

Board of County Commissioners

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Pinellas County Board of County Commissioners
315 Court Street, 5th Floor Assembly Room
Clearwater, Florida 33756
www.pinellascounty.org

Work Session

April 8, 2014

9:30 A.M.

AGENDA

1. [2014 Citizen Survey Results](#)
2. [Indigent Health Care](#)
3. [County Commission Miscellaneous](#) (Continued from the April 1, 2014 regular Board meeting)

Order of items is subject to change. All times are approximate. Break may be taken.

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Citizen's Comments Will Follow Presentation(s)

Any person wishing to speak regarding a work session topic must have a blue card completed and given to the agenda staff at the staff table. The Chair will call the speakers, one by one, to the podium to be heard. Each speaker may speak up to three minutes. Persons who have been authorized to represent a group of five or more individuals, who are present, should each complete blue cards and limit their presentation to 10 minutes.

Pinellas County Citizen Research:

Telephonic Study of Citizen Values

DATE: April 8, 2014

CLIENT: Pinellas County

CONTACT: Sarah Lindemuth



Research | Strategy | Marketing

Study Overview & Methodology

Task:	Survey Pinellas County citizens
Goal:	To measure citizen expectations and perceptions regarding key drivers for citizen quality of life, to determine strengths and opportunities for improvement
Use:	Collect the necessary data to facilitate evidence-based decision making
Methodology:	RDD—Random Digit Dial telephonic survey of 800 residents
Timing:	February 1 - February 17, 2014
Subsets of Citizen Study:	North (200), Mid (200), South (200) and Beaches (200)
Margin of Error:	+/- 3.5% at 95% confidence level
Demographic Thresholds:	Respondents met levels established to avoid weighting of data to unrepresentative base

Chart Notes

- In the aggregate, there were 800 total interviews—**200 from each of the four regions: North, Mid, South and Beaches.**
- When looking at results by region of residence (North/Mid/South/Beaches) **the base is 200 responses per region.**
- The methodology and execution of the telephonic study (time of day, day of week and RDD) resulted in the **representative sampling of Pinellas County residents.**
- The survey captured both **demographic and geographic characteristics** of respondents.
- Select charts have shaded cells; see the bottom of each page for notes indicating the **significance of the shaded information.**

Summary of Results

- The sample reflects data from the County's large base of **long-term residents** as well as its newer residents who tend to be **younger, have children and higher levels of income**.
- Strongest **ambassadors** for the County were those **age 65+**, those **new within the past 10 years**, those with **graduate education+** and households with **incomes of \$50k+**.
- **Recommendations of Pinellas County** as a place to retire, live, raise children and/or work increased (some significantly), **exceeding 2012 and 2013 levels**.
- **Perceptions of current quality of life** compared to five years ago **significantly improved** versus 2013, continuing an upward trend.
- More respondents indicated **optimism for future quality of life**.

Summary of Results (cont'd)

- Respondents indicate the county is **better aligning with expectation** on a majority of community characteristics.
- **Gaps in expectation continue** particularly with regard to transportation and economic factors.
- Reported Trust and confidence in Pinellas County government **significantly exceeds trust and confidence levels reported** in the National Gallup Poll.
- Consistent with 2012 and 2013, few respondents indicated **plans to move away** from Pinellas within the next year.

Demographics 2014

			Region of Residence				Length of Residency		
Gender	Aggregate	Census	North	Mid County	Beach	South	<10 Yr	10-14 Yr	15+ Yr
Male	52.5%	47.3%	41.9%	55.2%	64.9%	56.4%	60.9%	58.0%	48.2%
Female	47.5%	52.7%	58.1%	44.8%	35.1%	43.6%	39.1%	42.0%	51.8%

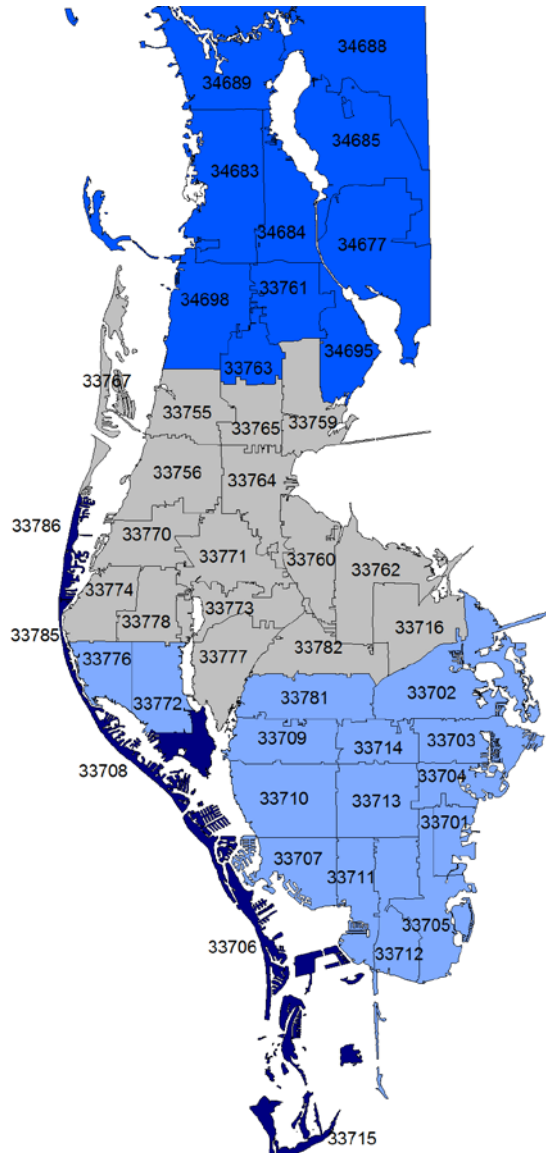
Age	Aggregate	Census	North	Mid County	Beach	South	<10 Yr	10-14 Yr	15+ Yr
18-39	25.2%	29.0%	20.2%	27.5%	31.7%	26.2%	49.7%	18.5%	16.7%
40-64	55.4%	45.3%	59.3%	45.3%	45.9%	60.7%	43.2%	63.0%	58.8%
65+	19.5%	25.7%	20.5%	27.2%	22.4%	13.1%	7.1%	18.5%	24.5%

Children in HHLD	Aggregate	Census	North	Mid County	Beach	South	<10 Yr	10-14 Yr	15+ Yr
Yes	38.3%	19.9%	39.3%	31.3%	30.6%	43.2%	65.1%	40.0%	27.5%
No	61.7%	80.1%	60.7%	68.7%	69.4%	56.8%	34.9%	60.0%	72.5%

Race/Ethnicity	Aggregate	Census	North	Mid County	Beach	South	<10 Yr	10-14 Yr	15+ Yr
White/Caucasian	81.9%	82.1%	74.4%	88.6%	87.1%	81.7%	84.6%	84.5%	80.3%
Black/African American	8.8%	10.3%	5.2%	6.8%	4.3%	13.2%	3.8%	8.8%	10.8%
Other	9.3%	7.6%	20.3%	4.6%	8.6%	5.1%	11.6%	6.7%	8.8%

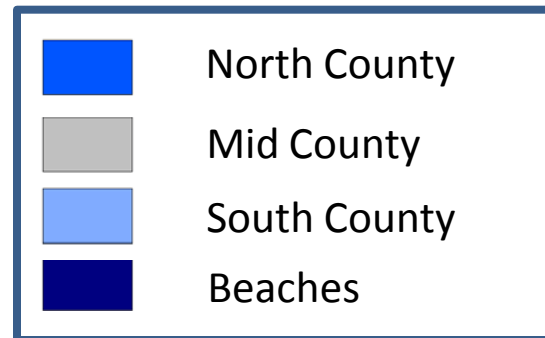
Household Income	Aggregate	Census	North	Mid County	Beach	South	<10 Yr	10-14 Yr	15+ Yr
Under \$25,000	4.5%	25.8%	4.9%	4.1%	2.2%	4.7%	2.7%	8.6%	4.7%
\$25,000 - \$49,000	14.6%	27.9%	15.0%	15.8%	21.3%	12.9%	8.0%	21.1%	17.7%
\$50,000 - \$74,000	25.7%	18.7%	28.2%	23.1%	30.1%	25.5%	35.6%	16.5%	21.0%
\$75,000 - \$99,000	24.8%	10.9%	21.8%	24.7%	19.6%	27.3%	31.2%	20.7%	21.4%
\$100,000 - \$149,000	20.3%	9.9%	15.6%	27.8%	22.5%	17.6%	17.7%	17.3%	22.7%
\$150,000+	10.1%	6.9%	14.5%	4.5%	4.3%	12.0%	4.7%	15.9%	12.4%

Map of Regional Breakdowns



Approximate 2010 Census populations by regions of study:

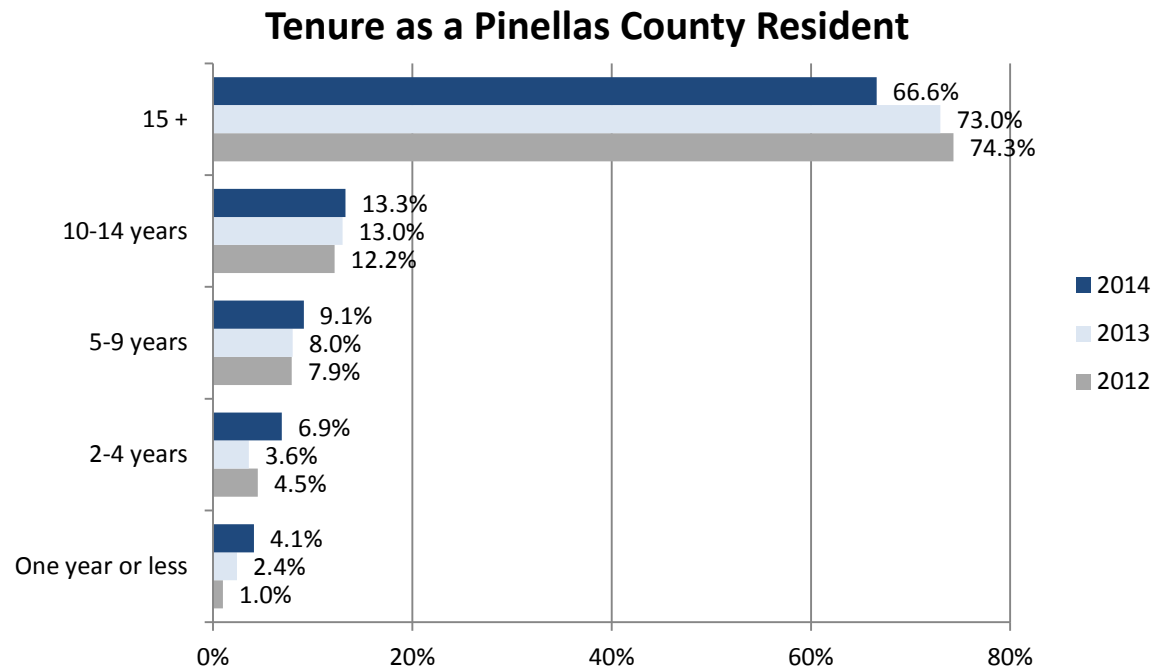
Beach	45,957
Mid	301,535
North	253,407
South	360,079



Residency in Pinellas County

- Strong base of tenured residents—nearly 4 in 5 (79.9%) in the County for 10+ years.
- Increase in “new” residents, with 11.0% having resided for four or less years.

How long have you lived within Pinellas County?



Residency in Pinellas County

- A majority of respondents (79.9%) are long-term Pinellas County residents, having resided within the County for 10+ years.
- Variations in tenure existed by age, location, presence of children, education level and household income.

