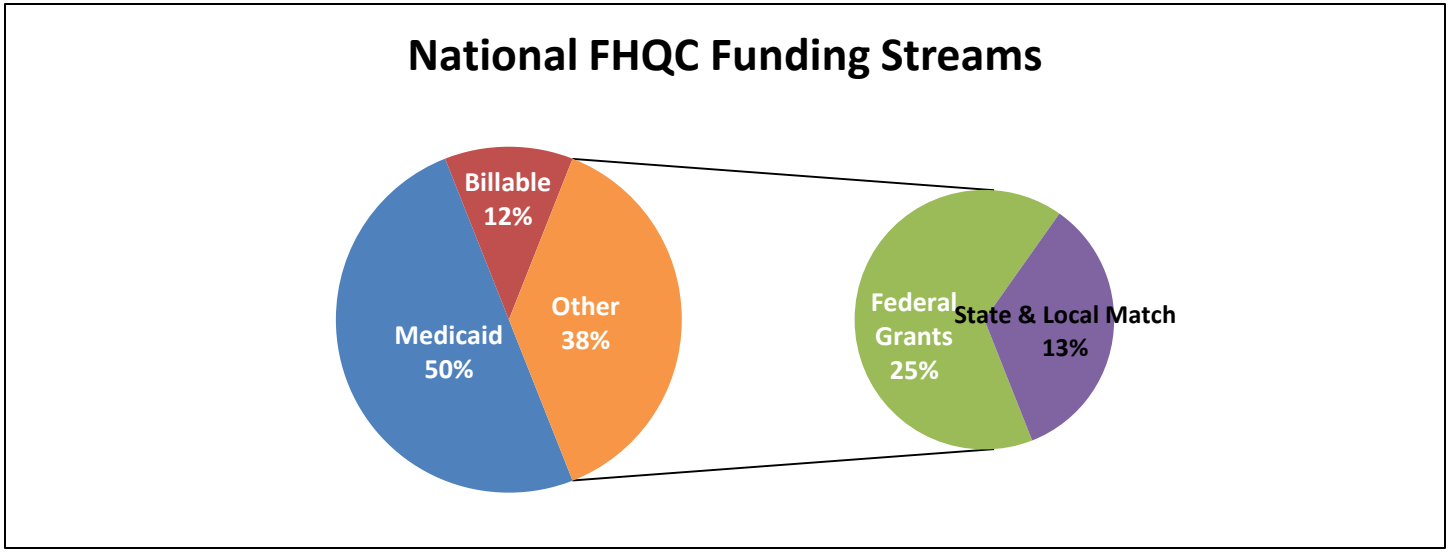
- Approximately **245,000** residents in Pinellas County are low-income (living at or below 200% of the Federal Poverty Level) and represent **27%** of the total County population.
  - Pinellas County's only 330(e) Federally Qualified Health Center - the Community Health Centers of Pinellas – is only able to serve **13%** of the low-income residents in need of health care.

- It is critical that access to primary and preventive care for low-income residents is expanded and in order to do so, the County must expand its FQHC status. The current 330(h) FQHC status limits our capacity to serve only homeless clients.

- **By expanding our designation to a 330(e), we create the opportunity to help meet the primary and preventive health care needs of the remaining 87% currently underserved low-income residents in Pinellas County, while also leveraging federal dollars and Medicaid reimbursements.**

Increasing County Revenue: Third Party Billing and Medicaid

- The largest source of funding for FQHC clinics is Medicaid reimbursements followed by federal grant dollars and state and local matching funds.



- Third-party billing and private pay clients will bring in additional revenue and reduce the dependence on General Fund dollars for health care delivery to low-income residents; shifting this cost burden away from local taxpayers while improving health care access and reducing Emergency Room costs.

Projected Clinic Staffing Model Per Zone

Zone	Total Low-Income Individuals	Unmet Health Care Need	50% of Unmet Health Care Need	# of Annual Encounters	Physician Teams Needed
E. Tarpon Springs	8,726	5,154	2,577	10,308	2 Teams
N. Greenwood	25,520	15,378	7,689	30,756	5 Teams
Highpoint	15,815	8,890	4,445	17,780	3 Teams
Lealman	27,015	15,549	7,775	31,100	5 Teams
S. St. Petersburg	48,246	23,423	12,712	50,848	9 Teams
Total	**124,872**	**68,394**	**35,198**	**140,792**	**24 Teams**

We assume that we can serve 50% of the residents with an unmet need with 1 clinic in each Zone. A Physician Team is comprised of: (1) Physician, (1) Nurse, (1) Administrative Support Specialist, (.5) Team Supervisor. A Physician Team can see 1,500 clients per year (4,600 encounters).

Projected Annual Medicaid Reimbursement Per Zone

Zone	50% of Unmet Health Care Need	50% of Medicaid Clients	# of Annual Encounters	Projected Annual Medicaid Revenue
E. Tarpon Springs	2,577	1,289	5,156	$541,380
N. Greenwood	7,689	3,845	15,380	$1,614,900
Highpoint	4,445	2,223	8,892	$933,660
Lealman	7,775	3,873	15,492	$1,626,660
S. St. Petersburg	12,712	6,356	24,424	$2,669,520
Current Pinellas County Health Program Clients	**20,000**	**10,000**	**40,000**	**$4,182,000**
Total	**55,198**	**27,586**	**110,344**	**$11,568,120**

The Medicaid Encounter Reimbursement Rate is **$104.55.** We assume that 50% of the residents with an unmet health need will qualify for Medicaid and have 4 encounters per year.

Projected Maximum Clinic Revenue for All Zones

The Billable Encounter Rate is **$108.72.** Assuming that the remaining 27, 586 clients who will not qualify for Medicaid will have an average of 4 encounters per year and that the clinics will experience 50% uncompensated care, the following annual revenue projection estimate can be made:

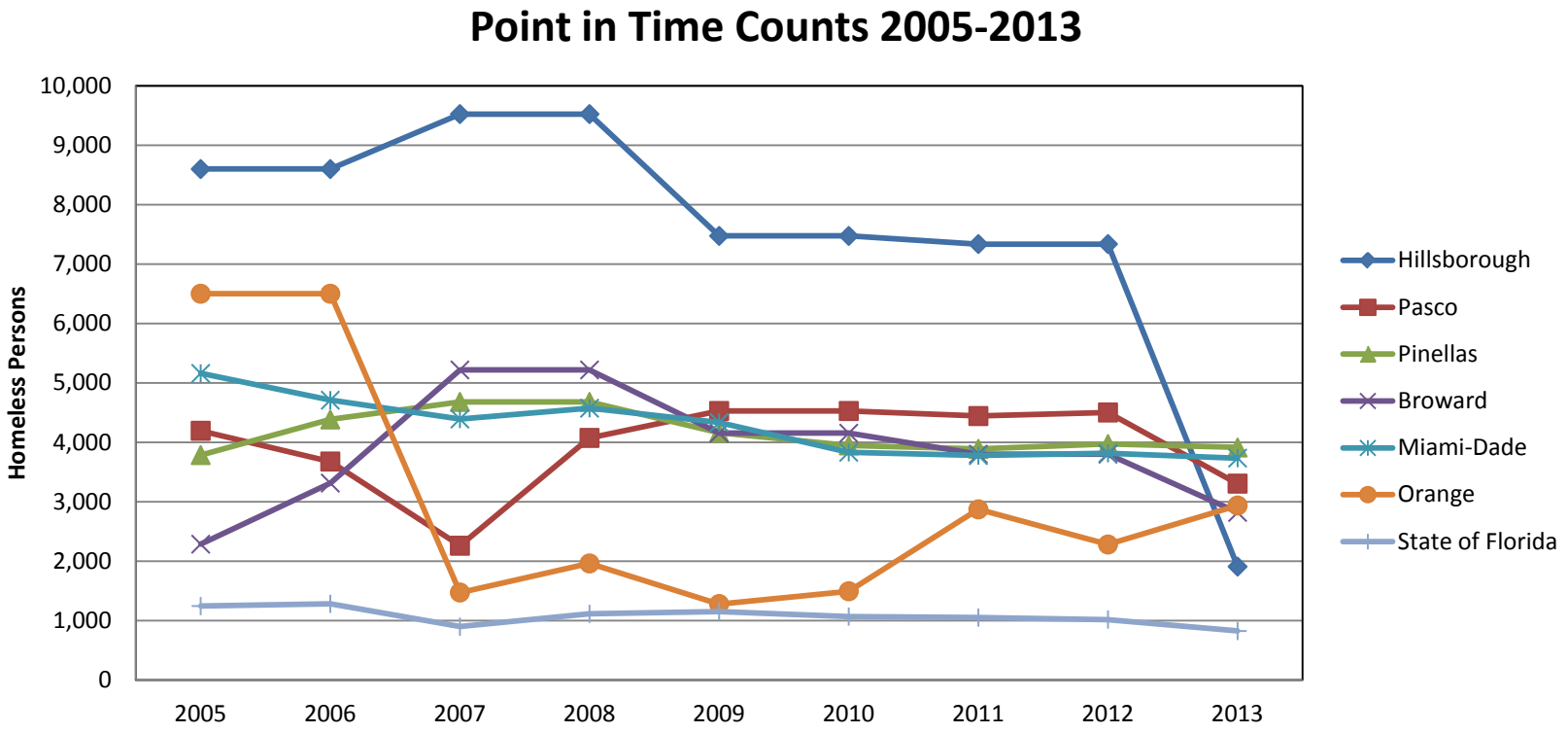
Medicaid Rate	Billable Rate	Uncompensated Care	Grants and Matches	Total Revenue for All Clinics
$11.5 M	$12.0 M	- ($11.75M)	$4.5M	$16.25M

Homeless Continuum of Care

- Homeless Data and Trend Analysis
- Ending Homelessness – A National Approach
- Data
- Health Services
- Behavioral Health Assessment Center
- Housing Services
- Prevention and Self-Sufficiency Programs
- Funding

Homeless Data and Trend Analysis

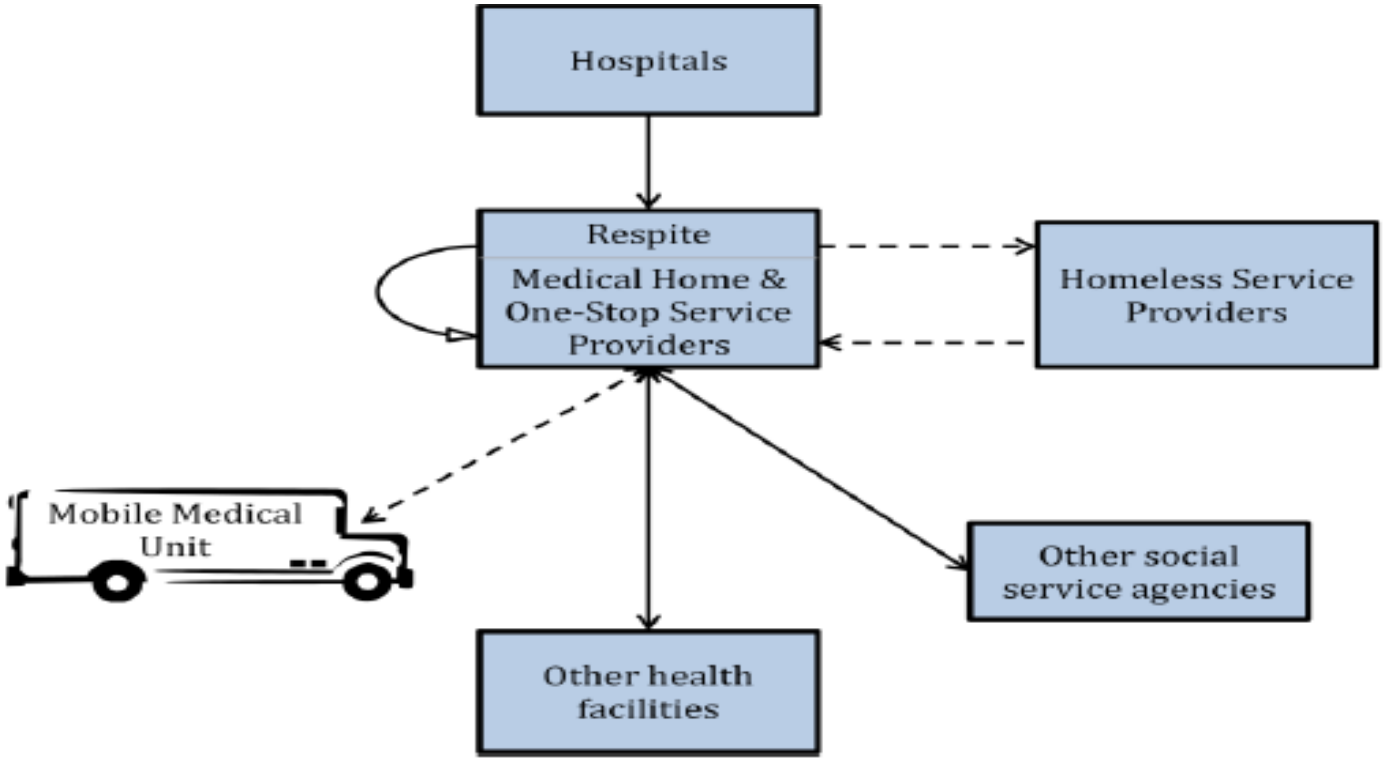
In 2012, there was a **14.8%** increase in homelessness in Florida, while national rates decreased by **5.7%.** Florida has the 3rd largest homeless population and the 3rd largest unsheltered homeless population in the Country. The 2013 Homeless Point in Time Count revealed that **Pinellas County now has the highest rate of homelessness in the State.**



Ending Homelessness: A National Approach

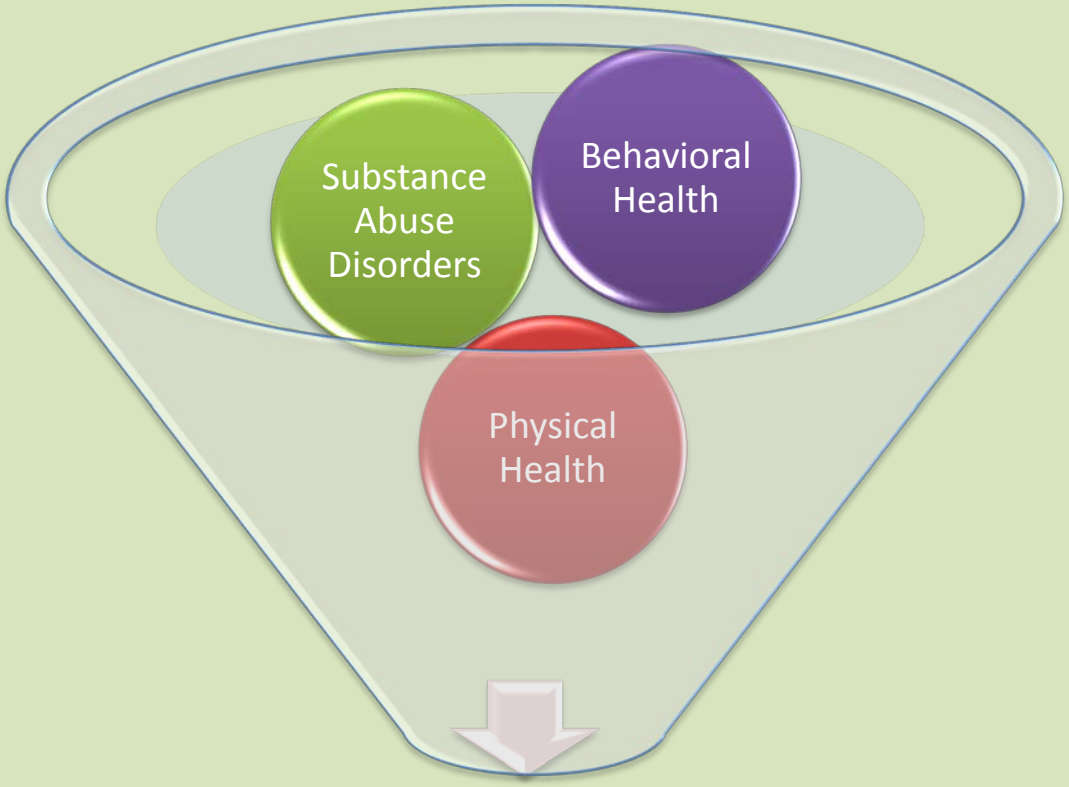
Enhanced Data Collection

Health Services: Bayside Health Campus



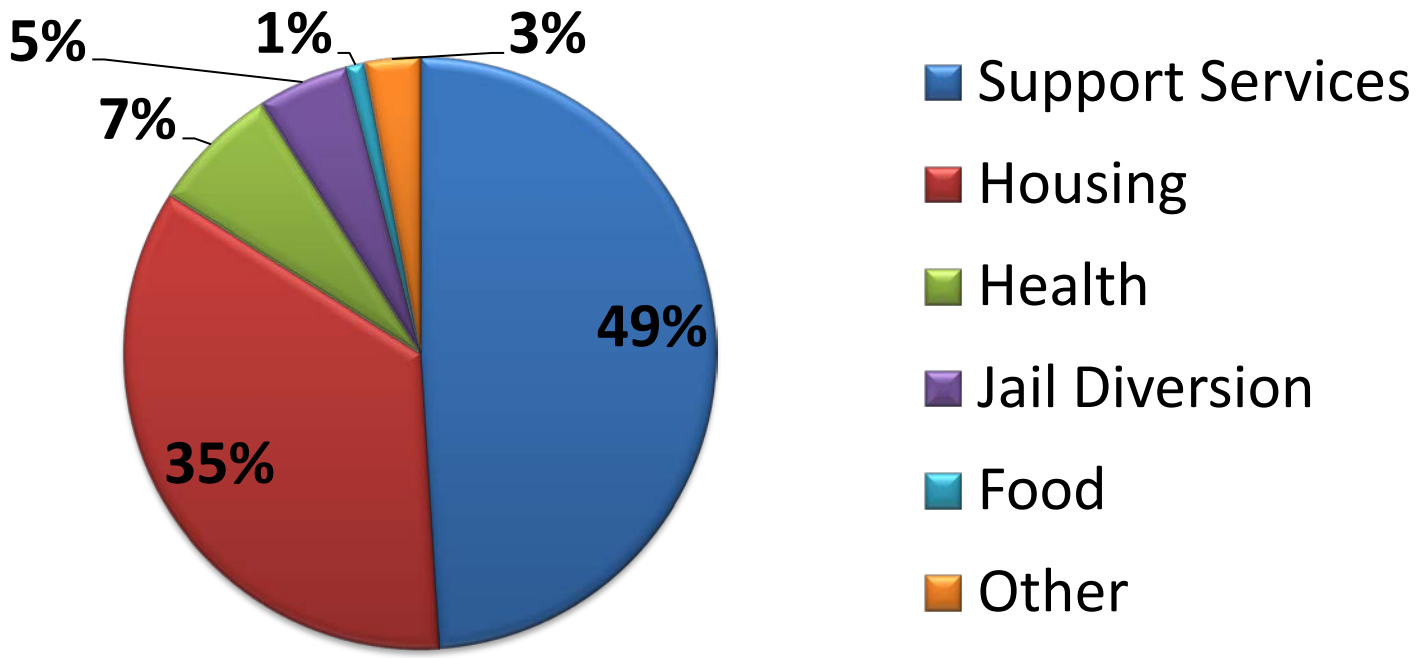
Bayside Health Campus Design

Behavioral Health Assessment Center



Appropriate Referrals and Community Support Services

Funding for Homeless Services By Service Area



The current funding model for homeless services in Pinellas County is disjointed, at best, and it relies heavily on local taxpayers to fund programs through the County. A helpful tool for the long-term vitality of a homeless services continuum of care is to utilize a diverse mix of funding sources. The Department will explore viable funding and program models for the homeless continuum of care and will provide a comprehensive approach to homelessness to the Board for its consideration in Spring 2014.

Health Care Action Items

- Approval to continue to work with the Health Collaborative to develop an integrated health care delivery system.

- Approval to hire an external healthcare consultant to assist in further design of the health care delivery system.

- Approval to submit the application for the 330(e) Federally Qualified Health Center expansion.

Homelessness Action Items

- Approval to continue the design and build of the Bayside Health Campus.

- Approval to partner with community stakeholders and develop a centralized, Countywide behavioral health assessment center.

- Approval to explore alternate and dedicated sources of funding for both health care and homeless services expansion.

Pinellas County
HEALTH AND COMMUNITY SERVICES

Questions and Answers

Pinellas County
HEALTH AND COMMUNITY SERVICES

2013

Update on The Economic Impact of Poverty Report for the Pinellas County Board of County Commissioners

Gwendolyn C. Warren

Executive Director
Department of Health and Community Services

Executive Summary

Under the leadership of the Board of County Commissioners, Pinellas County has undergone a variety of strategic planning activities that have led to a restructure of County programs, services, staff, and resources within the last couple of years. These strategic planning activities began as leaders recognized that the demand for County services was outpacing the available resources to support many County programs. As a result, the Board of County Commissioners embarked on a series of strategic planning workshops in 2011 to develop a vision, mission, and leadership philosophy that would help frame future policy and budget discussions. The Board's strategic vision is an improved quality of life for Pinellas County residents and aims to have municipalities, engaged citizens, and the County working together to better align resources, to revitalize and redevelop communities, and protect our natural resources. Out of the planning efforts in 2011, the Board's strategic direction centered around five goals:

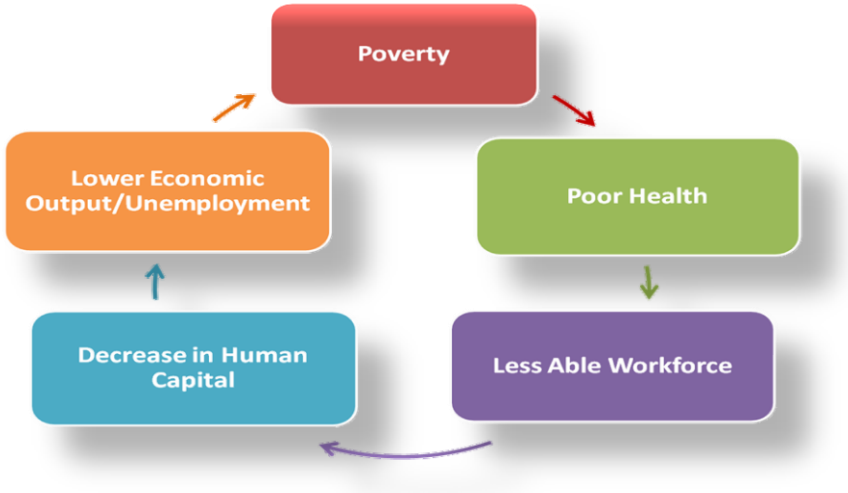
After the Board's goals were identified, each County Department completed "deep dives" into their programs and services to align with the County Commissions' goals. Following this process, the next step in the County's strategic planning activities involved collaborative workgroups across County departments partnering together to review and determine whether the County's core services aligned with community needs. The Pinellas County Department of Health and Human Services, in coordination with the Community Development, Justice and Consumer Services, Code Enforcement, Economic Development, and Planning Departments chose to analyze the factors that contribute to systemic poverty in an effort to determine the needs of the community as well as inefficiencies in County services and resource allocation. This strategic analysis, titled the **Economic Impact of Poverty**, highlighted seven factors that contribute to the cycle of poverty and drive the costs for combating poverty. In addition, the report explored the economic effects of poverty and outlined specific initiatives to improve overall community outcomes without incurring additional costs.

The report took an economic approach to identify the relationship between County funding priorities and services and communities in need of additional resources and services. As a result of this analysis, five Zones

within Pinellas County were identified as having high concentrations of poverty and a small return to the tax base. While the individuals in these Zones were the highest consumers of County services, funding allocations and project prioritizations were disjointed, leading to disparate outcomes.

The most recent federal counts estimate that **920,326** people live in Pinellas County. The Census Bureau's 5-year estimates indicate that, **11.6%,** or **106,758**, people live at or below the Federal Poverty Level in the County. However, there are five At-Risk Zones within Pinellas County that have higher concentrations of poverty than the County as a whole: East Tarpon Springs, North Greenwood, Highpoint, Lealman Corridor, and South St. Petersburg. An estimated **45% (47,581)** of Pinellas County's total low income population lives within the identified At-Risk Zones. The Economic Impact of Poverty Report illustrated that despite increased County funding to combat the adverse outcomes of poverty, the same communities have historically experienced high rates of poverty and have actually grown in size over time. Poverty is systemic and if not addressed in a comprehensive, deliberate, and coordinated manner, it can affect nearby communities as well – costing taxpayers even more. It is therefore important to invest in these communities to improve socioeconomic conditions and long-term health outcomes.

As illustrated below, poverty affects the economic prosperity of a community. Costs associated with individuals living in poverty are elevated due to an increased risk of adverse outcomes such as poor health, low productivity, and increased crime in unsafe neighborhoods, which lead to lower graduation rates and a reduced participation in the labor market. Human capital – the education, work experience, training and health of the workforce - is considered one of the fundamental drivers of economic growth. Poverty works against human capital development by limiting an individual's ability to remain healthy and contribute talents and labor to the economy. A decrease in human capital puts a strain on government resources and causes decreased economic opportunity on a community level. This, in turn, results in unemployment, increasing the number of individuals living in poverty.



While there is no one cause for poverty, research indicates that communities exhibiting high poverty rates also have disparities in social and environmental determinants that lead to poor outcomes. The five At-Risk Zones within the County all suffer from the same 7 factors: insufficient transportation, limited access to food, lower educational attainment, limited access to health care, increased crime rates, high unemployment, and inadequate and insufficient housing. These seven factors all contribute to the continued cycle of poverty and a coordinated, holistic approach must be adopted to overcome these barriers to economic self-sufficiency and community revitalization.

Individuals in underserved communities face significant barriers to economic self-sufficiency which drives service delivery costs. Facing limited options and opportunities, these individuals often have lower educational attainment, low wage jobs or prolonged periods of unemployment, high rates of incarceration, and a higher risk of homelessness. In addition, research from the Center for American Progress indicates that there is a correlation between childhood poverty and the experience of poverty later in life. As a result, the annual economic cost to the United States associated with adults who grew up in poverty is **$500 billion** per year, or **4%** of the Gross Domestic Product (GDP). This figure highlights the costs of high crime rates, poor health, and forgone earnings and productivity associated with adults who grew up in low-income households. Specifically, each year, poverty reduces productivity and economic output by **1.4%** of GDP, raises costs of crime by **1.3%** of GDP, and raises health expenditures and reduces the value of health by **1.2%** of GDP. In Pinellas County, the cost of poverty **is $2.5 billion** annually. The high cost of poverty suggests that the investment of significant resources in poverty reduction might be more socially cost-effective over time, than those targeted at combating the adverse outcomes of poverty.

The Pinellas County Board of County Commissioners' strategic vision is to improve the quality of life for Pinellas County residents, but in order to achieve that vision, the residents of Pinellas County need quality education, financial security through employment, adequate and affordable housing, improved health, enhanced access to coordinated services, and sustainable communities where they can build a life. Previous funding priorities in the County reflected a desire to change the outcomes of poverty. The result of the strategic planning activities and the Economic Impact of Poverty Report encouraged the County's focus and resources to shift and concentrate on improving the factors that impact poverty. In addition, the strategic analysis identified that funding for services has been disjointed regarding prevention and intervention in low-income communities. In order for the County to see a reduction in costs associated with the low-income population served, the Board of County Commissioners and the County Administrator determined that County departments needed to work collaboratively to target resources and services to At-Risk Zones. In May 2012, the Board of County Commissioners unanimously adopted the findings in the Economic Impact of Poverty Report, prioritized funding and services for the five At-Risk Zones, and instructed the Departments to begin to work with community

partners to implement the initiatives outlined in the report, which were collectively called the "Healthy Communities Initiatives."

In order to implement the Healthy Communities Initiatives, efficiently serve low-income communities with limited resources, and achieve the strategic goals of the Board of County Commissioners, the County Administrator directed the largest County reorganization in Pinellas County history. This ongoing restructure of County departments – including the creation of the Department of Health and Community Services -- is the result of the last two years of strategic analysis and planning efforts among the Board of County Commissioners and County departments to ensure the efficient management of limited government resources, increased transparency, accountability, and collaboration while improving the quality of life of all County residents and addressing the five At-Risk Zones where disproportionate needs for services and resources exist.

The Department of Health and Community Services will build upon the success of the Economic Impact Report and develop programs, services, and initiatives that will assist individuals with becoming economically self-sufficient and providing the necessary services to support all members of the family, and revitalizing blighted communities through housing and economic development. As we move ahead to begin the full implementation of the County reorganization, the newly formed Department of Health and Community Services is requesting the Board's approval to move forward with its discussions and design plans for a re-design of the healthcare delivery system and a homeless continuum of care.

The Pinellas County Health Program provides team based health care led by a physician or mid-level health provider who provides and coordinates comprehensive and continuous medical care to patients with the goal of obtaining maximized health outcomes. While the current system has been successful in improving health outcomes, changing health behaviors and reducing costs, the following limitations exist:

- Disproportionate Number of Residents with Health Coverage and Access to Care
- Lack of Capacity or Adequate Infrastructure to Serve Those in Need
- Cost of Care is Primarily Borne by the County
- Lack of Coordination Among Providers
- Current System Design Treats Adults and Children Separately

Recognizing the limitations of the current delivery system, the Board directed staff to facilitate a series of discussions with other community health care agencies to identify efficiencies and design an improved healthcare delivery system in the County that increases access, enhances services, and reduces costs. The Pinellas County Health Collaborative – a Board approved Department initiative – is an integrated, family-focused

healthcare delivery system that targets communities in need of services, connects a variety of providers to create a holistic continuum of care with wrap-around services, and uses data to measure impacts at a community level and improve health outcomes.

The new healthcare delivery system provides holistic family care in a campus setting. At the core of the delivery system are Medical Homes, which will provide integrated medical and behavioral health services, dental care, prescription medications, wellness and education and family health services. The physician teams at the medical homes will work closely with other partner agencies such as the hospitals, Emergency Medical Services and the Fire Departments, Community Free Clinics, and Substance Abuse Treatment Centers to ensure that community support services are available. Department staff will manage client enrollment and case management and provide direct referrals to social service agencies that can help address a client's overall well being. The main tenets of the new system design are:

- Community Based Care
- Expanded Access
- Collaboration Among Providers
- Diversified Funding

To ensure the long-term sustainability of the new healthcare delivery system, a mix of dedicated funding sources must be secured. A successful tool in offsetting the cost of care for uninsured and underinsured clients is a Federally Qualified Health Center. Federally Qualified Health Centers (**FQHCs**) are federally supported health centers that provide comprehensive, culturally competent, quality primary and preventive health care services to medically underserved communities and vulnerable populations. **FQHC's** are community-based and patient-directed organizations that serve populations with limited access to health care. These organizations are located in or serve Medically Underserved Areas or populations. Comprehensive primary and preventative health care services, as well as supportive services, such as health education, translation and transportation, are provided to promote access to health care for indigent populations. In addition, **FQHC's** are eligible for both federal grant dollars to build community clinics and enhanced Medicaid reimbursement rates that help offset the cost of care for uninsured clients. Currently, Pinellas County has two **FQHC** organizations—the Community Health Centers of Pinellas and the County through its Mobile Medical Unit. ***The Department is seeking the Board's approval to expand the County's Federally Qualified Health Center designation to include multiple payer types and additional locations, which could offset the cost of care in the five At-Risk Zones by approximately $16.2 million annually.***

Homelessness is caused by the inability of individuals to pay for and remain stably housed. It is an issue that impacts every community, including Pinellas County. As reported in the 2013 Point in Time Estimate of Homelessness Report, **8.7%** of the nation's homeless live in Florida. In 2013, Pinellas County's Point in Time Count revealed that Pinellas County now has the highest rate of homelessness in the State. Although programs and services currently exist in the County to provide basic shelter, health care, and other self-sufficiency resources to the homeless, there is a growing need for a more effective, data-driven, and collaborative Countywide approach to homeless services in Pinellas County. National standards and models are being provided in an effort to encourage further planning and collaboration for this effort. The following pages detail the components necessary to improve the homeless continuum of care in Pinellas County that integrates medical services, behavioral health services, substance abuse treatment services, and community support.

Although programs and services currently exist in the County to provide basic shelter, health care, and other self-sufficiency resources to the homeless, there is a growing need for a more effective, data-driven, and collaborative Countywide approach to homeless services in Pinellas County. National standards and models are being provided in an effort to encourage further planning and collaboration for this effort. The Department of Health and Community Services is working with stakeholders to design an integrated homeless continuum of care in Pinellas County that addresses the multiple barriers that homeless individuals regularly face. The new continuum design will include data-driven decision making, integrated services including health care, behavioral health assessments, housing, and employment services, a prevention-first model, and dedicated funding sources to offset the cost of care.

Over the coming year, the Department will continue its work to address the factors that impact poverty in the five At-Risk Zones in Pinellas County and anticipates presenting additional initiatives that provide essential and integrated services to low-income County residents for the Board's consideration in Spring 2014.