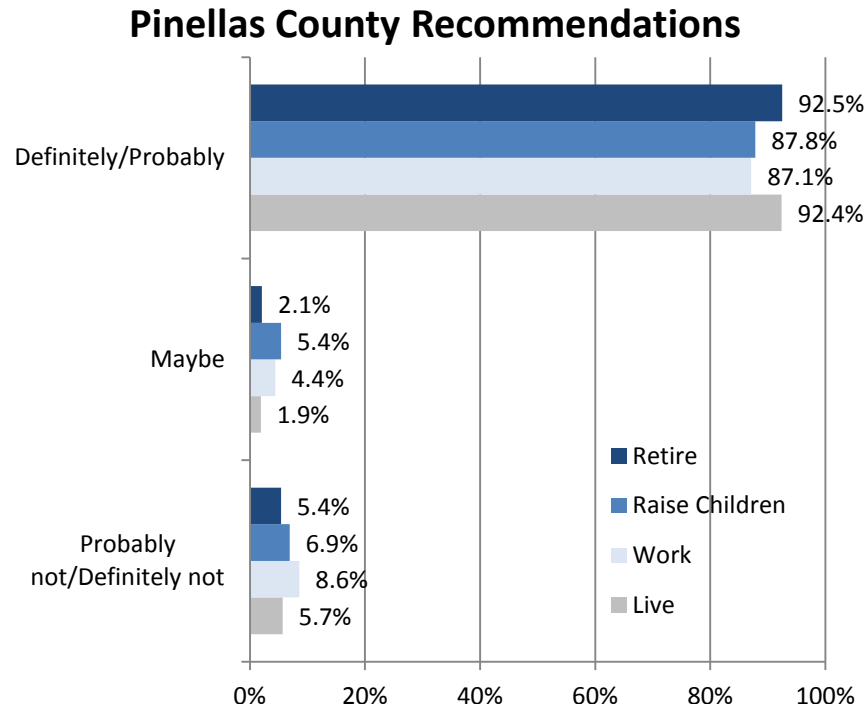
Noted Demographic Differences by Tenure



Recommendation of Pinellas

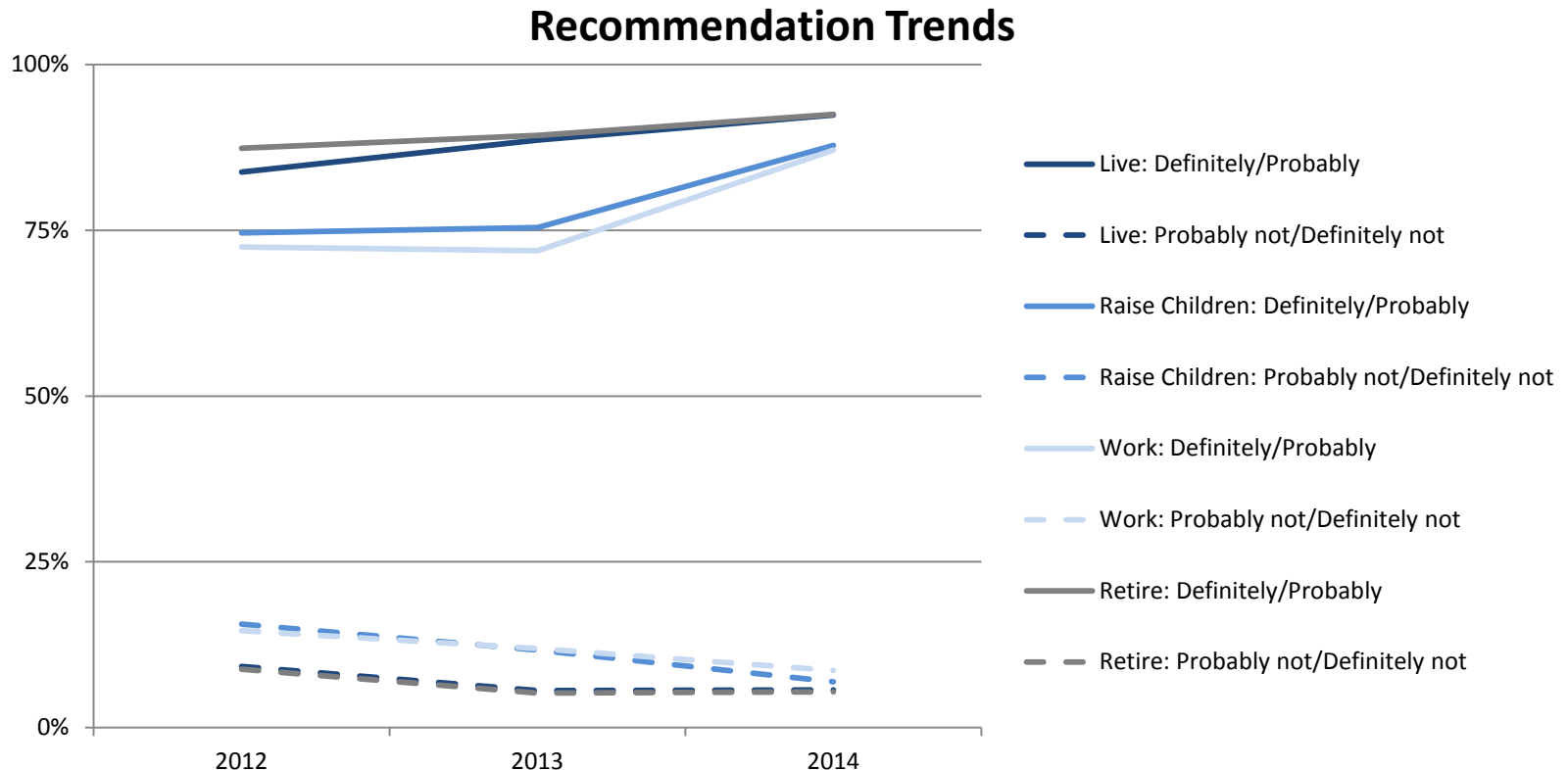
- Strong recommendation ratings for living, working, raising children and retiring in Pinellas County.
 - 9 in 10 would recommend Pinellas to *live* and to *retire*.
 - Close to 9 in 10 recommend Pinellas to *work* and to *raise children*.

***Would you recommend
Pinellas County as a place
to...retire...live...raise
children...work?***

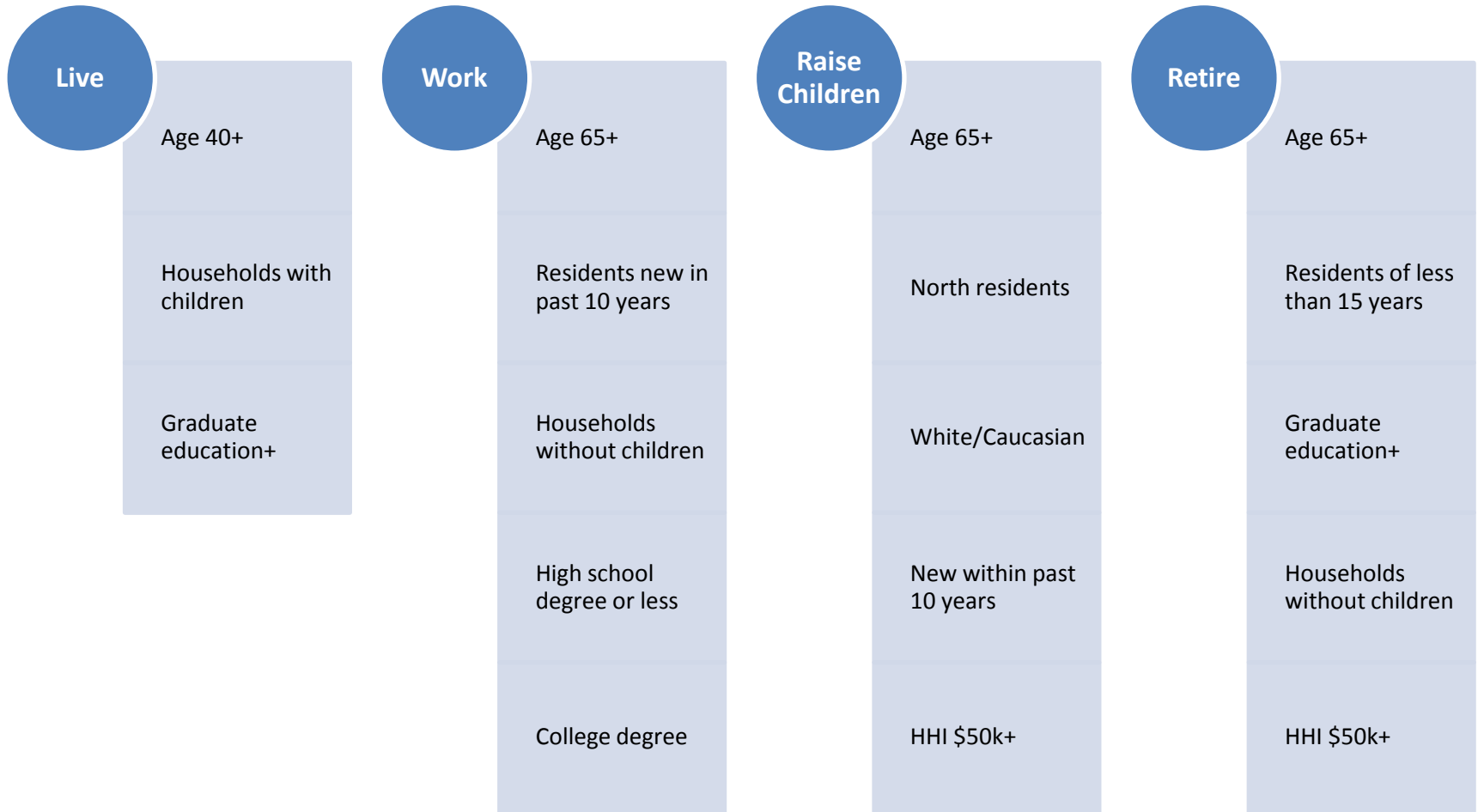


Citizen Recommendation Trends

- Citizens indicate increasingly positive sentiment towards Pinellas County.
 - General increasing trend in would “definitely/probably” recommend



Advocates of Life in Pinellas County

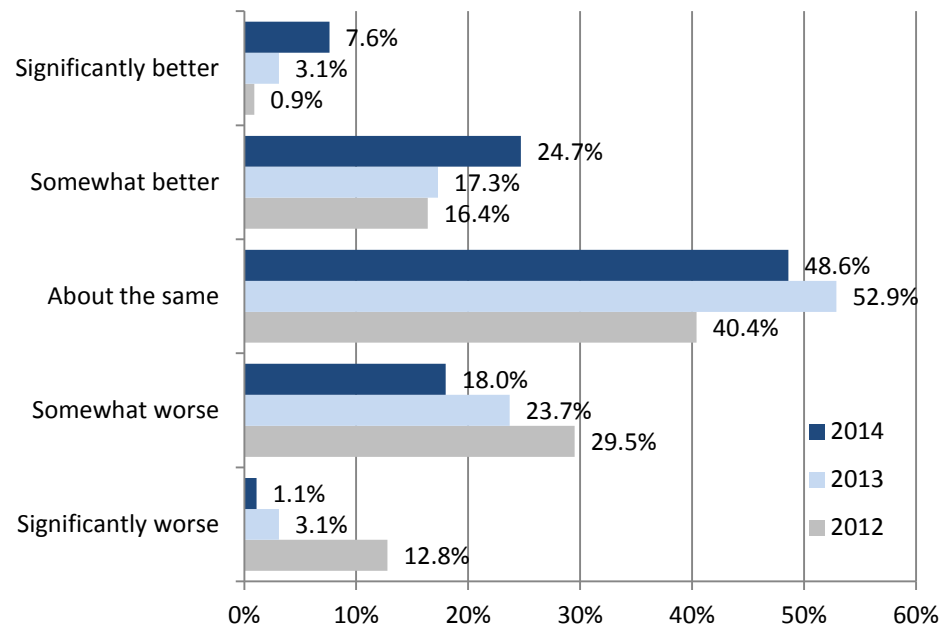


Quality of Life in Pinellas

- Quality of life reports have improved with each year. At present:
 - 32.3% note quality of life at present being significantly to somewhat better
 - 48.6% indicate quality of life being about the same
 - 19.1% note quality of life being significantly to somewhat worse

Quality of Life Ratings from Aggregate Respondents

Compared to five years ago, has the quality of life in Pinellas County changed? Is it getting significantly better, somewhat better, about the same, somewhat worse or significantly worse?

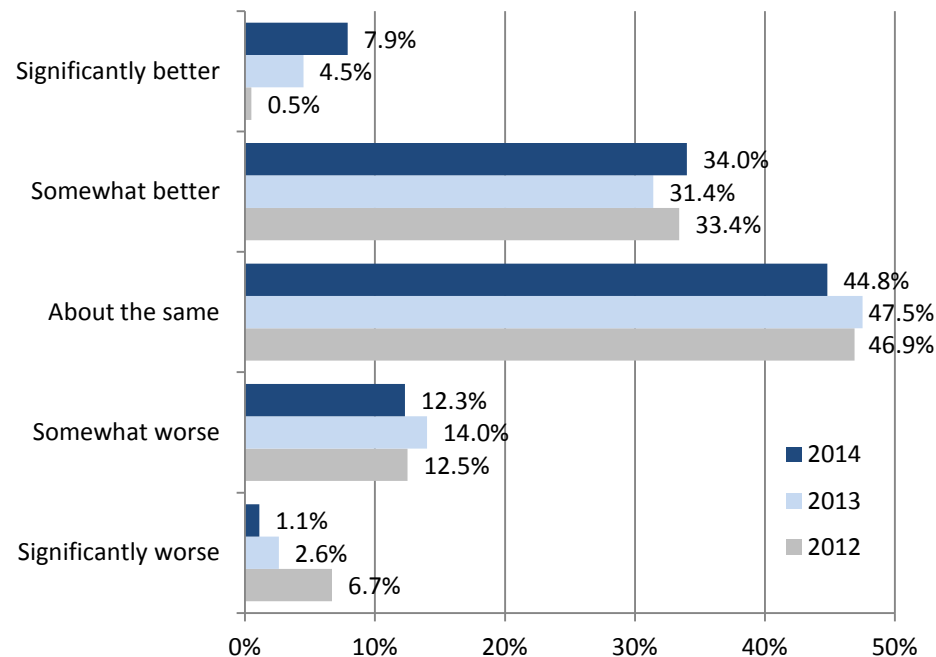


Future Quality of Life in Pinellas

- More citizens indicated optimism, when asked to project their quality of life five years from now:
 - 41.9% project quality of life to be significantly to somewhat better
 - 44.8% project quality of life to be about the same
 - 13.4% project quality of life to be significantly to somewhat worse

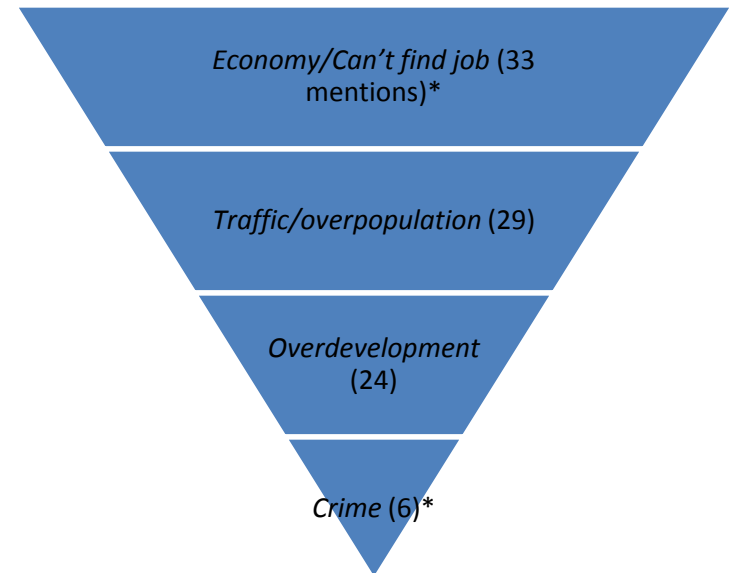
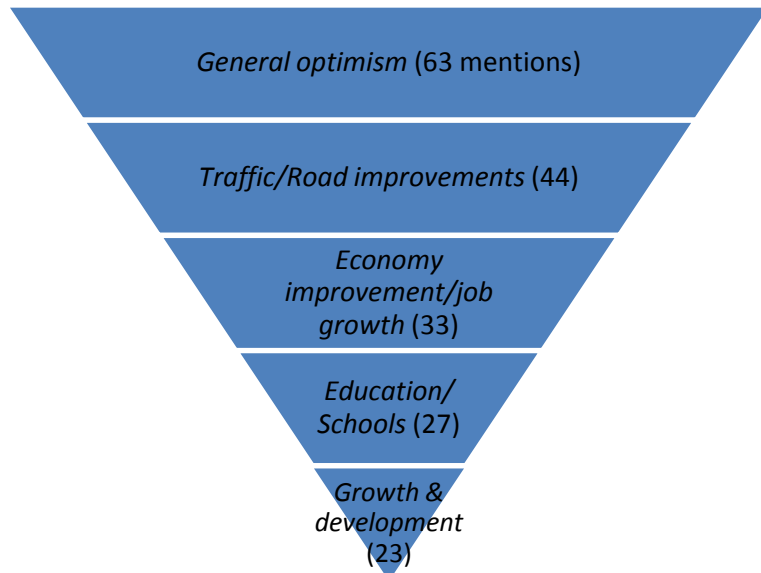
Future Quality of Life Ratings from Aggregate Respondents

Do you think that the quality of life in Pinellas County five years from now will be significantly better, somewhat better, about the same, somewhat worse or significantly worse?



Comments: Quality of Life in Pinellas

- Top open-ended comments by those who said the quality of life is *better*.
 - All comments were noted with greater frequency than in 2013:
- Top open-ended comments by those who said the quality of life is *worse*:

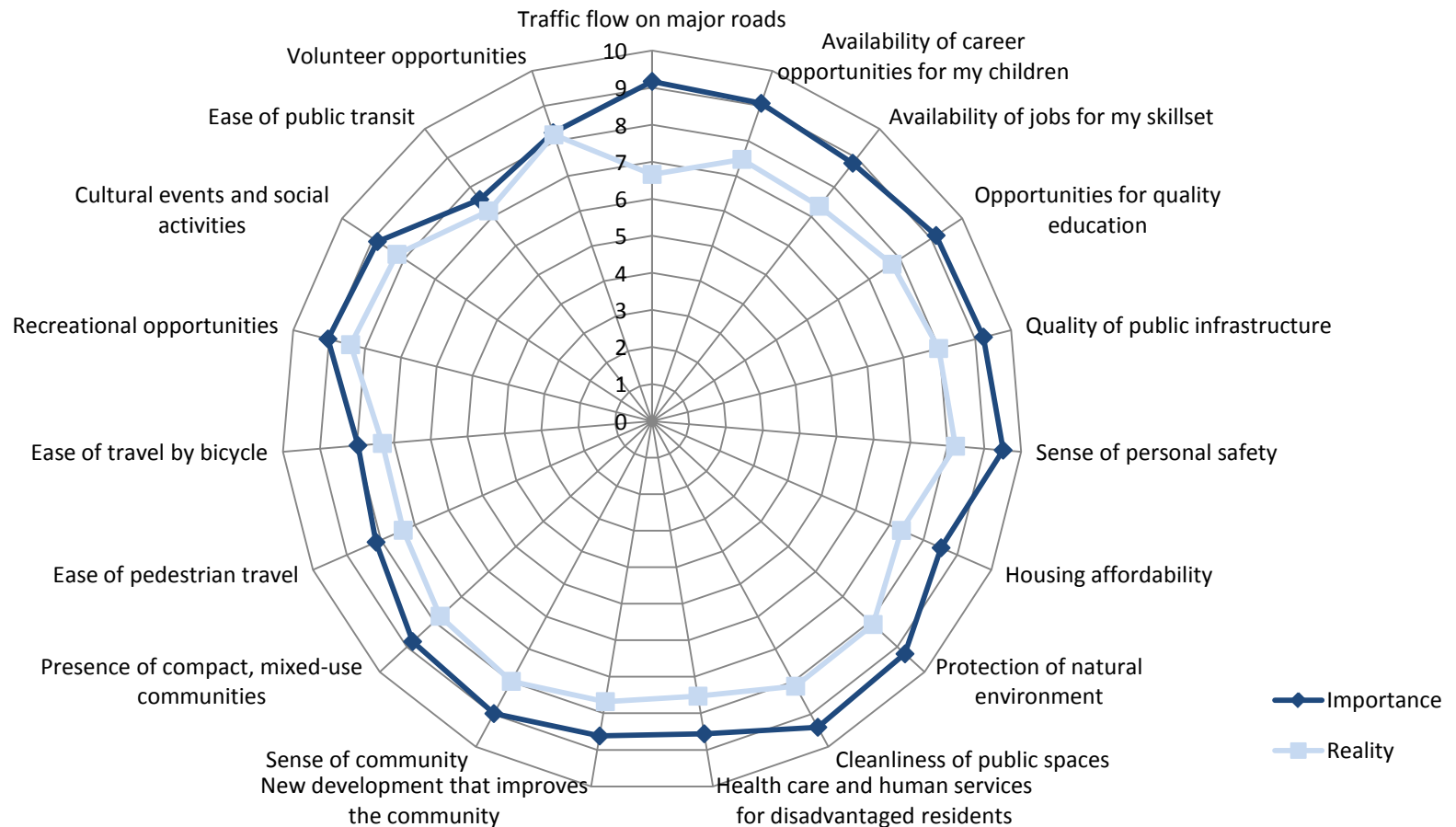


**Mentioned by notably fewer respondents than in 2013*

Community Characteristics

*How important is it to you personally, that your community possesses the following characteristics?
In your personal experience, are these characteristics true of Pinellas County? (Avg. ratings on 10-point scale shown)*

Perceived Alignment of County Characteristics with Respondent Expectation



Community Characteristics: Aggregate

- The relationship between reported “importance” and “reality” continued to improve for nearly every category.
- New items—*Availability of jobs for my skillset* and *availability of career opportunities for my children*—were indicated as weakly aligning with expectation.
- Despite incremental improvement in individual transportation topics, the big picture topic of traffic flow indicates that congestion continues to be a challenge to resident experience.

	Importance			Reality			Ratio		
	2014	2013	2012	2014	2013	2012	2014	2013	2012
Volunteer opportunities	8.23	7.76	8.26	8.17	7.79	7.47	0.99	1.00	0.90
Ease of public transit	7.58	7.50	8.24	7.19	6.65	6.70	0.95	0.89	0.81
Recreational opportunities	9.03	8.59	8.55	8.40	8.01	7.72	0.93	0.93	0.90
Cultural events and social activities	8.86	8.09	8.35	8.23	7.68	7.56	0.93	0.95	0.91
Ease of travel by bicycle	7.97	7.63	8.11	7.31	6.75	6.57	0.92	0.88	0.81
Ease of pedestrian travel	8.14	7.98	8.32	7.34	6.79	6.59	0.90	0.85	0.79
New development that improves the community	8.62	-	-	7.68	-	-	0.89	-	-
Sense of community	8.98	8.36	8.52	7.99	7.39	7.08	0.89	0.88	0.83
Presence of compact, mixed-use communities	8.79	-	-	7.78	-	-	0.89	-	-
Health care and human services for disadvantaged residents	8.56	8.67	-	7.53	7.10	-	0.88	0.82	-
Protection of natural environment	9.28	8.95	8.74	8.11	7.53	7.39	0.87	0.84	0.85
Cleanliness of public spaces	9.40	9.19	9.02	8.14	7.76	7.58	0.87	0.84	0.84
Quality of public infrastructure	9.23	8.98	8.85	7.98	7.41	7.34	0.86	0.83	0.83
Sense of personal safety	9.51	9.39	9.23	8.22	7.67	7.45	0.86	0.82	0.81
Housing affordability	8.52	8.54	8.62	7.35	7.00	6.60	0.86	0.82	0.77
Opportunities for quality education	9.16	9.04	9.09	7.74	7.29	6.90	0.85	0.81	0.76
Availability of jobs for my skillset	8.82	-	-	7.35	-	-	0.83	-	-
Availability of career opportunities for my children	9.07	-	-	7.47	-	-	0.82	-	-
Traffic flow on major roads	9.17	8.95	8.88	6.66	6.26	6.17	0.73	0.70	0.69

Note: Numbers bolded reflect top 5 characteristics for average importance and reality ratings. Blue cells represent characteristics for which County best aligns with expectation and grey represents characteristics for weakest alignment.

Community Characteristics: Region

- Similarities by region in perceived alignment with expectation:
 - Strongest alignment: *Volunteer opportunities and recreational opportunities*
 - Weakest alignment: *Traffic flow on major roads, availability of career opportunities for my children, and availability of jobs for my skillset*
- South County residents were prone to report weaker alignment than the other geographic regions.
 - Most notable differences by region: *ease of public transit* and *ease of pedestrian travel*.