Table of Contents

I. Updates to the Economic Impact of Poverty Report

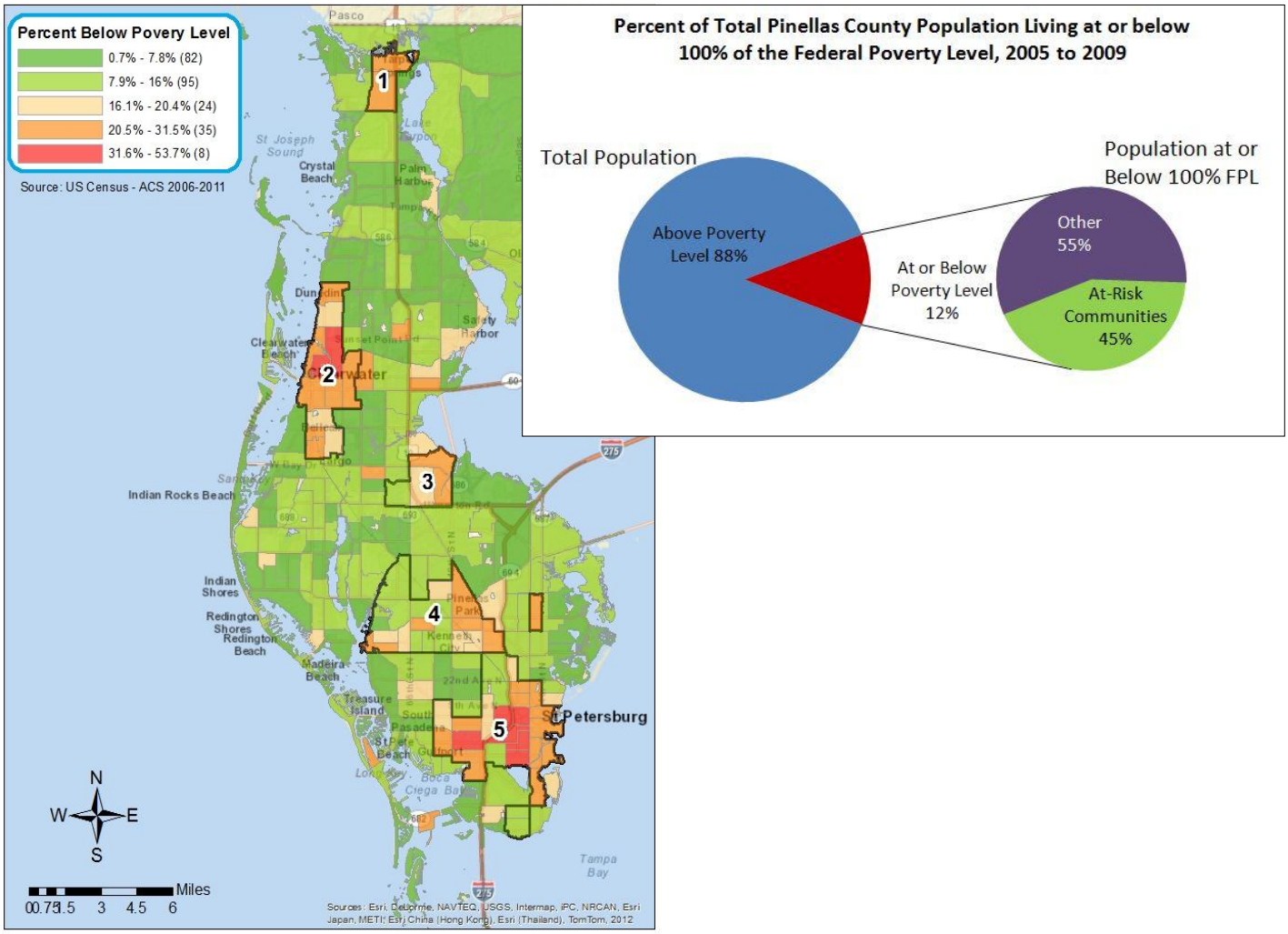
The following pages contain updated national research and local statistics on poverty in Pinellas County since the 2012 Economic Impact of Poverty Report. Updated information includes health statistics for the five At-Risk Zones and new data on each of the **7** contributing factors to poverty: insufficient transportation, limited access to food, lower educational attainment, limited access to health care, increased crime rates, high unemployment, and inadequate and insufficient housing. The updated annual cost of poverty to Pinellas County is **$2.5 billion.** Update highlights are included on pages 28-31 for easy reference.

Pinellas County's At-Risk Communities

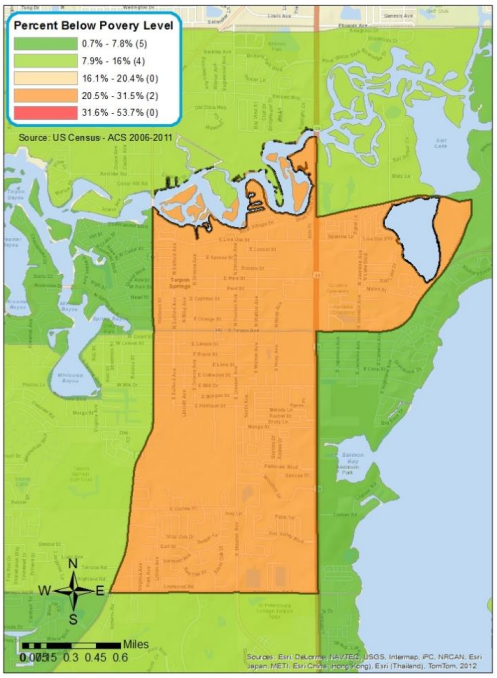
2012 Federal Poverty Guidelines

Family Size	Annual Income
1	$11,170
2	$15,130
3	$19,090
4	$23,050
5	$27,010
6	$30,970
7	$34,930
8	$38,890

The Economic Impact of Poverty Report workgroup utilized data from the 2005-2009 United States Census Bureau's American Community Survey, which continuously monitors socioeconomic variables to calculate poverty rates. The most recent federal counts estimate that **920,326** people live in Pinellas County. The Census Bureau's 5-year estimates indicate that, **11.6%,** or **106,758**, people live at or below the Federal Poverty Level in the County. However, there are five At-Risk Zones within Pinellas County that have higher concentrations of poverty than the County as a whole: East Tarpon Springs, North Greenwood, Highpoint, Lealman Corridor, and South St. Petersburg. An estimated **45% (47,581)** of Pinellas County's total low income population lives within the identified At-Risk Zones.

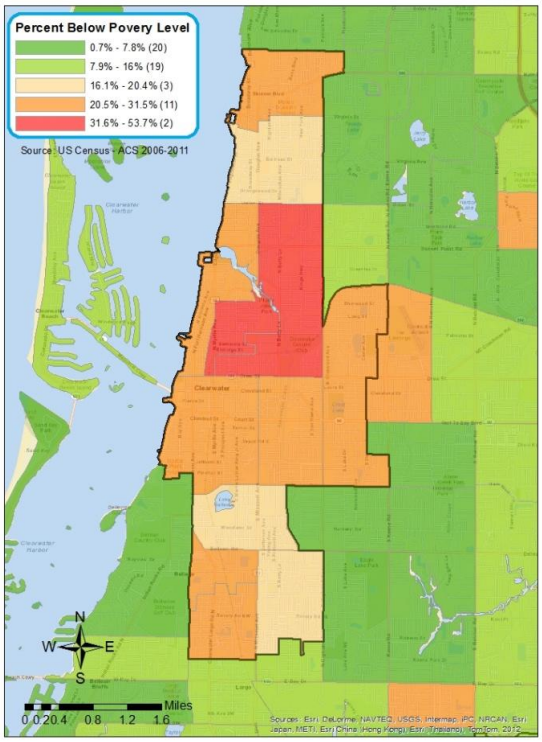


Zone 1: East Tarpon Springs



East Tarpon Springs has an estimated population of **8,534**, with an average household size of 2.3. Despite having the highest average household income of any of the Zones, approximately **20%** of the total population (**1,707**) lives at or below 100% of the Federal Poverty Level. Of those living in poverty, 45% are White, 29% are African American, 18% are Hispanic, and 8% are of another race.

Within this Zone, Healthy Tampa Bay indicators show areas of concern for Emergency Room (ER) utilization due to alcohol abuse and hospitalizations due to dehydration. Of the total ER visits in this area with a diagnosis appropriate for an urgent care center, **49.2%** are classified as a financial hardship patient. Of all of the inpatient hospitalizations in this area, **57.3%** are classified as a financial hardship patient.

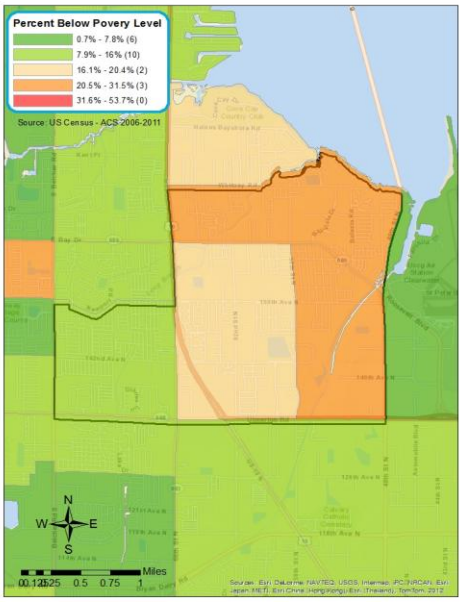


Zone 2: North Greenwood

North Greenwood is the second largest At-Risk Zone, with an estimated population of **55,221** and an average household size of 2.4. **25%** of the total population (**13,805**) lives at or below 100% of the Federal Poverty Level. However, within the North Greenwood community there is a specific concentration of poverty (represented in red on map) that has **51%** of people living in poverty -- the largest concentration in Pinellas County. Of those living in poverty, 53% are White, 25% are African American, 15% are Hispanic, and 7% are of another race.

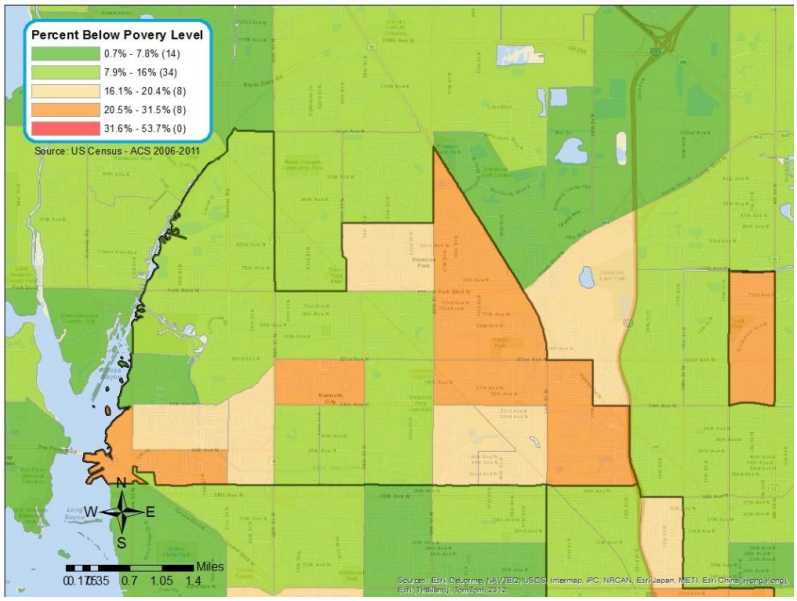
Within this Zone, Healthy Tampa Bay indicators show areas of concern for Emergency Room utilization and hospitalizations due to asthma, alcohol abuse, and complications of diabetes. Of the total ER visits in this area with a diagnosis appropriate for an urgent care center, **58.2%** are classified as a financial hardship patient. Of all of the inpatient hospitalizations in this area, **60.3%** are classified as a financial hardship patient.

Zone 3: Highpoint



Highpoint has an estimated population of **20,192** and average household size of 2.8. Approximately **27%** of the population (**5,452**) lives at or below 100% of the Federal Poverty Level, with an even higher concentration of **33%** within the community (represented in orange on the map.) Of those living in poverty, 47% are White, 36% are Hispanic, 9% are African American, and 8% are of another race.

Within this Zone, Healthy Tampa Bay indicators show areas of concern for Emergency Room utilization and hospitalizations due to asthma, alcohol abuse, and complications of diabetes. Of the total ER visits in this area with a diagnosis appropriate for an urgent care center, **54.8%** are classified as a financial hardship patient. Of all of the inpatient hospitalizations in this area, **60.2%** are classified as a financial hardship patient.



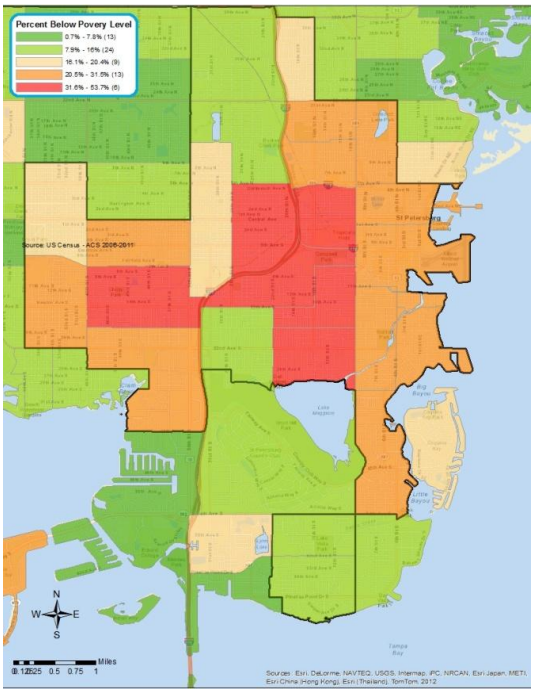
Zone 4: Lealman Corridor

Lealman Corridor has an estimated population of **42,355** and an average household size of 2.3. 19% of the population (**8,048**) lives at or below 100% of the Federal Poverty Level. While Lealman is a broader Zone than the other At-Risk Zones, it was selected because there is a significant cluster of impoverished neighborhoods within this area that are on the verge of getting worse. In addition, the poverty rates in the Lealman Corridor have grown since 2000. Of those living in poverty, 73% are White, 11% are African American, 8% are Hispanic, and 8% are of another race.

Within this Zone, Healthy Tampa Bay indicators show areas of concern for Emergency Room utilization due to asthma and alcohol abuse and hospitalizations due to asthma, COPD, dehydration, diabetes, and hepatitis. Of the total ER visits in this area with a diagnosis appropriate for an urgent care center, **58.1%** are classified as a

financial hardship patient. Of all of the inpatient hospitalizations in this area, 60.5% are classified as a financial hardship patient.

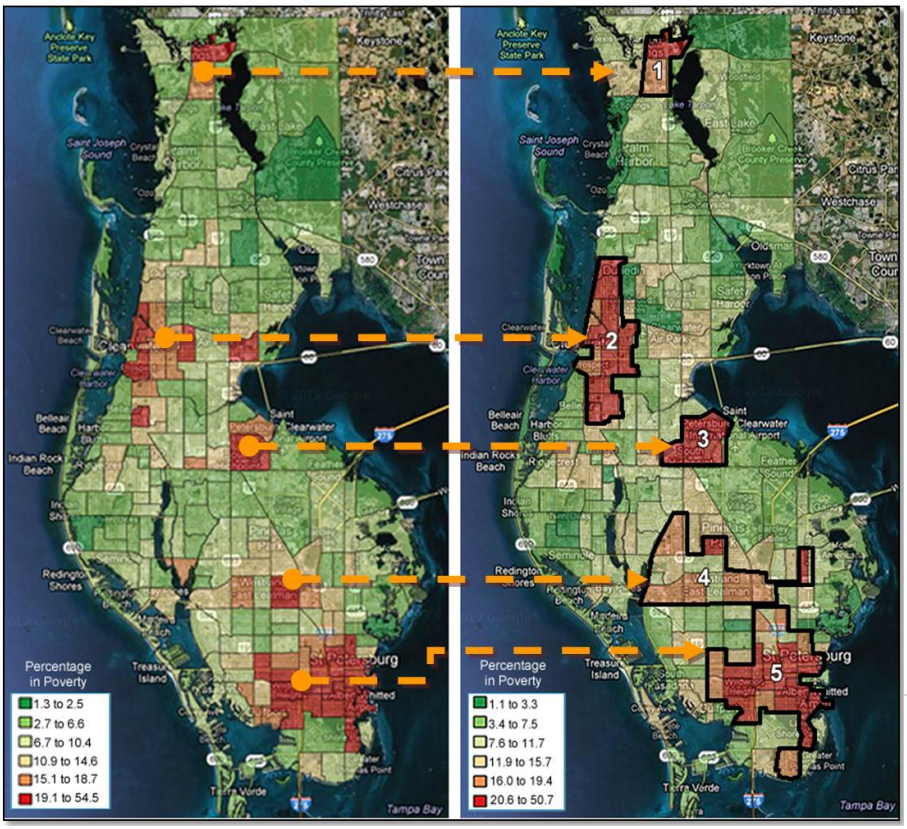
Zone 5: South St. Petersburg



South St. Petersburg is the largest At-Risk Zone, with an estimated population of **74,275** and an average household size of 2.4. Approximately **25%** of the population (**18,569**) lives at or below 100% of the Federal Poverty Level. Within this zone**,** there is a high concentration of poverty (indicated in red on the map) where **48%** of people live in poverty -- the second largest amount in Pinellas County. St. Petersburg also experiences the largest volume of street homeless individuals in the County. Of those living in poverty, 63% are African American, 27% are White, 5% are Hispanic, and 5% are of another race.

Within this Zone, Healthy Tampa Bay indicators show areas of concern for ER utilization due to asthma, alcohol abuse, bacterial pneumonia, and diabetes and hospitalizations due to asthma, dehydration, diabetes, hepatitis, and urinary tract infections. Of the total ER visits in this area with a diagnosis appropriate for an urgent care center, **66.6%** are classified as a financial hardship patient. Of all of the inpatient hospitalizations in this area, **57%** are classified as a financial hardship patient.

Communities by Census Tract, 2000 **Communities by Census Tract, 2005 to 2009**



As illustrated on the figure to the left, despite increased County funding to combat the adverse outcomes of poverty, the same communities have historically experienced high rates of poverty and have actually grown in size over time. Poverty is systemic and if not addressed in a comprehensive, deliberate, and coordinated manner, it can affect nearby communities as well – costing taxpayers even more. It is therefore important to invest in these communities to improve socioeconomic conditions and long-term health outcomes.

Disparities within At-Risk Communities

While there is no one cause for poverty, research indicates that communities exhibiting high poverty rates also have disparities in social and environmental determinants that lead to poor outcomes. The five At-Risk Zones within the County all suffer from the same **7** factors: insufficient transportation, limited access to food, lower educational attainment, limited access to health care, increased crime rates, high unemployment, and inadequate and insufficient housing. These seven factors all contribute to the continued cycle of poverty and a coordinated, holistic approach must be adopted to overcome these barriers to economic self-sufficiency and community revitalization.

The workgroup studied each factor individually to determine how specific conditions in each of the At-Risk Zones contributes to systemic poverty, decreases economic output, and increases County expenditures on programs and services to address the effects of poverty. By studying the factors that contribute to poverty and analyzing the traditional methods used to combat poverty, the workgroup was able to suggest new initiatives that would be a more efficient use of County resources while also creating a greater change in the communities with the greatest need.

Insufficient Transportation

Access to services is critical for populations with limited resources. Many times, individuals living in At-Risk Zones do not have a reliable method of transportation, which prevents them from being able to access food, health care, and other services not located within walking distance. Transportation policy can make a positive impact on health conditions by increasing options for commuters, reducing air pollution, and creating better connections to health and social services. Transportation investments to date have limited access to health care and other wraparound services for low-income individuals because a very small percentage of federal funds have been used for affordable public transportation and active transportation options such as walking or biking. Investments in walkable communities, bus rapid transit, and bicycle-friendly roads, can help reduce high concentrations of poor air quality, obesity, and asthma in urban areas and for low-income individuals within those urban areas.

Within our At-Risk Zones, **11%** of households do not have a vehicle available, while **41%** have only one vehicle**.** This causes these communities to rely heavily on public transportation, which does not always have a bus stop nearby their home or destination.

While the Pinellas Suncoast Transit Authority (**PSTA**) has multiple bus routes throughout the County, most run on main roads and only provide one to three accessible routes within the At-Risk Zones, as indicated on the sample East Tarpon Springs map to the right. Some of these routes miss specific residential areas within the Zones, forcing residents to walk several blocks – sometimes close to a mile – to get to the nearest bus stop. While most County service offices are located within these Zones, not all of the offices are located directly on a bus route.

Individuals who have transportation that is unavailable, inaccessible, or unreliable face significant hurdles in accessing care. Studies show that a lack of access to transportation reduces health care utilization among individuals in all age groups. A 2011 Report from the Children's Health Fund cited that **4%** of children in the

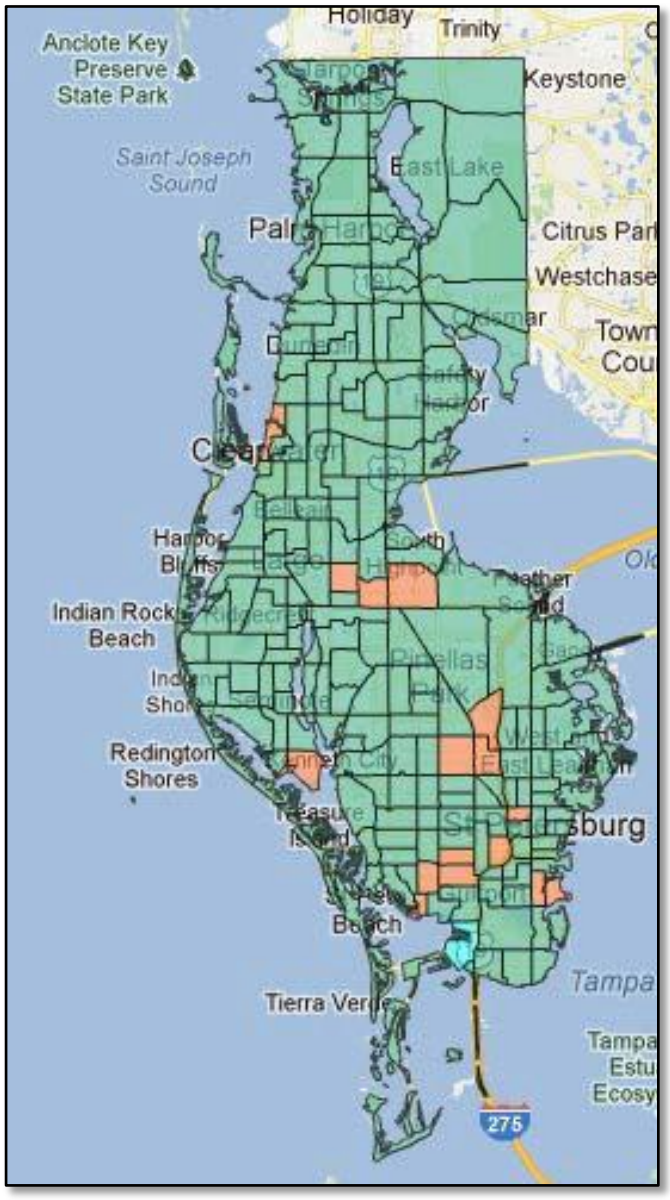
United States either missed a scheduled health care visit or did not schedule a visit during the preceding year because of transportation limitations.

The Children's Health Fund estimates that the poorest **1/5** of American families spend **42%** of their income on transportation (including public transportation, taxis, and gas.) This expenditure can eliminate already limited budgets for out-of-pocket medical expenses, nutritious meals and healthy recreational activities, further impacting their overall well-being. Because affordable housing is increasingly located far from main transportation lines and jobs, low-income individuals are more likely to have long commutes to work – further reducing their time for exercising, shopping for fresh foods, and additional earning opportunities and exacerbating the impact of poverty. One-way cash **PSTA** fares cost a minimum of **$2** each way, causing individuals to spend at least **$4** round-trip on any given day. For a person relying on the bus as their only mode of transportation, this totals **$120** per month – **13%** of an individual's total earnings living exactly at 100% of the Federal Poverty Level.

The Board of County Commissioners has been instrumental in advancing transportation improvements throughout the County. With the assistance of the four Commissioners who serve on the **PSTA** Board of Directors, the **Greenlight Pinellas** Project was created. Greenlight Pinellas is a community conversation about transportation in Pinellas County that includes transformational bus improvements and future passenger rail that will significantly enhance public transportation in Pinellas County. Critical to the bus service improvements are **65%** more bus services than **PSTA** currently provides, extended late evening and early morning hours, **80%** more weekend service, and transportation hubs (supported by community retail corridors) in each of the five At-Risk Zones. If approved, Greenlight Pinellas will greatly improve and advance public transportation services in Pinellas County over the next 30 years.

Limited Access to Food

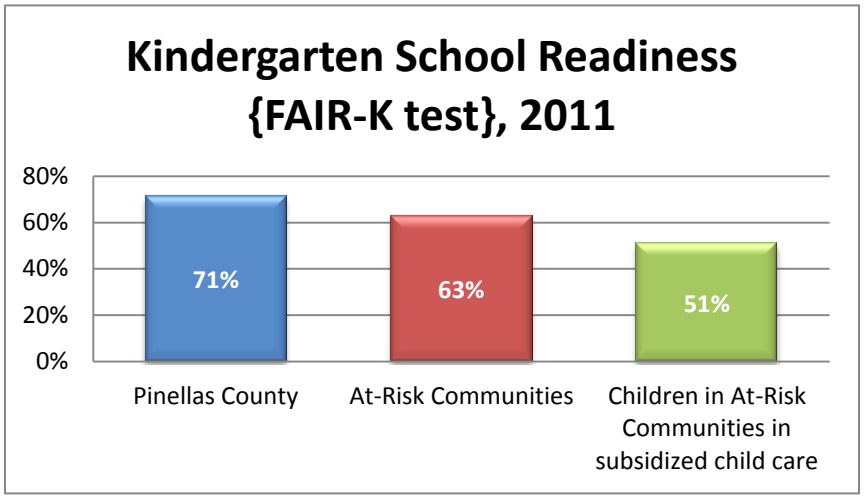
Food deserts are defined by the United States Department of Agriculture (**USDA**) as areas without ready access to fresh, healthy, and affordable food. The map on the right highlights in orange the areas within Pinellas County that have low access to food – areas where residents must travel more than one mile to a supermarket or large grocery store. These areas overlap with Zones **2, 3, 4 and 5**. These areas lack supermarkets or grocery stores, forcing residents to navigate public transportation systems to shop at grocery stores in other neighborhoods. Research from the USDA indicates that a typical Supplemental Nutrition Assistance Program (**SNAP**) recipient travels, on average, between **2 and 4 miles** to the nearest supermarket or grocery store. Other options for individuals residing in food deserts are fast food restaurants or convenience stores that offer few healthy or affordable food options. The options at these food service locations are much more limited and unhealthy, contributing to obesity, diabetes, heart disease, and other illnesses that are exacerbated by poor diet. In addition, prices at convenience stores tend to be higher than those of supermarkets or grocery stores, with low-income individuals paying approximately **1.3%** more for groceries than middle income individuals.



The USDA estimates that **23.5 million** Americans live in food deserts, with over half (**13.5 million**) living at or below 100% of the Federal Poverty Level. Low-income individuals who live in a food desert comprise **4%** of the total population of the United States. This translates into **36,813** low-income individuals living in food deserts in Pinellas County. Access to food has been used as a strategy for community development in many low-income areas. Projects such as farmer's markets, community gardens, promotion of culturally specific foods for ethnic minorities, local food production and promotion, and youth agricultural and culinary training programs have all been successfully implemented in rural and urban settings to decrease the impact of limited food access.

Lower Educational Attainment

Poverty is linked to lower educational attainment within a community and affects individuals from early childhood. Children living in poverty are much more likely to lack the resources which contribute to successful educational outcomes. In addition, they are more likely to live in neighborhoods that have limited resources and under-performing schools. Neighborhoods with concentrated poverty impede children from socializing, having positive role models, and experiencing other factors crucial for healthy child development. These disadvantaged children have substantial gaps in knowledge and social competencies that affect readiness to learn. In Florida, the FAIR-K test is one of two Florida Kindergarten Readiness Screener measures used to determine school readiness among kindergarteners. In Pinellas County, **71%** of kindergarten students were ready for school in 2011. However, only **63%** of kindergarteners living within our At-Risk Zones were ready for school during the same timeframe; specifically, only **51%** of low-income kindergarteners living in these At-Risk Zones who participated in subsidized child care were ready for school. These lower rates affect multiple outcomes for these children and serve as a predictor for detrimental outcomes, such as grade repetition and dropping out of school.

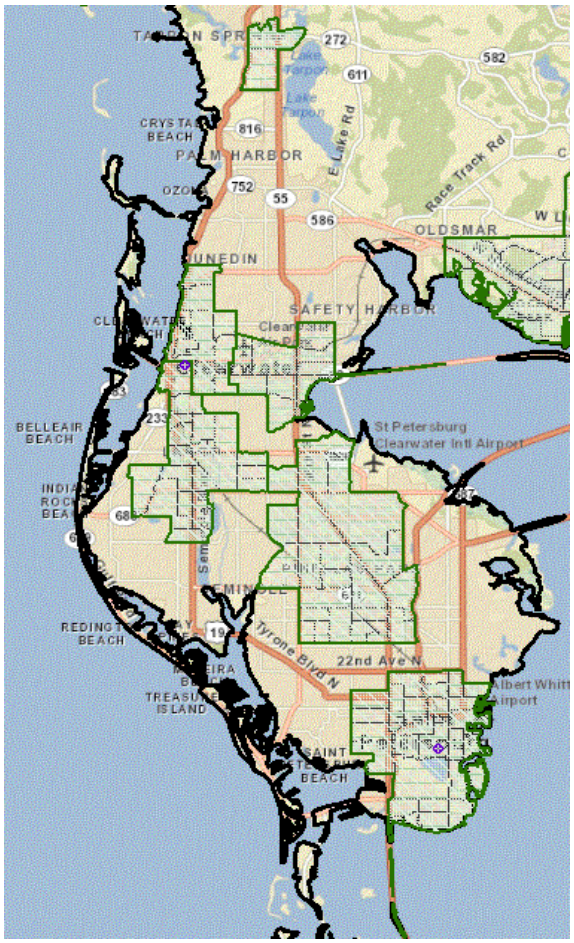


Low-income children are also at a greater risk of not completing high school, limiting future employment opportunities and potential wage earnings. A high school dropout earns about **$7,840** less a year and **$260,000** less over a lifetime than a high school graduate. In 2011, approximately **70%** of high school students in the At-Risk Zones graduated with a standard high school diploma, as opposed to **81%** of high school seniors throughout the rest of Pinellas County. Therefore, we can project that of the **7,405** high school seniors in Pinellas County in 2011, **22% (1,629)** resided in one of the five Zones. **30% (489)** of the high school seniors in these Zones will not graduate from high school with a standard diploma. Taking into account that a high school dropout earns on average **$7,840** less per year—and **$260,000** less over a lifetime—than a high school graduate, the high school dropouts in the Zones will result in **$3.8 million** dollars in lost wages per year once they reach adulthood **($127 million over a lifetime.)**

Limited Access to Health Care

Access to health care is also crucial in improving the health outcomes of a community. Key aspects of this are having health insurance and access to the health care system. Some low-income residents are eligible for Florida Medicaid (specifically low-income children/pregnant mothers, families with children, and aged or disabled individuals). The average annual cost per Medicaid child in Florida is **$2,092,** while adults cost an average **$6,704.** As of Fiscal Year 2012, **149,604** Pinellas County residents were enrolled in Medicaid, accounting for **16%** of the estimated 2012 population. **46%** percent of Medicaid enrollees in the County resided within our At-Risk Zones, **51%** of which were children.

Health insurance coverage aids in providing access to reasonably priced health care, but it is also necessary to have multiple access points across the County that accept insurance (including Medicaid) and/or Pinellas County Health Program clients in order to ensure that residents can receive the care they need. There are **12** communities within Pinellas County that have been designated by the federal Department of Health and Human Services as a Health Professional Shortage Area due to a shortage of primary medical care, dental, and/or mental health providers. The population groups – highlighted on the map to the right - include low-income communities in Clearwater, St. Petersburg, Pinellas Park, Tarpon Springs, and Ridgecrest. Pinellas County also has five medically underserved populations -- groups of people who face economic, cultural, or linguistic barriers to health care. These medically underserved populations mirror those that have a shortage of health care professionals and include: Clearwater, St. Petersburg, Tarpon Springs, Ridgecrest and Largo.



It has been documented that individuals with limited access to health care utilize the Emergency Room for primary care. In 2007, the Centers for Disease Control and Prevention's National Center for Health Statistics reported that approximately one in five persons in the Unites States visited the Emergency Room at least once in a 12-month period. Medicaid beneficiaries under the age of 65 showed the most Emergency Room utilization, with more than one-quarter of children and nearly two in five adults having used the Emergency Room at least once in a 12 month time period and the majority reporting that they utilize the

Emergency Room because they had no other place to go. While the uninsured were no more likely than those with private insurance to have had at least one Emergency Room visit, there is a striking difference in the likelihood of utilizing the Emergency Room by income level: **29%** of those living in poverty used the Emergency Room at least once compared to only **16%** of those living above 400% of the Federal Poverty Level. In Pinellas County, the average cost of Emergency Room visits at County hospitals across all payer types was **$4,143** – totaling **$1,055,201,608** in Emergency Room costs. Similar to national trends, individuals enrolled in Medicaid accounted for the largest percent of Emergency Room visits and individuals who were uninsured utilizing the Emergency Room just as frequently as those with private insurance.

Emergency Room Visits and Costs at County Hospitals
January - December 2012

	ER Visits		ER Costs		Average Cost/Visit
	Total	Percent	Total	Percent	
Private Insurance	80,614	30%	$384,344,540	36%	$5,115
Medicaid Only	99,291	38%	$336,096,023	32%	$3,873
KidCare*	2,559	1%	$7,363,342	1%	$2,918
Self-Pay	77,268	29%	$306,449,441	29%	$3,883
Other State/Local Gov't	5,184	2%	$20,948,262	2%	$5,444
All payer types	**264,916**	**100%**	**$1,055,201,608**	**100%**	**$4,143**

*KidCare data only reported from a limited number of hospitals

The Florida Agency for Health Care Administration reports that **22.5%** of all Emergency Room visits result in hospitalization. In 2012, **69,349** hospitalizations resulted in **$2,994,224,996** in costs across all payer types.

Hospitalization Rates and Costs at County Hospitals
January - December 2012

	Hospitalizations		Hospitalization Costs		Average Length of Stay	Average Cost per Visit
	Total	Percent	Total	Percent		
Private Insurance	32,343	47%	$1,424,706,478	48%	8.3	$67,660
Medicaid Only	26,877	39%	$1,178,447,930	39%	7.4	$50,138
KidCare*	377	<1%	$15,631,369	<1%	3.7	$28,651
Self-Pay	8368	12%	$315,412,659	11%	3.9	$36,910
Other State/Local Gov't	1,384	1%	$60,026,560	1%	4.1	$40,773
All payer types	**69,349**	**100%**	**$2,994,224,996**	**100%**	**5.5**	**$46,323**

*KidCare data only reported from a limited number of hospitals

Medicaid patients accounted for **26,877** hospitalizations at a cost of almost **$1.2 billion**, or **39%** of all inpatient costs for County hospitals. While the average length of stay across all payer types was **5.5** days, sicker patients tend to stay in hospitals longer because of the severity of their illnesses. The average length of stay for Medicaid patients was **7.4** days – primarily due to more complicated chronic diseases and intermittent primary care. Meanwhile, uninsured patients and those paid for by local governments totaled **9,752** inpatient hospitalizations, averaged 4.0 hospital stay days and cost approximately **$375** million, accounting for **13%** of all inpatient costs for County hospitals.

While we cannot report exactly how many of these Emergency Room visits and/or hospitalizations were by low-income individuals residing in one of the five Zones, we do know that **58%** of financial hardship individuals who present to the Emergency Room with a diagnosis appropriate for an urgent care facility reside in these Zones. Assuming the same percentage of hospitalized individuals also qualify for financial hardship, this translates into **$612 million** in Emergency Room costs and **$1.7 billion** in hospitalization costs —a combined annual cost of over **$2 billion** annually.

It is important to find ways to contain costs for individuals with Medicaid coverage and who are uninsured, as the County has traditionally been responsible for **35%** of a Medicaid patient's hospital bill from days **11 through 45** and hospitals are not fully reimbursed for costs incurred by uninsured clients. While some County hospitals have been previously reimbursed for a portion of their uncompensated care costs through Low Income Pool mechanisms, leveraging opportunities for additional funds are less easily available through the Agency for Health Care Administration than in previous years.

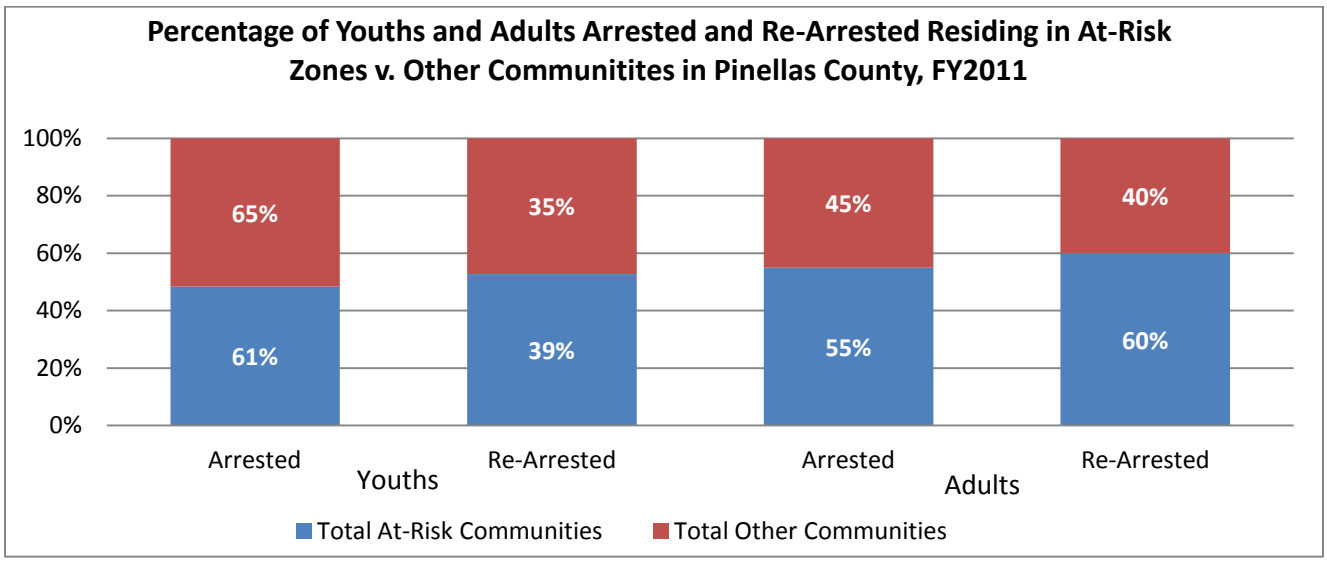
Increased Crime Rates

There is a direct correlation between poverty and crime, and research demonstrates that long-term, sustained poverty guarantees a higher incidence of crime and vandalism. In our commitment to the Healthy Community Initiatives and mission of Pinellas County, we must address the relationship between crime and poverty in order to improve the quality of life in Pinellas County. There are many factors that impact poverty, but crime plays a major role in the continuous cycle of poverty. In addition to other complicating factors in these communities, studies suggest a strong link between unemployment/underemployment and crime. Strengthening our economy, improving educational outcomes, and compensating workers with a living wage are a few ways to help reduce crime and improve the quality of life — specifically in the five At-Risk Zones — of Pinellas County.

In Pinellas County, **61%** of all arrested and 39% of all re-arrested youths during Fiscal Year 2011 resided within our At-Risk Zones, with most residing within Zone 5. Similar figures can be seen with arrested adults, where **55%** of all arrests and **60%** of all re-arrests occurred among adults residing within the five Zones. The Alliance for Excellent Education indicates that high school dropouts are **3.5** times more likely than graduates to be arrested in their lifetime. There are an estimated **490** high school students in the At-Risk Zones that are expected to not graduate each year. In addition, figures provided by the Department of Justice and Consumer Services indicate that there is likelihood that approximately **70%** of recidivist youths in Pinellas County will be arrested as adults. These individuals continue cycling the system, spending taxpayer dollars while not contributing to the economy.

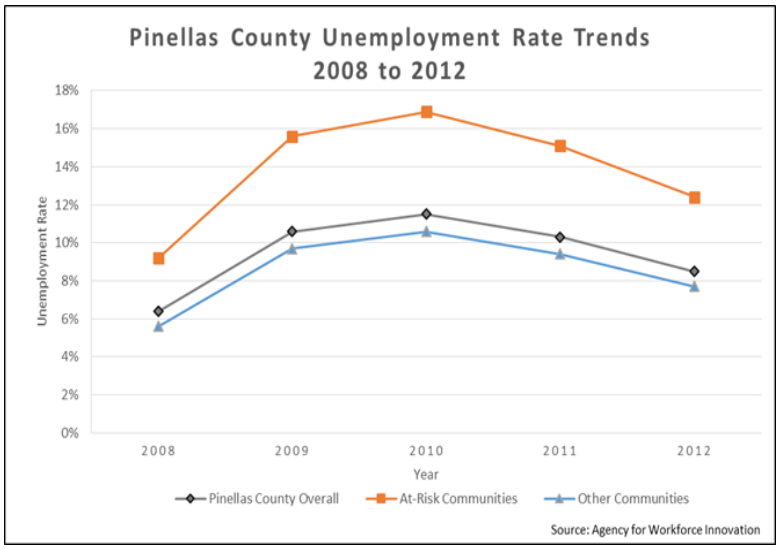
Newly Arrested and Re-Arrested Youths and Adults in At-Risk Zones v. Other Communities in Pinellas County, FY 2011

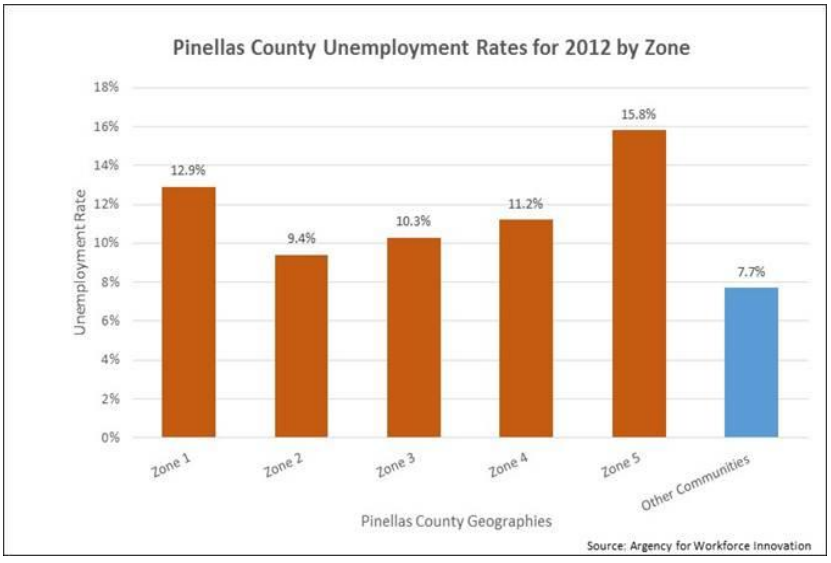
	Youths				Adults			
	Arrested		Re-arrested		Arrested		Re-arrested	
Zone 1	55	2%	17	2%	689	2%	175	2%
Zone 2	260	9%	94	8%	2,560	9%	834	10%
Zone 3	202	7%	88	8%	1,538	5%	6439	5%
Zone 4	401	14%	191	17%	3,909	14%	1,200	14%
Zone 5	768	28%	339	30%	7,111	25%	2,362	28%
Total At-Risk Zones	**1,686**	**61%**	**729**	**65%**	**15,807**	**55%**	**7,602**	**60%**
Total Other Communities	**1,090**	**39%**	**395**	**35%**	**12,705**	**45%**	**4,882**	**40%**
Total Pinellas County	**2,776**	**100%**	**1,124**	**100%**	**28,512**	**100%**	**12,484**	**100%**



High Unemployment

Unemployment rates within Pinellas County have skyrocketed since the economic recession, rising from **3.9%** in 2007 to **9%** in 2012. However, the At-Risk Zones account for a larger portion of the unemployment rate. In 2012, the unemployment rate for the At-Risk Zones was **12%.**





National research suggests that higher unemployment rates are linked to concentrations of poverty. As indicated on the chart to the left, specific Zones had even higher unemployment rates than the County as a whole, with South St. Petersburg (Zone 5) exhibiting the highest rate at **15.8%.**

Inadequate and Insufficient Housing

The availability of safe and affordable housing is necessary to improve outcomes for those living in poverty. The percent of income spent on housing is the leading indicator of housing affordability in the United States. Historically, housing expenditures exceeding **30%** of household income have been an indicator of a housing affordability problem. The 2012 Median Annual Income in Pinellas County was **$43,882** with an average household size of **2.2**. Recent data from the National Low Income Housing Coalition indicates that a family in Florida without a housing subsidy needs to make **$41,574** a year to afford a two-bedroom unit at the fair market rent. This would require an individual earning minimum wage in Florida to work **97** hours a week to meet fair market rent prices, making most housing units unaffordable.

Comparison of Pinellas County Median Annual Income and Income at 100% of the Federal Poverty Level against the Cost of a Two-Bedroom Unit in Florida at Fair Market Rent in 2012

		Annual Salary	30% Household Income	Monthly Rent at 30% Household Income
2012 Pinellas County Median Annual Income		$45,891	$13,767.30	$1,147.28
2012 Florida Fair Market Rent for Two-Bedroom Unit		$41,574.40	$12,472.32	$1,039.36
2012 Income at 100% FPL By Family Size	**1**	$11,170	$3,351	$279.25
	2	$15,130	$4,539	$378.25
	3	$19,090	$5,727	$477.25
	4	**$23,050**	**$6,915**	**$576.25**
	5	$27,010	$8,103	$675.25
	6	$30,970	$9,291	$774.25

Using the information listed above, a family of four using only 30% of their monthly income on rent should pay no more than **$576.25** for a two-bedroom unit. A September 4, 2013 search on www.floridahousingsearch.org for the availability of housing properties with rent under $600 a month in Pinellas County resulted in only **145** available properties in the entire County.

	Available To Rent On September 4, 2013		Total Listed On Database	
Maximum Rent on Database	**Available Properties**	**Available Units**	**Total Properties**	**Total Units**
$300	**2**	**6**	**4**	**13**
$400	**9**	**29**	**10**	**32**
$500	**32**	**102**	**40**	**128**
$600	**102**	**326**	**132**	**422**
Total available within affordable range	**145**	**463**	**186**	**595**

The Pinellas County Housing Authority explains that there are approximately **9,000** applicants on the waiting list for housing vouchers through the Section 8 program. Applicants have been known to wait many months and even years to receive a housing voucher, thus leaving them to find temporary shelter options including doubling up with another family or living in a motel, car, or shelter. If not enough safe and affordable housing is available, the number of homeless families and individuals rises. The cost of homelessness can be quite high for taxpayers, for it includes hospitalization, medical treatment, incarceration, police intervention, and emergency shelter expenses. According to the U.S. Department of Housing and Urban Development (**HUD**), the average cost per first time homeless family in an emergency shelter is between **$1,391** and **$3698** per month -- **$8,067** more per year than the average cost of a federal housing subsidy.

The Pinellas County's 2013 Point in Time Count indicated that on any night, **3,913** men, women, and children were homeless and that over the course of the year, there are over **22,000** homeless individuals in the County. Utilizing the cost estimates provided by the U.S. Department of Housing and Urban Development, the average cost to shelter a homeless individual in Pinellas County is **$2,545** per month, or **$30,540** per year. Providing emergency shelter services for the estimated **22,000** homeless individuals in the County for only **6 months** costs **$167.9 million**. The costs to shelter homeless families, however, are much higher, since families tend to stay in shelter for longer periods of time and require additional supportive services to exit the shelter system.

Impact of At-Risk Zones on Pinellas County

Having specific clusters of poverty within Pinellas County is detrimental to the entire community, for poverty spreads and impacts everyone's quality of life – including those not impoverished. These effects are amplified by raising children in poor environments, which contribute to poor development, increased illnesses, lower educational attainment, lack of recreational activities and role models, disengagement in the community, lower paying jobs, increased risk of homelessness, increased arrests and recidivism rates, and a lower lifetime monetary contribution to society. The table below highlights the annual cost of poverty in Pinellas County, which totals over **$2.5 billion.** Spending dollars on these issues also affects taxpaying County residents from benefiting from their economic contributions on other Countywide services.

Summary of Discussed Potential Costs and Lost Revenues to Pinellas County Annually

Emergency Room costs for Medicaid and Uninsured:	**$663.5 million**
Inpatient costs for Medicaid and Uninsured:	**$1.5 billion**
Potential lost wages for students not graduating with standard diploma:	**$3.8 million**
Lost wages for adults with less than high school completed:	**$112.1 million**
Lost wages among arrested adults that are high school dropouts:	**$83.2 million**
Cost of homeless individuals:	**$167.9 million**
Estimated Total:	**$2.5 billion**

Economic Impact of Poverty Report Updates

The following outline provides a brief reference sheet regarding updated local data and material since the last review of the Economic Impact of Poverty Report. The At-Risk Zones Chart illustrates specific data updates regarding each of the five Zones.

- The most recent federal counts estimate that 920,326 people live in Pinellas County.
- An estimated 45% (47,581 individuals) of Pinellas County's total low income population lives within the identified At-Risk Zones.
- The annual cost of poverty in Pinellas County totals over $2.5 billion.

Chart: Economic Impact of Poverty At-Risk Zone Data Update

Zone	Population living at or below 100% FPL	Emergency Room Financial Hardship	Inpatient Financial Hardship
E. Tarpon Springs	20% (1,707 residents)	49.2%	57.3%
N. Greenwood	25% (13,805 residents)	58.2%	60.3%
Highpoint	27% (5,452 residents)	54.8%	60.2%
Lealman Corridor	19% (8,048 residents)	58.1%	60.5%
South St. Petersburg	25% (18,569 residents)	66.6%	57%

Insufficient Transportation

- The Children's Health Fund cited that 4% of children in the United States either missed a scheduled health care visit or did not schedule a visit during the preceding year because of transportation limitations.
- One-way cash PSTA fares cost a minimum of $2.00 each way, causing individuals to spend at least $4 round-trip on any given day.
    - For a person relying on the bus as their only mode of transportation, this totals $120 per month (or $1440 per year)– 13% of an individual's total earnings living exactly at 100% of the Federal Poverty Level.

Limited Access to Food

- Research from the USDA indicates that a typical Supplemental Nutrition Assistance Program (SNAP) recipient travels, on average, between 2 and 4 miles to the nearest supermarket or grocery store.
- The USDA estimates that 23.5 million Americans live in food deserts, with over half (13.5 million) living at or below 100% of the Federal Poverty Level.
- Low-income individuals who live in a food desert comprise 4% of the total population of the United States.
    - This translates into 36,813 low-income individuals living in food deserts in Pinellas County.

Lower Educational Attainment

- A high school dropout earns on average $7,840 less per year—and $260,000 less over a lifetime—than a high school graduate
    - The high school dropouts in the Zones will result in $3.8 million dollars in lost wages per year once they reach adulthood ($127 million over a lifetime).

Limited Access to Health Care

- As of Fiscal Year 2012, 149,604 Pinellas County residents were enrolled in Medicaid, accounting for 16% of the estimated 2012 population.
- 46% percent of Medicaid enrollees in the County resided within our At-Risk Zones, 51% of which were children.
- In Pinellas County, the average cost of Emergency Room visits at County hospitals across all payer types was $4,143 – totaling $1,055,201,608 in Emergency Room costs.
- Medicaid patients accounted for 26,877 hospitalizations at a cost of almost $1.2 billion, or 39% of all inpatient costs for County hospitals.
- The average length of stay for Medicaid patients was 7.4 days.
- Uninsured patients and those paid for by local governments totaled 9,752 inpatient hospitalizations, averaged 4.0 hospital stay days and cost approximately $375 million, accounting for 13% of all inpatient costs for County hospitals.
- 58% of financial hardship individuals who present to the Emergency Room with a diagnosis appropriate for an urgent care facility reside in the Zones.

- This translates into $612 million in Emergency Room costs and $1.5 billion in hospitalization costs —a combined annual cost of over $2 billion annually.

Increased Crime Rates

- 61% of all arrested and 39% of all re-arrested youths during Fiscal Year 2011 resided within our At-Risk Zones, with most residing within Zone 5.
- 55% of all arrests and 60% of all re-arrests occurred among adults residing within the five Zones.
- The Alliance for Excellent Education indicates that high school dropouts are 3.5 times more likely than graduates to be arrested in their lifetime.
    - There are an estimated 490 high school students in the At-Risk Zones that are expected to not graduate each year.

High Unemployment

- Unemployment rates within Pinellas County have skyrocketed since the economic recession, rising from 3.9% in 2007 to 9% in 2012.
    - In 2012, the unemployment rate for the At-Risk Zones was 12%.
    - In 2012, South St. Petersburg (Zone 5) exhibited the highest rate of unemployment at 15.8%.

Inadequate and Insufficient Housing

- The 2012 Median Annual Income in Pinellas County was $43,882 with an average household size of 2.2.
- The National Low Income Housing Coalition indicates that a family in Florida without a housing subsidy needs to make $41,574 a year to afford a two-bedroom unit at the fair market rent.
    - This would require an individual earning minimum wage in Florida to work 97 hours a week to meet fair market rent prices.
- A family of four using only 30% of their monthly income on rent should pay no more than $576.25 for a two-bedroom unit.
    - A September 4, 2013 search for the availability of housing properties with rent under $600 a month in Pinellas County resulted in only 145 available properties in the entire County.

- The Pinellas County Housing Authority states that there are approximately 9,000 applicants currently on the waiting list for housing vouchers through the Section 8 program.
- According to the U.S. Department of Housing and Urban Development, the average cost per first time homeless family in an emergency shelter is between $1,391 and $3,698 per month.
    - This translates into $8,067 per year more than the average annual cost of a federal housing subsidy.
- The Pinellas County's 2013 Point in Time Count indicated that on any night, 3,913 men, women, and children were homeless and that over the course of the year, there are over 22,000 homeless individuals in the County.
    - The average cost to shelter a homeless individual in Pinellas County is $2,545 per month, or $30,540 per year.
    - Providing emergency shelter services for the estimated 22,000 homeless individuals in the County for only 6 months costs $167.9 million.

II. Pinellas County Action Steps

The Economic Impact of Poverty Report was presented to the Board of County Commissioners over the course of a two-day Work Session in Spring 2012. Following the Work Session, the Board unanimously approved the findings in the report and formally adopted the five At-Risk Zones as priority areas for the County. In addition, the Board instructed the Department to share the report findings with partner organizations such as the 24 municipalities in Pinellas County, business and labor organizations, nonprofit providers, and other policy making bodies such as Pinellas County Schools, the Health and Human Services Coordinating Council, and the Pinellas Suncoast Transportation Authority. These partner organizations also endorsed the report findings and agreed to work with the County to revitalize the five At-Risk Communities. The renewed collaborative effort, described in detail in the following pages, includes an enhanced County Strategic Plan, a Re-Organization of County Government, and the creation of the Department and Health and Community Services.

Pinellas County Action Steps

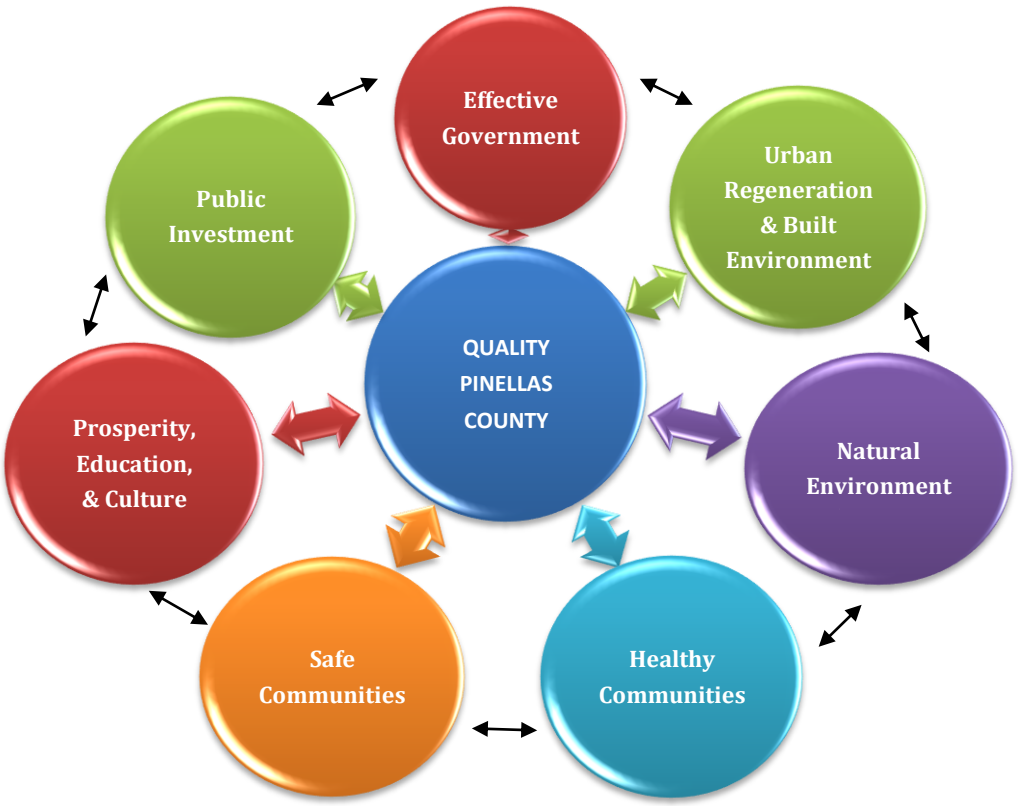
The Economic Impact of Poverty Report was presented to the Board of County Commissioners over the course of a two-day Work Session in Spring 2012. Following the Work Session, the Board unanimously approved the findings in the report, adopted the five At-Risk Zones as priority areas for the County, and instructed the Departments to begin implementing the proposed initiatives with a special emphasis on collaboration and efficiencies.

The workgroup continued to discuss the Economic Impact of Poverty findings with other interested parties such as the local municipalities, the School Board, and the business and not-for-profit communities. Every organization that met to discuss the report not only endorsed the findings, but also agreed to collaborate more closely with the County to help address some of the factors that contribute to systemic poverty as well as partner to create innovative solutions to combat the adverse affects of poverty. Furthermore, the municipalities where the At-Risk Zones are located agreed to work with the County to help revitalize and stabilize those communities.

The renewed collaborative energy between County departments, municipalities, and the private sector and the universal endorsement of the Economic Impact Report and the five At-Risk Zones transformed the perception of the government's responsibility to its communities and the mechanism by which services

would be delivered to residents. The Board of County Commissioners enhanced their strategic planning efforts to include a special focus on healthy, safe, and sustainable communities and linked future planning and funding efforts to support initiatives in the five At-Risk Zones. In order to implement the Healthy Communities initiatives, efficiently serve low-income communities with limited resources, and achieve the strategic goals of the Board of County Commissioners, the County Administrator promoted the largest County reorganization in Pinellas County history. This ongoing restructure of County departments is the result of the last two years of strategic analysis and planning efforts among the Board of County Commissioners and County departments to ensure the efficient management of limited government resources, while improving the quality of life of all County residents and addressing the five Zones of poverty where disproportionate needs for services and resources exist. The goal of the re-organization is to increase transparency, accountability, and accessibility between the County and the public. Together with the Board, the Departments will implement Quality Pinellas Community, an on-going sustainable planning and adaptive management process that prioritizes initiatives and tie these initiatives to funding and future planning efforts.

PLAN FOR A QUALITY PINELLAS COMMUNITY



The Plan for a Quality Pinellas Community includes seven interconnected factors: Effective Government, Urban Regeneration and the Built Environment, Natural Environment, Healthy Communities, Safe Communities, Prosperity, Education, and Culture, and Public Investment. Each factor is crucial to the success of the plan and interdependent with the other factors. When working collaboratively, the County departments can improve the quality of life in Pinellas County for all residents and operate an effective government that is responsible, responsive, and transformative.

II. Integration of Services

After a series of collaborative meetings, a change in organizational structure among the Departments was recommended, and the Department of Health and Community Services was created. The organizational change increases the capability and capacity to more effectively and efficiently execute the Board's strategic direction, improve the quality of life for Pinellas County residents and create a sustainable community. The following pages describe the County re-organization that resulted in the creation of the Department of Health and Human Services and integration of services to provide for more effective delivery of services and greater efficiencies, the future state for the Department, and the common principles of all Department initiatives: Collaboration, Data Management, Resource Investment, and a Prevention-First Model.

The Department of Health and Community Services Mission Statement:

> *The Pinellas County Department of Health and Community Services' mission is to encourage and promote the health and self-sufficiency of low-income Pinellas County residents and to create and sustain viable neighborhoods. In partnership with our community, the Department administers and coordinates high-quality prevention, intervention, education, outreach, and enforcement services while also preserving and developing well-maintained affordable housing in safe neighborhoods. We facilitate this process by placing people first, in an effort to increase access to services, promote health, increase self-sufficiency, promote housing equality, create and sustain communities, and improve the quality of life of those*

The Department of Health and Community Services aims to effectively and efficiently provide services that support individuals and sustain viable neighborhoods. The Department will design programs and target resources to combat the negative contributing factors to prolonged poverty: insufficient access to health care, low educational outcomes, high unemployment rates, insufficient stock of quality affordable housing, high crime rates, insufficient access to fresh foods, and poor transportation.

The creation of a new Department allows for a clean slate and an opportunity to design programs and services around community needs and better target efforts and resources to the populations who need the greatest number of services. In addition, by eliminating the silos in which County departments traditionally operated, we can implement coordinated multi-pronged initiatives that address individuals and the communities in which they reside. In order to break the cycle of poverty, all of the barriers to achieving self-sufficiency must be addressed in a holistic, coordinated manner. The new organizational structure allows for a multi-dimensional approach to revitalize and strengthen neighborhoods while also empowering our clients to become self-sufficient. The Department has modeled its core programs and services around the Board of County Commissioners' Strategic Outcomes.

Board of County Commissioners' Strategic Outcomes	Status
• Increase citizen satisfaction with the delivery of services	☑
• Deliver measurable savings and improved customer service from investments in technology	☑
• Utilize a data-driven approach to target opportunities for efficiencies	☑
• Achieve measureable per service/per unit cost savings	☑
• Increase employee satisfaction and engagement	☑
• Achieve cost-savings from collaborative workgroup for consolidation	☑

With a goal of improving the quality of life for all Pinellas County residents, the Department will focus its efforts on five Target Zones that experience the highest concentrations of poverty in the County and reverse the unsustainable trend of poverty. The new mission, supported by the organizational structure, will allow us to lay the foundations of the Department's work in 2014. We will build from these successes in future years and modify our goals and initiatives to adapt to the changing demands of the communities we serve.

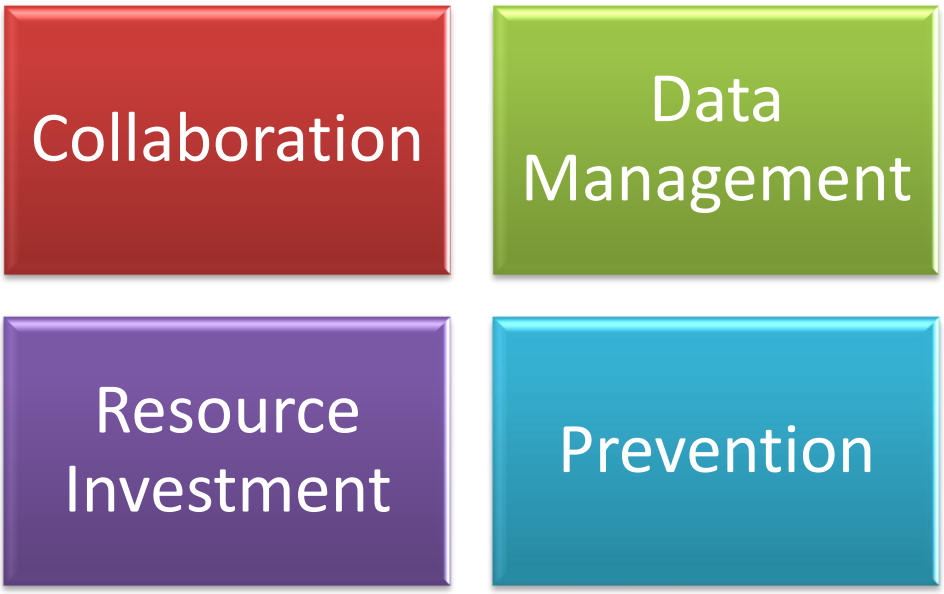
The primary goal of the new Department is to improve the quality of life of County residents through a multi-pronged approach, which includes improving health outcomes, improving housing conditions, targeting neighborhood revitalization, and creating programs and services that provide financial empowerment and education. In order to best meet the strategic direction of the Board, the Department will concentrate on programs and services that assist individuals with improving their health, achieving self-sufficiency, and accessing necessary services. At the community level, the Department will produce new affordable housing, preserve the existing housing stock, promote home ownership, and support community vitality and improvement efforts. All programs and services will be provided through collaboration with community partners to ensure positive outcomes, community support, client engagement, and controlled costs.

The Department will use the Board's Strategic Outcomes as goals for programs and services and the overall organizational structure. In addition, the Department will strengthen and support the staff to ensure the highest quality service and a High Performing Organization. With common goals for success, the development and operational efforts of the Department will work in harmony to improve service delivery and create real change in the communities we serve. The new Department is a chance to break down the traditional silos of government agencies, reinvigorate our workforce, and build an organization that is efficient, effective, and delivers quality service with results.

Aligning Efforts through Strategic Initiatives

The Department of Health and Community Services aims to be an efficient, data-driven organization that provides quality customer service and delivers measurable outcomes that improve the lives of individuals and changes communities that have experienced blight. By coordinating services and targeting resources,

we can develop programs that have the greatest lasting effect on the communities and individuals we serve. By using data to make informed decisions and investing in technology to assist operations, the Department will be a convenient mechanism for low-income individuals to access needed services. Success can be achieved through the following guiding principles:



Collaboration

County departments and other local agencies often invest their time, efforts, and resources on initiatives targeted at similar populations and geographic regions. This fact became even more evident through the Economic Impact of Poverty workgroup and County reorganization. Collaboration among County departments or between the County and the private non-profits and business communities can lead to the creation of innovative strategies and initiatives that are complementary, coordinated or connected, successful, and a smaller strain on limited resources. Collaboration and coordination among the private and public sectors can improve services, increase access, enhance technology and strategies, and reduce costs. The Department will build on the relationships it has formed with the municipalities, business community, health care sector, School Board, and non-profit community to launch new initiatives that will improve lives and revitalize communities, beginning with co-locating health services and social services in community-based clinics and health campuses.

Data Management and Technology

The Department of Health and Community Services is a data-driven, results focused organization and will rely on technology to manage client information, produce real-time productivity reports, highlight areas in need of services and improvements, and keep projects on-time and on-schedule. Investments in technology will allow the Department to not only connect its various divisions, but also work with partner agencies and organizations to share data seamlessly, improve service delivery, and develop meaningful performance measures. Full implementation of an integrated data management system will allow the Department to enhance patient-centered care in the medical program, measure client-based and community outcomes that demonstrate the effectiveness of our programs and services and highlight additional opportunities for investment. A flexible, module-based reporting tool will allow for intra-County quality of life comparisons by zip codes as well as comparisons with other counties, and mapping and trend analysis of specific measures over time.

Resource Investment

Collaboration with partner agencies and the use of integrated technology will allow the Department to utilize its resources more efficiently. Partnerships and leveraging opportunities will allow the Department to invest time and money into programs, projects, and services that have the greatest impacts on the At-Risk Zones and the individuals who reside in those Zones. Data will allow the Department to make informed decisions about where to invest its resources and for greater collaboration opportunities with private sector entities. Similar to the effect of the Economic Impact of Poverty Report, the Department can utilize reliable data to find a common ground with community agencies and municipalities that will facilitate a partnership on a project or initiative. The Department must continue to leverage additional funds in order to provide a full spectrum of services that meet the community's needs, as a supplement to the Department's allocated General Funds. With Board approval, the Department has begun this effort, which includes developing an Indigent Health Trust, aggressively seeking and applying for grant opportunities, expanding our Federally Qualified Health Center designation, maximizing federal block grant dollars, and leveraging resources from community partnerships, such as capitalizing on vacant School Board properties for community-based health clinics.

A Prevention-First Model

Preventive services are cost-saving and have significant, long-lasting gains. The Trust for America's Health reported that strategically investing only **$10** a person in disease prevention could result in a return on investment for Florida of up to **$6.20** for every dollar spent in health care costs. The National Alliance to End Homelessness explains that, in order to effectively reduce homelessness, communities need to develop clear and comprehensive prevention strategies that outline steps to be taken to solve the issues. Similarly, the federal Head Start Program was designed to help break the cycle of poverty, providing preschool children of low-income families with a comprehensive program to meet their emotional, social, health, nutritional and psychological needs and the Nurse-Family Partnership was developed to drive long-term family improvements in health, education, and economic self-sufficiency through home visits from registered nurses to first time mothers in low-income neighborhoods. Head Start has proven to promote school readiness for children ages birth to 5 in low-income families by enhancing their cognitive, social, and emotional development and the Nurse Family Partnership has proven to improve prenatal health, reduce childhood injuries and subsequent births, and increase economic self-sufficiency and school readiness among participants. The strategic initiatives that the Department will launch will focus on preventive measures that improve quality of life and overall outcomes, with programs that integrate primary and behavioral health care, education, and jail and homelessness diversion.

The Department of Health and Community Services will build upon the success of the Economic Impact Report and develop programs, services, and initiatives that will assist individuals with becoming economically self-sufficient and providing the necessary services to support all members of the family, and revitalizing blighted communities through housing and economic development. Outlined in the following pages are the Department's first initiatives: **Department reorganization and integration of services, Healthcare delivery system redesign and Homeless continuum of care.** Each initiative has been developed in collaboration and coordination with community partners and stakeholders and has been guided by the Board's Strategic Direction to:

- Establish, define, and focus on a core set of services
- Increase citizen satisfaction with the delivery of service
- Deliver measurable improvements
- Utilize data to target efficiencies; and
- Achieve measurable cost savings.

Future action items will be brought before the Board for its consideration in the coming months to successfully launch these projects.