Alignment of Importance & Reality of Community Characteristics by Region

	Beach	Mid County	North	South
Volunteer opportunities	0.99	0.99	1.02	0.97
Ease of public transit	0.97	0.98	0.94	0.91
Ease of travel by bicycle	0.92	0.92	0.93	0.90
Recreational opportunities	0.92	0.94	0.94	0.92
Cultural events and social activities	0.92	0.93	0.95	0.92
Ease of pedestrian travel	0.90	0.91	0.92	0.87
Protection of natural environment	0.89	0.86	0.87	0.87
New development guided by responsible planning	0.89	0.86	0.91	0.91
Sense of community	0.89	0.89	0.90	0.88
Health care and human services for disadvantaged residents	0.89	0.89	0.88	0.87
Sense of personal safety	0.87	0.85	0.87	0.87
Presence of compact, mixed-use communities	0.87	0.88	0.92	0.87
Quality of public infrastructure	0.86	0.86	0.87	0.87
Cleanliness of public spaces	0.86	0.87	0.86	0.87
Housing affordability	0.86	0.86	0.86	0.87
Opportunities for quality education	0.86	0.84	0.85	0.84
Availability of jobs for my skillset	0.84	0.81	0.85	0.84
Availability of career opportunities for my children	0.83	0.81	0.82	0.83
Traffic flow on major roads	0.72	0.73	0.71	0.75

Note: Ratios in bold reflect top 5 characteristics for average importance. Blue cells represent characteristics for which County best aligns with expectation and grey represents characteristics for weakest alignment.

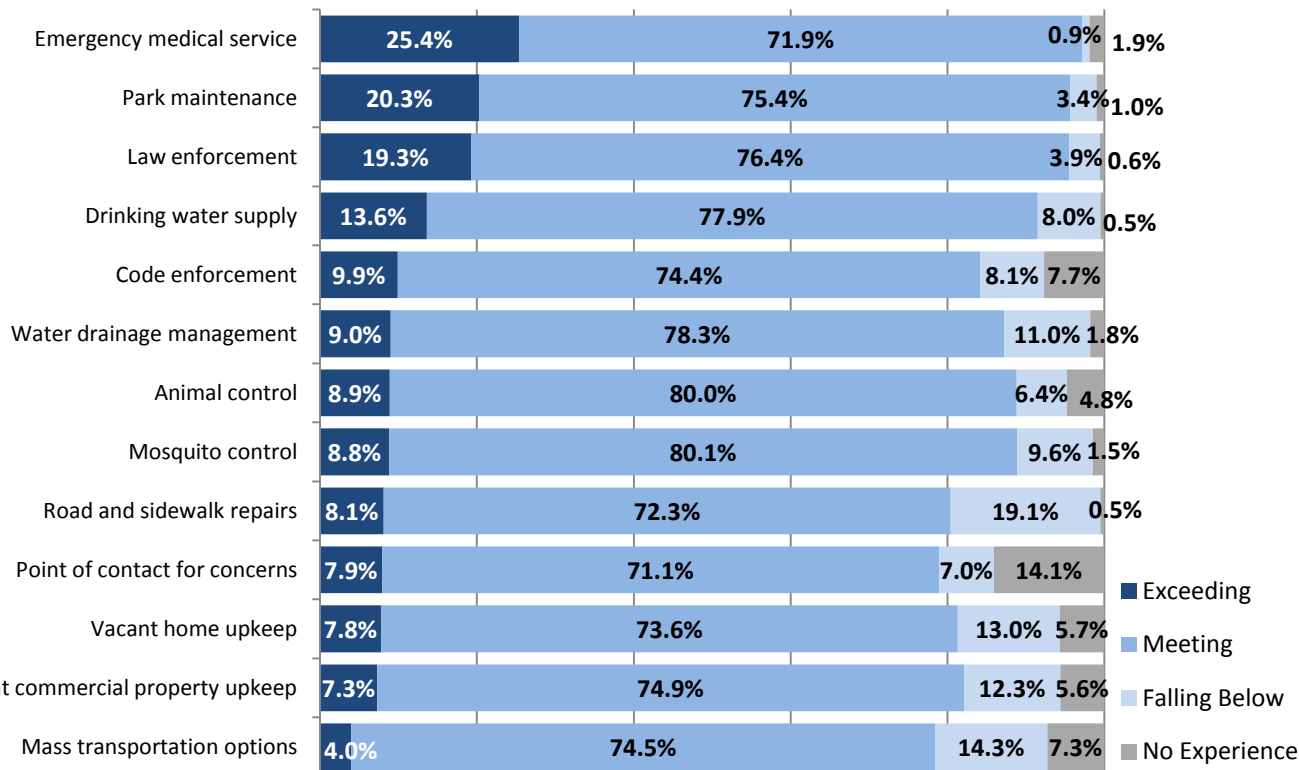
Expectation

- Expectations for county services met/exceeded for 4 in 5 respondents.

In your personal experience, is Pinellas County exceeding, meeting, or falling below your expectations for the following?

- Top areas exceeding expectation:
 - Emergency medical service
 - Park maintenance
 - Law enforcement
 - Drinking water supply
- Top areas falling below expectation:
 - Road and sidewalk repairs
 - Mass transportation options
 - Vacant home upkeep
 - Vacant commercial property upkeep

Citizen Expectation Ratings



Expectations by Incorporation

- Few statistical differences exist between responses by incorporated and unincorporated residents:
 - Water drainage management
 - Points of contact for concerns

In your personal experience, is Pinellas County exceeding, meeting, or falling below your expectations for the following?

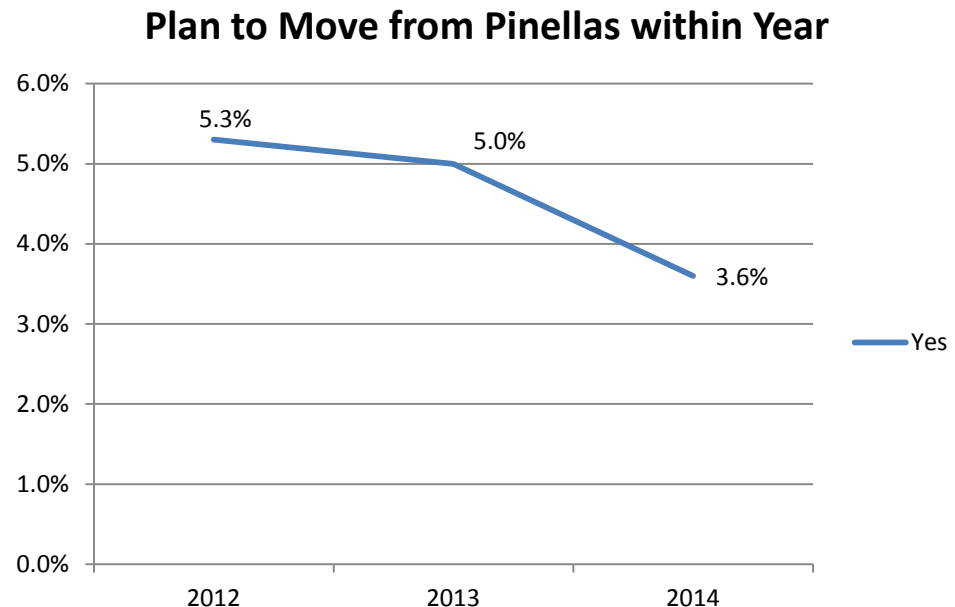
	Unincorporated				Incorporated			
	Exceeding	Meeting	Falling below	No Experience/DK	Exceeding	Meeting	Falling below	No Experience/DK
Emergency medical service	22.8%	73.8%	0.8%	2.7%	26.6%	70.9%	0.9%	1.5%
Park maintenance	17.9%	78.3%	2.7%	1.1%	21.4%	73.9%	3.7%	0.9%
Law enforcement	17.5%	79.1%	3.0%	0.4%	20.1%	75.0%	4.3%	0.6%
Drinking water supply	11.0%	81.7%	6.5%	0.8%	14.9%	76.0%	8.8%	0.4%
Code enforcement	9.9%	75.3%	7.6%	7.2%	9.9%	73.9%	8.4%	7.8%
Animal control	8.0%	82.5%	4.9%	4.6%	9.3%	78.8%	7.1%	4.8%
Water drainage management	7.2%	82.5%	8.7%	1.5%	9.9%	76.2%	12.1%	1.9%
Mosquito control	6.5%	80.6%	11.4%	1.5%	9.9%	79.9%	8.8%	1.5%
Vacant home upkeep	6.1%	76.0%	11.8%	6.1%	8.6%	72.4%	13.6%	5.4%
Road and sidewalk repairs	5.7%	76.0%	17.5%	0.8%	9.3%	70.4%	19.9%	0.4%
Vacant commercial property upkeep	5.7%	78.3%	11.4%	4.6%	8.0%	73.2%	12.7%	6.1%
Point of contact for concerns	3.8%	78.7%	8.0%	9.5%	9.9%	67.4%	6.5%	16.2%
Mass transportation options	2.3%	76.8%	14.8%	6.1%	4.8%	73.4%	14.0%	7.8%

Note: Highlighted cells reflect statistical significance between unincorporated and incorporated respondents

Plans to Move

- Few (3.6%) indicated plans to move away from the county within the next year.
- Select demographic subsets indicated a statistically stronger plan to move:
 - Residents under age 40
 - Residents of less than 10 years
 - Households with children

Do you have plans to move away from Pinellas County within the next year?

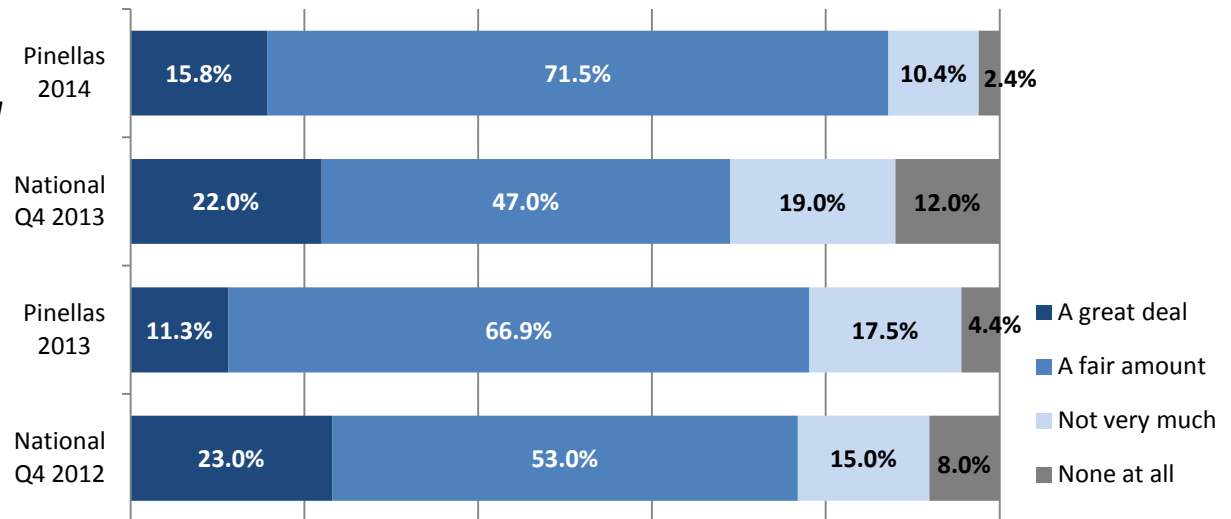


Trust & Confidence

- More than 4 in 5 (87.3%) reported having a *great deal* to a *fair amount* of trust and confidence in Pinellas County government's handling of County issues.
 - Significantly fewer (69.0%) respondents to the September 2013 National Gallup Poll indicated fair to great confidence in their local governments.
- Pinellas County trust and confidence ratings significantly increased between 2013 and 2014 (78.2% to 87.3%), while national Gallup decreased (76.0% to 69.0%).

Trust & Confidence in Pinellas County Government

How much trust and confidence do you have in Pinellas County government when it comes to handling County issues?



National Source: Q4 2013 National Gallup Poll data

Findings: Trends

- *Commitment from the 18-39 age range is improving, although stability with this group remains a challenge.*
- *Residents of select regions continue to have a positive experience as a Pinellas resident while others are less apt to promote their experience.*
- *Responses exude more optimism than in prior studies for future quality of life.*
- *Citizens continue to challenge the county on the topics of economy, transportation and natural environment.*
- *The increase in trust and confidence in local government reported by the respondents is encouraging.*

Findings: Summary Observations

- *Various metrics within the study suggest high satisfaction with the experience of being a Pinellas County resident.*
- *Minimal reports of dissatisfaction combined with a low percentage of residents planning to move away from the county suggest a strong sense of stability among residents.*
- *Respondents indicate current community experiences aligning with expectation.*
- *New community characteristics incorporated into the survey reveal job-related challenges to citizen experience.*
- *Reaction to select transportation topics suggests congestion remains a detractor to overall resident experience.*
- *Trust and Confidence in Pinellas County Government is increasing, performing inversely to National data.*

**This report was created by HCP for the Pinellas
County Communications Department.**

If you have any questions regarding the study,
feel free to contact us at **813-318-0565** or submit
your question through our contact form at
www.hcpassociates.com/contact.





MEMORANDUM

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

THRU: Robert S. LaSala, County Administrator

FROM: Gwendolyn C. Warren, Executive Director, Health and Community Services

SUBJECT: Board of County Commission Work Session – Indigent Health Care

DATE: April 8, 2014

In keeping with the Board's overall strategic vision of improving the quality of life for all residents, the Department of Health and Community Services strives to address the critical needs of citizens that often act as barriers to stability and create significant demand and cost for Pinellas County and our stakeholders across systems.

Access to medical care is essential to healthy and stable communities. Many preventable conditions, when left untreated, emerge as higher cost, serious illnesses that leave an individual's health in jeopardy and the community's resources strained. Further exacerbated by homelessness, many individuals struggle to obtain the access needed to maintain their health and/or the health of their family members.

In 2013, the ***Council on Homelessness*** Report outlined that families with children are the fastest growing homeless population, making up **18%** of the homeless numbers. An additional **5%** of the homeless are listed as homeless youth without family. Echoing these trends, during the 2011-2012 school year, Florida public schools identified **63,685** students as being homeless statewide. Additionally, a recent review of the Pinellas County Health Care Program demonstrated a significant homeless population in the program, making up **45%** of the total program clients and highlighting system need.

Furthering health access to these populations is an important step for expanding care; however, the lack of community level access points can often continue to constrain service availability. The Department of Health and Community Services has outlined strategies to help close the service gaps that exist within our community while working to control for the fiscal impacts associated with needed service levels.

To help outline the strategies necessary to address the needs of our citizens, please find the following resources and information included for your reference.

Workshop Documents for Reference:

1. History of the Indigent Healthcare Program PowerPoint
2. Bayside Health Campus Update PowerPoint
3. Bayside Health Campus Report
 - a. **Attachment A:** Bayside Clinic Stakeholder Agreements

- i. Bayside Health Campus Memorandum of Understanding signed by Florida Department of Health in Pinellas (2014)
 - ii. Bayside Health Campus Memorandum of Understanding signed by Juvenile Welfare Board (2014)
 - iii. Bayside Health Campus Memorandum of Understanding signed by Homeless Emergency Project (2014)
 - iv. Bayside Health Campus Memorandum of Understanding signed by Boley Centers (2014)
 - v. Bayside Health Campus Memorandum of Understanding signed by Suncoast Center, Inc. (2014)
 - vi. Memorandum of Understanding signed by Baycare Health System, Inc. outlining operational support for Bayside Health Campus. (2014)
 - vii. Bayside Health Campus Participation Letter from All Children's Hospital (2013)
 - viii. Bayside Health Campus Participation Letter from Baycare Health System, Inc. (2012)
 - ix. Board Agenda Item Medicaid BuyBack Program/Low Income Pool Grant Fund outlining operational support for the Bayside Health Campus (2012)
 - b. **Attachments B, C, & D:** Bayside Conceptual and Design Build Documents
 - i. **Attachment B:** Bayside Health Campus Conceptual Floor Plan (2013)
 - ii. **Attachment C:** Bayside Health Campus Phase I Timeline and Activities by Creative Contractors (2014)
 - iii. **Attachment D:** Bayside Health Campus Detailed List of Estimated Expenditures (2012)
4. Additional Reference Documents Providing Historical Information
- a. List and Copies of Healthcare Redesign Documents to County Administration and Board of County Commission

Pinellas County Health Program Accomplishments (FY11-FY13)

- ✓ Significantly decreased per client costs from **\$5,927 in 2008** to **\$1,442 in 2012**, thus creating efficiencies that **tripled service delivery** while maintaining program costs
- ✓ Utilized efficiencies, partnerships, and leveraged resources to create an integrated health care system that aligned with national best practices in health care
 - Includes Behavioral Health, Health Education, and Dental Care
- ✓ Phase one of the Health Care Delivery System Redesign has resulted in a consolidation of contracted services for the Pinellas County Health Program. Initial **9 month** savings from the streamlining of services totals **\$738,353**.
- ✓ Successfully leveraged resources with hospitals to support the Pinellas County Health Program Trust Fund
- ✓ Improved efficiencies and client services through integrated technology
- ✓ Funded the *Florida Department of Health in Pinellas County's* Community Health Outreach Program to target at-risk clients who miss medical appointments
- ✓ Subsequent to successful lobbying by Department Business Services staff, new State legislation was **enacted** that creates a seven-year transition period to move counties towards Medicaid payments that are based on their respective percentage of Medicaid **beneficiaries** – dramatically reducing Pinellas County's **Medicaid program costs**. Projected savings are approximately **\$40 million**.
- ✓ Developed and Successfully Managed the Navigator Program
 - Increased access to health insurance through the Healthcare Marketplace for more than **26,000** Pinellas County residents
- ✓ Received a **\$5 million** Capital Improvement Grant to construct the Bayside Health Campus to expand access to care **for homeless families and individuals**
- ✓ Voted the best Disability Advocacy Program in the State of Florida, the Department has a nearly **100% success rate** of winning disability cases for clients and has helped nearly **5,000** clients receive Medicaid, Medicare, and/or Social Security Income

Pinellas County Health Program Goals (FY13-FY14)

330(e) Federally Qualified Health Center Designation

Expanding the County's Federally Qualified Health Center designation can provide access to primary and preventive health care for the approximate **200,000** County residents who are currently uninsured or underinsured, offset the cost of care, and reduce unnecessary Emergency Room usage and hospitalizations.

Expand Access to Wrap-Around Services for PCHP Clients


Promoting the best practices of an Integrated Healthcare Model, it is essential to continue to leverage partnerships and resources to assist PCHP clients, **45%** of whom are homeless, to access wraparound services, including: affordable housing, behavioral healthcare, job training, and more.



MEMORANDUM

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

THRU: Robert S. LaSala, County Administrator

FROM: Gwendolyn C. Warren, Executive Director, Health and Community Services 

SUBJECT: Response to Commissioner Long's Questions Regarding Expansion of Pinellas County's Federally Qualified Health Center Status

DATE: April 7, 2014

The following answers are prepared in response to Commissioner Long's request at the April 1, 2014 Board of County Commissioners meeting for a discussion on the expansion of Pinellas County's Federally Qualified Health Center Status. The questions were originally posed in a Memorandum to the County Administrator and the County Commission on June 28, 2013.

1. What impact will the potential expansion have on staff time in the Health and Human Services Department?

If Pinellas County is able to acquire a 330(e) designation, there will be some initial start-up time involved and monitoring and reporting, but we do not anticipate the need for additional staff. Receiving the 330(e) designation simply allows the Pinellas County Health Program Medical Homes to treat and bill Medicaid for Medicaid patients at a rate *higher* than what the state typically reimburses. The higher reimbursement is recognition of the additional staff costs associated with running an effective medical home program. The Pinellas County Medical Homes that are operated in partnership with the Florida Department of Health in Pinellas County are currently serving as medical homes but are not eligible to receive the higher reimbursement available to medical homes with a 330(e) designation.

2. Will this take people away from their other priorities or will it add to the already high stress levels of staff?

As part of the Department of Health and Community Services reorganization, staff resources were committed to a new Division of Strategic Planning and Contracts. This Division includes grants and is responsible for monitoring and reporting grant compliance. The clinical portion of service delivery will continue to be rendered by our partner, the Florida Department of Health

Pinellas County. Consequently, obtaining the 330(e) designation will not significantly impact staff.

3. Will new hires be needed and at what cost?

No, see answer to Question 1.

4. Has the expansion of the federally qualified status specifically been discussed with the Commission separate from a discussion about the grant for the capital cost of building the clinic?

Yes, numerous times. Please refer to attachments to Indigent Care Workshop Agenda (April 8, 2014).

5. Would a board be needed to oversee the health center?

Both 330(h) and 330(e) grantees are required to have advisory boards (entities) whose membership is comprised of a majority of clients of the center. The Mobile Medical Unit has had an advisory board comprised of homeless clients since its inception. This group can become the Bayside advisory body and be expanded to include the service providers.

For the 330(e) grant, a separate advisory body would be necessary because the patient population is not necessarily homeless. As with the Bayside Health Campus, the majority of the advisory body would have to be clients of the medical home and could also include the service providers at the medical home.

6. If the population will be better served by more access, why would we not just make it easier for the existing provider to expand?

There is substantial need in Pinellas County for increased access to care for our low-income residents. According to a report by Executive Resources, LLC commissioned by Pinellas County in 2010, it was estimated that Community Health Centers was serving only 13% of the total Pinellas County low-income population. As the data used for that calculation was 2007 figures, Pinellas County has re-commissioned Executive Resources to assess the current landscape and make recommendations based on their findings.

7. Has the county considered building the space and then putting out an RFP to the various providers to see who would like to operate out of it and provide services? And what would that cost?

The 330(e) designation will be for our currently operating medical homes done in partnership with the Florida Department of Health Pinellas County in their current space which is owned by Pinellas County. There is no capital outlay associated with the 330(e) request.

The Bayside Health Campus site construction is funded through a \$5 million Health Resources and Services Administration grant and will be operated as a 330(h) clinic for homeless individuals and families. A critical element to developing the new health care delivery system was the creation of a Health Care Collaborative comprised of multiple medical and social service agencies. The Department of Health and Community Services contacted potential service partners in November 2011 to inform them about the grant opportunity, discuss the integrated one-stop model, and requested a written support statement regarding the grant application. In total, 24 agencies – including local municipalities, medical and dental providers, behavioral health and substance abuse treatment providers, hospital representatives, homeless advocates, children's services, and housing providers – provided letters of support agreeing to provide services at the center at no cost to the County. As part of the planning process for the grant, the Department of Health and Community Services regularly met with partnering agencies to discuss the new health center and integrated care model. Upon being awarded the grant in May, the Department met with the partnering agencies to inform them of the grant award and discuss the center's mission, purpose and services to be provided post construction.

8. How will the county secure the designation without the support of the Community Health Centers of Pinellas since the federal government typically does not designate more than one center per area?

The federal government typically designates FQHCs based upon the unmet need of the area's population. Within Pinellas, there is a significant unmet need with current low income population penetration of 13%. Conversely, residents of Manatee County are currently being served by four different FQHCs with low income penetration of 46.6%. Penetration is as high as 74% in some areas of Manatee County. Additionally, Palm Beach County has two FQHCs serving up to 44% of the low income population in some areas. The County will demonstrate the need for additional primary care services to the indigent population, perform a patient origin study of the residence of its unduplicated patient users, make attempts to collaborate with Community Health Centers, and demonstrate that having another FQHC in the County will not negatively impact the utilization and financial and operational viability of the Community Health Centers.

9. It appears from the material received in my department briefings that Pinellas County is already spending approximately \$24 million dollars on health care between the Pinellas County Health Program and the mobile health unit. Will this plan save us money or increase the county's financial obligations?

Obtaining a 330(e) designation will enable the County to reduce spending from the County General Fund as we will receive a higher rate of reimbursement than is typically received from the state for treating Medicaid patients. This higher rate of reimbursement will offset, to a certain extent, the cost to the General Fund for our care of those residents in the Pinellas County Health Program without insurance coverage.



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

THRU: Robert LaSala, County Administrator

FROM: Gwendolyn Warren, Executive Director, Health and Community Services *GW*

SUBJECT: Pinellas County Navigator Project Update

DATE: April 7, 2014

Per your request on March 24, 2014, this memo provides an update on the Health and Community Services Department's effort to assist 16,875 Pinellas County residents into the Affordable Care Act Health Marketplace. Additionally, this memo clarifies the nature of savings projected as a dollar amount that was determined during the Board's discussion on the grant.