III. Healthcare Delivery System Re-design

Due to the rising costs of health care, in anticipation of the full implementation of the Patient Protection and Affordable Care Act, and at the direction of the Board of County Commissioners, the Department of Health and Community Services has partnered with multiple community agencies to develop an integrated, family-focused health care delivery system that prepares the County for expanded access to health care with resulting reductions in service delivery cost. The following pages detail the steps the Department has taken to collaborate with medical and community partners to develop plans for one-stop health campuses in each of the five At-Risk Zones. These integrated medical and social service campuses will provide wrap-around care for low-income residents as well as linkages to support services throughout Pinellas County and – if approved by the Board – will be primarily financed through the expansion of the County's Federally Qualified Health Center designation.

In Fall 2011, due to the rising costs of health care, in anticipation of the full implementation of the Patient Protection and Affordable Care Act, and at the direction of the Board of County Commissioners, the Department of Health and Community Services partnered with multiple community agencies and health care providers to re-design the current health care delivery system, identify new funding streams to decrease the responsibility of the County to pay for the majority of the costs of indigent health care, and prepare the County and its partners for the implementation of health care reform. The collaborative effort – known as the **Pinellas County Health Collaborative** -- is comprised of **25** partners from the public, private, nonprofit, health care and education sectors. At the core of the Collaborative is the leadership team comprised of the Department of Health and Community Services, the Juvenile Welfare Board, and the Florida Department of Health in Pinellas County. The three agencies have formed the leadership team to identify target communities in need of services, leverage resources and funding to support health care initiatives in those communities, link providers to provide wrap-around services, and utilize data to achieve and measure desired outcomes. The Health Collaborative designed a new delivery system that allows for enhanced and integrated medical and social services for the entire family, increased capacity, improved community health outcomes, and reduced costs.

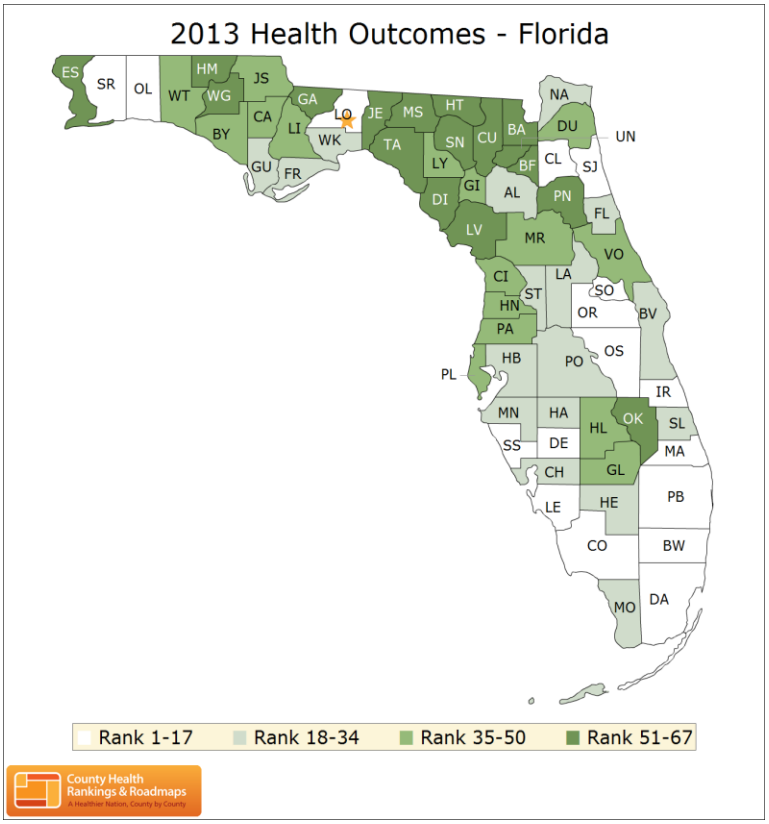
In 2012, the Collaborative supported two grant applications that would provide federal funding to support its redesign efforts – a **$30 million** Health Care Innovation Challenge grant and a **$5 million** capital grant from the Health Resources and Services Administration. The **$30 million** Health Care Innovation Challenge grant would support a fully integrated primary and behavioral health care delivery system with community social supports. The **$5 million** Health Resources and Services Administration grant would provide capital funding to construct a full-service medical clinic targeted to homeless families and individuals. The County was successful in obtaining the capital funding for the homeless clinic, which is described in more detail in the following chapter. While the County received a high score on its Health Care Innovation Challenge Grant application, it ultimately wasn't awarded the funding. Despite not receiving the grant, the Health Collaborative continued its work to design and implement the improved healthcare delivery system, described in detail in this chapter.

A major factor influencing the need for an integrated health care delivery system is the full implementation of the Patient Protection and Affordable Care Act (**The Affordable Care Act**). As described in this chapter, the implementation of The Affordable Care Act and expansion of Medicaid eligibility will have a significant impact on low-income residents in Pinellas County, giving them health care coverage possibly for the first time. To meet the needs of this expanded population, it is necessary to increase the number of providers

that accept Medicaid and access points for primary health care services to provide regular preventive care for this population and manage their chronic diseases. Regular primary medical care will reduce unnecessary Emergency Room usage and hospitalizations due to chronic disease complications, further reducing the cost of care for the County. It is also necessary to secure a dedicated source of funding to reduce the County's cost burden of supporting health care for the uninsured and underinsured.

Pinellas County Health Ranking

Pinellas County ranks **38th out of 67** counties in Florida for overall health. It is the lowest ranked large County and lowest ranked urban County. The health outcomes rankings of the County are aligned with those of smaller, more rural counties in North Florida.



Specifically, Pinellas County ranks lower than the State of Florida and national benchmarks in leading health indicators such as poor health, poor mental health, diabetes, obesity, adult smoking, cancer, sexually transmitted diseases, and cardiovascular disease. Some health rankings are in the national **"severe"** benchmark category.

Clients enrolled in the Pinellas County Health Program have even higher rates of chronic diseases than the general population – some up to three times higher. Prevalent chronic diseases among our client population include obesity, diabetes, and hypertension. Chronic conditions that are not controlled may become exacerbated, leading to Emergency Room and inpatient hospital visits that are unaffordable and undermine continuity of care.

Current System Design

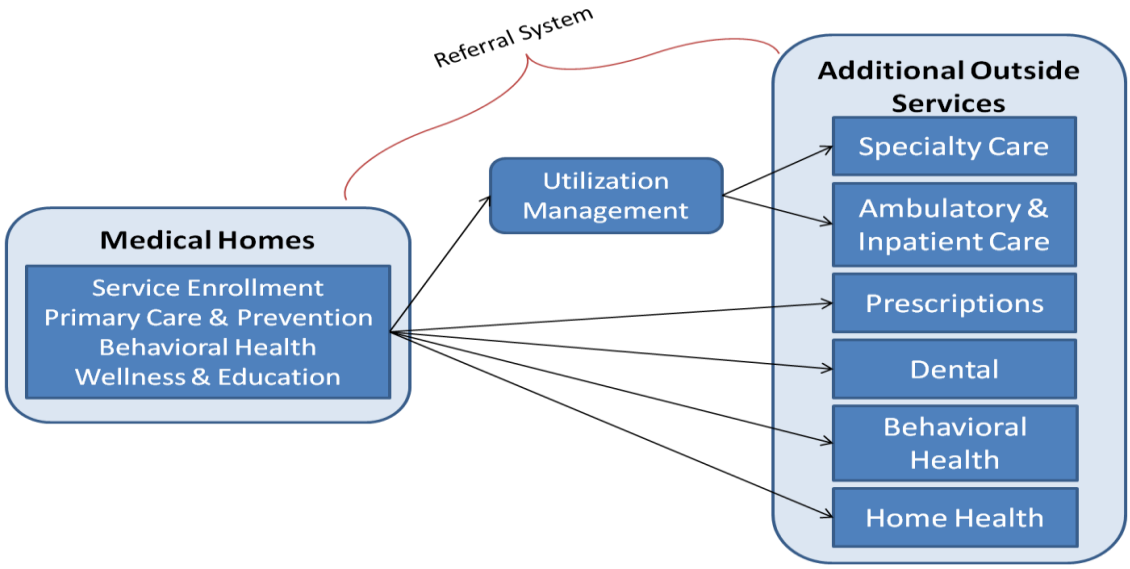
The Patient-Centered Medical Home model is a health care delivery model that melds primary care principles, relationship-centered patient care, reimbursement reform, and integrated health information technology for the provision of primary care that is connected, coordinated, and comprehensive. The Patient-Centered Medical Home model provides team-based health care led by a physician or mid-level health provider who provides and coordinates comprehensive and continuous medical care to patients with the goal of obtaining maximized health outcomes. Patient-Centered Medical Homes are associated with improved health outcomes, lower overall costs of care, increased access to care, improved quality of care, and a reduction in health disparities. Despite a health system that tends to reward providers based upon discreet services and overspecialized care, the Patient-Centered Medical Home model is hinged upon the premise that the best health care has a strong primary care foundation rooted in the following principles:

In 2008, the American Public Health Association endorsed the medical home model of primary care for its public health value and Pinellas County changed its Pinellas County Health Program from a **"sick care"** model to a **Patient-Centered Medical Home** model. The Pinellas County Health Program targets uninsured County residents between the ages of 18 and 64 who are at or below 100% of the Federal Poverty Level and who do not qualify for other types of medical coverage. Pinellas County Health Program clients are treated at 10 medical home sites operated by two community primary care providers – The Florida Department of Health in Pinellas County and the Community Health Centers of Pinellas. In addition,

the County operates the Mobile Medical Unit, a mobile Federally Qualified Health Center that serves homeless clients at multiple sites throughout the County.

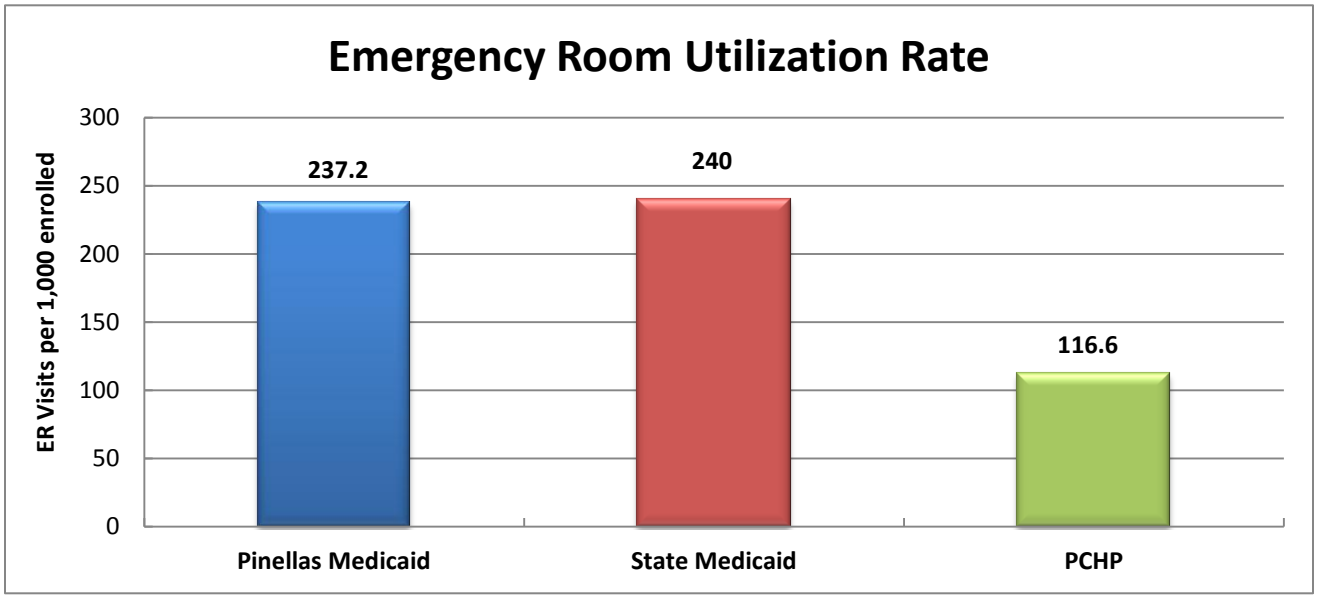
While primary care and prevention are the focus of the current system, the medical homes also incorporate dental services, behavioral health, wellness, and health education services. Clients also have access to a network of services that includes prescriptions, specialty care, ambulatory and inpatient care, behavioral health care, and access to home health and durable medical equipment. In an effort to ensure appropriate usage of our specialty care network and ambulatory and inpatient care services, a Utilization Management team overseen by our Medical Director evaluates the medical necessity, appropriateness, and efficiency of the use of health care services, procedures, and facilities under the program's provisions.

Current Pinellas County Health Program Delivery System



The Pinellas County Health Program has proven to decrease per client costs from **$5,927 in 2008** to **$1,442 in 2012**. In addition to a cost savings to the County, the Health Program has improved health outcomes for participating clients. Working with this population on prevention and behavior change through the medical homes is central to lowering specialty and inpatient care costs. For example, screening and treating diabetes-related complications early reduces the lifetime occurrence of kidney failure by **26%**, blindness by **35%** and lower extremity amputations by **22%**. Regular, coordinated primary and preventive care reduces the occurrence of inpatient hospitalizations due to chronic disease complications and ultimately decreases the cost of care for the County and hospitals.

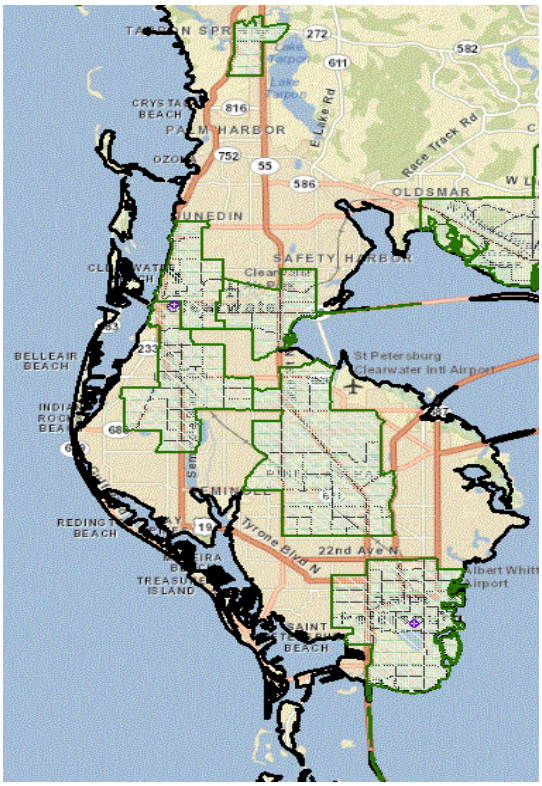
The Department conducted a review of Emergency Room utilization among Medicaid and Pinellas County Health Program clients at County hospitals and determined that from 2008 – 2011, Pinellas County Health Program clients had an average of **1.3** visits per year to the Emergency Room. Clients exhibited lower Emergency Room utilization rates after only **6 months** in the Pinellas County Health Program. This number is significantly lower than the number of Emergency Room visits reported for Pinellas County and State Medicaid clients during the same time period and shows that both health insurance and health care access are needed in order to improve overall health conditions and change individuals' behaviors as they relate to medical care. The Department believes that the success of the Pinellas County Health Program can be replicated among Medicaid enrollees, particularly families with children.



While the current system has been successful in improving health outcomes, changing health behaviors and reducing costs, the following limitations exist:

- Disproportionate number of residents with health coverage and access to care
- Lack of capacity or adequate infrastructure to serve those in need
- Cost of care is primarily borne by the County
- Lack of coordination among providers
- Current system design treats adults and children separately

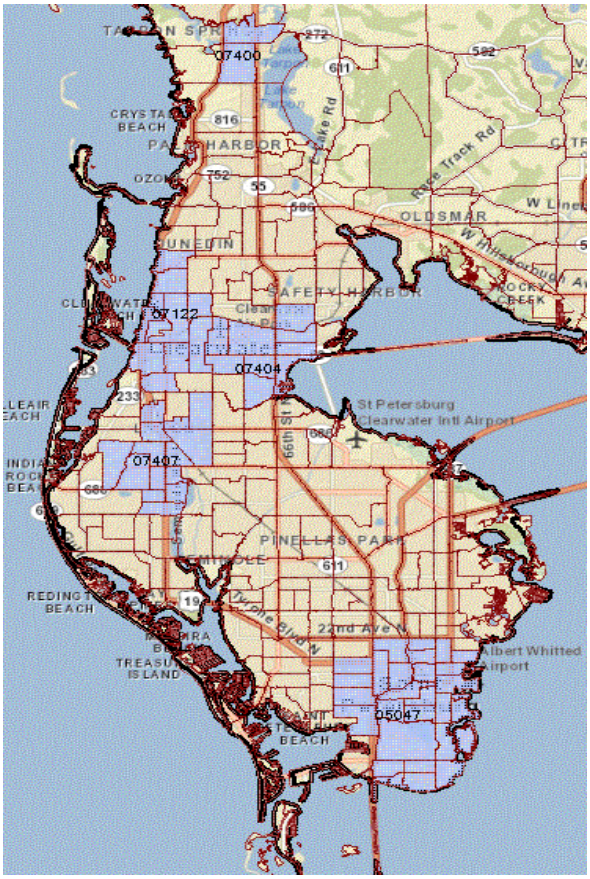
Disproportionate Number of Residents Without Health Coverage and Access to Care



Health insurance coverage aids in providing access to reasonably priced health care, but health insurance coverage does not equal health care access. It is necessary to have multiple access points across the County and providers that accept insurance – particularly Medicaid -- in order to ensure that low-income residents can receive the care they need.

In 2012, **149,604 (16%)** County residents were enrolled in Medicaid and **201,828 (22%)** County residents were uninsured. Even with health care coverage such as Medicaid, individuals face barriers to care because few practitioners in the County accept Medicaid for adults. There are **12** communities within Pinellas County that have been designated by the federal Department of Health and Human Services as a **Health Professional Shortage Area** due to a shortage of primary medical care, dental, and/or mental health providers. The population groups include low-income communities in Clearwater, St. Petersburg, Pinellas Park, Tarpon Springs, and Ridgecrest, as indicated on the map to the right.

Due to the limited access to care, Medicaid enrollees tend to utilize the Emergency Room at higher rates than other populations for both primary care and non-emergency services. National research indicates that **20%** of adults age 18-64 visit the Emergency Room every year. Emergency Room utilization is most common among those with Medicaid coverage. Data from the Florida Agency on Health Care Administration indicates that among Medicaid-enrolled Emergency Room clients, **60%** of the visits could have been avoided with proper community-based primary or preventive care. In addition, **22.5%** of Emergency Room visits result in a hospital admission. Due to insufficient access to primary care providers, Medicaid clients who present to the Emergency Room are more likely to be hospitalized due to health complications – resulting in longer stays and increased costs to providers. State utilization rates indicate that Pinellas County Health Plan clients utilize the Emergency Room less often than Medicaid clients due to the availability of primary and preventive care.



Medically Underserved Populations are groups of people who face economic, cultural, transportation, access linguistic, and other barriers to care. There are five Medically Underserved Populations in Pinellas County which overlap with the **5 At-Risk Zones** from the Economic Impact of Poverty report. Barriers to care cause a delay in care, which complicates medical conditions and increases costs for providers. Medically Underserved Populations are often also underinsured or uninsured, as health insurance access and health care access are inter-related. Individuals who lack consistent and reliable primary care utilize the Emergency Room for non-emergent care.

Individuals in the County's five At-Risk Zones are categorized as Medically Underserved Populations and face barriers to care including access to providers. Despite the 10 medical homes available to clients through the Pinellas County Health Program and other community agencies that provide primary care to low-income individuals, a significant number of Pinellas County residents in the five At-Risk Zones face barriers to care, as indicated on the table on the following page. A comprehensive, community-focused and culturally competent healthcare delivery system that addresses the need of uninsured and underinsured individuals is needed to overcome the barriers to care, change the behaviors of historically underserved populations, reduce unnecessary Emergency Room use, and reduce costs.

Lack of Capacity and Adequate Infrastructure to Serve Those in Need

The Pinellas County Health Program targets uninsured County residents between the ages of 18 and 64 who are at or below 100% of the Federal Poverty Level and who do not qualify for other types of medical coverage. Pinellas County Health Program clients are treated at 10 medical home sites operated by two community primary care providers – The Florida Department of Health in Pinellas County and the Community Health Centers of Pinellas. In addition, the County operates the Mobile Medical Unit, a mobile

Federally Qualified Health Center that serves homeless clients at multiple sites throughout the County. The County has constructed the 5 clinics currently operated by the Department of Health. The land acquisition process for these clinics is lengthy and expensive and identifying additional vacant land in the County large enough to build new clinics is difficult. In addition, because the Pinellas County Health Program is not health insurance, access to hospital, ancillary, and specialty care is limited, expensive, and not fully integrated into the primary and preventive care provided at the medical homes. Despite the Board's financial commitment and efforts by the Department to identify efficiencies in the system, the current program design and infrastructure limitation only allow for the County to serve a maximum of **20,000** uninsured residents. As indicated in the chart below, there are approximately **68,394** low-income County residents in just the 5 At-Risk Zones who cannot access care.

Unmet Need for Primary Care Access in At-Risk Zones

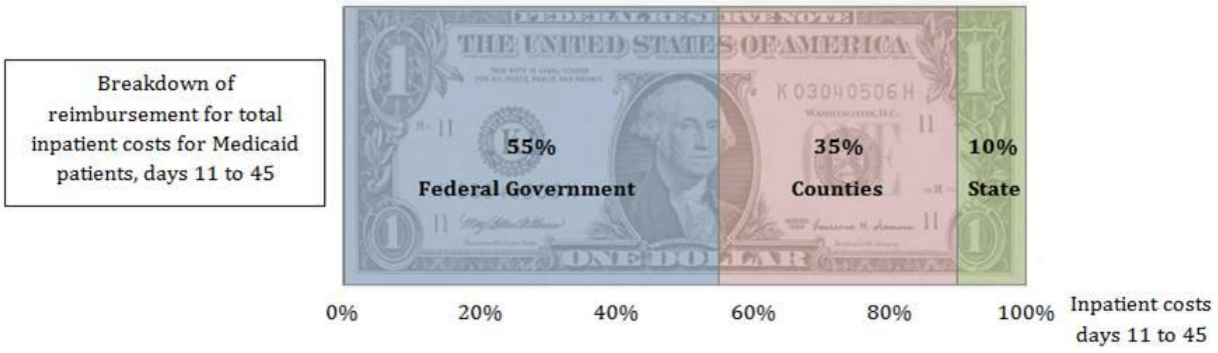
Zone	Total Low-Income Individuals	Total Accessing Primary Care	% of Low-Income Population	Unmet Need
E. Tarpon Springs	8,726	3,122	37.7%	5,154
N. Greenwood	25,520	10,142	39.7%	15,378
Highpoint	15,815	6,925	43.8%	8,890
Lealman	27,015	11,466	42.4%	15,549
S. St. Petersburg	48,246	24,823	51.5%	23,423
Total	**124,872**	**56,478**	**45.2%**	**68,394**

A new healthcare delivery system, with integrated services and modern facilities located on campuses with surrounding community supports will increase access to care and provide the adequate infrastructure and staff to provide quality health care to those who need in most in Pinellas County.

The Cost of Care is Primarily Borne by the County

Operations for the Pinellas County Health Program are funded by the Board of County Commissioners at over **$25 million** per year. In addition, the County supports community agencies that provide behavioral health and substance abuse treatment services and has historically paid for **35%** of the total Medicaid costs for inpatient hospital days **11-45**. Florida is one of the **28** states in the nation that require counties to share in the cost of the Medicaid program. The federal government finances **55%** of the total cost of care and the

state is required to contribute the remaining **45%**. The state covers their share of Medicaid costs for a majority of services including doctor visits, pharmacy, and days 1 through 10 of inpatient hospital stays. Under section **409.915 of the Florida Statutes**, the state charges counties for **"care and service"** for inpatient hospital stays days **11 through 45**. Counties are only responsible for services provided to residents of their county, but provide for **35%** of the total cost of inpatient hospitals stays for days 11 through 45, leaving the state responsible for the remaining **10%** of those costs. As previously stated in this report, Medicaid inpatient hospital costs in Pinellas County totaled **$1.5 billion** in 2012.



The current healthcare delivery system design places the majority of the financial burden of care for uninsured and underinsured County residents on Pinellas County government. Despite efforts to find efficiencies in operations, health care expenditures continue to rise, further straining already limited County resources and causing taxpayers to bear the burden of uncompensated care. An improved healthcare delivery system will better coordinate services among providers so that costs are minimized and services are enhanced. In addition, multiple funding sources, including dedicated revenue from the expansion of the County's **Federally Qualified Health Center** designation, will allow for the long-term sustainability of these critical services.

Lack of Coordination Among Providers

As the Pinellas County Health Collaborative began their discussions to identify efficiencies and design an improved health care delivery system in the County, two major areas for improvements were identified: ***lack of coordination among providers and a system that separates care for children and adults.***

There is limited or no connectivity in Pinellas County between agencies to eliminate client duplication, program hopping and administrative costs. This is partially driven by the lack of technologies that allow agencies to share information and client services data.

Currently, most participating community health agencies have electronic data systems to capture necessary data and information. However, it is essential to integrate these systems in order to allow for better continuity of care. In order for the new health care delivery system to be successful, a more effective and efficient system-wide technological system must be developed. First, a community-wide eligibility determination system must be developed to serve as a common enrollment portal for multiple county programs. A common eligibility and enrollment process will reduce overhead and administrative costs, simplifying client navigation, and reduce service duplication. Second, it is essential to share client medical records between participating health care providers. This will reduce costs related to duplicate lab work, identify important health factors such as family illness patterns, improve care coordination among a variety of providers (since most of the projected clients will have multiple co-existing conditions) and reduce diagnosis times. These activities can be accomplished utilizing the Department's **CHEDAS** database, which can serve as an interface for common eligibility and enrollment, shared medical records across all participating health agencies, and seamless billing.

Current System Design Treats Adults and Children Separately

The indigent healthcare delivery system in Pinellas County was never designed to treat adults and children within the same system because historically, children, custodial parents of low-income minors, and low-income pregnant women have always qualified for Medicaid in the state of Florida. When designing a delivery system to increase access to care for the most vulnerable populations, the County focused on the unmet need for uninsured adults (ages 18-64) who do not qualify for other types of health insurance because the assumption had been that children would be covered under the state Medicaid program. However, as previously stated in this report, health insurance coverage does not equal health insurance access and there are not enough medical providers in Pinellas County who accept Medicaid.

Through the Department's collaborative relationship with the Juvenile Welfare Board and the Florida Department of Health in Pinellas County, it became evident that not only was access to care limited even for children with Medicaid coverage, but that without adequate health care coverage and health access for the

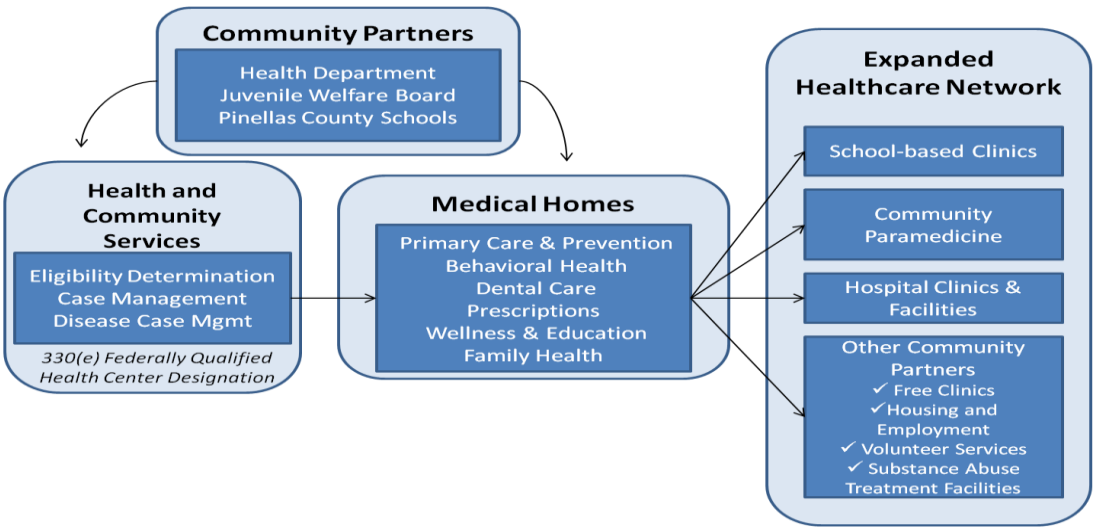
parents of low-income children in Pinellas County, a large number of County residents were not addressing their health care needs. A comparison of client data among the Department and the Juvenile Welfare Board indicated that the two agencies are providing services to the same families, but through two separate systems. Increasing access to integrated services for families improves engagement in health and health outcomes. Linking health care to community support services improves outcomes multi-fold. Working with the Department of Health and the Pinellas County Health Collaborative, the agencies have designed a healthcare delivery system that provides holistic, wrap-around care for the entire family unit.

Improved Healthcare Delivery System Model

Recognizing the limitations of the current delivery system, the Board directed staff to facilitate a series of discussions with other community health care agencies to identify efficiencies and design an improved healthcare delivery system in the County that increases access, enhances services, and reduces costs.

The Department of Health and Community Services is committed to achieving its health care goals of increasing access to quality health care, improving the health outcomes of low-income/high-risk individuals, and reducing health disparities in targeted communities. To help achieve these goals, we have designed – along with our community partners – an improved healthcare delivery system that will provide better community health outcomes at a reduced cost to the County and its medical partners.

New Healthcare Delivery System Design



The new healthcare delivery system provides holistic family care in a campus setting. At the core of the delivery system are Medical Homes, which will provide integrated medical and behavioral health services, dental care, prescription medications, wellness and education and family health services. The physician teams at the medical homes will work closely with other partner agencies such as the hospitals, Emergency Medical Services and the Fire Departments, Community Free Clinics, and Substance Abuse Treatment Centers to ensure that community support services are available. Department staff will manage client enrollment and case management and provide direct referrals to social service agencies that can help address a client's overall well being. The main tenets of the new system design are:

Community-Based Care

A successful community-focused health care system requires buy-in and collaboration among a diverse group of stakeholders. The Pinellas County Health Collaborative is comprised of government entities, nonprofit organizations, business and labor organization, educational institutions, and health care professionals who have committed to working together to improve the healthcare delivery system for uninsured and underinsured Pinellas County residents.

Developing a comprehensive and more efficient health care system in Pinellas County means that steps must be taken to address the unique characteristics of the specific communities that will be served. Much of this needed research has already been completed through the Economic Impact of Poverty Report. These important characteristics include, but are not limited to a community's income levels, health care coverage, unemployment rates, affordable housing, crime, and health care indicators. All of these factors aid professionals in having a more comprehensive understanding of the barriers to an improved quality of life in a community. In addition, recent studies have indicated that community-focused care, where the client is the whole community, can be highly effective in reducing costs and improving health outcomes.

The vibrancy of any community depends on the participation of its residents. When individuals combine their efforts within neighborhoods, there is a lasting and positive social benefit for all. **Community Paramedicine** can be an effective tool to engage the community in their health and break down barriers to care. **Community Paramedicine** is an organized system of services, based on local need, provided by Emergency Medical Technicians and Paramedics that is integrated into the local or regional health care system and overseen by emergency and primary care physicians. **Community Paramedicine** uses Emergency Medical Services (**EMS**) and other certified first responders to provide community health and supplement coverage gaps by expanding the role of **EMS** personnel.

Community Paramedicine is a locally designed, community-based, collaborative model of care that leverages the skills of paramedics and **EMS** systems to address care gaps identified through a community specific health care needs assessment. Through a standardized curriculum, accredited colleges and universities train first responders at the appropriate level to serve communities in the areas of primary care, public health, disease management, prevention and wellness, behavioral health, and dental care. Potential preventive care services include: creating a "vulnerable population" registry (children with asthma, homebound seniors, diabetics, etc.) per community and providing regular home visits to check on a person's health status, transporting patients with specified conditions not needing emergency care to alternate, non-Emergency Room locations, addressing the needs of frequent 911 callers or frequent visitors to Emergency Rooms by helping them access primary care and other social services, partnering with community health workers and primary care providers in underserved areas to provide preventive care, participating in community wellness education and outreach through community health fairs and immunization drives, and providing follow-up care for persons recently discharged from the hospital and at increased risk of a return visit to the Emergency Room or readmission to the hospital.

Community Paramedicine brings medical care to the most vulnerable populations in our communities, making health care and government services more accessible. It adapts to the specific needs and resources of each community and is successful through the combined efforts of those that have a stake in maintaining the health and well-being of its residents. In the collaborative spirit of the new County design, the Department has had preliminary discussions with the Department of Safety and Emergency Services as well as the members of the Pinellas County Health Collaborative about how to best to implement **Community Paramedicine** in the At-Risk Zones and will provide the Board an update on our discussions in Spring 2014.

The new healthcare delivery system takes a holistic approach to care, utilizing strategies such as community-centered partnerships, community and family engagement in health, and an expanded healthcare network to include school-based clinics, community free clinics, hospitals, behavioral health centers, and substance abuse treatment facilities. In addition, the community will be encouraged to co-locate support services on the health campus, such as child care, after school care, and recreational services – making the Health Campus a central focal point of the community and a single accessible location where residents can depend on quality care and services.

Expanded Access

In addition to the importance of a community-focused health care model, access to health care is crucial in being able to improve community health outcomes. Therefore, it is necessary to increase the number of access points throughout the County. There is currently a significant gap in access points for preventive and primary care services in the County, specifically for low-income clients. Co-locating service agencies allows for families to have centralized access to available resources, while increasing overall service delivery in the community, eliminating unnecessary duplication among community agencies, reducing administrative overhead, creating a seamless delivery system, and allowing for the measurement of community impact. Co-location will be both virtual – through the use of technologies that share client data and allow for seamless billing – and physical – through one-stop health campuses that serve as anchors in the community.

Health campuses will be created in each of the five At-Risk Zones and serve as access points for medical and social services. The campuses will include modern, multi-functional health clinics with convenient hours and services tailored to meet the individual needs to each family. The health campuses will serve as anchors in the communities. Their embedded nature within the community will allow them to contribute to the local economy, culture, and health. Because these campuses will provide important services, they will be able to bring people together from different professional and cultural backgrounds to provide coordinated care and services.

Local residents, community agencies, and health providers will have input on the design and developments of the health campuses, which will include multi-functional spaces to serve as meeting spaces. These

spaces will be utilized for culturally diverse, accessible, and engaging wellness and education programs such as exercise and cooking classes, nutritional counseling, behavioral health services, chronic disease management seminars, smoking cessation classes, senior support programs, financial education classes, and media programs. The community atmosphere will empower clients and visitors alike by diffusing knowledge on how to better manage their personal well being and providing access to helpful resources.

The improved system will provide an expanded health care network in order to provide access to primary care during evenings and weekends. The network will include multiple primary care clinics, behavioral health centers, drug treatment facilities, and wrap-around social services at centralized locations throughout the five Zones. Hospitals and hospital clinics will also provide primary care and divert eligible patients from the Emergency Room for needs that can instead be treated at clinics. The Department will also coordinate with the free clinics in the communities to serve as Emergency Room diversion sites, as well as to help triage clients who are eligible for the Pinellas County Health Program and to serve as community clinics for residents without health insurance. In addition, the School Board has many vacant buildings that may be made available to the Department – eliminating the need to build new infrastructure for health clinics in certain communities. The vacant properties could further be enhanced by building playgrounds and other family-focused services to promote both safer and healthier communities.

In order to improve health disparities and create a community-focused care system, it is essential to have a health care workforce that is culturally competent. To achieve this important goal, the Health Department will facilitate the cross-training of existing primary care and behavioral health providers. This will ensure that all entities are aware of the new delivery system and how each organization fits into the overall structure. It will also allow for a transfer of knowledge to better assess patient needs holistically and have a health care workforce that is better trained to treat diverse communities.

It is also important to train current and future community health care workers to ensure sustainable community health outcomes. Community health workers are members of a community who are chosen by organizations to provide basic health and medical care to their community. Utilizing community health workers in this new system could aid in increasing health competencies among low-income clients, while also improving health outcomes and thus reducing health care costs for public and private organizations in Pinellas County. Community health workers will assist the clinical team to ensure that:

- Patients and families are informed of needed health procedures;
- Proper information flows between the medical home and referral site(s);

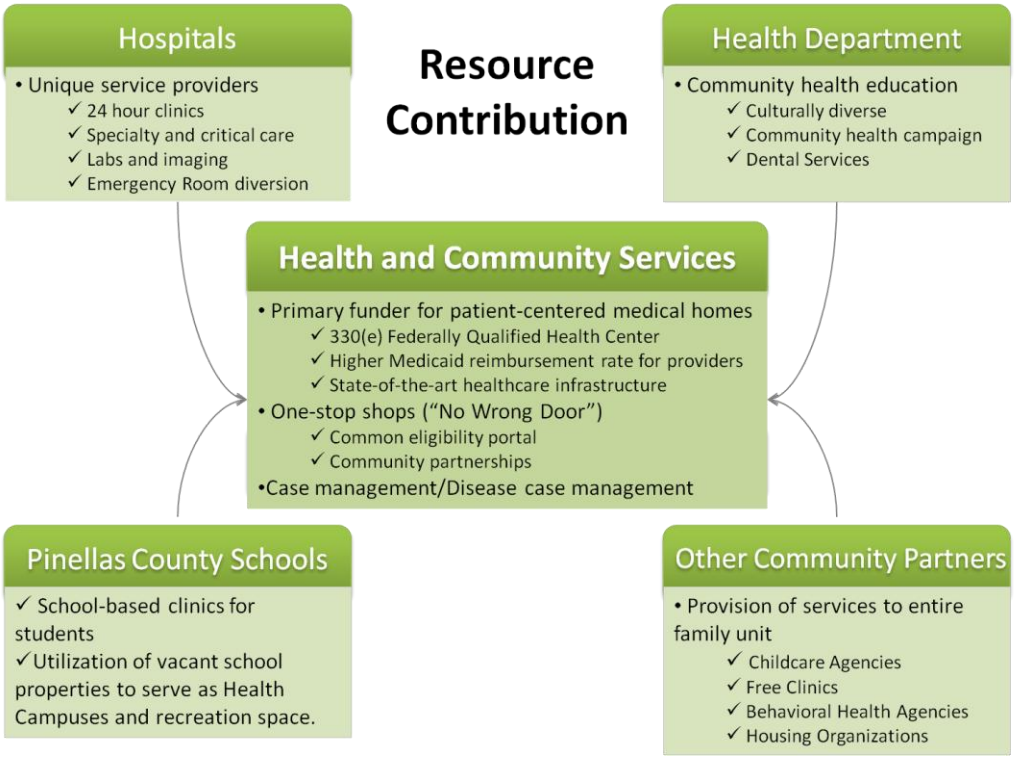
- Barriers that prevent clients from participating in their treatment plan are properly identified and addressed;
- A client's Emergency Room usage is monitored and diverted for non-emergent health concerns;
- Clients keep scheduled medical visits and attend necessary classes; and
- Clients are participating in community health education classes on basic health, nutrition, and healthy behaviors.

By engaging members within the community to become a part of the health care delivery system, citizens will feel empowered to improve their own health and teach those around them how to do so as well.

Collaboration Among Providers

The Department of Health and Community Services has been diligent in partnering with local community organizations and health care leaders to ensure collaboration among the stakeholders of this system design. Collaboration between public and private sector agencies is fundamental in the new system to help leverage all of the needed resources for an efficient and comprehensive health and social service model, including staffing, improved technologies, fiscal contributions, and infrastructure.

As indicated in the following graphic, each partner in this system brings valuable resources which can help strengthen the system and ensure the effective delivery of comprehensive, cost-effective and culturally competent health care services. Each partner's unique resources are essential for this system to be efficient and successful. All of the partners involved in the development of a comprehensive health care system in Pinellas County have a stake in ensuring a reduction of health care costs and improvements in health and social services, technology, and outcomes. The collaborative resource contribution to this system ensures that all needs within our At-Risk Zones will be addressed comprehensively, while reducing duplicative services and the inherent costs found in the current, disjointed health and social services system.



The Health Collaborative is the core of the vision, partnerships, and design of a new holistic, integrated, and family-focused health care delivery system in Pinellas County. Planning efforts among our partners will continue as we further outline the needed staffing, infrastructure, technology, and billing system required for a seamless health care redesign. Strategic and collaborative partnerships among the Health Collaborative members will allow us to:

- Reduce the costs associated with providing care
- Provide coordinated and comprehensive care with measurable results
- Expand access to services
- Leverage resources and funding opportunities

Local Impact of the Patient Protection and Affordable Care Act

Pinellas County's low-income residents—whether currently uninsured or recipients of Medicaid—continue to face significant barriers in accessing primary and preventive health care. The lack of health care access

points for low-income residents is further complicated with the full implementation of the ***Patient Protection and Affordable Care Act***, which has the potential to increase Medicaid enrollee numbers in the County by almost **75,000**. According to the Florida Agency for Health Care Administration (2013), the current number of Medicaid enrollees in Pinellas County is **136,790.** Additionally, there is an estimated **12,260** individuals that are currently eligible for Medicaid, but have never applied or enrolled. This is known as the ***"Woodwork Effect."*** If Medicaid is expanded to cover individuals up to 138% of the Federal Poverty Level, as was proposed during the last Legislative Session, it is estimates that an additional **53,200** individuals will be enrolled in Medicaid. Furthermore, a number of employed individuals who currently have employer-paid health insurance are anticipated to be dropped from these health care plans because they will be eligible for the expanded Medicaid program. This is known as the ***"Crowd Out"*** group and it is estimated that **9,157** individuals will fall into this category. Thus, the number of new enrollees for Medicaid in Pinellas County is estimated at **74,617** individuals; for a total number of **211,407** individuals comprising the eligible Medicaid population in Pinellas County.

State and County Medicaid Projections by 2016

	State	Pinellas County
Medicaid Enrollees (3/31/13)	3,240,242	136,790
"Woodwork Effect"	301,960	12,260
Currently Eligible Population	**3,542,202**	**149,050**
Expansion 0 - 138% FPL	1,295,000	53,200
"Crowd Out"	218, 027	9,157
New Enrollees	1,513,027	**62,357**
Total Medicaid	**5,055,229**	**211,407**

*Figures provided by AHCA. Does not reflect changes in Children's Health Insurance Program (CHIP) enrollment – may add an additional 168,997 Statewide and 7,098 in Pinellas County.

In addition to the potential increase of nearly **75,000** new Medicaid enrollees expected through health care reform, the State of Florida has identified unmet primary health care needs of residents in the five At-Risk Zones—approximately **69,000** residents – as indicated earlier in this chapter.

Unmet Needs for Primary Care Access in At-Risk Zones

Zone	Total Low-Income Individuals	Total Accessing Primary Care	% of Low-Income Population	Unmet Need
E. Tarpon Springs	8,726	3,122	37.7%	5,154
N. Greenwood	25,520	10,142	39.7%	15,378
Highpoint	15,815	6,925	43.8%	8,890
Lealman	27,015	11,466	42.4%	15,549
S. St. Petersburg	48,246	24,823	51.5%	23,423
Total	**124,872**	**56,478**	**45.2%**	**68,394**

Many of these residents may be newly eligible Medicaid enrollees but the lack of access to primary care remains the largest barrier to improved health outcomes for low-income residents. By promoting one stop shops in these communities, with an emphasis on access to primary and preventive health care, the Department has identified cost-effective solutions to address the challenges of rising health care costs, implementation of federal health care reform, and improving health outcomes for low-income residents in Pinellas County.

As explained throughout this report, both uninsured and Medicaid clients account for high usage rates in the Emergency Room. The cost for 2012 Emergency Room usage rates for Medicaid and uninsured patients was nearly **$643 million**. According to the Agency for Health Care Administration in 2012, **57.7%** of all Emergency Room visits by Medicaid patients in Florida were avoidable visits. In addition, approximately **54%** of Emergency Room visits by uninsured patients in Florida were avoidable. Using these percentages, Pinellas County could potentially see a reduction in nearly half of its Emergency Room costs and visits among low-income and/or uninsured patients through the provision and accessibility of preventive and primary care facilities. The potential cost savings of this would be approximately **$168 million** for Medicaid patients and **$153 million** for uninsured patients annually—more than **$320 million** in savings per year for avoidable Emergency Room visits among low-income populations.

A successful tool in offsetting the cost of care for Medicaid enrollees and uninsured clients is a Federally Qualified Health Center. Federally Qualified Health Centers (**FQHC's**) are federally supported health centers that provide comprehensive, culturally competent, quality primary and preventive health care services to medically underserved communities and vulnerable populations. **FQHC's** are community-based and patient-directed organizations that serve populations with limited access to health care. These

organizations are located in or serve **Medically Underserved Areas** or populations. Comprehensive primary and preventative health care services, as well as supportive services, such as health education, translation and transportation, are provided to promote access to health care for indigent populations. In addition, **FQHC's** are eligible for both federal grant dollars to build community clinics and enhanced Medicaid reimbursement rates that help offset the cost of care for uninsured clients. Currently, Pinellas County has two **FQHC** organizations—the Community Health Centers of Pinellas and the County through its Mobile Medical Unit.

Diversified Funding: 330(e) Federally Qualified Health Center Designation

Pinellas County has operated a Federally Qualified Health Center for the homeless through its Mobile Medical Unit since 1987. The Mobile Medical Unit travels to locations where homeless people frequent, such as soup kitchens, drop-in centers and homeless shelters and provides primary care, specialty care, pharmacy, behavioral health, dental and case management services to approximately 2,500 individuals per year. The County's Federally Qualified Health Center designation, however, only allows the Mobile Medical Unit to treat homeless individuals. Medicaid enrollees, uninsured residents, and residents with commercial insurance can all be seen by the Community Health Centers of Pinellas at one of it five clinic locations.

In 2010, the Board of County Commissioners requested independent analysis of the Pinellas County Health Program to determine whether it was in the County's interest to expand the number of organized FQHC's and FQHC sites. Pinellas County's only 330(e) designed Federally Qualified Health Center, the Community Health Centers of Pinellas, was created to expand access to care in St. Petersburg. Over time, the Community Health Centers have constructed smaller clinics throughout the County, but have not expanded in the St. Petersburg area. The analysis assessed access to care in St. Petersburg and compared St. Petersburg's FQHC to similar cities in size. The chart on the following page provides the analysis findings:

FQHC Comparisons

City	Population	FQHC's in City	FQHC Sites in City	Sites Per FQHC
Cincinnati	333,013	7	15	2.1
St. Louis	356,587	4	11	2.8
New Orleans	315,418	2	5	2.5
Anaheim	337,896	7	20	2.9
Tampa	332,888	1	6	6.0
Jersey City	242,503	3	5	1.7
Fort Wayne	255,890	2	2	1.0
Birmingham	230,130	1	4	4.0
Averages	**300,541**	**3.4**	**8.5**	**2.9**
St. Petersburg	**248,098**	**1**	**1**	**1.0**

Across the comparable cities, there is an average of **3.4** FQHC's per city, with St. Petersburg falling below the national average by **2.4**. Additionally, the average number of primary care sites per FQHC is **2.9**, with St. Petersburg falling below the national average by **1.9** sites. As reported on the Uniform Data System, which compiles data on all of the Federally Qualified Health Centers nationwide, Pinellas County—with only 1 designated FQHC 330(e)—is only able to serve **13%** of low-income residents in need of primary and preventive services. Approximately **245,000** residents in Pinellas County are low-income (living at or below 200% of the Federal Poverty Level) and represent **27%** of the total County population. It is critical that access to primary and preventive care for low-income residents is expanded and in order to do so, the County must expand its FQHC status. The current 330(h) FQHC status limits our capacity to serve only homeless clients. ***By expanding our designation to a 330(e), we create the opportunity to help meet the primary and preventive health care needs of the remaining 87% currently underserved low-income residents in Pinellas County, while also leveraging federal dollars and Medicaid reimbursements.***

In addition to addressing the health care service gaps for low-income residents in Pinellas County, expanding to a 330(e) designation is a strategic response to the anticipated changes in health care reform through the Patient Protection and Affordable Care Act in 2014. There are a number of considerations, based on the Patient Protection and Affordable Care Act, which the Department has taken into account as we prepare to expand to a 330(e) designation:

- As of 2011, **46%** of all Medicaid enrollees reside within At-Risk Communities—this percentage will further increase with the Medicaid enrollee expansion.
- There is a significant shortage of access to primary care physicians within At-Risk Communities.
- Medicaid beneficiaries under the age of 65 show the most Emergency Room utilization, with more than one-quarter of children and nearly two in five adults using the Emergency Room at least twice per year.
- Persons living in poverty have much higher rates of chronic medical diseases and often have extended inpatient hospital treatment.
- In 2012, Medicaid hospitalization costs in Pinellas County were **$1,178,447,930**, with an average cost per visit of **$50,138**.
- Pinellas County covers approximately **35%** of all hospitalization costs between days **11-45** for Medicaid patients.
- The expansion allows the County to bill third party insurance companies and Medicaid, decreasing the reliance on County General Fund support.

Expansion to a 330(e) designation is necessary in order to address the significant health care challenges facing the County—both in indigent health care delivery and managing our fiscal resources through State and Federal Health Care Reform. This expansion provides a critical opportunity to leverage federal grant dollars and utilize Medicaid reimbursement for primary and preventive care. Current low-income residents, who are either uninsured or have Medicaid, must have access to preventive or primary care, so as to manage health conditions that drive down Emergency Room utilization. In addition to many of the mentioned benefits of a FQHC expansion, this change will also make the County eligible to purchase prescription and non-prescription medications for clients at reduced costs. This allowance falls under the **340(b) Drug Pricing Program** and allows for significant cost savings and improved health outcomes in low-income populations served by the County. Upon approval from the Board of County Commissioners to submit an application to expand the County's FQHC designation, we anticipate a 90-day waiting period until our designation request is approved at the federal level.

Increasing County Revenue: Third-Party Billing and Medicaid

As mentioned above, one of the most important benefits in expanding the County's FQHC designation is that it will allow for third-party and Medicaid billing. The largest source of funding for FQHC clinics is Medicaid reimbursements followed by federal grant dollars and state and local matching funds. Third-party billing and private pay clients will bring in additional revenue and reduce the dependence on General Fund dollars for health care delivery to low-income residents; shifting this cost burden away from local taxpayers while improving health care access and reducing Emergency Room costs will be a benefit to all stakeholders in the County.

In addition, the Department is continuing its conversations with local partners, including Pinellas County Schools, to leverage local property and unused facilities to open health clinic sites in the At-Risk zones. Donations of land, as well as access to low cost land, are some of the many benefits of our collaborative efforts with local municipalities and other partners. Municipalities have embraced the need for directed, collaborative investments in the County's At-Risk Zones and are continuing to work with the Department to identify land, staff, and financial resources to leverage and thus reduce the costs of building one stop shops in these communities.

While there will be capital costs and continued operating costs associated with building new clinics in each of the five At-Risk Zones, the clinics will also generate significant revenue and move the vision of the Board of County Commissioners forward throughout the County. In addition, the Department will seek outside funding assistance through capital grants to aid in the costs of building new clinics. Another component to leverage funding and reduce costs for the clinics will be for our medical partners to cover the staffing costs for physician teams. A staffing model for the new clinics is provided below for each At-Risk Zone. Some costs for clinic construction and operation have also been projected.

The following assumptions were made based on data provided by the Camden Group – a national health care consulting firm – to project the staffing model and annual revenue:

- 1 Physician Team Staff:
    - (1) Physician
    - (1) Nurse
    - (1) Administrative Support Specialist
    - (.5) Team Supervisor

- 1 Physician Team annual service capacity:
    - 1,500 clients per year (or 4,600 encounters per year)
- Clinic Goals:
    - Provide health care access to 50% of the current unmet needs population in each Zone
    - FQHC Clients will have four (4) encounters annually
- 2013 FQHC Medicaid Encounter Rate: **$104.55**
- 2013 FQHC Billable Rate: **$108.72**

Based on the number of encounters anticipated above, the following revenue is projected for each Zone for Medicaid reimbursements only, assuming **50%** of those served at the new clinics will be enrolled in Medicaid. The assumption of **50%** of Medicaid clients receiving services at County clinics is based on the data reported earlier that approximately **46%** of Medicaid enrollees currently live in the At-Risk Zones. This percentage is expected to increase significantly with Medicaid expansion through the full implementation of the Patient Protection and Affordable Care Act.

Projected Clinic Staffing Model per Zone

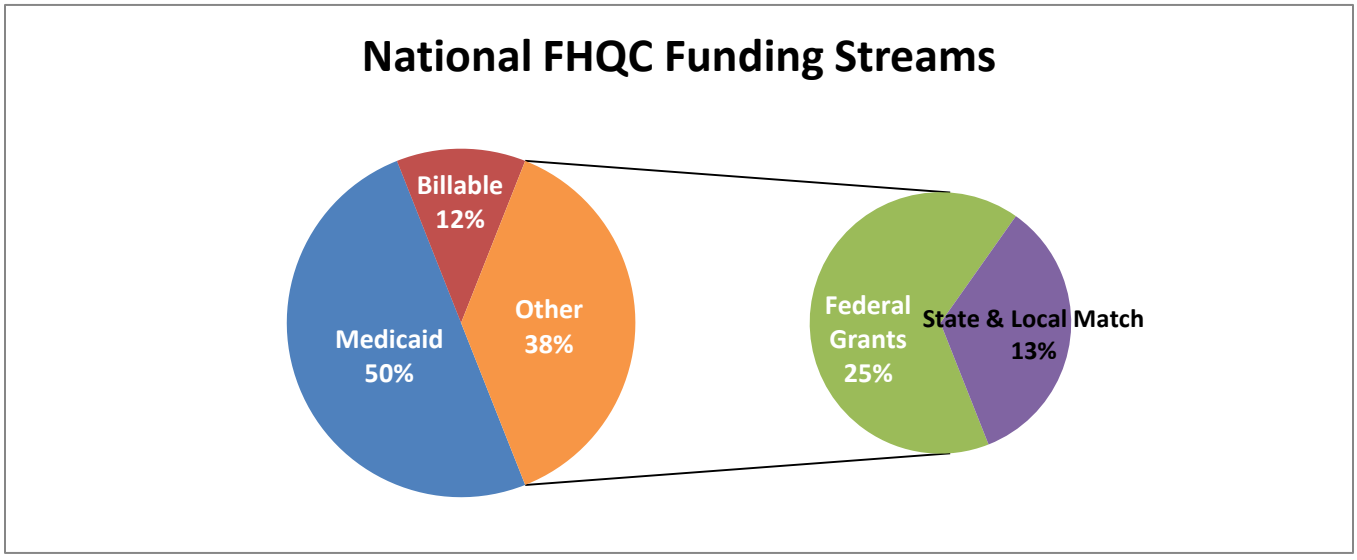
Zone	Total Low-Income Individuals	Unmet Health Care Need	50% of Unmet Health Care Need	# of Annual Encounters	Physician Teams Needed
E. Tarpon Springs	8,726	5,154	2,577	10,308	2 Teams
N. Greenwood	25,520	15,378	7,689	30,756	5 Teams
Highpoint	15,815	8,890	4,445	17,780	3 Teams
Lealman	27,015	15,549	7,775	31,100	5 Teams
S. St. Petersburg	48,246	23,423	12,712	50,848	9 Teams
Total	**124,872**	**68,394**	**35,198**	**140,792**	**24 Teams**

Utilizing the FQHC data regarding sources of revenue, projections on the unmet health care need, the assumption that **50%** of the clients with an unmet medical need will qualify for Medicaid, and including current Pinellas County Health Program clients, it is projected that approximately **50%** of the healthcare delivery system's annual revenue will come from Medicaid reimbursements—**$11,568,120**. These calculations are provided in the table on the following page.

Projected Annual Medicaid Reimbursement Per At-Risk Zone

Zone	50% of Unmet Health Care Need	50% of Medicaid Clients	# of Annual Encounters	Projected Annual Medicaid Revenue
E. Tarpon Springs	2,577	1,289	5,156	$541,380
N. Greenwood	7,689	3,845	15,380	$1,614,900
Highpoint	4,445	2,223	8,892	$933,660
Lealman	7,775	3,873	15,492	$1,626,660
S. St. Petersburg	12,712	6,356	24,424	$2,669,520
Current Pinellas County Health Program Clients	**20,000**	**10,000**	**40,000**	**$4,182,000**
Total	**55,198**	**27,586**	**110,344**	**$11,568,120**

Other significant revenue sources for FQHC clinics include: 330 federal grant dollars (**25%**), State and Local Grants and Contracts (**13%**), and Billable Encounter Rates (**12%**). Federal, State, and Local Grants and Contract dollars are provided as a match to each clinic's annual budget in order to account for the costs associated with self-pay (uninsured or underinsured) clients.



The FQHC encounter rate for self-pay (uninsured and underinsured) clients is **$108.72**. Assuming that the remaining **27,586** clients at the Health Campuses will not qualify for Medicaid and that they will have at

least 4 medical encounters per year, we can anticipate up to **$12,002,253** in billable encounters in all of the clinics. However, since FQHC's must provide care to individuals regardless of their ability to pay, a sliding fee scale has been established that projects an individual's contribution proportional to their income level. Combined with negotiated rates for commercial insurance, as assumption of **50%** uncompensated care is expected. However, Federal, State, and local grants and matches are provided to FQHC's at a rate of **38%,** to help offset the costs of uncompensated care. Thus, as a result of all combined revenue streams for an FQHC, the projected total annual revenue generated through the five clinics can be as much as **$16.25 million.**

Medicaid Rate	Billable Rate	Uncompensated Care	Grants and Matches	Total
$11.5M	**+ $12M**	**- ($11.75M)**	**+ $4.5M**	**= $16.25M**

Each new clinic—excluding Tarpon Springs—will be approximately **30,000** square feet and construction costs are approximately **$167/sq. ft**. Thus, each clinic will cost approximately **$5 million** to construct. In addition, land acquisition is estimated at **$1 million** plus **$1 million** in fees per clinic, but as stated earlier, discussions continue with municipalities and School District regarding land and facility donations. Finally, each clinic will have approximately **$2 million** per year for operating and maintenance costs. Some of these costs can easily be offset by the collected revenue for each clinic. In comparison to these construction and operating costs for five fully-staffed, one stop clinics for low-income residents, Medicaid and uninsured residents are currently costing the County and hospitals approximately **$320 million** annually in unnecessary Emergency Room use.

Due to a lack of access to primary and preventive care among Medicaid and uninsured residents, the County, local municipalities, taxpayers, and private stakeholders continue to bear the significant costs of unnecessary Emergency Room use **($320 million annually)**. By building and staffing family-based community clinics throughout each At-Risk Zone, all stakeholders can expect a shift in funding into a more cost-effective healthcare system. Investing in primary and preventive family-based care has been recognized as an efficient and effective means to reduce the rising health care costs and poor health outcomes among low-income residents. Unless greater access to care is provided for Medicaid and other low-income residents, the County will continue to see rising local health care costs which have already reached unprecedented and unsustainable levels.

The County is committed to improving access to health care for low-income residents throughout Pinellas County but is limited in its capacity to serve all low-income communities. The need for services is significant and collaboration and mutual investments from local partners are critical in order to help expand the capacity of low-income health care for more than the **200,000** residents currently without health insurance. Municipalities, health care organizations, community agencies, and the County continue to pay for an inefficient health care system for low-income residents in Pinellas County, and these valuable and limited resources could be utilized more efficiently by investing in primary and preventive family-based clinics throughout the County. **With more than $320 million in projected cost-savings from the reduction in unnecessary Emergency Room utilization among low-income residents, local stakeholders have a significant incentive to shift their available resources into a prevention-first health care model**.

It is important to note that the Department's cost projections are conservative and based on publically available data through the Florida Agency for Health Care Administration, which collects information from hospital providers and manages the County share of Medicaid for the State. In order to provide a comprehensive analysis for clinic costs, staffing needs, projected revenue, and other essential data for the proposed family-based clinics throughout each At-Risk Zone, it is the Department's recommendation that the County hire a health care management expert with expertise in designing healthcare delivery systems and health clinics. A consultant can provide detailed analysis and work with hospital providers to design billing mechanisms for the new delivery system. With the Board's approval to hire a health care consultant to provide a detailed analysis of all cost assumptions, the Department will provide an update and an implantation timeline for the Board's consideration during next year's budget process.

With the Board's approval, the Department will continue to work with its partners in the Pinellas County Health Collaborative to design a new healthcare delivery system that increases access, improves health outcomes and reduces costs. While expansion of the County's Federally Qualified Health Center designation will offset the cost of care, it will not cover the total cost of care for uninsured and underinsured County residents. It is necessary for the sustainability of the delivery system to identify dedicated funding sources for construction, maintenance, and operations of the new facilities. In the current healthcare delivery system model, the County General Fund provides the majority of the funding for health care services to low-income individuals. It is important to shift the burden away from the County and utilize alternate available resources such as: leveraging opportunities through the Medicaid Buy-Back Program, land acquisition and construction assistance through bond financing or land donations, grant

funding through State and federal government or private foundations, and a dedicated source of funding such as the Penny for Pinellas Program or a Special Taxing District. As the Department moves forward with its health care system redesign plans, it will bring sustainability options before the Board for consideration.

IV. Homeless Continuum of Care

Homelessness is caused by the inability of individuals to pay for and remain stably housed. It is an issue that impacts every community, including Pinellas County. As reported in the 2013 Point in Time Estimate of Homelessness Report, 8.7% of the nation's homeless live in Florida. In 2013, Pinellas County's Point in Time Count revealed that Pinellas County now has the highest rate of homelessness in the State. Although programs and services currently exist in the County to provide basic shelter, health care, and other self-sufficiency resources to the homeless, there is a growing need for a more effective, data-driven, and collaborative Countywide approach to homeless services in Pinellas County. National standards and models are being provided in an effort to encourage further planning and collaboration for this effort. The following pages detail the components necessary to improve the homeless continuum of care in Pinellas County through the integration of medical services, behavioral health services, substance abuse treatment services, and community support.

Homeless Data and Trend Analysis

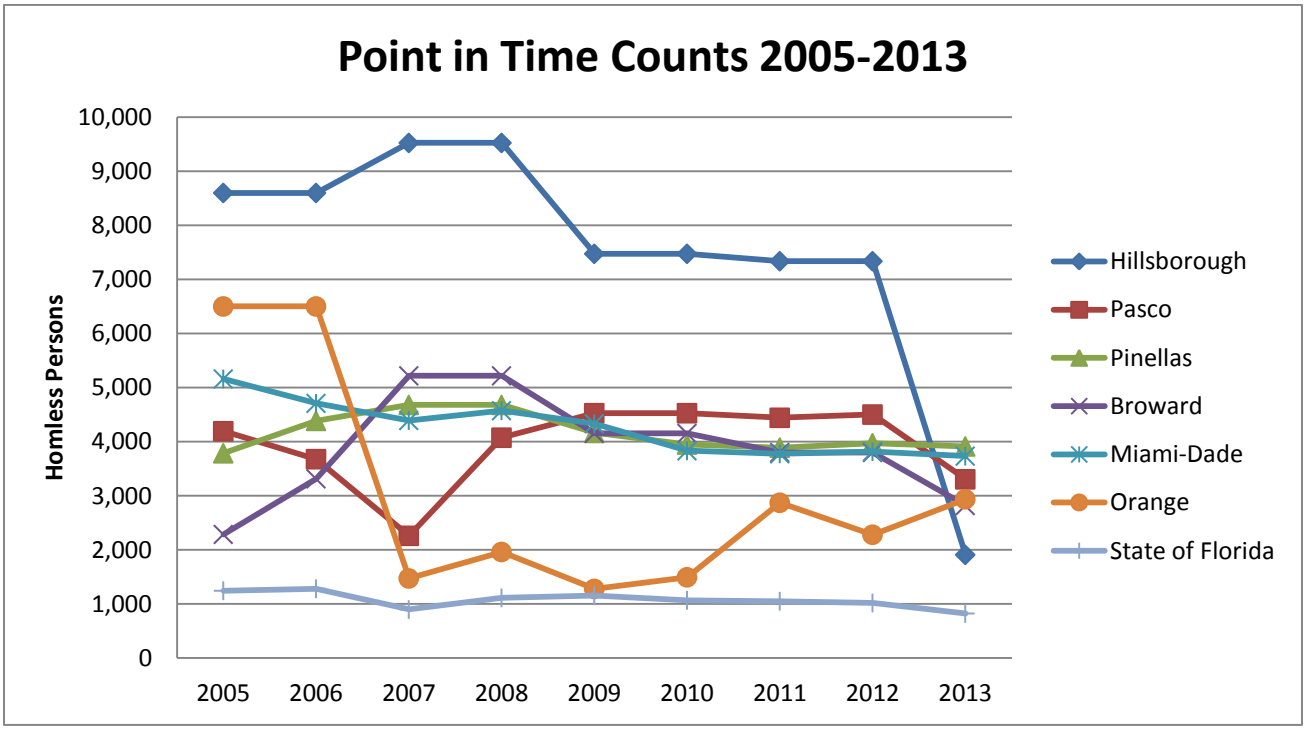
Homelessness is caused by the inability of individuals to pay for and remain stably housed. It is an issue that impacts every community, including Pinellas County. Homelessness has only grown in size in recent years, particularly in Florida, due to the economic downturn that the nation has continued to face and the foreclosure crisis that was acutely felt in the state of Florida over the last five years. According to the 2012 Annual Homeless Assessment Report issued by the Department of Housing and Urban Development, since 2007 Florida has had the largest increase in the rate of homelessness in the country. In 2012 alone, there was a **14.8%** increase in homelessness in Florida, while the national rates of homelessness decreased by **5.7%**. Florida continues to have the third largest homeless population in the country, after New York City and Los Angeles. As reported in the 2013 Point in Time Estimate of Homelessness Report, **8.7%** of the nation's homeless live in Florida. In addition, Florida has the third highest rate of unsheltered homeless persons (**64.1%)** in the United States.

The U.S. Department of Housing and Urban Development requires that at least every two years, communities conduct a one-day count of the homeless population. The Point in Time Count includes a one-day measurement of the number of men, women, and children living in a public or private shelter providing temporary living arrangements, having a nighttime residence not intended for human habitation such as an abandoned building, park, car, or camping ground, exiting an institution where s/he lived for less than 90 days or were otherwise homeless immediately prior to entering the institution, fleeing a domestic violence situation, and/or losing their primary residence within 14 days, where no other dwelling has been found and they lack the resources to obtain permanent housing. It is important to note that the Point in Time Count does not capture persons residing in permanent supportive housing programs, such as rental assistance vouchers, persons living in emergency shelters and temporary housing that is not dedicated to serving the homeless, such as alcohol detoxification centers, individuals and families temporarily staying with family or friends due to the loss of their own housing, and persons living in permanent housing with assistance from a government program.

In 2013, Pinellas County's Point in Time Count revealed that Pinellas County now has the highest rate of homelessness in the State. **3,913** homeless individuals and/or families were counted in the 2013 Point in Time Count. This number is almost identical to 2012 data, showing that despite County funding for programs, agencies, and services to combat homelessness or assist homeless individuals and families, homeless rates remain fairly unchanged over the last two years in Pinellas County. In addition, the near identical numbers also highlight that the availability of resources such as shelter beds and affordable and

adequate permanent housing has not increased over the years, compounding the problem. For the first time, Pinellas County has surpassed larger counties such as Miami-Dade and counties with traditionally high rates of homelessness, such as Hillsborough.

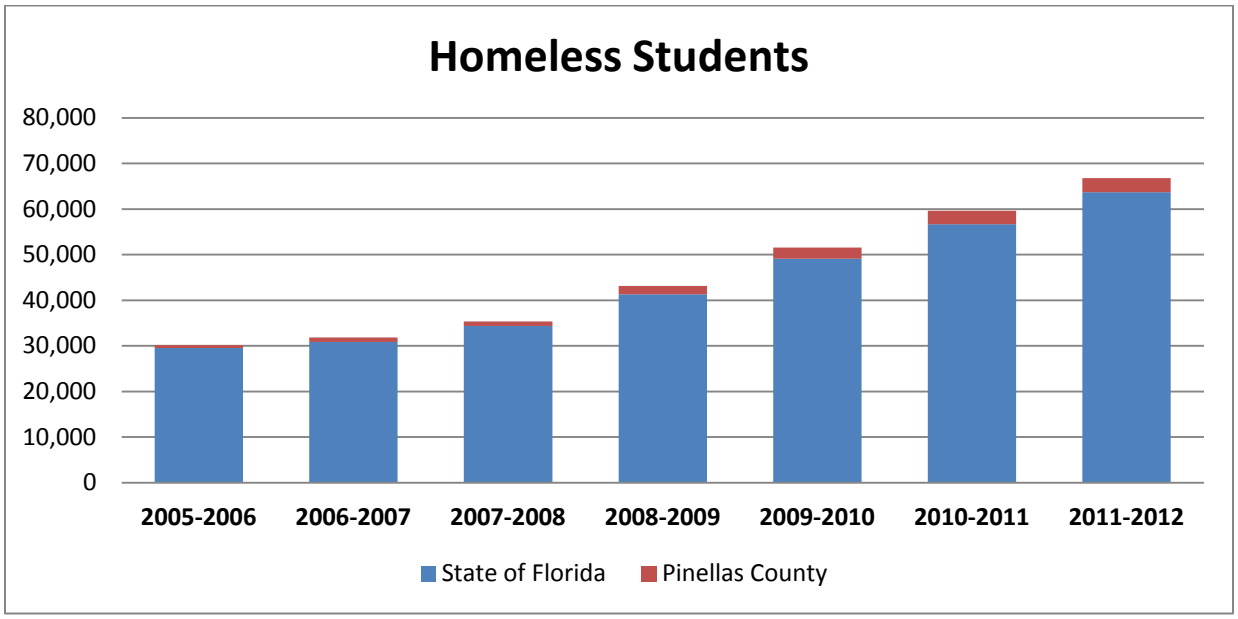
The chart below provides trend analysis from the Point in Time Counts for select counties and the state as a whole from 2005-2013. As shown below, the tri-County area of Hillsborough, Pinellas, and Pasco counties have some of the highest rates of homelessness in the state of Florida, with Hillsborough reporting **1,909** homeless individuals (a significant decrease from the **7,336** individuals counted in 2012), Pasco reporting **3,305** homeless individuals, and Pinellas County reporting **3,913** homeless individuals in 2012. The second highest numbers were reported from Broward and Miami counties, with **2,820** and **3,734** homeless individuals reported, respectively. The Council on Homelessness reported that in 2013, throughout the state, **45,364** individuals were reported as homeless. With 55 counties conducting counts, this translates into an average of **824** homeless individuals per County in 2013. The Pinellas County 2013 Point in Time estimate is **4.75** times higher than the state average.