Background

On September 5, 2013, the Board of County Commissioners approved the Department of Health and Community Services' application to the **Centers for Medicare & Medicaid Services (CMS)** for a \$600,000 Cooperative Agreement/Navigator Grant to assist **16,875** Pinellas County residents with assistance and enrollment into the Healthcare Marketplace under the Affordable Care Act. Support of the grant aligns with the Board's strategic plan for creating healthier communities because as uninsured residents are able to obtain health care insurance, costly uncompensated care through emergency room visits is reduced.

The grant was awarded on August 21, 2014. The funding is being used to pay for 15 Navigator positions, training and computer equipment for health exchange navigators, and marketing and outreach efforts to support the project. The Navigators provide County residents with information and education regarding the Federal Marketplace and new health insurance options, referrals when necessary, and assist residents in enrolling in a health plan through the Marketplace, or applying for Medicaid, or Children's Health Insurance Plan. The project targets uninsured individuals and families whose incomes range between 0 – 200% of the Federal Poverty Level. Participants obtain services at access points provided by the Department of Health and Community Services along with collaborating agencies throughout the County.

Project Update

Subsequent to the release of the grants by the **Centers for Medicare & Medicaid Services (CMS)**, Congress became concerned about the potential inappropriate disclosure of confidential and protected personal health information. **CMS** clarified requirements for grant recipients to adhere to regarding protection of personal health information and ***prohibited*** grant recipients from retaining any information regarding the individuals assisted, including name and contact information.

In many cases, consumers do not enroll during their appointment with the Navigator as they wish to speak with family members and consider their options. However, once an individual leaves an appointment, nothing can be recorded other than the fact that an individual was assisted. Navigators do not have access to federal or state systems to verify if an application for a health plan or Medicaid benefit was approved. Consequently, no grantee is able to track the number of Marketplace enrollments actually obtained.

The Department of Health and Community Services is, however, tracking the number of Pinellas County residents educated and assisted through our outreach and education efforts as well as personal appointments with Navigators. Navigators have attended 841 outreach activities that have included the Saturday Market in St. Petersburg, Pinellas Technical Institute, St. Petersburg College and the University of South Florida St. Petersburg campus; events held at churches, the Public libraries, and community centers; and various community events throughout the County such as a Health and Vision Fair and Country in the Park in Pinellas Park. As of March 31, 2014, the Navigators have assisted **26,107** residents.

Outreach Activity

	October	November	December	January	February	March	Total
Outreach Events	272	305	128	77	27	32	841
Consumers Assisted	1790	3333	1287	12,456	6357	884	26,107

According to data released the week of March 24th by the Kaiser Family Foundation¹, 990,455 Florida residents completed an application to enroll in the Federal Marketplace. Of that total, thirteen percent **(13%)** were deemed eligible for Medicaid and forty-five percent **(45%)** were actually enrolled in the Marketplace. Approximately ninety-percent **(90%)** of Florida residents who enrolled in the Marketplace qualified for a tax credit averaging nearly \$3,000.

¹ The Henry J. Kaiser Family Foundation is a non-profit, private operating foundation focusing on the major health care issues facing the U.S., as well as the U.S.'s role in global health policy.

If we apply the state percentages to our assistance numbers, we can estimate that thirteen percent **(13%)** or **3,394** residents were deemed eligible for Medicaid while forty-five percent **(45%)** or **10,221** residents were enrolled into the Marketplace. We estimate that we have assisted 13,615 Pinellas County residents with either enrolling into Medicaid or the Marketplace. The Centers for Medicare & Medicaid Services is tracking state and national enrollment but according to the ***Federal Health and Human Services Regional Office***, there has not been any indication that data at the County level would be published.

There was discussion during a September 2013 Commission Meeting regarding the potential savings to Pinellas County from having residents enroll in the Marketplace. As the Pinellas County Health Program clients are not eligible for Medicaid and have insufficient income to be able to afford an insurance plan offered on the Health Care Marketplace, it was not expected that the County's General Fund would see a savings from the Navigator Program. However, this County's entire cost burden to the healthcare system is reduced by having an additional 13,615 residents who were previously uninsured now enrolled in an insurance plan.

The initial deadline for enrollment into the Marketplace was March 31, 2014. Next steps for Navigators will include providing information to Pinellas County residents through outreach activities and preparing them for the next enrollment period which begins November 15, 2014.

History of Indigent Health Care Program

1

**SUBMITTED BY:
DEPARTMENT OF HEALTH AND COMMUNITY
SERVICES**

April 8, 2014

History of Health Care Services In Pinellas County

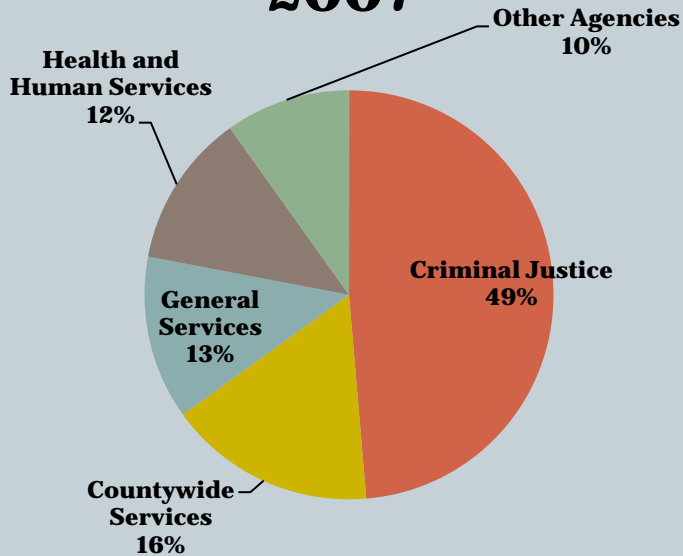
2

- 1955 – County allocated funds for the indigent population and created Department of Social Services
- 1959 – Began funding health care for low income population
- 1987 – Mobile Medical Unit
- 1990s-early 2000s – Contracted with providers to deliver care to the sick
- 2008/09 – Began primary care model which evolved into patient-centered medical home

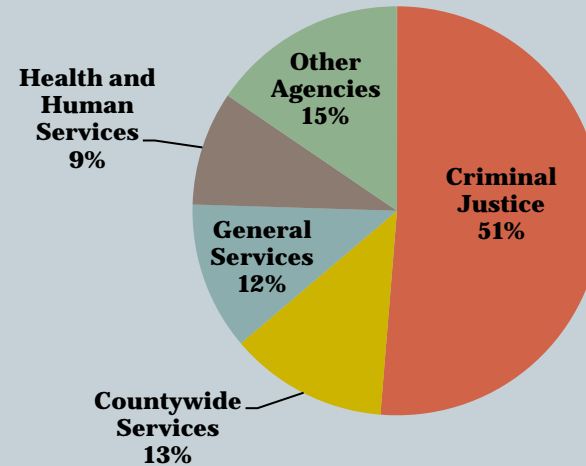
General Fund Distribution: Funding Reductions

3

2007



2011

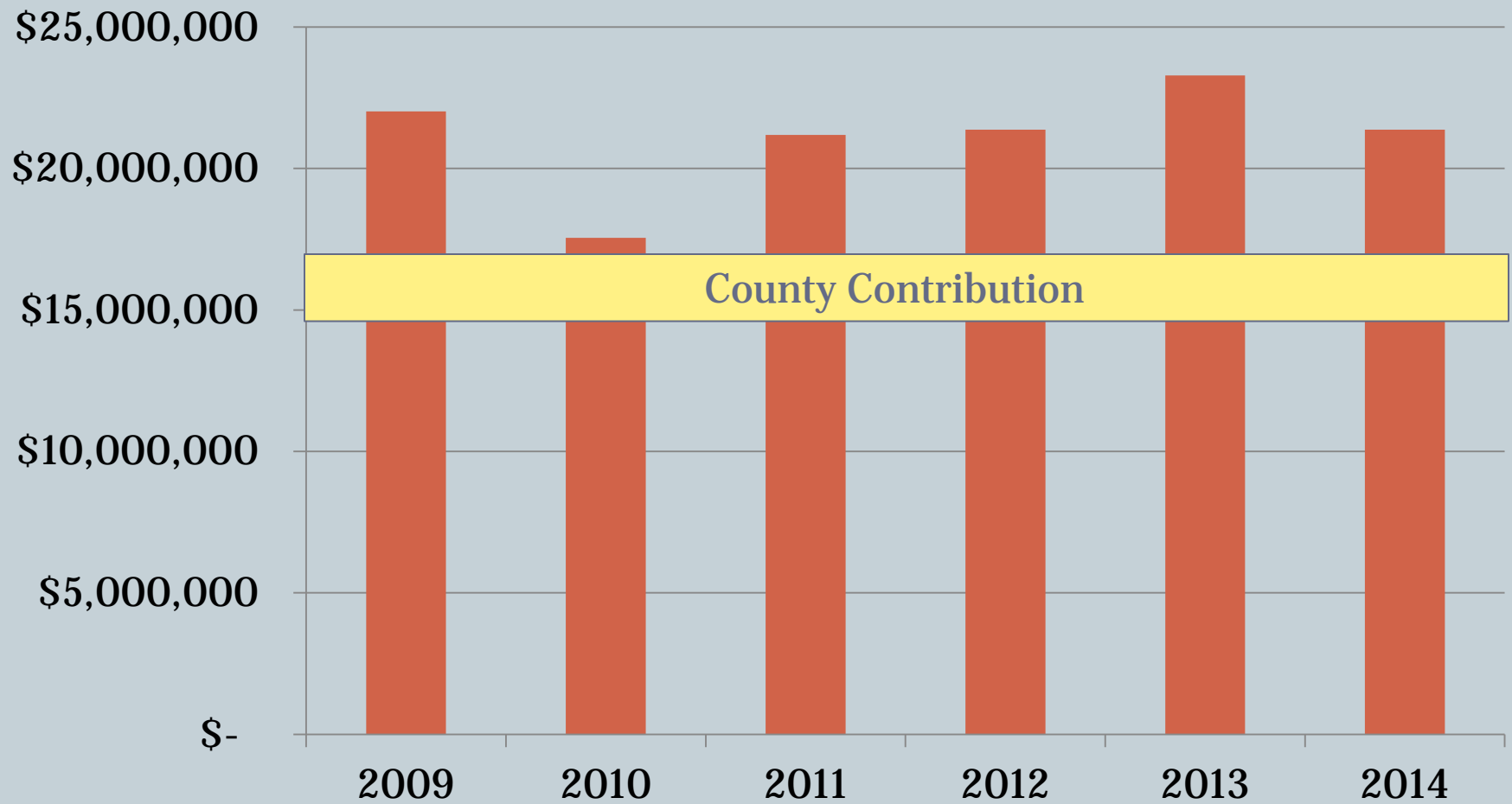


	2007	2011	Percent Change
Criminal Justice (Public Safety, Sheriff, Justice & Consumer Services, etc.)	\$308,753,250	\$249,223,970	19% ↓
Countywide Services (Emergency Management, Parks & Conservation, etc.)	\$104,110,920	\$60,794,280	42% ↓
General Services (Administrative Costs, Communications, BTS, etc.)	\$82,225,400	\$56,815,910	31% ↓
Social Services (Health & Human Services)	\$76,945,410	\$43,844,330	43% ↓
Other Constitutionals & Independent Agencies	\$62,638,540	\$75,239,590	20% ↑
Total Approved Budget	\$634,673,520	\$485,918,080	23% ↓