According to the 2013 Florida Council on Homelessness Report, the primary cause for episodes of homelessness for individuals in Florida is: employment/financial reasons (**49%**), while other issues such as medical, disability, housing issues, and family conflicts are also problematic for many. In 2012, **27%** of homeless persons were experiencing homelessness for the first time, a significant decline from 2011 when

53% of identified homeless individuals were experiencing homelessness for the first time. Thus, many people are experiencing longer or more frequent episodes of homelessness. In addition, the majority of identified homeless individuals (**68%**) had previously experienced homelessness at least one time. **34%** of the homeless population captured in the 2013 Florida Point in Time Count were defined as "chronically homeless;" a person sleeping in an emergency shelter or a place not meant for human habitation who has been continuously homeless for a year or more or who has had at least four separate, distinct, and sustained stays on the streets or in emergency shelters. Notably, **59%** of identified homeless individuals report living in the community for more than one year prior to becoming homeless, demonstrating that these homeless individuals are in fact our neighbors.

Local school districts are also required to report the number of homeless students in their communities during each school year. National trends show that homelessness among families with children is the fastest growing homeless population, and this continues to remain true for Pinellas County. For the 2011-2012 school year—the most recent data available—Pinellas County had **3,085** homeless students. Pinellas County has seen a **221%** increase of homelessness among families with children since the 2007-2008 school year. The School Board data, when compiled with the Point in Time Count information, provides a more comprehensive picture of the homeless growth and trends in Pinellas County and also gives compelling reasons to develop a more effective service delivery model for our homeless citizens.



Ending Homelessness: A National Approach

The State of Florida in its 2010 report on homelessness, Homeless Conditions in Florida, outlines many of the unique characteristics of Florida's homeless populations and their needs. As described in the report, local homeless coalitions expect the number of homeless to continue to increase in the coming years, based on the demands for services and other housing and economic trends including:

The National Alliance to End Homelessness explains that, in order to effectively reduce homelessness, communities need to develop clear and comprehensive strategies that outline steps to be taken to solve the issues. They have outlined the essential components for a successful homeless reduction plan, which include the following:

As noted earlier, Pinellas County has the highest rate of homelessness in the State of Florida for 2013. Although programs and services currently exist in the County to provide basic shelter, health care, and other self-sufficiency resources to the homeless, there is a growing need for a more effective, data-driven, and collaborative Countywide approach to homeless services in Pinellas County. National standards and models are being provided in an effort to encourage further planning and collaboration for this effort. The Department of Health and Community Services is working with stakeholders to improve the homeless continuum of care in Pinellas County that includes all of the components listed above.

Data

Too often, homeless services and programs are developed and/or delivered in silos, preventing effective community collaboration and measurable outcomes that help drive funding toward programs/services that reduce homelessness. Instead, the National Alliance to End Homelessness encourages the utilization of performance measures at the community level to determine system-wide effectiveness for homeless services.

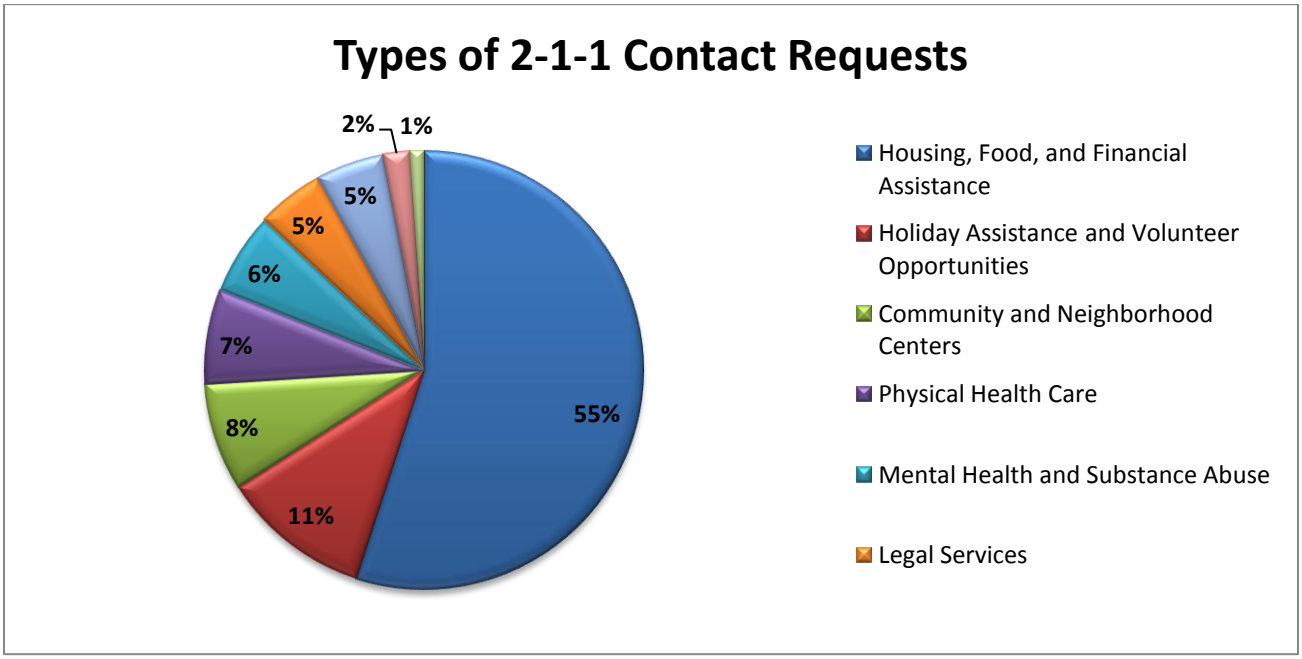
The Tampa Bay Information Network **(TBIN)** is a centralized web-based database for basic needs health and human service providers to enter, manage and share client information. TBIN is jointly funded by the Department of Health and Community Services and the Juvenile Welfare Board and is operated by 2-1-1 Tampa Bay Cares, Inc (**2-1-1**).

In addition to TBIN, 2-1-1 provides the only free, confidential, multi-lingual, 24-hour access to community information, services and resources for the residents of Pinellas County. It connects individuals, families and community agencies to information on available health and human services for every day needs and in times of crisis. 2-1-1 also provides a one-stop service for vital information and enables people to get assistance by providing someone to talk to and link them to services in the community.

TBIN is a network of providers sharing client-level data in order to better meet the needs and provide services to clients seeking assistance because they currently are or are in imminent risk of becoming homeless. The client-level data travels with individuals as they navigate through the social service system. Providers in the TBIN network can access historical information on clients serviced. A detailed client history allows providers to enhance and tailor their service delivery to better meet individual client needs. Providers can also report on their performance for funding entities and donors. TBIN staff monitors the client information to ensure the quality of data system-wide. Data quality report cards are distributed to providers monthly to ensure TBIN is adhering to system-wide data quality metrics. Additionally, members

can run and monitor their performance data through advanced reporting tools. TBIN staff works closely with the Homeless Leadership Board and other local funding entities to manage contract compliance and performance.

In Fiscal Year 2012, 2-1-1 answered **97,961** calls, **798** e-mails, and **491** online chat requests from residents seeking assistance.



50% of the requests answered by 2-1-1 benefit children and of those calls, **40%** includes a child under the age of 5. To assist with the various and complex needs of families in crisis, 2-1-1 is a member of the Family Services Initiative, a project jointly funded by the Department of Health and Community Services and the Juvenile Welfare Board that serves as a single point of entry for families seeking assistance. 2-1-1 screens families to determine the type and scope of information and wrap-around services the family is requesting and makes the appropriate referrals to Service Navigators to work with the family directly. The services provided through the Family Services Initiative help families regain stability, connect to community support agencies, and receive short-term financial assistance. In Fiscal Year 2012, the Family Services Initiative assisted **1,630** families, including **3,640 children**.

TBIN is also responsible for annual system-level accountability reports showing the progress to end homelessness, such as the Annual Homeless Assessment Report (a report on the use of homeless housing), the Point in Time Count Report (a report on the one-day count of clients living in shelters and on the street), and the Housing Inventory Chart (a report on the availability of homeless dedicated housing beds and units).

While the Point in Time Count continues to be the federal method for homeless data collection through the Department of Housing and Urban Development, too many variables exist that make it difficult to compare Point in Time Counts, even from the same County, from year to year. Experts continue to call for the development of consistent and better methodologies for conducting the counts and a more strategic measure of homelessness in communities. Similar to the need for increased coordination among service providers and better methodologies to collect and analyze data in order to improve the homeless continuum of care on a national stage, improvements are needed on a local level to better serve the homeless population in Pinellas County. Pinellas County has more service providers than most communities, but there are very few forms of formal agency-to-agency connectivity. With the exception of TBIN, there is no functional accountability between individual service providers. Service providers need formal, direct and strategic connectivity and must share the same vision, policies, procedures and desired outcomes in order to best address the various needs of homeless individuals and families with children.

The County can build upon the success of 2-1-1 and TBIN to develop performance metrics and advanced reports that monitors and evaluates client-level and provider-level utilization and outcomes data. The Department of Health and Community Services is working with the Juvenile Welfare Board and 2-1-1 to enhance the reporting and monitoring capabilities of TBIN in order to provide the data necessary to make system-level improvements to the homeless continuum of care in Pinellas County.

Enhanced data collection and measurement tools will allow the County to:

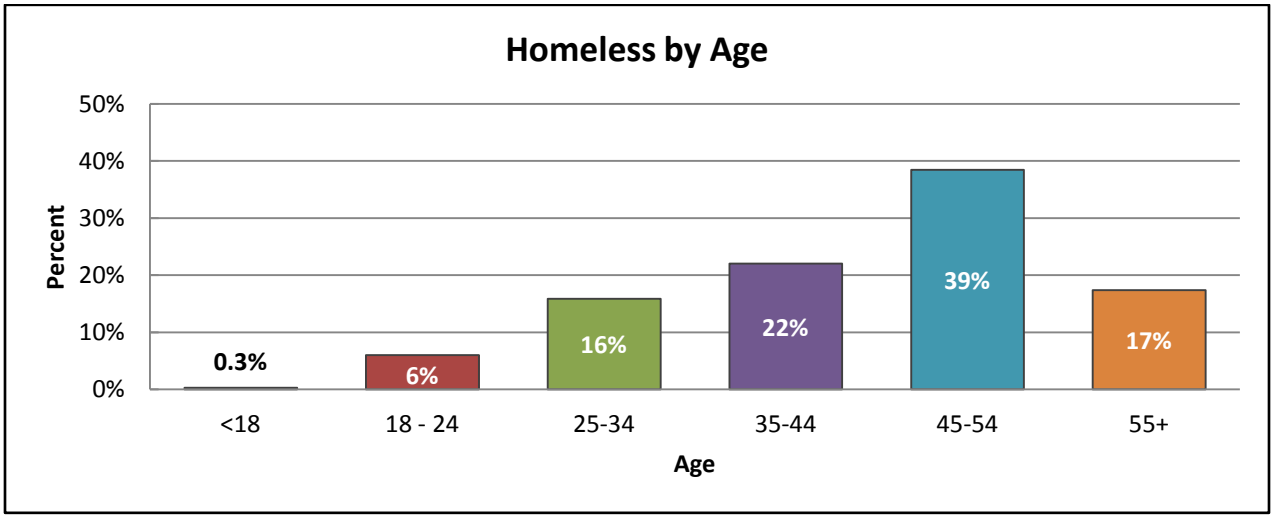
Health Services

Both sheltered and unsheltered homeless individuals report experiencing challenges associated with homelessness such as lack of access to health care, lack of safe, adequate, and affordable housing, and employment assistance. Homeless individuals need a single point of contact where their needs can be identified and necessary services provided. Among the chief issues affecting the provision of services for homeless individuals were the costs of homelessness and health care.

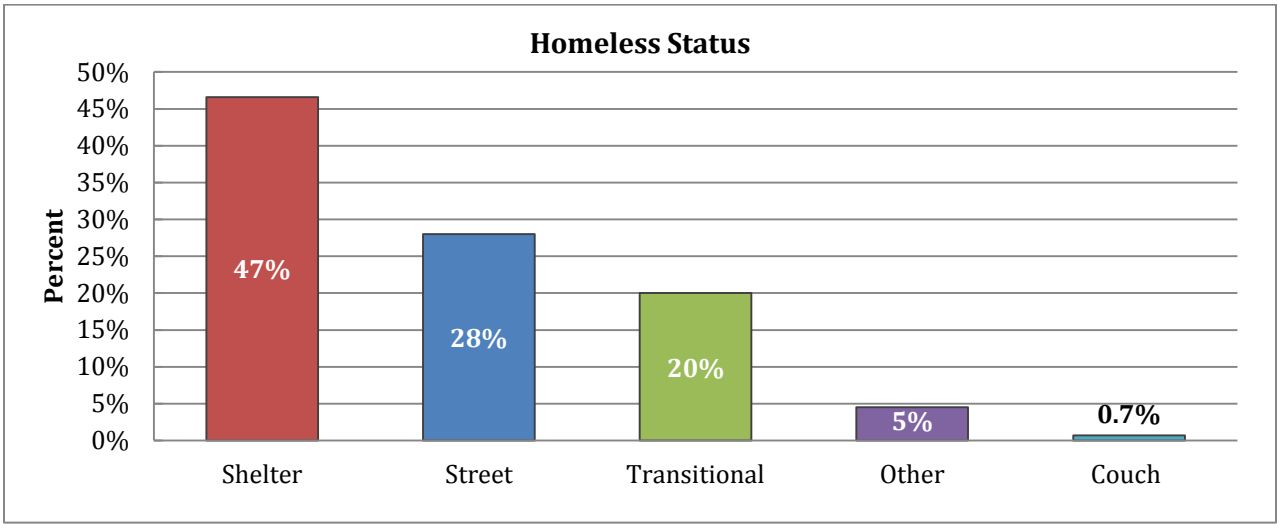
The 2013 Point in Time Count indicated that the most common health problems among homeless individuals were depression, physical disability, chronic health problems, behavioral health and substance abuse. The exacerbation of these conditions due to poor continuity of care, lack of health care access, and inappropriate living conditions leads to unaffordable Emergency Room and inpatient hospital stays. In addition, the Point in Time Count indicated that **28%** of homeless individuals needing medical care were unable to receive it, with **39%** of those surveyed using the Emergency Room for care. Challenges obtaining food, clothing, shelter, and/or behavioral health care can compromise patient adherence to medications or physician instruction, increasing the possibility of future hospitalizations. Ultimately, these costs are financed by other taxpayers in the community and directly affect the quality of life for all residents.

In an effort to increase access to primary health care for homeless individuals, Pinellas County created the Mobile Medical Unit in 1987. The Mobile Medical Unit is a full-service Federally Qualified Health Center funded in part by the Health Resources and Services Administration (**HRSA**) through the Bureau of Primary Health Care that travels to locations where homeless people frequent, such as soup kitchens, drop-in centers and homeless shelters. Services include primary care, specialty care, pharmacy, behavioral health, dental and case management services. The Mobile Medical Unit travels to 12 locations throughout the County, usually visiting all sites twice a month. In order to qualify for Mobile Medical Unit services, an individual must be homeless as defined by the Bureau of Primary Health Care/Health Resources and Services Administration. The Mobile Medical Unit staff can treat approximately four clients per hour and are at the sites four to six hours per day, with one evening site once a week. The Mobile Medical Unit is able to see approximately 2,500 individuals.

The Mobile Medical Unit clients are predominantly white (**76%**) males (**72%**) between the ages of **45 and 54 (39%)**.



Mobile Medical Unit Clients mainly report living in shelters, although large numbers also report living on the streets or in transitional housing. Some clients report that they are staying with friends or relatives and sleeping on a couch, while others do not report a consistent place to stay.



Clients in the Pinellas County Health Program have higher rates of chronic diseases than the general population in Pinellas County, some up to three times higher. Prevalent chronic diseases include obesity, diabetes and hypertension. The disease prevalence for Mobile Medical Unit clients do not vary greatly from Pinellas County Health Program clients that are seen in the medical homes, however, due to the transient lifestyle and intermittent care received by homeless individuals, their chronic conditions are more prone to complications and oftentimes, hospitalization.

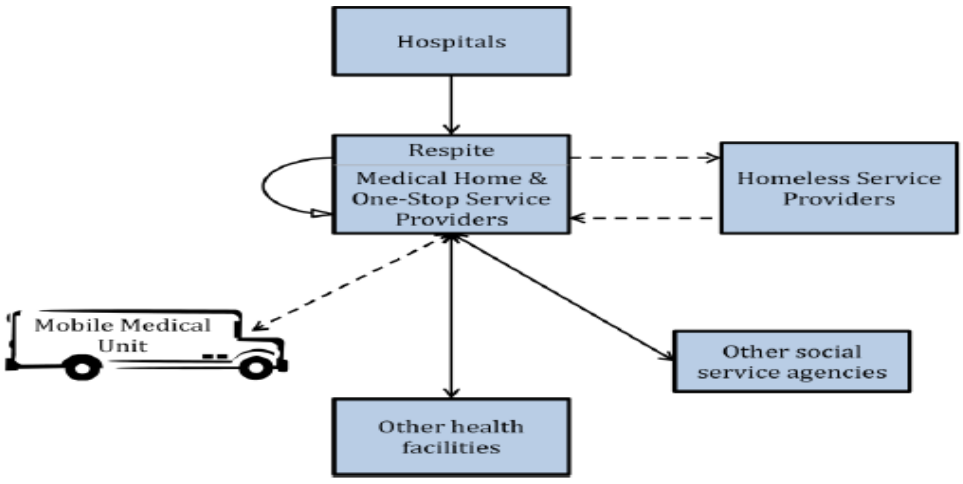
Despite the Mobile Medical Unit's best efforts to treat as many homeless individuals as possible, the time lost traveling to sites or whenever the van needs to be serviced severely limits the ability of the team to increase the number of homeless individuals served. In addition, the limited space onboard the van limits the number and types of procedures that can be performed by medical staff. It may also limit the number of homeless families with children accessing care on the van, since it is difficult to conduct specific pediatric and gynecological care procedures within the van's confined space. It is necessary to have a bricks-and-mortar medical clinic to complement the Mobile Medical Unit van and treat as many homeless individuals and homeless families with children as possible.

In October 2011, the Department of Health and Community Services learned of a Capital Improvement Grant through the Health Resources and Services Administration. The grant would provide $5 million in federal funds to assist with the construction of a health facility on 49th Street in Clearwater that would expand access to care. The Department recommended to the Board that the County apply for the grant and build the County's first one-stop health and community services facility aimed toward increasing access to care for the homeless population in Pinellas County and in May 2011, the County was awarded the grant. The Department began working with community partners to discuss and plan not just the design and construction of the facility, but also the operations of the Bayside Health Campus, as it will be called.

As noted earlier, the Pinellas County Health Collaborative – a Commission approved Department initiative to improve our health care delivery system – is a family-focused continuum that allows for integrated care, expanded capacity, improved services, and financial efficiencies through a network of partner agencies and providers. The Bayside Health Campus will be modeled around the principles of the Health Collaborative and serve as the standard for future community health campuses supported by the improved healthcare delivery system described earlier in this report. The one-stop model allows for greater collaboration and integration of a wide range of services for homeless families with children and individuals.

Co-locating services increases access to care, enhances service delivery in the community, eliminates unnecessary duplication among community agencies, simplifies client navigation, and allows for the measurement of community impact. The one-stop health campus design allows multiple agencies to deliver coordinated services at centralized, location and provides a safe environment where homeless individuals and families can access much needed care in order to become self-sufficient.

Bayside Health Campus Service Delivery Model



As illustrated in the graphic, in-house services at the Bayside Health Campus will include integrated primary care, preventive care and behavioral health services for children and adults. Primary care will also include specialty services such as gynecological services and podiatry care (and others to be provided as needed.) Other services on-site will include substance abuse counseling, dental care, pharmacy services, disease case management, and health education. Non-medical services will be coordinated through case managers and include referrals to services such as behavioral health and substance abuse treatment, financial assistance, housing assistance, employment assistance, and referrals to other community partners. The second floor of the clinic will be a dedicated medical respite facility where individuals being released from the hospital can recover in a clean, safe environment. The respite facility will be open 24 hours a day.

Shared technology at the facility will allow for collection, evaluation and reporting of client and community level health data. In addition, as mentioned earlier in this report, the Department is recommending to the Board of County Commissioners that the County apply to expand its FQHC designation to include all payer types and additional locations beyond the Mobile Medical Unit. If approved, the County will be able to bill for Medicaid-eligible encounters at an enhanced rate as well as accept private pay and clients with commercial insurance. Receiving reimbursements for services will allow for every provider to be reimbursed for the services and staff they have dedicated to the Health Campus while also providing supplemental resources to support the maintenance and operations of the clinic. Improvements to the healthcare delivery system will increase access to care, improve the health status of Pinellas County residents, assist them in managing their health status, and further reduce their need for expensive medical care as a result of chronic disease complications or unnecessary Emergency Room utilization. In addition, an expanded FQHC designation will reduce the need for County resources to support the healthcare delivery system over time.

Since being awarded the grant, the Department has been working with a group of providers to design the operations for the Bayside Health Campus. The group, comprised of the Juvenile Welfare Board, BayCare Health System, All-Children's Hospital, The Florida Department of Health in Pinellas County, Boley Centers, Inc., Suncoast Center, Inc., and Homeless Emergency Project, has formed the Bayside Health Campus Operating Board of Directors. In order to maximize operations and the Health Campus, the Operating Board of Directors have agreed, through a Memorandum of Understanding, to work seamlessly to deliver coordinated care, share information, maximize the use of technology, improve the efficiency of operations, and improve overall outcomes. Each member agency of the Operating Board of Directors has also entered into an agreement with the County to provide specific services at the Health Campus.

A design-build firm has been selected by the County and once a contract is finalized, the design charette will begin. While the Health Campus designs are being finalized, the Operating Board of Directors will continue to work together and with community partners to establish the services to be provided on-site and through community agencies, create linkages for providers to share client data and bill seamlessly behind the scenes, and develop performance measures to ensure client and community level improvements. The Operating Board of Directors will continue to update the Pinellas County Board of County Commissioners on the progress of their work and anticipates that the Bayside Health Campus will be open for business in Summer 2014.

Behavioral Health Assessment Center

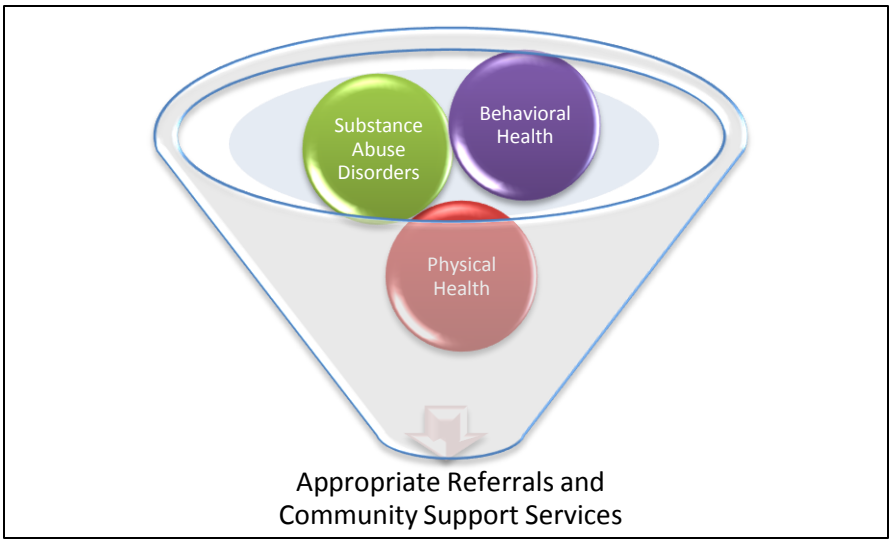
The 2013 Point in Time Count indicated that the most common health problems among the counted homeless individuals were depression, substance abuse and other behavioral health conditions, physical disability, and chronic health problems. The exacerbation of these conditions due to poor continuity of care, lack of health care access, and inappropriate living conditions leads to unaffordable and continuous Emergency Room usage, inpatient hospital stays, arrests, or the placement in court or state mandated behavioral health or detoxification beds, when more cost-effective and appropriate services could have been provided through a needs assessment and centralized referral system.

Pinellas County currently lacks a centralized system for behavioral health care assessments, services, and referrals, particularly for homeless individuals who have a higher need for behavioral health care. Both funding support and services for the homeless are disjointed. Although Pinellas County has more service providers than many communities, there are very few formal agency-to-agency connectivity points. With the exception of TBIN, there is no functional accountability between individual service providers. Service providers need formal, direct, and strategic connectivity and must share common visions, policies, and desired outcomes in order to effectively address the complex needs of our homeless communities. County resources and services could be greatly enhanced by developing a single-point of entry behavioral health assessment center to serve as a single-point of entry for the homeless.

A centralized Behavioral Health Assessment Center would offer culturally-competent health and social service professionals to ensure that homeless individuals are appropriately assessed, referred, and receive follow-up services to help them in managing both their behavioral health care needs and other barriers to an improved quality of life. Building on the core services many community agencies currently provide to homeless clients, the Behavioral Health Assessment Center will connect clients directly to the appropriate

agencies and services to minimize duplication of services, reduce County costs, and increase the health and social outcomes for homeless citizens.

The National Health Care for the Homeless Council's Clinician's Network indicates that the following integrated care components are essential to improving the health and social service system for homeless citizens, particularly those with behavioral health care needs:



Working in concert with the Health Care Delivery System, Homeless Continuum of Care, and the greater Behavioral Health Service Delivery system, the Behavioral Health Assessment Center will help homeless residents receive essential contacts and assistance for services such as transitional and supportive housing, disease case management, medication management, free or reduced-cost medication, addiction services, primary health care, vocational assistance, and more. Providing assessments and early intervention will help address the co-existing health, behavioral health, and substance abuse disorders that homeless individuals typically face. By utilizing integrated technology and strengthening partnerships among key agencies in the community to provide the right mix of wrap-around services, the Assessment Center could have a significant impact in addressing the needs of homeless individuals in Pinellas County and reducing the current costs of homelessness (and unnecessary jail utilization) for public, nonprofit, and private

organizations in Pinellas County. With the Board's approval, the Department will explore ways to create a County Behavioral Health Assessment Center and will include the Center as an integral part of the Behavioral Health Delivery System design that will be before the Board for its consideration in Spring 2014.

Housing Services

According to the Housing and Urban Development (HUD) 2013 Point in Time Estimate, Florida has the third highest number of unsheltered homeless in the nation and Pinellas County has the highest rate of homelessness in the country. The economic slowdown of recent years, including the housing bust and long-term unemployment, are driving up the homeless numbers. Over the last 20 years, about **12,000** units of affordable housing have been lost within the County. The recent economic recession has only further strained limited resources. Those most hurt by the lack of affordable housing and the economic recession are families with children. Nationally, HUD reports that families with children are the fastest growing homeless population in the nation. Specifically in Pinellas County, there is a critical lack of temporary shelter, affordable housing units, and other homeless services for families with children. Resources need to be identified to identify or develop appropriate and affordable stable housing for families with children.

Two Department initiatives will address the housing needs of homeless individuals and families with children: The Family Housing Assistance Program and a partnership agreement with Boley Centers and the Homeless Emergency Project (**HEP**) to offer transitional housing for homeless individuals and families with children at the Bayside Health Campus. In addition to housing services, Boley Centers and **HEP** will provide wraparound services including case management, vocational services, and referrals to our clients.

Prevention and Self-Sufficiency Programs

The Department of Health and Community Services assists low-income individuals in need of services to achieve a higher level of self-sufficiency and/or that need access to quality health care. The Department directly operates programs through three service areas: the Pinellas County Health Program, the Mobile Medical Unit, and the Homeless Prevention and Self-Sufficiency Programs. Of the Department's directly operated programs, the Mobile Medical Unit (detailed in the previous section) and Homeless Prevention and Self-Sufficiency programs provide services targeted to the homeless population.

The Homeless Prevention and Self-Sufficiency Programs provide financial assistance to homeless families with children, disability advocacy for permanently disabled County residents, and veteran's services for veterans. The programs target high poverty zone areas throughout the County and focus on individuals who are disabled and need assistance applying for federal benefits, employed homeless families with children seeking affordable, permanent housing, and veterans who need assistance with obtaining federal benefits, with a special focus on homeless veterans.

The Disability Advocacy Program coordinates with our Pinellas County Health Program to assist with the medical documents needed for Supplemental Security Income or Social Security Disability Insurance applications. Limited financial assistance to permanently disabled individuals is provided for utilities, food, transportation, and medical exams for disability determination.

Homelessness is caused by the inability of people to pay for and remain stably housed; thus it is impacted by both income and the affordability of available housing. Recent economic factors such as the number of low-income households that spend more than **50%** of their incomes on rent (known as "severely housing cost burdened), the increase in unemployment, the lagging rise in incomes of the working poor, and high foreclosure activity have all contributed to an increase in homelessness in the country's metropolitan areas. The Homeless Families with Children Program provides case management to highly motivated working families with a desire to transition from homelessness into economic self-sufficiency through customized family plans that include assistance with locating housing, paying rent and/or security deposits, utilities, food, transportation, work assistance or retraining. Financial coaching services are also provided to assist families with budgeting and establishing or restoring credit. This helps increase their level of self-sufficiency while in the program and increases their chances of remaining self-sufficient once they exit the program. Families enrolled in the program also have a monthly savings requirement and contribute towards their rent mid-way through the program.

The Veterans Services Program has changed to increase its focus on homeless veterans. Traditional and homeless veterans may receive services under any of the Homeless Prevention and Self-Sufficiency Programs they qualify for and may receive medical assistance through the Pinellas County Health Program until their veteran's medical benefits are determined and received.

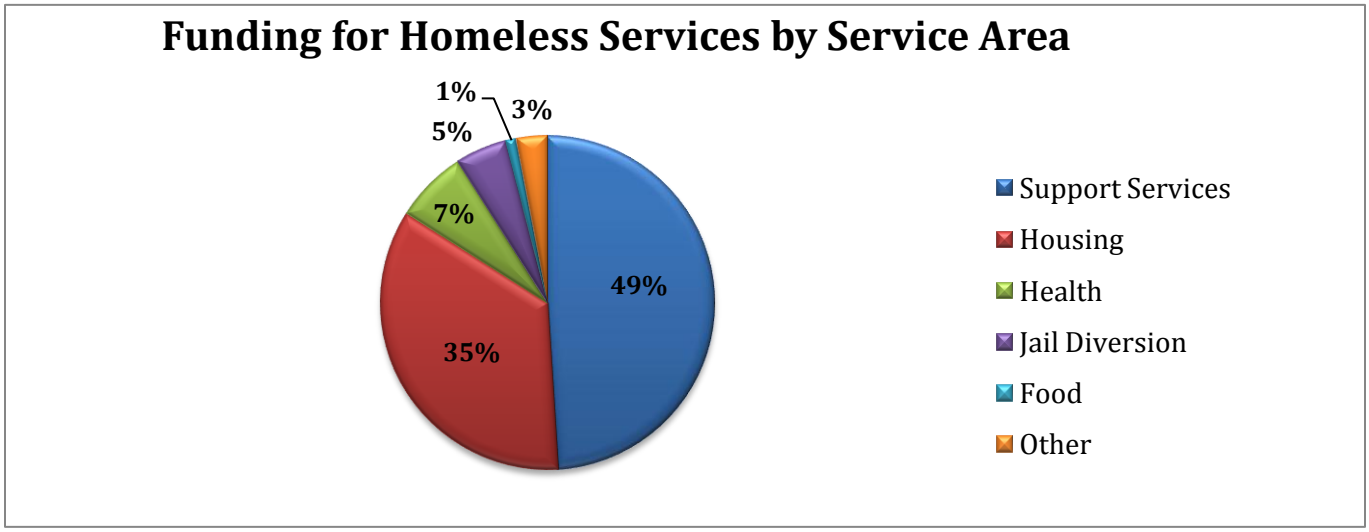
The three Homeless Prevention and Self-Sufficiency programs provide short-term financial assistance to ease a client's financial crisis – ultimately reducing their dependency on County services and subsidies and assisting them with seeking employment, receiving medical care, and remaining stably housed. In addition to our direct service programs, the Department also manages contracts for matches, grants or pass-through

dollars allocated to community agencies. Several of these agencies operate programs and services that serve the homeless population. After Departmental review, it is evident that the investments in support services and housing for homeless prevention and intervention are too small to meet the rising rates and needs of the homeless in Pinellas County. There is a significant gap between the demand for homeless services and the ability to pay for such services. The County could see improvements to this by ensuring a more comprehensive, integrated, and Countywide management of homeless programs and funding, as well as finding alternative ways to fund these programs.

Funding

Pinellas County provides **$12.9 million** in support for homeless programs in the community through the Department of Health and Community Services and the Public Defender and Sheriff's Offices. Through these entities, the County provides funding for **24** community agencies and the Department to operate **21** services tailored to homeless individuals and also provides the majority of funding for Safe Harbor, a shelter for homeless men and women that is operated by the Sheriff's Office.

Of the total **$12.9 million** Pinellas County has allocated to homeless initiatives in the community, almost 50% goes to supportive services; **35%** is allocated for housing and shelter services, which include direct services at shelters; **7%** is allocated for health services, including behavioral health and substance abuse treatment; **5%** is allocated for jail diversion programs; **3%** is allocated for other services, including the Tampa Bay Information Network and the Homeless Leadership Board; and **1%** is allocated for food services, including food banks and food pantries.



86% of the County's homeless initiative funding is through the Department of Health and Community Services – either through direct services or through contracts, matches, and pass-through funding for community agencies.

Some large counties in Florida have been successful in developing homeless programs and services when they have had dedicated sources of revenue for homeless populations. As seen in both Miami-Dade County and Orange County, rates of homelessness have decreased over recent years, while Pinellas County continues to see an increase in our homeless rates. These counties provide useful, homeless funding models to consider, as further analysis is completed to develop a comprehensive measurable approach to the reduction of homelessness in our communities.

Miami-Dade County, FL has a population of **2.56 million** according to the U.S. Census 2012 estimate, making it the seventh largest metropolitan area in the country. Approximately **17.2%** of this population lives below the poverty line. The annual Florida Point in Time Homeless Count counted **3,734** homeless persons in the County in 2013. Despite Miami-Dade having a population over 2.5 times that of Pinellas County, Pinellas County reported 3,913 homeless persons during the same year. In addition, Miami-Dade has had a population boom in recent years but its homeless population has been consistently declining, while Pinellas County has seen an influx of homeless residents over the last few years.

One of the effective funding streams for homeless services in Miami-Dade County is the **Miami-Dade Homeless Trust**. The Trust was created in 1993 in order to use the funds from the newly implemented **1%** Food and Beverage Tax and other sources of funding. This 1% Food and Beverage Tax was the first in the country to be devoted exclusively to the Homeless Continuum of Care. Additionally, Miami-Dade Homeless Trust places meters at sponsored locations throughout the County which allows monetary collection for homeless initiatives. These meters resemble parking meters and are painted by local artists, with 100% of the collected money going toward homelessness prevention. The Trust is also funded by competitive grants from HUD and other private and public stakeholders. These grants fund the Trust at approximately **$25 million a year**, additional to the money raised from the Food and Beverage Tax and homeless meter campaign.

The Miami-Dade Homeless Trust is guided by a **10 Year Plan** that details the strategies necessary to end homelessness in the County. A Continuum of Care model is used in order to deliver services to the homeless population. This model provides coordinated outreach and assessment, medical and nutritional support services and three different types of housing: transitional, emergency and permanent supportive. Although the County administers a variety of strategies to combat homelessness, the primary emphasis is housing

the homeless and preventing the loss of housing. As a result of these efforts, between 2005 and 2011, Miami-Dade saw a **27%** reduction in homelessness throughout the County. Due to the County's continued success in reducing homelessness, it has been recognized as a National Model by the U.S. Department of Housing and Urban Development.

Orange County, Florida, is home to **1.2 million** people as of April 1, 2012, up from 1.15 million people in 2010. Orlando is the third largest city in Florida and accounts for a significant amount of Orange County's population and strong tourism industries and economic opportunities. Still, in 2010 and 2011, Orange County continued to experience challenges caused by the declining housing market, high unemployment, and slow job growth. According a 2011 report by the National Alliance to End Homelessness, 30 **out of every 10,000 persons** in the Orlando-Kissimmee Metropolitan Statistical Area (**MSA**) are homeless. Over the last two years, Orange County committed itself to improving its economic conditions and its state of homelessness. As a result, changes are being seen in both of these areas and improvements continue.

In 2011, Orange County's unemployment rate was **8.6%**. This rate and the compounding problems inherent in rising unemployment rates caused Orange County government to prioritize public services that focused on job training, job creation, services for very low income persons, and homeless prevention. Among the planned housing strategies, the priorities focused on the preservation and re-development of affordable housing and strategies to overcome the high incidence of foreclosed, vacant and abandoned housing inventories in Orange County. Two years later, the unemployment rate has dropped to **6.8%** and homeless communities have seen improvements in programs and services.

Orange County relies strictly on grant dollars to provide homeless prevention funding for its own programs, as well as to support local organizations serving homeless populations. The three sources of grant funding for Fiscal Year 2012-2013 for homeless prevention and intervention services were: Community Development Block Grant (**$2.3M**); Home Investment Partnership Program (**$1.8M**); and Emergency Solutions Grant Program (**$481,160**). Emergency Solutions Grant Program dollars are required to have a 100% match in order for agencies to receive County dollars, thus the matched dollars help leverage nearly **$900,000** through this one program.

As explained previously, Pinellas County currently has the highest rate of homelessness in Florida, while it remains the 6th largest County by population in the State. In addition, **86%** of the County's homeless initiative funding is through the Department of Health and Community Services – either through direct services or through contracts, matches, and pass-through funding for community agencies. Pinellas County would benefit greatly by considering alternative funding models in the aforementioned counties, which

have more dedicated sources of revenue for homeless services. The current funding model for homeless services in Pinellas County is disjointed, at best, and it relies heavily on local taxpayers to fund programs through the County. The most successful model for homeless funding is Miami-Dade County which shares a common characteristic with Pinellas County—a large tourist population. Generating more efficient, coordinated funding in Pinellas County to combat the growing problem of homelessness in our communities is essential—not only for homeless communities but for the County's economic and social viability.

In order to build a sustainable, comprehensive, and integrated homeless continuum of care in the County, it is important to first understand the types of programs and services that are available to homeless residents and how provider agencies are coordinating and collaborating among one another. Once we can properly analyze the data we can begin to identify gaps in care and design a continuum with a single point of entry and a complement of services that address the many needs of our homeless population – including physical health, behavioral health, substance abuse disorders, housing, and employment. It is also necessary to manage the sources of funding that support homeless services throughout the County. By consolidating contracts and streamlining services, we can more efficiently target the right kind of care to those who need in most and work with homeless individuals and families to transition them back to permanent housing and economic self-sufficiency. A helpful tool for the long-term vitality of a homeless services continuum of care is to utilize a diverse mix of funding sources, including: federal, state, local, and foundation grant opportunities or a dedicated source of funding such as the Penny for Pinellas Program. The Department will explore viable funding and program models for the homeless continuum of care and will provide a comprehensive approach to homelessness before the Board for its consideration in Spring 2014.

V. Conclusion and Action Items

The final pages of the report summarizes the findings included in each chapter and provides specific Action Items for the Board's consideration. The Department will continue its work to address the factors that impact poverty in the five At-Risk Zones in Pinellas County and anticipates presenting additional initiatives that provide essential and integrates services to low-income County residents for the Board's consideration in Spring 2014.

Since the release of the Economic Impact of Poverty Report in Spring 2012, the economic factors that contribute to poverty in Pinellas County have only been further compacted – especially in the five At-Risk Zones of East Tarpon Springs, North Greenwood, Highpoint, Lealman, and South St. Petersburg. Following discussions with the Board of County Commissioners, municipal leaders, and community organizations, it became necessary to break down the traditional silos of government to effectively address the barriers to economic self-sufficiency and reverse the negative cycle of poverty. The necessary change could only happen through collaboration among all stakeholders. The Economic Impact of Poverty report provided a foundation for collaborative discussion among entities on how best to serve those most in need in Pinellas County and change the negative course that these communities were on. With a renewed commitment to change, the County and its partners have embarked on a journey to improve the quality of life for all Pinellas County residents.

In late 2012, Pinellas County government was restructured to increase accountability and transparency among departments, and prioritize funding and services to the At-Risk Zones. Out of this re-organization, the Department of Health and Community Services was formed – combining the work of the departments of Health and Human Services, Community Development, Justice and Consumer Services, and Code Enforcement under one organization with common vision, mission, and goals. The organizational change increases the capability and capacity to more effectively and efficiently execute the Board's strategic direction and improve the quality of life for Pinellas County residents and create a sustainable community.

The Department of Health and Community Services aims to effectively and efficiently provide services that support individuals and sustain viable neighborhoods. The Department will design programs and target resources to combat the negative contributing factors that have prolonged poverty. The primary goal of the new Department is to improve the quality of life of County residents through a multi-pronged approach, which includes improving health outcomes, improving housing conditions, targeting neighborhood revitalization, and creating programs and services that provide financial empowerment and education. In order to best meet the strategic direction of the Board, the Department will concentrate on programs and services that assist individuals with improving their health, achieving self-sufficiency, and accessing necessary services. At the community level, the Department will produce new affordable housing, preserve the existing housing stock, promote home ownership, and support community vitality and improvement efforts.

With a focus on collaboration, data-driven decision making, resource management, and prevention-first models, the Department will launch its first two major initiatives: a re-design of the healthcare delivery system and the creation of homeless continuum of care.

Healthcare Delivery System Re-design

Due to the rising costs of health care and at the direction of the Board of County Commissioners, the Department has partnered with multiple community agencies to develop an integrated health care delivery system that prepares the County for expanded Medicaid eligibility with resulting reductions in service delivery cost. The Department has collaborated with medical and community health agencies to develop plans for "one-stop" health campuses in each of the five At-Risk Zones. These medical and social service clinics will provide wrap-around care for low-income residents as well as linkages to support services throughout Pinellas County.

A variety of steps must be taken to successfully design an integrated health care delivery system in the County including: improving community-based care services, expanding access to care, effectively collaborating among stakeholders, and successfully diversifying funding streams to build a sustainable system. In addition, expanding the County's FQHC designation as part of the integrated health care design will provide a significant source of new funding through Medicaid reimbursements while also driving down local health care costs in Emergency Room utilization and hospitalizations among low-income people who currently lack access to primary care. By targeting low-income communities in the five At-Risk Zones and providing wraparound health and social services, the County can expect to see an improvement in health and social outcomes, as well as cost-savings and efficiencies for all stakeholders. Expanding access to preventive and primary care for low-income residents in Pinellas County has the potential of reducing the annual cost of health care by $320 million. In addition to these cost savings, access to preventive and primary care over one's lifetime can dramatically improve health outcomes and the quality of life among low-income residents—the overarching goal of the Board of County Commissioners.

Health Care Action Items
•The Department of Health and Community Services will continue to work with the Health Collaborative to develop an integrated health care delivery system. **• The Department requests approval from the Board of County Commissioners to hire an external healthcare consultant to assist in further design of the health care delivery system.**

• The Department requests approval from the Board of County Commissioners to submit the application for the 330 (e) Federally Qualified Health Center expansion.

Homeless Continuum of Care

In 2013, Pinellas County's Point in Time Count revealed that Pinellas County has the highest rate of homelessness in the State. Despite County funding for programs, agencies, and services to combat homelessness or assist homeless individuals and families, homeless rates have remained fairly unchanged over the last two years in Pinellas County. In addition, homeless data for the County shows that the availability of resources, such as shelter beds and affordable and adequate permanent housing, have not increased over the years. For the first time, Pinellas County has surpassed larger counties such as Miami-Dade and counties with traditionally high rates of homelessness, such as Hillsborough. In order to address the unsustainable growth of homeless rates in Pinellas County, an integrative countywide homeless service delivery system is needed.

The County continues to be the largest source of funding for homeless programs and services with nearly **$13 million** being invested each year. This funding accounts for **86%** of all County funding for homeless services. Although this funding currently helps to provide basic shelter, health care, and other self-sufficiency resources to the homeless, there is a growing need for a more effective, data-driven, and collaborative Countywide approach to homeless services in Pinellas County. Both sheltered and unsheltered homeless individuals report experiencing challenges associated with homelessness such as lack of access to health care, lack of safe, adequate, and affordable housing, and employment assistance. Homeless individuals need a single point of contact where their needs can be identified and necessary services provided. Among the chief issues affecting the provision of services for homeless individuals were the costs of homelessness and health care.

The Department has embarked on an initiative—the Bayside Health Campus—to ensure homeless individuals and families have access to a one-stop shop health and social service center in Pinellas County. In-house services at the Bayside Health Campus will include integrated primary care, preventive care and behavioral health services for children and adults. Primary care will also include specialty services such as gynecological services and podiatry care (and others to be provided as needed.) Other services on-site will include substance abuse counseling, dental care, pharmacy services, disease case management, and health education. Non-medical services will be coordinated through case managers and include referrals to

services such as behavioral health and substance abuse treatment, financial assistance, housing assistance, employment assistance, and referrals to other community partners.

In addition to the Bayside Health Campus, the Department is encouraging the development of an integrated, countywide homeless service delivery system that incorporates a missing but key service need among low-income and/or homeless residents—a behavioral health assessment center. This centralized assessment center would offer culturally-competent health and social service professionals to ensure that homeless individuals are appropriately assessed, referred, and receive follow-up services to help them in managing both their behavioral health care needs and other barriers to an improved quality of life. Building on the core services many Pinellas County agencies offer for homeless clients, this center would also connect clients directly to the appropriate agencies and services to minimize duplication of services, reduce County costs, and increase the health and social outcomes for homeless citizens. In addition, the assessment center would help the homeless receive essential contacts and assistance for services such as transitional and supportive housing, disease case management, medication management, free or reduced-cost medication, addiction services, primary health care, vocational assistance, and more. By utilizing integrated technology and strengthening partnerships among key agencies in the community, this assessment center could have a significant impact in addressing the needs of homeless individuals in Pinellas County and reducing the current costs of homelessness for public, nonprofit, and private organizations and the larger community.

Homelessness Action Items

- **The Department will provide the Board of County Commissioners continuous updates on the design and build of the Bayside Health Campus.**
- **The Department requests approval from the Board of County Commissioners to partner with community stakeholders and develop a centralized, Countywide behavioral health assessment center.**
- **The Department requests approval from the Board of County Commissioners for the exploration of alternative and dedicated sources of funding for both health care and homeless services expansion**.

In the coming months, the Department will bring the Dansville and Greater Ridgecrest Area Housing Development Plan and the Code Enforcement Enhancement Plan before the Board to review these on-going initiatives.

TO: The Honorable Chairman and Members of the Board of County Commissioners

THROUGH: Robert S. LaSala, County Administrator

FROM: Joseph Lauro, Purchasing Director
Dennis R. Long, Chief Assistant County Attorney

SUBJECT: Contract Administration Review Team Recommendations

DISTRIBUTION: James L. Bennett, County Attorney
Mark S. Woodard, Assistant County Administrator

DATE: October 29, 2013

As a full-service governmental unit, Pinellas County Government approves numerous purchasing and non-purchasing contracts on an annual basis. There are various statutes, ordinances, policies, procedures, and institutional practices in place that govern or support the contracting process and administration from the initial project or program conception through completion or close-out. The requirements are, in part, designed to protect the public, provide a level playing field for parties interested in doing business with the County, ensure compliance with, and the timely performance of, contract terms, and protect the financial interests of the County for the benefit of the taxpayers and residents. While County staff generally provides an appropriate level of oversight and administration of contracts, the impacts of staff reductions, lack of enterprise-wide contract administration guidelines/performance standards, and lack of comprehensive contract administration training has contributed to lapses in contract administration and oversight.

In order to improve the contract administration process, the Contract Administration Review Team ("CART") was established and started meeting in December 2012. The goals of CART include improving efficiencies in the contract administration process, while maintaining internal controls and accountability for both staff and third parties that contract with the County. The deliverables supporting this effort include establishing enterprise contract administration guiding principles, revising ordinances, policies and procedures to increase efficiencies, creating a contract administration manual, establishing a staff training program, and considering metrics for measuring improvements in performance in this area.

CART initially focused on improving efficiency. To that end, CART approved a set of contract administration guiding principles; completed a review of the current contract review process, County ordinances, the process for ranking and award of contracts and recommended revisions to the current policies and procedures in place; developed master contracts; and reviewed current County software applications to improve efficiency and/or support this effort. CART previously presented its recommendations to the County Administration Executive Leadership Team. Since implementing CART recommendations relating to changes in policy and amending County ordinances requires approval of the Board of County Commissioners ("Board"), the following revisions to County ordinances and/or policy are presented for Board discussion and consideration:

1. DELEGATED AUTHORITY. Substantial delays in securing final approval of contracts is the County norm, and often results in additional costs and diminished results. After completing the procurement process, and/or negotiations over terms, and/or the contract review process,

additional delays often occur in scheduling ranking approval and contract approval before the Board. With the strategic planning and detailed budgeting processes in place, virtually every project, program or activity is subject to policy oversight and consideration by the Board before the contracting process begins. Therefore, to the extent that approvals can be streamlined or eliminated, the entire contract administration process will be more efficient. Attached are two (2) options that expand delegated authority. Option 1 (Attachment 1) eliminates any monetary cap on contracts that are within delegated authority (currently it is $250,000), except for certain contracts identified in the ordinance that maintain the receipt or payment of $250,000 standard. Option 2 (Attachment 2) represents a refinement of the current delegated authority ordinance to cover situations that are not covered by the current version of the ordinance. Both options also eliminate the current $1 million cap on grant applications. There are numerous provisions in the Purchasing code that also address delegated authority that would need to be amended to conform to the level of delegated authority ultimately approved.

2. VENDOR PERFORMANCE/DEBARMENT CODE. In support of the Guiding Principles, a CART subcommittee has been formed in an attempt to develop better methods to track vendor performance. While we currently have a manual process to perform such, initiating methods to improve and automate the process should improve overall vendor performance. The Debarment Code (Attachment 3) was substantially revised as attached to allow for suspensions of vendors by the purchasing director so that non-performing firms may be penalized for poor performance in a more expedient and effective manner.

3. PURCHASING BID/PROPOSAL PROTESTS. The ordinance revisions (Attachment 4) clarify and limit the scope of protests to the bid or proposal packages, and/or recommended awards.

4. OTHER REVISIONS TO THE CODE. In order to conform the purchasing code revisions to the above sections or to update sections to conform to current circumstances, attached hereto (as Attachments 5 and 6) are ordinance revisions that reflect internal processes relating to rejection of bids and to add advisory boards and clarifies other lobbying provisions.

5. COMPETITIVE SELECTION RANKING PROCESS. Attached is a memorandum (Attachment 7) that outlines the CART proposal to eliminate the Board approval of evaluation committee rankings, (including CCNA), thereby reducing to number of steps to secure final contract approval.

In support of the contract administration efficiency efforts, including the above code and policy revisions, CART has also developed recommended revisions to internal administrative procedures/guidelines, including:

A. Guiding Principles. CART has developed guiding principles for contract administration that governs contractual relationships that the County has with third parties. Some of the principles are intended to be imperatives, and therefore obligatory, and others are discretionary or descriptive, and are intended to provide a framework of standards and conventions for establishing and administering contracts. The goal of CART is to implement these Guiding Principles through the recommended changes herein, as well as other deliverables to be completed by CART.

B. Contract Review Process. CART updated the Contract Review process. Generally, the proposal clarifies the process, identifies contracts and amendments that are not subject to the process, or eliminates stops in the process, because no significant value was added as compared to the delays, wasted resources, or redundant reviews.

C. Software Applications. The goal is to identify a software application that would house electronic versions of contracts that are text searchable (Optical Character Recognition or "OCR"), as well as provide an ongoing inventory of all County contracts, continually updated as contracts are executed and closed out. CART participated in two software demonstrations, including Oracle Contract Repository/Contract Term Library and the internal designed/implemented Contract Module currently utilized by Purchasing, as well as coordinated with BTS and Administration staff working on the agenda automation project, in order to ensure compatibility and avoid duplication.

D. Master Contracts. In support of the Guiding Principles, utilizing master contracts whenever possible will eliminate specific contract reviews, allow the price/cost to be the primary factor in evaluating competitive selections, and/or eliminate extended negotiations on contract terms. CART has formed several sub-committees to develop master contact forms, and to date, forms for CCNA contracts and related task orders, as well as a standard RFP agreement, have been developed and will be sent through master contract review.

Attachments
H:\USERS\ATYKB06\WPDOCS\DRL\CONTRACT ADMINISTRATION\BCC CART Recommendation 102913.Docx

DELEGATED AUTHORITY OPTION 1

Sec. 2-62. - Approval authority.

(a) The county administrator or his/her designee shall have the authority to approve and execute the following contracts, documents and instruments:

(1) Any and all contracts as specified in this subsection (1), including~~, but not limited to, grants, revenue contracts, interlocal agreements, intergovernmental contracts, joint and cooperative purchasing contracts with other governmental agencies, contracts for the acquisition of interests in real property, litigation settlement stipulations and agreements for the acquisition of interests in real property, leases of real and personal property to the county, and contracts governed by the purchasing division of this Code, and~~ any amendments, extensions, renewals, ~~or~~ assignments or~~thereof, including~~ changes in price, terms ~~and~~or conditions, except for specialty contracts as defined~~that~~ herein~~obligate~~ the re~~ceipt~~county for payments or relate to revenues received in amounts not to exceed $250,000.00 ~~in a fiscal or calendar year~~.

For the purposes of this subsection: (i) "contracts" within the scope of this delegated approval authority shall include, or relate to, grants, receipt of revenues in any sum, payment of obligations in any sum, interlocal agreements, intergovernmental agreements, joint or cooperative purchasing contracts, litigation settlement stipulations and agreements not governed by the risk finance program as provided in section 2-142 of this code, leases of real and personal property to the county, purchase orders, and any other legally binding contract that the county is a party to, unless otherwise expressly excluded from this delegated approval authority as provided herein; (ii) "specialty contracts" shall mean contracts that require the approval of the board of county commissioners as a matter of law; that relate to capital improvement program projects, including, but not limited to, construction, design, engineering, planning and other project consultants, and project grants, that involve the receipt or payment of sums by the county in excess of $250,000; contracts for services that involve the payment by the county of sums in excess of $250,000 in a fiscal, contract or calendar year, and include negotiated terms (i.e. software licensing and/or implementation contracts); and/or contracts that take precedence over the terms of the bid, request for proposal or other negotiated competitive processes that involve the receipt or payment of sums by the county in excess of $250,000~~, "interests in real property" means any interest in real property, the acquisition of which is specifically budgeted within and will advance the completion of any specifically described capital improvement project in the county's capital improvement program six-year work plan ("CIP"). Any acquisition of interests in real property funded from project contingency accounts in the CIP must be approved by the board of county commissioners~~.

(2) Amendments to contracts or leases approved by the board of county commissioners that involve:~~:~~ (i) time only extensions~~, when there is no increase in price and no changes in terms and/or conditions~~; (ii) ~~or if the only amendment is~~ a name change~~change~~ of a party, or ~~the~~ substitution of a party as a result of~~caused by a corporate~~ an acquisition (stock, membership or partnership interest, or asset sale), ~~or~~ merger, ~~or resulting from~~ a court order (such as the appointment of a receiver or trustee, federal or state forfeiture, by way of illustration and not limitation), or ~~resulting from~~ a change of ownership of ~~the~~ leased real or personal property; (iii) amendments, extensions, or renewals of leases of real or personal property to or from third parties, including changes in terms and conditions, decreases or increases in rent or other lease financial obligations of not more than the sums authorized in section 2-62(a)(1) of this code for specialty contracts, if delegated authority is provided for in the lease; (iv) decreases in fees, costs, or compensation paid by the county, or

cumulative increases in fees, costs, or compensation paid by the county of not more than the sums authorized in section 2-62(a)(1) of this code or 10% of the total fees, costs, or compensation, whichever is less; (v) revisions or amendments to plans, specifications, pay items, or the scope of work or services; and/or (vi) mutual releases or terminations of contracts approved by all parties to the contract.

(3) Contract closeout documents for contracts referenced in subsections (a)(1) and (2) above approved by either the county administrator or designee, or the board of county commissioners, including, but not limited to, releases of surety bonds and retainages, and releases of completion and maintenance security for subdivision improvements.

(4) Grant applications: (i) of not more than the sums authorized in section 2-62(a)(1) for specialty contracts, if approval of the application includes acceptance of the related grant award and/or grant agreement; or (ii) in any amount, if the acceptance of the grant award and/or approval of the grant agreement requires subsequent approval by the board of county commissioners ~~in amounts not to exceed $1,000,000.00 excluding local match or in-kind contributions, in a fiscal or calendar year~~.

(5) Licenses, access agreements, permits for right-of-way, temporary use permits, and the acceptance or conveyance of temporary or permanent easements for construction, utility or other governmental purposes on any real property, whether or not owned by the county, and any assignments, consents, extensions, amendments, releases, or terminations of the foregoing documents or instruments, including changes in price, terms and conditions.

(6) Subordination agreements, landlord estoppel agreements/certificates, attornment agreements, and assignments including consents thereof, relating to any real property, whether or not owned, by the county.

(7) Corrective contracts and instruments.

(8) Releases, satisfactions or assignments of liens and mortgages, upon full payment thereof, if a mortgage, and upon full or partial payment thereof, if an inferior lien other than a mortgage.

(9) Any instrument required for the exercise of an option of renewal or extension of a lease or license agreement for a term of a year or years, upon the same terms and conditions as set forth in any original lease or license agreement approved by the board of county commissioners.

(10) Applications to the state or other political subdivisions, including the county to vacate unopened right of way and abandoned easements.

(11) Approval of sublease of lease agreement if the original lease agreement allows a sublease upon county approval, and if the original tenant remains ultimately liable under the lease agreement.

(12) Any instrument required for the exercise of option of renewal or extension, or acceptance of contractor's exercise of option of renewal or extension of use, access, concession or similar agreement (such as the United Parcel Services agreement with the airport, by way of illustration and not limitation) for a term of a year or years, upon the same terms and conditions as set forth in the original agreement approved by the board of county commissioners.

(b) The approval of the above specified agreements and/or documents by the county administrator or his/her designee shall include the exercise of such authority on behalf of the county industrial development authority, emergency medical services authority, and fire protection authority. Additionally, the county administrator or his/her designee shall have the authority to approve and execute leases, and amendments, releases and terminations thereof, on behalf of the county industrial development authority, including leases previously approved by the board of county commissioners.

(c) The county administrator or his/her designee shall have the authority to approve and to authorize the payment of state assessments and fees relating to the self insurance workers compensation program administered by the county risk management department.

(d) All documents approved under this section shall be subject to the county's contract review procedures, and shall either be placed on a receipt and filed report on the consent agenda of the board of county commissioners at least quarterly or maintained in an accessible central contracts repository~~and filed with the clerk of the circuit court for placement in board records~~.

DELEGATED AUTHORITY OPTION 1

Sec. 2-62. - Approval authority.

(a) The county administrator or his/her designee shall have the authority to approve and execute the following contracts, documents and instruments:

(1) Any and all contracts as specified in this subsection (1), including any amendments, extensions, renewals, assignments or changes in price, terms or conditions, except for specialty contracts as defined herein.

For the purposes of this subsection: (i) "contracts" within the scope of this delegated approval authority shall include, or relate to, grants, receipt of revenues in any sum, payment of obligations in any sum, interlocal agreements, intergovernmental agreements, joint or cooperative purchasing contracts, litigation settlement stipulations and agreements not governed by the risk finance program as provided in section 2-142 of this code, leases of real and personal property to the county, purchase orders, and any other legally binding contract that the county is a party to, unless otherwise expressly excluded from this delegated approval authority as provided herein; (ii) "specialty contracts" shall mean contracts that require the approval of the board of county commissioners as a matter of law; that relate to capital improvement program projects, including, but not limited to, construction, design, engineering, planning and other project consultants, and project grants, that involve the receipt or payment of sums by the county in excess of $250,000; contracts for services that involve the payment by the county of sums in excess of $250,000 in a fiscal, contract or calendar year, and include negotiated terms (i.e. software licensing and/or implementation contracts); and/or contracts that take precedence over the terms of the bid, request for proposal or other negotiated competitive processes that involve the receipt or payment of sums by the county in excess of $250,000.

(2) Amendments to contracts or leases approved by the board of county commissioners that involve: (i) time only extensions; (ii) a name change of a party, or substitution of a party as a result of an acquisition (stock, membership or partnership interest, or asset sale), merger, a court order (such as the appointment of a receiver or trustee, federal or state forfeiture, by way of illustration and not limitation), or a change of ownership of leased real or personal property; (iii) amendments, extensions, or renewals of leases of real or personal property to or from third parties, including changes in terms and conditions, decreases or increases in rent or other lease financial obligations of not more than the sums authorized in section 2-62(a)(1) of this code for specialty contracts, if delegated authority is provided for in the lease; (iv) decreases in fees, costs, or compensation paid by the county, or cumulative increases in fees, costs, or compensation paid by the county of not more than the sums authorized in section 2-62(a)(1) of this code or 10% of the total fees, costs, or compensation, whichever is less; (v) revisions or amendments to plans, specifications, pay items, or the scope of work or services; and/or (vi) mutual releases or terminations of contracts approved by all parties to the contract.

(3) Contract closeout documents for contracts referenced in subsections (a)(1) and (2) above approved by either the county administrator or designee, or the board of county commissioners, including, but not limited to, releases of surety bonds and retainages, and releases of completion and maintenance security for subdivision improvements.

(4) Grant applications: (i) of not more than the sums authorized in section 2-62(a)(1) for specialty contracts, if approval of the application includes acceptance of the related grant award and/or grant

agreement; or (ii) in any amount, if the acceptance of the grant award and/or approval of the grant agreement requires subsequent approval by the board of county commissioners.

(5) Licenses, access agreements, permits for right-of-way, temporary use permits, and the acceptance or conveyance of temporary or permanent easements for construction, utility or other governmental purposes on any real property, whether or not owned by the county, and any assignments, consents, extensions, amendments, releases, or terminations of the foregoing documents or instruments, including changes in price, terms and conditions.

(6) Subordination agreements, landlord estoppel agreements/certificates, attornment agreements, and assignments including consents thereof, relating to any real property, whether or not owned, by the county.

(7) Corrective contracts and instruments.

(8) Releases, satisfactions or assignments of liens and mortgages, upon full payment thereof, if a mortgage, and upon full or partial payment thereof, if an inferior lien other than a mortgage.

(9) Any instrument required for the exercise of an option of renewal or extension of a lease or license agreement for a term of a year or years, upon the same terms and conditions as set forth in any original lease or license agreement approved by the board of county commissioners.

(10) Applications to the state or other political subdivisions, including the county to vacate unopened right of way and abandoned easements.

(11) Approval of sublease of lease agreement if the original lease agreement allows a sublease upon county approval, and if the original tenant remains ultimately liable under the lease agreement.

(12) Any instrument required for the exercise of option of renewal or extension, or acceptance of contractor's exercise of option of renewal or extension of use, access, concession or similar agreement (such as the United Parcel Services agreement with the airport, by way of illustration and not limitation) for a term of a year or years, upon the same terms and conditions as set forth in the original agreement approved by the board of county commissioners.

(b) The approval of the above specified agreements and/or documents by the county administrator or his/her designee shall include the exercise of such authority on behalf of the county industrial development authority, emergency medical services authority, and fire protection authority. Additionally, the county administrator or his/her designee shall have the authority to approve and execute leases, and amendments, releases and terminations thereof, on behalf of the county industrial development authority, including leases previously approved by the board of county commissioners.

(c) The county administrator or his/her designee shall have the authority to approve and to authorize the payment of state assessments and fees relating to the self insurance workers compensation program administered by the county risk management department.

(d) All documents approved under this section shall be subject to the county's contract review procedures, and shall either be placed on a receipt and filed report on the consent agenda of the board of county commissioners at least quarterly or maintained in an accessible central contracts repository.

DELEGATED AUTHORITY OPTION 2

Sec. 2-62. - Approval authority.

(a) The county administrator or his/her designee shall have the authority to approve and execute the following contracts, documents and instruments:

(1) Any and all contracts including, but not limited to, grants, revenue contracts, interlocal agreements, intergovernmental contracts, joint and cooperative purchasing contracts with other governmental agencies, contracts for the acquisition of interests in real property, litigation settlement stipulations and agreements for the acquisition of interests in real property, litigation settlement stipulations and agreements not governed by the Risk Finance program as provided in section 2-142 of this code, leases of real and personal property to the county, ~~and~~ contracts governed by the purchasing division of this Code, and any amendments, extensions, renewals, or assignments thereof, including changes in price, terms and conditions, that involve~~obligate~~ the receipt ~~county f~~or payments ~~or relate to revenues received in amounts~~ by the county of not to exceed $250,000.00 in a fiscal, contract, or calendar year.

For the purposes of this section, "interests in real property" means any interest in real property, the acquisition of which is specifically budgeted within and will advance the completion of any specifically described capital improvement project in the county's capital improvement program ~~six-year~~ work plan ("CIP"). Any acquisition of interests in real property funded from project contingency accounts in the CIP must be approved by the board of county commissioners.

(2) Amendments to contracts or leases approved by the board of county commissioners that involve:: (i) time only extensions~~, when there is no increase in price and no changes in terms and/or conditions~~; (ii) ~~or if the only amendment is~~ a name change~~change~~ of a party, or ~~the~~ substitution of a party as a result of~~caused by a corporate~~ an acquisition (stock, membership or partnership interest, or asset sale), ~~or~~ merger, ~~or resulting from~~ a court order (such as the appointment of a receiver or trustee, federal or state forfeiture, by way of illustration and not limitation), or ~~resulting from~~ a change of ownership of ~~the~~ leased real or personal property; (iii) amendments, extensions, or renewals of leases of real or personal property to or from third parties, including changes in terms and conditions, decreases or increases in rent or other lease financial obligations of not more than the sums authorized in section 2-62(a)(1) of this code, if delegated authority is provided for in the lease; (iv) decreases in fees, costs, or compensation paid by the county, or cumulative increases in fees, costs, or compensation paid by the county of not more than the sums authorized in section 2-62(a)(1) of this code or 10% of the total fees, costs, or compensation, whichever is less; (v) revisions or amendments to plans, specifications, pay items, or the scope of work or services ~~without any change to the total fees, costs, or compensation, or term of the contract~~; and/or (vi) mutual releases or terminations of contracts approved by all parties to the contract.

(3) Contract closeout documents for contracts referenced in subsections (a)(1) and (2) above approved by either the county administrator or designee, or the board of county commissioners, including, but not limited to, releases of surety bonds and retainages, and releases of completion and maintenance security for subdivision improvements.

(4) Grant applications: (i) of not more than the sums authorized in section 2-62(a)(1), if approval of the application includes acceptance of the related grant award and/or grant agreement; or (ii) in any amount in excess of the sums authorized in section 2-62(a)(1), if the acceptance of the grant award and/or approval of the grant agreement requires subsequent approval by the board of county commissioners ~~in amounts not to exceed $1,000,000.00 excluding local match or in-kind contributions, in a fiscal or calendar year~~.

(5) Licenses, access agreements, permits for right-of-way, temporary use permits, and the acceptance or conveyance of temporary or permanent easements for construction, utility or other governmental purposes on any real property, whether or not owned by the county, and any assignments, consents,

extensions, amendments, releases, or terminations of the foregoing documents or instruments, including changes in price, terms and conditions.

(6) Subordination agreements, landlord estoppel agreements/certificates, attornment agreements, and assignments including consents thereof, relating to any real property, whether or not owned, by the county.

(7) Corrective contracts and instruments.