April 8, 2014

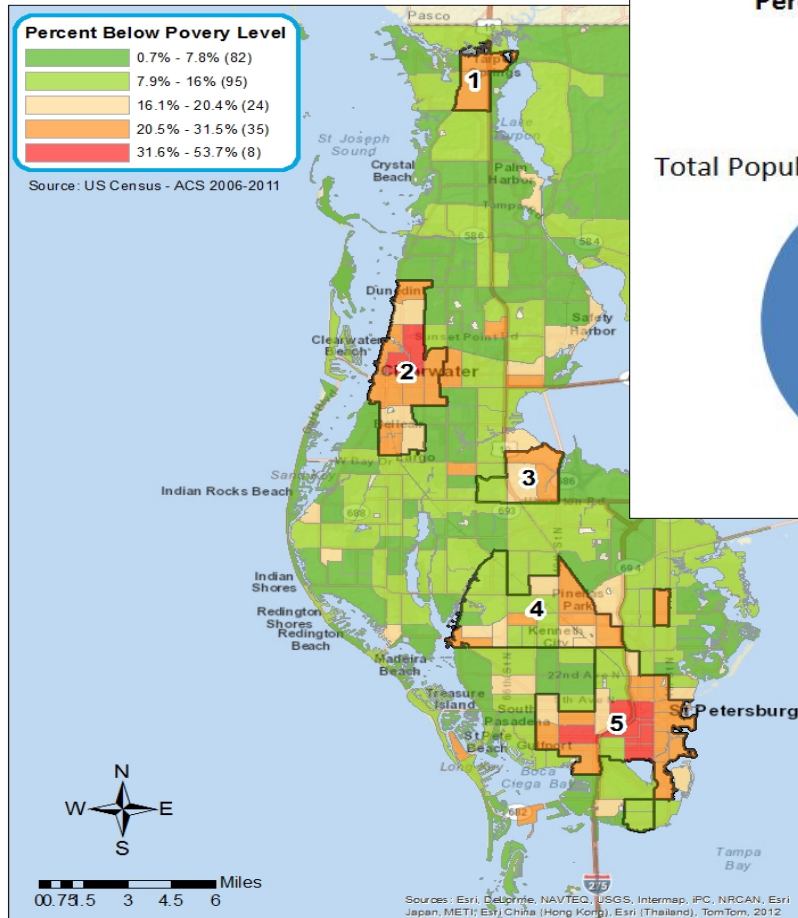
Pinellas County Health Program Costs

4



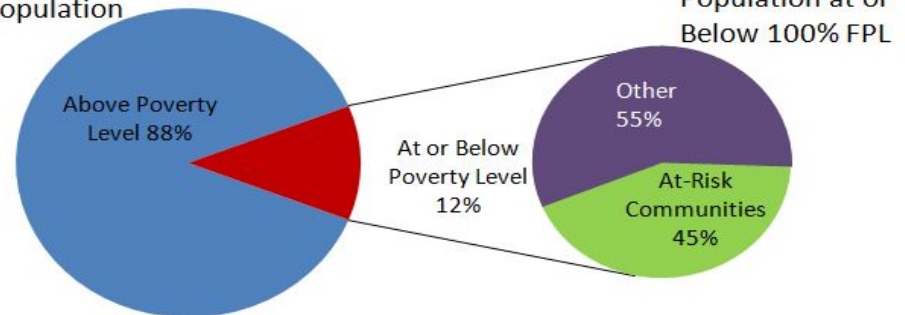
Pinellas County Population

5



Percent of Total Pinellas County Population Living at or below 100% of the Federal Poverty Level, 2005 to 2009

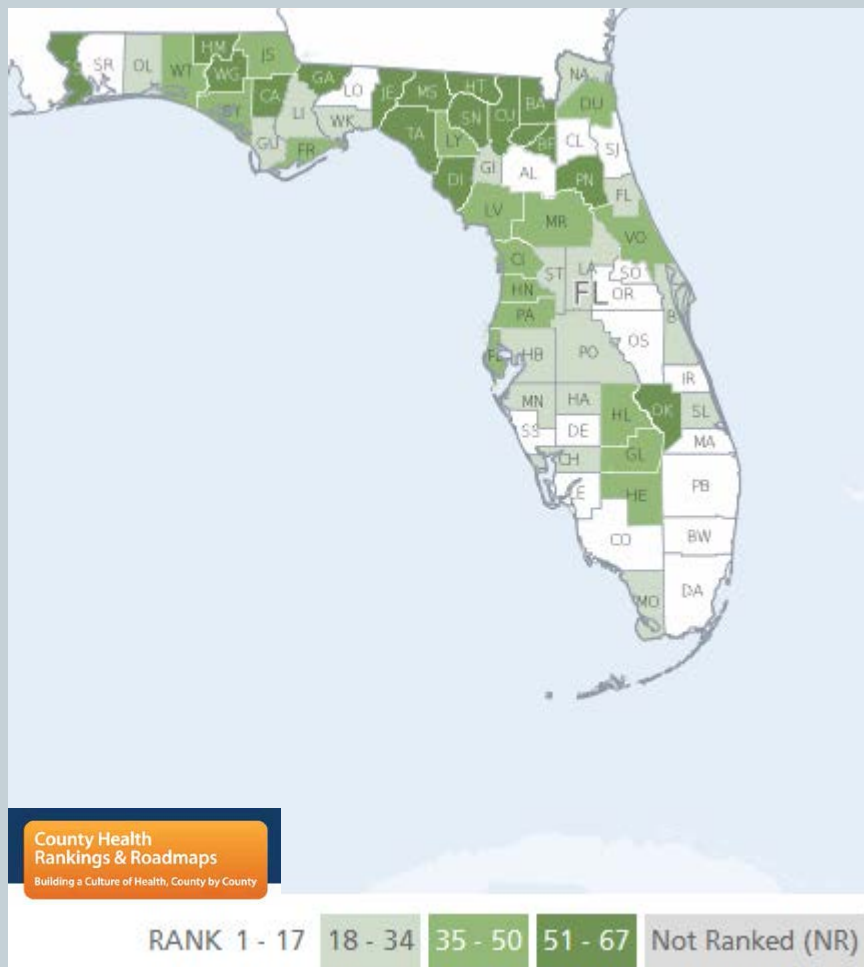
Total Population



Pinellas County Health Rankings

6

2014 Health Outcomes – Rank 35

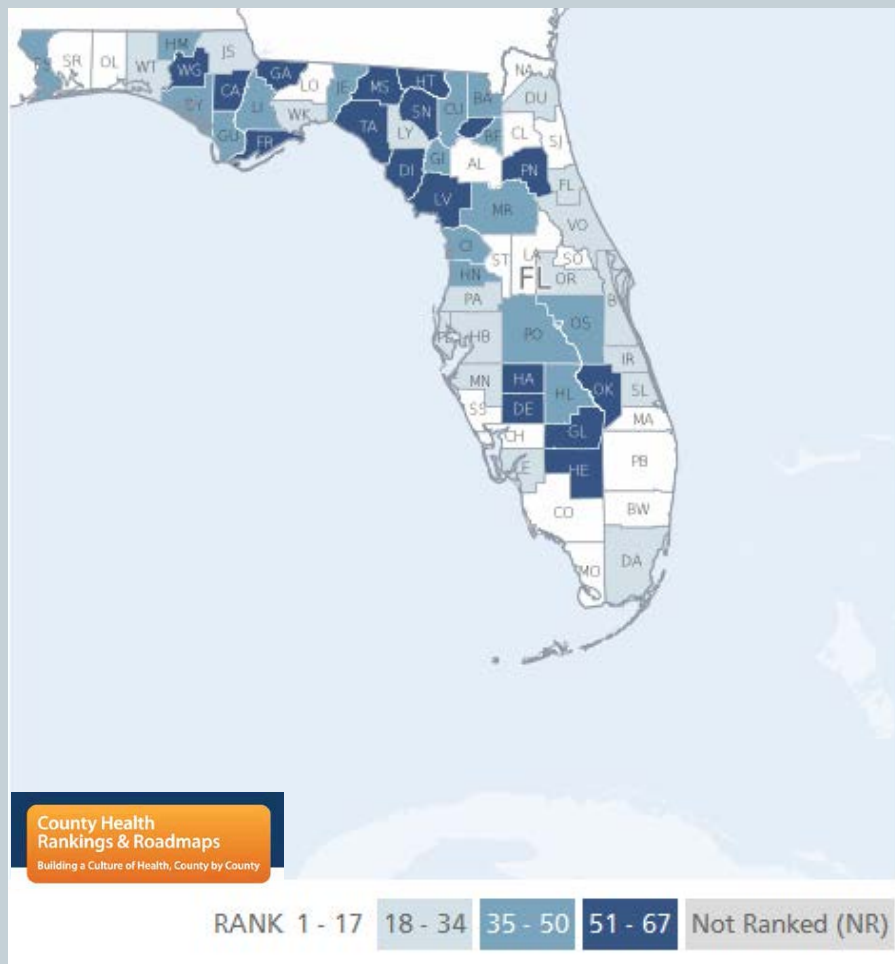


- **Mortality:** Pinellas ranks **39 out of 67** counties in Florida.
 - Pinellas County performs worse than the State of Florida and the national benchmark in indicator for premature death.
- **Morbidity:** Pinellas ranks **22 out of 67** counties in Florida.
 - Pinellas County performs better than the State of Florida in indicators for poor or fair health among adults and low birth weight infants, but worse in poor mental health days among adults.

Pinellas County Health Rankings

7

2014 Health Factors- Rank 18



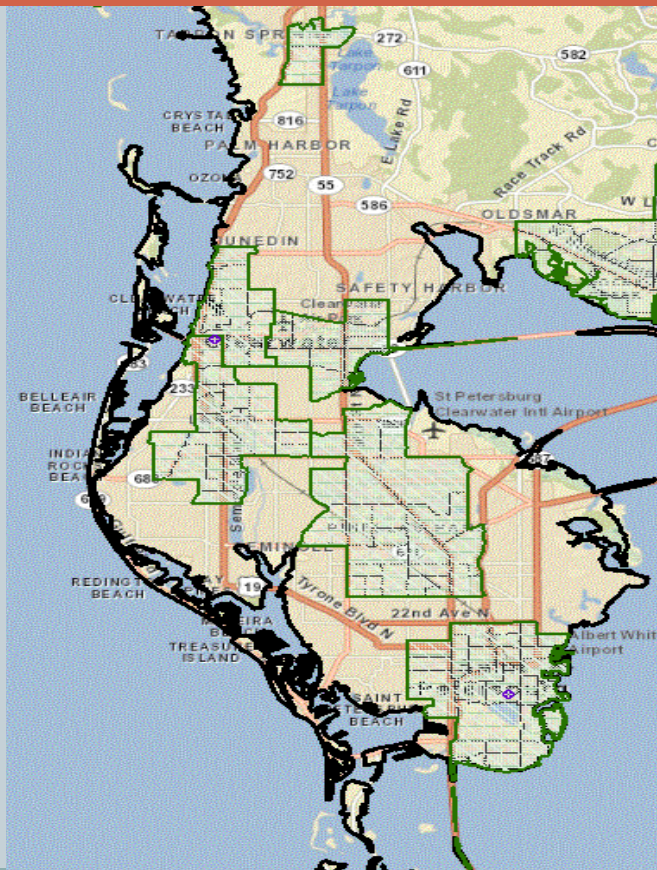
- **Health Behaviors:** Pinellas ranks **16**
 - Perform better than Florida in obesity and access to exercise, but worse in smoking and excessive drinking.
- **Clinical Care:** Pinellas ranks **11**
 - Perform better than Florida in uninsured adults, ratio of population to providers, and preventable hospital stays, but below national benchmark.
- **Social & Economic Factors:** Pinellas ranks **27**
 - Perform better than Florida in children in poverty and adults with some college, but worse in high school graduation, single-parent households, and violent crime.
- **Physical Environment:** Pinellas ranks **16**
 - Perform better than Florida in air pollution and drinking water, but worse in those driving alone to work.