(8) Releases, satisfactions or assignments of liens and mortgages, upon full payment thereof, if a mortgage, and upon full or partial payment thereof, if an inferior lien other than a mortgage.

(9) Any instrument required for the exercise of an option of renewal or extension of a lease or license agreement for a term of a year or years, upon the same terms and conditions as set forth in any original lease or license agreement approved by the board of county commissioners.

(10) Applications to the state or other political subdivisions, including the county to vacate unopened right of way and abandoned easements.

(11) Approval of sublease of lease agreement if the original lease agreement allows a sublease upon county approval, and if the original tenant remains ultimately liable under the lease agreement.

(12) Any instrument required for the exercise of option of renewal or extension, or acceptance of contractor's exercise of option of renewal or extension of use, access, concession or similar agreement (such as the United Parcel Services agreement with the airport, by way of illustration and not limitation) for a term of a year or years, upon the same terms and conditions as set forth in the original agreement approved by the board of county commissioners.

(b) The approval of the above specified agreements and/or documents by the county administrator or his/her designee shall include the exercise of such authority on behalf of the county industrial development authority, emergency medical services authority, and fire protection authority. Additionally, the county administrator or his/her designee shall have the authority to approve and execute leases, and amendments, releases and terminations thereof, on behalf of the county industrial development authority, including leases previously approved by the board of county commissioners.

(c) The county administrator or his/her designee shall have the authority to approve and to authorize the payment of state assessments and fees relating to the self insurance workers compensation program administered by the county risk management department.

(d) All documents approved under this section shall be subject to the county's contract review procedures, and shall either be placed on a receipt and filed report on the consent agenda of the board of county commissioners at least quarterly or maintained in an accessible central contracts repository~~and filed with the clerk of the circuit court for placement in board records~~.

DELEGATED AUTHORITY OPTION 2

Sec. 2-62. - Approval authority.

(a) The county administrator or his/her designee shall have the authority to approve and execute the following contracts, documents and instruments:

(1) Any and all contracts including, but not limited to, grants, revenue contracts, interlocal agreements, intergovernmental contracts, joint and cooperative purchasing contracts with other governmental agencies, contracts for the acquisition of interests in real property, litigation settlement stipulations and agreements for the acquisition of interests in real property, litigation settlement stipulations and agreements not governed by the Risk Finance program as provided in section 2-142 of this code, leases of real and personal property to the county, contracts governed by the purchasing division of this Code, and any amendments, extensions, renewals, or assignments thereof, including changes in price, terms and conditions, that involve the receipt or payment by the county of not to exceed $250,000.00 in a fiscal, contract, or calendar year.

For the purposes of this section, "interests in real property" means any interest in real property, the acquisition of which is specifically budgeted within and will advance the completion of any specifically described capital improvement project in the county's capital improvement program work plan ("CIP"). Any acquisition of interests in real property funded from project contingency accounts in the CIP must be approved by the board of county commissioners.

(2) Amendments to contracts or leases approved by the board of county commissioners that involve: (i) time only extensions; (ii) a name change of a party, or substitution of a party as a result of an acquisition (stock, membership or partnership interest, or asset sale), merger, a court order (such as the appointment of a receiver or trustee, federal or state forfeiture, by way of illustration and not limitation), or a change of ownership of leased real or personal property; (iii) amendments, extensions, or renewals of leases of real or personal property to or from third parties, including changes in terms and conditions, decreases or increases in rent or other lease financial obligations of not more than the sums authorized in section 2-62(a)(1) of this code, if delegated authority is provided for in the lease; (iv) decreases in fees, costs, or compensation paid by the county, or cumulative increases in fees, costs, or compensation paid by the county of not more than the sums authorized in section 2-62(a)(1) of this code or 10% of the total fees, costs, or compensation, whichever is less; (v) revisions or amendments to plans, specifications, pay items, or the scope of work or services; and/or (vi) mutual releases or terminations of contracts approved by all parties to the contract.

(3) Contract closeout documents for contracts referenced in subsections (a)(1) and (2) above approved by either the county administrator or designee, or the board of county commissioners, including, but not limited to, releases of surety bonds and retainages, and releases of completion and maintenance security for subdivision improvements.

(4) Grant applications: (i) of not more than the sums authorized in section 2-62(a)(1), if approval of the application includes acceptance of the related grant award and/or grant agreement; or (ii) in any amount in excess of the sums authorized in section 2-62(a)(1), if the acceptance of the grant award and/or approval of the grant agreement requires subsequent approval by the board of county commissioners.

(5) Licenses, access agreements, permits for right-of-way, temporary use permits, and the acceptance or conveyance of temporary or permanent easements for construction, utility or other governmental purposes on any real property, whether or not owned by the county, and any assignments, consents, extensions, amendments, releases, or terminations of the foregoing documents or instruments, including changes in price, terms and conditions.

(6) Subordination agreements, landlord estoppel agreements/certificates, attornment agreements, and assignments including consents thereof, relating to any real property, whether or not owned, by the county.

(7) Corrective contracts and instruments.

(8) Releases, satisfactions or assignments of liens and mortgages, upon full payment thereof, if a mortgage, and upon full or partial payment thereof, if an inferior lien other than a mortgage.

(9) Any instrument required for the exercise of an option of renewal or extension of a lease or license agreement for a term of a year or years, upon the same terms and conditions as set forth in any original lease or license agreement approved by the board of county commissioners.

(10) Applications to the state or other political subdivisions, including the county to vacate unopened right of way and abandoned easements.

(11) Approval of sublease of lease agreement if the original lease agreement allows a sublease upon county approval, and if the original tenant remains ultimately liable under the lease agreement.

(12) Any instrument required for the exercise of option of renewal or extension, or acceptance of contractor's exercise of option of renewal or extension of use, access, concession or similar agreement (such as the United Parcel Services agreement with the airport, by way of illustration and not limitation) for a term of a year or years, upon the same terms and conditions as set forth in the original agreement approved by the board of county commissioners.

(b) The approval of the above specified agreements and/or documents by the county administrator or his/her designee shall include the exercise of such authority on behalf of the county industrial development authority, emergency medical services authority, and fire protection authority. Additionally, the county administrator or his/her designee shall have the authority to approve and execute leases, and amendments, releases and terminations thereof, on behalf of the county industrial development authority, including leases previously approved by the board of county commissioners.

(c) The county administrator or his/her designee shall have the authority to approve and to authorize the payment of state assessments and fees relating to the self insurance workers compensation program administered by the county risk management department.

(d) All documents approved under this section shall be subject to the county's contract review procedures, and shall either be placed on a receipt and filed report on the consent agenda of the board of county commissioners at least quarterly or maintained in an accessible central contracts repository.

BIDDER/PROPOSER SUSPENSION AND DEBARMENT

Sec. 2-161. Bidder qualifications and prequalification; suspension and debarment.

***

(B) *Integrity of public contracting and purchasing authority to suspend or debar.* The integrity of the public contracting and purchasing process is vital and a matter of great public interest. Because the opportunity to participate on competitive procurements or to supply goods or services to the county is a privilege, not a right, this privilege should be denied to persons or entities that engage or are involved in activities as provided herein. When it is determined to be in the best interests of the county, the purchasing director may suspend and the county administrator may debar the right of any person or entity ("vendor") to be included on a vendor list or from consideration for award of contracts based upon documentation that the vendor has engaged in any activity which is grounds for suspension or debarment as provided herein.

(1) Suspension. A vendor may be suspended for a period not to exceed two (2) years as determined by the purchasing director based upon the following:

- (a) Failure to comply with the conditions, specifications or terms of a bid, quotation, proposal or contract with the county; or
- (b) Commission of any fraud or misrepresentation in connection with a bid, quotation, proposal or contract with the county; or
- (c) Vendor is charged by a court of competent jurisdiction with the commission of a criminal offense as an incident to obtaining or attempting to obtain a public or private contract or subcontract or in the performance of such contract or subcontract; or is charged by a court of competent jurisdiction with the following: embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property, or any other offense indicating a lack of business integrity or business honesty which currently, seriously and directly affects responsibility as a county government contractor; or
- (d) Vendor becomes insolvent, has proceedings in bankruptcy instituted against it, or has a receiver or trustee appointed over its property; or
- (e) Conduct which is grounds for debarment; or
- (f) Vendor is found in violation of a county ordinance at least three times in any two-year period for conduct arising from the vendor's performance of a contract with the county; or
- (g) During the pendency of adversarial proceedings between the county and the vendor (i.e., court proceedings, arbitration, or administrative proceedings) arising from the vendor's performance of a contract with the county; or
- (h) Suspension by another government entity; or
- (i) Any other cause the purchasing director determines on a commercial basis to be so serious and compelling as to materially and adversely affect the capability of a business to function as a county contractor.

(2) Debarment. A vendor may be permanently debarred by the county administrator based on the following:

(a) Default or failure to fully comply with the conditions, specifications, drawings or terms of a bid, proposal or contract with the county twice in any two-year period.

(b) Conviction by or judgment obtained in a court of competent jurisdiction for commission of those offenses in connection with the vendor's commercial enterprise stated in subsection (B)(1)(c) above.

(3) Public entity crime. Notwithstanding any other provision herein, any vendor who has been convicted of a public entity crime as defined by §287.133, Florida Statutes, shall not be able to transact business with the county to the extent as specified therein.

(4) Decision. The purchasing director or county administrator shall issue a written decision to suspend or debar. The decision shall state the basis for the action taken and the period of the suspension, or that the vendor has been debarred. The purchasing director or county administrator, prior to issuance of written notification, may schedule an informational meeting with the vendor to review the documentation supporting the suspension or debarment.

(5) Effects of suspension and debarment.

(a) Suspended or debarred vendors are excluded from receiving any new contracts, awards or otherwise providing goods or services during the period of suspension or during debarment; from submitting any bids, proposals or responding to other solicitations of the county; and from conducting business with the county as a subcontractor, representative, or joint venturer of other vendors.

(b) Any business entity controlled by or affiliated with any vendor ineligible for the award of a contract under this section of this article may also be prohibited from contracting with the county if the relationship or affiliation is such that the person or business entity, by reason of the relationship with the ineligible person or entity, is likely not to conduct business in a responsible or lawful manner, or if the ineligible person or business entity could directly benefit from the contract. Such factors as ownership interest, one or more members of the board of officials in common, control of one entity by the other, interlocking or shared management or principals, and limited management and ownership among family members, shall be considered in determining ineligibility under this section of this article.

(6) Reinstatement. After suspension or debarment, a vendor may not contract with Pinellas County until reinstated by the county administrator or his/her designee. The vendor must supply information and reasonable documentation indicating that the conditions causing the suspension or debarment have been rectified. If the charges referenced in subsection (B)(1)(c) are dismissed or the vendor is found not guilty, the suspension shall be lifted automatically upon written notification and proof of final court disposition provided by the vendor to the county. If the conviction or judgment referenced in subsection (B)(2)(b) is reversed through the appellate process, the debarment shall be removed immediately upon written notification and proof of final court

disposition from the vendor to the county. As a condition of reinstatement, the county administrator or his/her designee, may limit the nature and scope of contractual undertakings that must be satisfactorily completed before seeking additional contracts from the county. Nothing herein prevents the county from granting reinstatement prior to the initial suspension or debarment period where, in the county administrator's judgment, the county's interests have been addressed and the vendor to be reinstated is not likely to engage in similar conduct again.

PURCHASING BID/PROPOSAL PROTESTS

Sec. 2-162. Protest procedure.

(a) *Right to protest.* Any prospective bidder or proposer who is aggrieved by the contents of the bid or proposal package, or any bidder or proposer who is aggrieved in connection with the recommended award on a bid or proposal solicitation, may file a written protest to the director of purchasing as provided herein. This right to protest is strictly limited to those procurements of goods or services solicitated through invitations to bid or requests for proposals, including solicitations pursuant to § 287.055, Florida Statutes, the "Consultants' Competitive Negotiation Act." No other actions or recommendations in connection with a solicitation can be protested, including: (i) requests for quotations or requests for qualifications; (ii) rejection of some, all or parts of bids or proposals; (iii) disqualification of bidders or proposers as non-responsive or nonresponsible; or (iv) recommended awards less than the mandatory bid or proposal amount. Protests failing to comply with the provisions of this section 2-162 shall not be reviewed. ~~Bid/proposal protests. Any actual or prospective bidder, proposer, who is allegedly aggrieved in connection with the issuance of a bid/proposal package or pending award of a contract may protest to the director of purchasing.~~

(b) *Posting.* The purchasing department shall post the recommended~~formal~~ award on the departmental website~~. The formal award shall be publicly posted on the purchasing department's website~~ no less than five (5)~~three~~ full business days after the decision to recommend the award ~~to the bidder/proposer~~ is made.

(c) *Requirements to protest.*

(1) If the protest relates to the content of the bid/proposal package, a formal written protest must be filed no later than 5:00 p.m. on the fifth full business day after issuance of the bid/proposal package.

(2) If the protest relates to the recommended award of a bid or proposal~~contract~~, a formal written protest must be filed no later than 5:00 p.m., on the fifth full business day after posting of ~~either~~ the ~~contract~~ award recommendation~~ or the contract award itself~~.

(3) The formal written protest shall identify the protesting party and the solicitation involved; include a ~~clear~~ statement of the grounds on which the protest is based; refer to the statutes, laws, ordinances or other legal authorities which the protesting party deems applicable to such grounds; and specifically request the relief to which the protesting party deems itself entitled by application of such authorities to such grounds.

(4~~3~~) A formal written protest is considered filed with the county when the purchasing department~~, county administrator, or county commission~~ receives it. Accordingly, a protest is not timely filed unless it is received within the time specified above by the purchasing department. Failure to file a formal written protest within the time period specified shall constitute a waiver of the right to protest and result in relinquishment of all rights to protest by the bidder/proposer.

(d) *Rights of interested parties.* Bidders or proposers, other than the protestor, which would be directly affected by the favorable resolution of a protest relating to a recommended award, shall have the right to provide written documentation related to the protested solicitation. Said interested parties shall be solely responsible for determining whether a protest has been filed. Any documentation submitted by an interested party must be filed with the director of

purchasing no later than 5:00 p.m. on the fifth full business day after the purchasing department posts notification that a protest has been filed. Any interested party submitting documentation shall bear all costs, including legal representation, relating to the submission.

(e) *Sole remedy*. These procedures shall be the sole remedy for challenging the content of the bid or proposal package or the recommended award~~an award of bid~~.

(f) *Lobbying*. ~~Bidder/proposers~~Protestors, and interested parties as defined in subsection (d), and anyone acting on their behalf, are prohibited from attempts to influence, persuade, or promote a bid protest through any other channels or means, ~~.~~ and contacting any Pinellas County official, employee, advisory board member, or representative to discuss any matter relating in any way to the solicitation being protested, other than the purchasing department or county attorney's office employees. ~~Such attempts shall be cause for suspension in accordance with subsection 2-161(b) of this article.~~ The prohibitions provided for herein shall begin with the filing of the protest and end upon the final disposition of the protest; provided however, at all times protestors shall be subject to the procurement lobbying prohibitions in section 2-189 of this code. Failure to adhere to the prohibitions herein shall result in the rejection of the protest without further consideration.

(g~~e~~) *Time limits*. The time limits in which protests must be filed as specified herein may be altered by specific provisions in the bid/request for proposal.

(h~~f~~) *Authority to resolve*. The director of purchasing shall resolve the protest in accordance with the documentation and applicable legal authorities~~a fair and equitable manner~~ and shall issue~~render~~ a written decision to the protestor~~ant~~ no later than 5:00 p.m. on the ~~fifth~~enth full business day after the filing thereof.

(i~~g~~) *Review of purchasing director's decision.*

(1) The protesting party may request a review of the purchasing director's decision to the county administrator by delivering written request for review of the decision to the director of purchasing by 5:00 p.m. ~~O~~on the fifth full business day after the date of the written decision. The written notice shall include any ~~written or physical~~ materials, ~~objects,~~ statements, and arguments, which the bidder/proposer deems relevant to the issues raised in the request for review the decision of the purchasing director.

(2) ~~If it is determined that the solicitation or award is in violation of law or the regulations and internal procedures of the purchasing department, the county administrator shall immediately cancel or revise the solicitation or award as deemed appropriate.~~

~~(3) If it is determined that the solicitation or award should be upheld, t~~The county administrator shall issue a decision in writing stating the reason for the action with a copy furnished to the protesting party and all substantially affected persons or businesses no later than 5:00 p.m., on the ~~fif~~seventh full business day after receipt of the request for review. The decision shall be final and conclusive as to the county unless ~~any further action is taken or~~ a party commences action in a court of competent jurisdiction.

(j~~h~~) *Stay of procurement during protests*. There shall be no stay of procurement during protests.

PURCHASING BID/PROPOSAL PROTESTS

Sec. 2-162. Protest procedure.

(a) *Right to protest.* Any prospective bidder or proposer who is aggrieved by the contents of the bid or proposal package, or any bidder or proposer who is aggrieved in connection with the recommended award on a bid or proposal solicitation, may file a written protest to the director of purchasing as provided herein. This right to protest is strictly limited to those procurements of goods or services solicitated through invitations to bid or requests for proposals, including solicitations pursuant to § 287.055, Florida Statutes, the "Consultants' Competitive Negotiation Act." No other actions or recommendations in connection with a solicitation can be protested, including: (i) requests for quotations or requests for qualifications; (ii) rejection of some, all or parts of bids or proposals; (iii) disqualification of bidders or proposers as non-responsive or nonresponsible; or (iv) recommended awards less than the mandatory bid or proposal amount. Protests failing to comply with the provisions of this section 2-162 shall not be reviewed.

(b) *Posting.* The purchasing department shall post the recommended award on the departmental website no less than five (5) full business days after the decision to recommend the award is made.

(c) *Requirements to protest.*

(1) If the protest relates to the content of the bid/proposal package, a formal written protest must be filed no later than 5:00 p.m. on the fifth full business day after issuance of the bid/proposal package.

(2) If the protest relates to the recommended award of a bid or proposal, a formal written protest must be filed no later than 5:00 p.m., on the fifth full business day after posting of the award recommendation.

(3) The formal written protest shall identify the protesting party and the solicitation involved; include a statement of the grounds on which the protest is based; refer to the statutes, laws, ordinances or other legal authorities which the protesting party deems applicable to such grounds; and specifically request the relief to which the protesting party deems itself entitled by application of such authorities to such grounds.

(4) A formal written protest is considered filed with the county when the purchasing department receives it. Accordingly, a protest is not timely filed unless it is received within the time specified above by the purchasing department. Failure to file a formal written protest within the time period specified shall constitute a waiver of the right to protest and result in relinquishment of all rights to protest by the bidder/proposer.

(d) *Rights of interested parties.* Bidders or proposers, other than the protestor, which would be directly affected by the favorable resolution of a protest relating to a recommended award, shall have the right to provide written documentation related to the protested solicitation. Said interested parties shall be solely responsible for determining whether a protest has been filed. Any documentation submitted by an interested party must be filed with the director of purchasing no later than 5:00 p.m. on the fifth full business day after the purchasing department posts notification that a protest has been filed. Any interested party submitting documentation shall bear all costs, including legal representation, relating to the submission.

(e) *Sole remedy.* These procedures shall be the sole remedy for challenging the content of the bid or proposal package or the recommended award.

(f) *Lobbying.* Protestors, and interested parties as defined in subsection (d), and anyone acting on their behalf, are prohibited from attempts to influence, persuade, or promote a bid protest through any other channels or means, and contacting any Pinellas County official, employee, advisory board member, or representative to discuss any matter relating in any way to the solicitation being protested, other than the purchasing department or county attorney's office employees. The prohibitions provided for herein shall begin with the filing of the protest and end upon the final disposition of the protest; provided however, at all times protestors shall be subject to the procurement lobbying prohibitions in section 2-189 of this code. Failure to adhere to the prohibitions herein shall result in the rejection of the protest without further consideration.

(g) *Time limits.* The time limits in which protests must be filed as specified herein may be altered by specific provisions in the bid/request for proposal.

(h) *Authority to resolve.* The director of purchasing shall resolve the protest in accordance with the documentation and applicable legal authorities and shall issue a written decision to the protestor no later than 5:00 p.m. on the tenth full business day after the filing thereof.

(i) *Review of purchasing director's decision.*

(1) The protesting party may request a review of the purchasing director's decision to the county administrator by delivering written request for review of the decision to the director of purchasing by 5:00 p.m. on the fifth full business day after the date of the written decision. The written notice shall include any materials, statements, and arguments, which the bidder/proposer deems relevant to the issues raised in the request for review the decision of the purchasing director.

(2) The county administrator shall issue a decision in writing stating the reason for the action with a copy furnished to the protesting party and all substantially affected persons or businesses no later than 5:00 p.m., on the seventh full business day after receipt of the request for review. The decision shall be final and conclusive as to the county unless a party commences action in a court of competent jurisdiction.

(j) *Stay of procurement during protests.* There shall be no stay of procurement during protests.

REJECTION OF BIDS OR PROPOSALS

Sec. 2-176. Competitive sealed bidding.

***

(g) *Rejection of bids*. The respective constitutional officer, county administrator on behalf of the board of county commissioners or within his/her delegated financial approval authority, ~~county administrator~~ or director of purchasing within his/her delegated financial approval authority shall have the authority, when the public interest will be served thereby, to reject all bids or parts at any stage of the procurement process through the award of a contract~~of bids within their respective delegated financial approval authority~~.

Section 2-177. Competitive sealed proposals.

***

(g) *Rejection of proposals*. The respective constitutional officer, county administrator on behalf of the board of county commissioners or within his/her delegated financial approval authority, or director of purchasing within his/her delegated financial approval authority shall have the authority, when the public interest will be served thereby, to reject all proposals or parts at any stage of the procurement process through the award of a contract.

REJECTION OF BIDS OR PROPOSALS

Sec. 2-176. Competitive sealed bidding.

***

(g) *Rejection of bids.* The respective constitutional officer, county administrator on behalf of the board of county commissioners or within his/her delegated financial approval authority, or director of purchasing within his/her delegated financial approval authority shall have the authority, when the public interest will be served thereby, to reject all bids or parts at any stage of the procurement process through the award of a contract.

Section 2-177. Competitive sealed proposals.

***

(g) *Rejection of proposals.* The respective constitutional officer, county administrator on behalf of the board of county commissioners or within his/her delegated financial approval authority, or director of purchasing within his/her delegated financial approval authority shall have the authority, when the public interest will be served thereby, to reject all proposals or parts at any stage of the procurement process through the award of a contract.

PURCHASING LOBBYING

Sec. 2-189. Lobbying.

Lobbying shall be prohibited on all county competitive selection processes and purchasing contract awards pursuant to this division, including, but not limited to, requests for proposals, requests for quotations, requests for qualifications, bids or the award of purchasing contracts of any type. The purpose of this prohibition is to protect the integrity of the procurement process by shielding it from undue influences prior to the contract award, ~~a protest is resolved,~~ or the competitive selection process is otherwise concluded. However, nothing herein shall prohibit a prospective bidder/proposer/protestor from contacting the purchasing department or the county attorney's office to address situations such as clarification and/or questions related to the procurement process ~~or protest~~.

Lobbying of evaluation committee members, county government employees, ~~or~~ elected/appointed officials, or advisory board members regarding requests for proposals, requests for quotations, requests for qualifications, bids, or purchasing contracts, ~~or bid protests,~~ by the bidder/proposer~~/protestor~~, any member of the bidder's/proposer's~~/protestor's~~ staff, any agent or representative of the bidder/proposer~~/protestor~~, or any person employed by any legal entity affiliated with or representing a bidder/proposer/protestor, is strictly prohibited from the date of the advertisement, or on a date otherwise established by the board of county commissioners, until either an award is final, ~~any protest is finally resolved,~~ or the competitive selection process is otherwise concluded. Any lobbying activities in violation of this section by or on behalf of a bidder/proposer~~/protestor~~ shall result in the disqualification or rejection of the proposal, quotation, statement of qualification, bid or contract, and may lead to suspension or debarment of the bidder or proposer~~/protestor~~ as provided in Pinellas County Code, subsection 2-161(8)b.

For purposes of this provision, lobbying shall mean influencing or attempting to influence action or non-action, and/or attempting to obtain the goodwill of persons specified herein relating to the selection, ranking, or contract award in connection with any request for proposal, request for quotation, request for qualification, bid or purchasing contract through direct or indirect oral or written communication. The final award of a purchasing contract shall be the effective date of the purchasing contract.

Any evaluation committee member, county government employee, ~~or~~ elected/appointed official, or advisory board member who has been lobbied shall immediately report the lobbying activity to the director of purchasing.

PURCHASING LOBBYING

Sec. 2-189. Lobbying.

Lobbying shall be prohibited on all county competitive selection processes and purchasing contract awards pursuant to this division, including, but not limited to, requests for proposals, requests for quotations, requests for qualifications, bids or the award of purchasing contracts of any type. The purpose of this prohibition is to protect the integrity of the procurement process by shielding it from undue influences prior to the contract award, or the competitive selection process is otherwise concluded. However, nothing herein shall prohibit a prospective bidder/proposer/protestor from contacting the purchasing department or the county attorney's office to address situations such as clarification and/or questions related to the procurement process.

Lobbying of evaluation committee members, county government employees, elected/appointed officials, or advisory board members regarding requests for proposals, requests for quotations, requests for qualifications, bids, or purchasing contracts, by the bidder/proposer, any member of the bidder's/proposer's staff, any agent or representative of the bidder/proposer, or any person employed by any legal entity affiliated with or representing a bidder/proposer/protestor, is strictly prohibited from the date of the advertisement, or on a date otherwise established by the board of county commissioners, until either an award is final, or the competitive selection process is otherwise concluded. Any lobbying activities in violation of this section by or on behalf of a bidder/proposer shall result in the disqualification or rejection of the proposal, quotation, statement of qualification, bid or contract, and may lead to suspension or debarment of the bidder or proposer as provided in Pinellas County Code, subsection 2-161(8)b.

For purposes of this provision, lobbying shall mean influencing or attempting to influence action or non-action, and/or attempting to obtain the goodwill of persons specified herein relating to the selection, ranking, or contract award in connection with any request for proposal, request for quotation, request for qualification, bid or purchasing contract through direct or indirect oral or written communication. The final award of a purchasing contract shall be the effective date of the purchasing contract.

Any evaluation committee member, county government employee, elected/appointed official, or advisory board member who has been lobbied shall immediately report the lobbying activity to the director of purchasing.

TO:	The Honorable Chairman and Members of the Board of County Commissioners
FROM:	Joe Lauro, Purchasing Director Dennis Long, Chief Assistant County Attorney
THROUGH:	Robert LaSala, County Administrator
DISTRIBUTION:	Mark Woodard, Assistant County Administrator Jim Bennett, County Attorney
DATE:	October 29, 2013
SUBJECT:	Board of County Commissioner Approval of Firm Ranking Relating to Competitive Request for Proposal Processes

Historically, the Board of County Commissioners (Board) has approved the ranking of firms, and then authorized staff to negotiate a final contract requiring staff to return to the Board for final contract approval, as part of the competitive request for proposal process. Essentially, this practice requires two "visits" to the Board, one for firm ranking and one for final contract approval, with the attendant staff effort to process two different agenda items. This process extends the competitive RFP process. Each visit for Board consideration adds t a minimum three (3) weeks to an already protracted procurement process. County Code Section 2-177 which governs the competitive sealed proposals does not require Board ranking approval prior to negotiating a contract and seeking final Board contract award/approval. This procedure was initiated many years ago and has become an accepted step in the procurement process. When not performed, questions are raised as to why the firm ranking was not previously approved by the Board.

There appears to be very little value added by the BCC approved ranking process in most competitive procurements. Further, there is a disconnect between the ranking process and the procurement lobbying prohibition, in that firms that appear before the Board or senior management to argue that a different ranking should be approved would probably violate the anti-lobbying provisions. Finally, the protest process is always available to contest the ranking if a vendor is so inclined.

Therefore, we recommend changing this practice by having the staff ranking firms constitute the final ranking in accordance with the current ranking process, negotiate a final contract, then submit the final contract for Board approval, subject to the exceptions described herein. This approach eliminates the two step process and will expedite competitive RFP processes. Recommended exceptions to this approach include contracts related to the operation of the Waste to Energy plant and EMS Transport Services because of the funds involved and the community impacts.

We also recommend applying the same methodology to the Consultant Competitive Negotiation Act (CCNA) procurement processes. Currently, our Code, Sec 2-178(k), states that the Board shall approve the ranking of all firms. Therefore, providing this would not be inconsistent with state statute, modify the code to provide for the same ranking and approval process as competitive RFP's is the recommended approach.

Contract Administration Review Team (CART)

Recommendations for Improvement to the Contract Administration Process

October 29, 2013

Mission and Objectives of CART

1. To create a model and process for reviewing and improving the efficiency and effectiveness of contract administration processes, policies, procedures, issues and concerns.
2. Develop a cross organizational team with expertise in the development, initiation and implementation of contracts.
3. Establish a platform for reviewing all processes, procedures and policies pertaining to the contract administration process
4. Seek suggestions to revise, streamline and/or eliminate processes, procedures and policies which inhibit the capability to effectively and efficiently administer contracts.
5. Seek to maximize current technology and seek new or alternative technology which may assist in the administration process.
6. Develop a training process to assist departments and county organizations moving forward.

Scope of CART

- The cross functional team may review all functions, processes and policies pertaining to contract administration and make recommendations for improvement (Everything pertaining to the contract administration cycle – from the acquisition of funding to contract close out is open for discussion and review).

CART Team Sponsors

Executive Sponsors

- Jim Bennett – County Attorney
- Mark Woodard – Assistant County Administrator

Team Sponsors

- Dennis Long – Chief Assistant County Attorney
- Joe Lauro – Purchasing Director

Recommendation from CART Delegated Authority

Delegated Authority

1. With strategic planning and detailed budgeting processes in place, virtually every project program or activity is subject to policy oversight and consideration by the BCC before the contracting process begins.
2. To the extent that approval can be streamlined or eliminated the entire contract process will be more efficient
3. Two (2) options are presented for consideration:
4. **Option 1** eliminates any monetary cap on contracts that are within delegated authority (currently $250,000) except for certain contracts identified in the ordinance.
5. **Option 2** is a refinement of the current delegated authority ordinance not covered by the current version of the ordinance

Comparison of Delegated Authority Recommendation

Option 1

1. Delegated approval authority to the Administrator for receipt of revenue, payment of obligation, inter local agreements, intergovernmental agreements, leases, purchase orders and other binding agreements in excess of $250k.
2. All “specialty contracts” exceeding $250K shall require approval of the BCC. Specialty contracts are defined as all capital improvement contracts including construction, design, engineering, planning, project consultants and contracts initiated from an RFP process that require negotiated terms and written agreements.
3. Amendments to contracts or leases when the total amount does not exceed $250k or 10% of the contract total, whichever is less.
4. Contract close out for all contracts listed in 2-62
5. Grant applications

Option 2

1. Same as current except for:
2. Amendments to contracts or leases when the total amount does not exceed $250K or 10% of the contract total, whichever is less
3. Grant applications

Recommendation from CART Vendor Performance/Debarment

1. Another obstacle to efficient contract administration is the re-hiring or retention of firms that are not performing to standard.
2. CART recommends the revision of County Code pertaining to debarment to enable the Purchasing Director to suspend vendors for poor performance.
3. CART is also working on creating an automated process to evaluate firms to replace the manual process currently employed.

Recommendation from CART Contract Review Process

- The current contract review process hinders contract administration efficiency. Therefore, CART recommends the following changes to the process:

1. Approval of all bid, RFP and agreement boilerplates through a "master contract review process". Once approved do not require additional approval until material changes are made. (O-P-R-F-M-L-A)
2. Create a master contract form for purchasing contracts (POR) - all contracts **except** for capital improvements, software implementations, any contract that requires a custom written agreement or any contract provided by a contractor or vendor go through an abbreviated review process (Purchasing – originating department – Risk Management)
3. Create a master contract for non-purchasing contracts (ORL) with several exceptions as outlined in the proposed process

Recommendation from CART Competitive Selection Ranking

1. Historically the BCC has approved the ranking of firms and then authorizes staff to negotiate a final contract. This requires at least two appearances on BCC agendas (1- approval of ranking / 2 – contract approval)
2. This process is not contained in County Code – rather it is a process that was originated many years ago and has become a County custom and practice.
3. This process adds several weeks to the contract process.
4. The BCC approves almost all staff rankings – generally there does not appear to be significant benefit added by this process.
5. CART recommends staff rank firms, negotiate a final contract and present the final contract to the BCC for approval with certain exceptions explained in the supporting documentation.

Recommendation from CART Software Applications

- Seeking to improve the overall contract process, CART seeks to identify software applications that could/would house electronic versions of contracts that are searchable as well as provide an ongoing inventory and central repository of all County contracts (purchasing and non-purchasing).
- CART viewed two demonstrations of potential software products and is anticipating the use of Oracle Contract Repository as a solution.
- CART is coordinating with the Agenda Automation Project Team to facilitate compatibility of systems.

Other Revisions to Code

- While reviewing County code for CART recommendations, essential operational revisions to code were drafted and presented as follows:

1. Protest Revision – provide further clarity to current protest process.
2. Rejection of RFP/Bids – modify code to reflect long standing business process
3. Lobbying Revisions – add advisory board members to code.

Code Amendment vs. Procedural Change

Code Amendment

1. Modification to Delegated Authority
2. Suspension and Debarment Code
3. Protest Revision
4. Rejection of Bid/RFP
5. Lobbying Revisions

Procedural Change

1. Contract Review
2. BCC Approval of Firm Ranking
3. Software Application(s)

CART Members

1. Jim Bennett – Office of County Attorney
2. Mark Woodard – Office of County Administrator
3. Dennis Long – Office of County Attorney
4. Joe Lauro – Purchasing Department
5. Tim Burns - Health and Human Services
6. Ginny Holscher- Risk Management Department
7. Jorge Quintas – Department of Environment and Infrastructure
8. Jackie Trainer – Office of Management and Budget
9. Don Crowell – Office of County Attorney
10. Candy Mancuso – Purchasing Department
11. Miles Belknap – Office of County Attorney
12. David James – Business Technology Services
13. Paul Giuliani – Department of Environment and Infrastructure
14. Kelli Levy – Department of Environment and Infrastructure
15. Merry Celeste – Department of Environment and Infrastructure
16. Deb Bush – Department of Environment and Infrastructure
17. Ken Green – Clerk of Court - Internal Audit Division
18. Paula Gonya – Office of County Administrator
19. Jeff Noa – Department of Environment and Infrastructure – Airport Division
20. Steve Daniel – Real Estate Management Department

Work Session Date: October 29, 2013

Item No. : 3

Transit Referendum Initiative Discussion

No supporting documentation

Work Session Date: October 29, 2013

Item No. : 4

Discussion of Lobbyist Ordinance and Other Procedural Issues

No supporting documentation