April 8, 2014

Pinellas County Health Access

8

Medically Underserved Areas



Healthcare Professional Shortage Areas

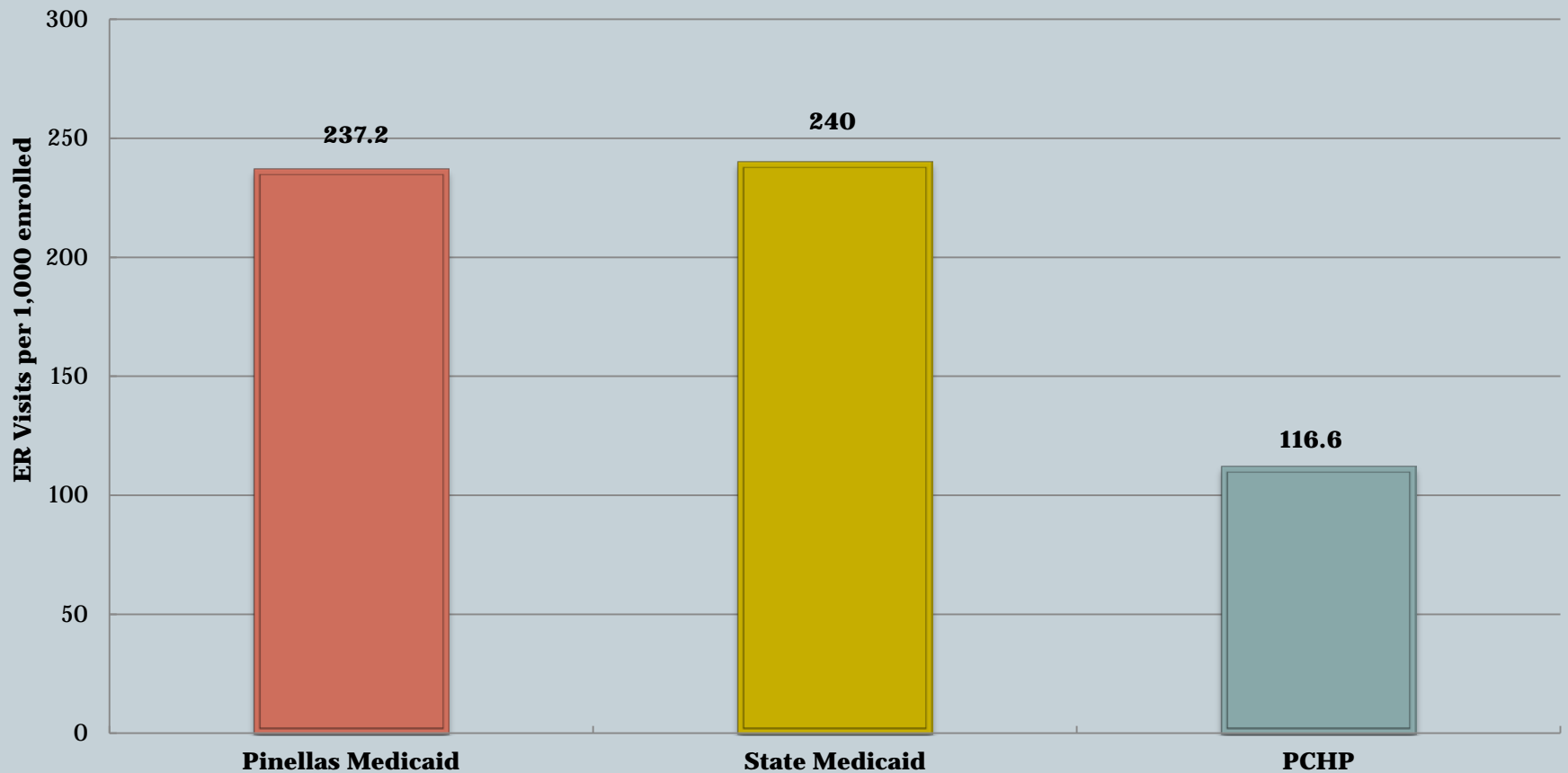


Source: Health Resources and Services Administration (HRSA), 2012

ER Utilization Rate

9

Pinellas County Emergency Room Utilization Rate



April 8, 2014

UDS Report—Unmet Health Care Need in At-Risk Zones

10

	Low Income Population*	FQHC Clients**	FQHC Penetration of Low Income	DOH-Pinellas Clients***	DOH-Pinellas Penetration of Low Income	FQHC + DOH-Pinellas Clients	Total Penetration of Low Income	Unserved Low Income
Highpoint								
33760	6,888	1,103	16.0%	1,932	28.0%	3,035	44.1%	3,853
33771	9,908	1,224	12.4%	2,062	20.8%	3,286	33.2%	6,622
Total	16,796	2,327	13.9%	3,994	23.8%	6,321	37.6%	10,475
Lealman								
33781	10,090	2,101	20.8%	2,475	24.5%	4,576	45.4%	5,514
33714	9,372	1,115	11.9%	1,855	19.8%	2,970	31.7%	6,402
33709	8,847	1,601	18.1%	1,893	21.4%	3,494	39.5%	5,353
Total	28,309	4,817	17.0%	6,223	22.0%	11,040	39.0%	17,269
East Tarpon Springs								
34689	7,992	1,370	17.1%	1,789	22.4%	3,159	39.5%	4,833
Total	7,992	1,370	17.1%	1,789	22.4%	3,159	39.5%	4,833
North Greenwood								
33756	11,358	2,156	19.0%	2,633	23.2%	4,789	42.2%	6,569
33755	12,178	1,790	14.7%	3,263	26.8%	5,053	41.5%	7,125
Total	23,536	3,946	16.8%	5,896	25.1%	9,842	41.8%	13,694

*UDS Mapper 2007-2011, **UDS Mapper CY 2012, ***HMS Reporting Period FY 2012-2013

UDS Report—Unmet Health Care Need in At-Risk Zones

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	Low Income Population*	FQHC Clients**	FQHC Penetration of Low Income	DOH-Pinellas Clients***	DOH-Pinellas Penetration of Low Income	FQHC + DOH-Pinellas Clients	Total Penetration of Low Income	Unserved Low Income
South St. Petersburg								
33701	6,345	766	12.1%	1,737	27.4%	2,503	39.4%	3,842
33705	13,147	2,551	19.4%	3,441	26.2%	5,992	45.6%	7,155
33711	8,498	1,824	21.5%	2,557	30.1%	4,381	51.6%	4,117
33712	11,014	3,211	29.2%	3,889	35.3%	7,100	64.5%	3,914
33713	9,010	1,611	17.9%	2,556	28.4%	4,167	46.2%	4,843
Total	48,014	9,963	20.8%	14,180	29.5%	24,143	50.3%	23,871
5 Zone Total								
33760	6,888	1,103	16.0%	1,932	28.0%	3,035	44.1%	3,853
33771	9,908	1,224	12.4%	2,062	20.8%	3,286	33.2%	6,622
33781	10,090	2,101	20.8%	2,475	24.5%	4,576	45.4%	5,514
33714	9,372	1,115	11.9%	1,855	19.8%	2,970	31.7%	6,402
33709	8,847	1,601	18.1%	1,893	21.4%	3,494	39.5%	5,353
34689	7,992	1,370	17.1%	1,789	22.4%	3,159	39.5%	4,833
33756	11,358	2,156	19.0%	2,633	23.2%	4,789	42.2%	6,569
33755	12,178	1,790	14.7%	3,263	26.8%	5,053	41.5%	7,125
33701	6,345	766	12.1%	1,737	27.4%	2,503	39.4%	3,842
33705	13,147	2,551	19.4%	3,441	26.2%	5,992	45.6%	7,155
33711	8,498	1,824	21.5%	2,557	30.1%	4,381	51.6%	4,117
33712	11,014	3,211	29.2%	3,889	35.3%	7,100	64.5%	3,914
33713	9,010	1,611	17.9%	2,556	28.4%	4,167	46.2%	4,843
Total	124,647	22,423	18.0%	32,082	25.7%	54,505	43.7%	70,142

UDS Report—Unmet Health Care Need in Pinellas County

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ZCTA	City Name	State	# of Health Centers Serving ZCTA	Dominant Health Center, 2012	Total Pop 07-11	Low-Income Pop 07-11	Total # Health Center Patients, 2012	Unserved (by Health Centers) Low-Income	Penetration of Low-Income	Penetration of Total Pop	09-12 Patient % Change	09-12 Patient # Change
Summary:					916,806	283,709	36,774	246,935	12.96%	4.01%	29.54%	8,386
34698	Dunedin	FL	1	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	37,975	10,714	585	10,129	5.46%	1.54%	41.65%	172.0
34695	Safety Harbor	FL	2	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	17,530	4,250	220	4,030	5.18%	1.25%	50.68%	74.0
34689	Tarpon Springs	FL	2	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	25,590	7,992	1,370	6,622	17.14%	5.35%	57.29%	499.0
34688	Tarpon Springs	FL	2	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	7,717	1,360	119	1,241	8.75%	1.54%	-	119.0
34685	Palm Harbor	FL	1	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	17,524	2,743	102	2,641	3.72%	0.58%	78.95%	45.0
34684	Palm Harbor	FL	2	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	26,570	6,332	386	5,946	6.10%	1.45%	84.69%	177.0
34683	Palm Harbor	FL	1	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	32,297	6,403	421	5,982	6.58%	1.30%	64.45%	165.0
34681	Crystal Beach	FL	1	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	1,588	86	23	63	26.74%	1.45%	-	23.0
34677	Oldsmar	FL	2	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	20,633	4,768	358	4,410	7.51%	1.74%	72.95%	151.0
33786	Belleair Beach	FL	0		1,626	233	-	233	0.00%	0.00%	-	-
33785	Indian Rocks Beach	FL	1	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	5,727	975	83	892	8.51%	1.45%	84.44%	38.0

UDS Report—Unmet Health Care Need in Pinellas County

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ZCTA	City Name	State	# of Health Centers Serving ZCTA	Dominant Health Center, 2012	Total Pop 07-11	Low-Income Pop 07-11	Total # Health Center Patients, 2012	Unserved (by Health Centers) Low-Income	Penetration of Low-Income	Penetration of Total Pop	09-12 Patient % Change	09-12 Patient # Change
33782	Pinellas Park	FL	2	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	20,400	6,775	965	5,810	14.24%	4.73%	35.72%	254.0
33781	Pinellas Park	FL	3	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	25,679	10,090	2,101	7,989	20.82%	8.18%	25.96%	433.0
33778	Largo	FL	1	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	14,536	4,406	415	3,991	9.42%	2.85%	32.59%	102.0
33777	Seminole	FL	2	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	18,088	5,040	599	4,441	11.88%	3.31%	15.86%	82.0
33776	Seminole	FL	1	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	13,710	2,291	137	2,154	5.98%	1.00%	132.20%	78.0
33774	Largo	FL	1	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	17,432	5,530	547	4,983	9.89%	3.14%	53.65%	191.0
33773	Largo	FL	1	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	17,532	5,114	442	4,672	8.64%	2.52%	27.75%	96.0
33772	Seminole	FL	1	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	21,819	5,729	445	5,284	7.77%	2.04%	47.84%	144.0
33771	Largo	FL	3	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	28,697	9,908	1,224	8,684	12.35%	4.27%	14.71%	157.0
33770	Largo	FL	1	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	25,039	8,613	826	7,787	9.59%	3.30%	36.98%	223.0
33767	Clearwater Beach	FL	1	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	7,461	1,435	48	1,387	3.34%	0.64%	17.07%	7.0
33765	Clearwater	FL	1	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	14,020	5,054	708	4,346	14.01%	5.05%	10.80%	69.0

UDS Report—Unmet Health Care Need in Pinellas County

14

ZCTA	City Name	State	# of Health Centers Serving ZCTA	Dominant Health Center, 2012	Total Pop 07-11	Low-Income Pop 07-11	Total # Health Center Patients, 2012	Unserved (by Health Centers) Low-Income	Penetration of Low-Income	Penetration of Total Pop	09-12 Patient % Change	09-12 Patient # Change
33764	Clearwater	FL	2	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	25,403	5,734	676	5,058	11.79%	2.66%	50.89%	228.0
33763	Clearwater	FL	1	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	19,260	7,305	455	6,850	6.23%	2.36%	40.00%	130.0
33762	Clearwater	FL	4	PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS	8,059	727	562	165	77.30%	6.97%	491.58%	467.0
33761	Clearwater	FL	1	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	18,771	3,898	170	3,728	4.36%	0.91%	26.87%	36.0
33760	Clearwater	FL	2	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	15,576	6,888	1,103	5,785	16.01%	7.08%	26.20%	229.0
33759	Clearwater	FL	3	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	17,223	5,858	617	5,241	10.53%	3.58%	24.40%	121.0
33756	Clearwater	FL	4	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	29,567	11,358	2,156	9,202	18.98%	7.29%	-1.37%	(30.0)
33755	Clearwater	FL	3	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	24,610	12,178	1,790	10,388	14.70%	7.27%	17.30%	264.0
33744	Bay Pines	FL	0		132	42	-	42	0.00%	0.00%	-	-
33716	Saint Petersburg	FL	2	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	13,873	4,281	429	3,852	10.02%	3.09%	30.79%	101.0
33715	Saint Petersburg	FL	1	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	6,660	1,163	40	1,123	3.44%	0.60%	5.26%	2.0
33714	Saint Petersburg	FL	2	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	19,006	9,372	1,115	8,257	11.90%	5.87%	16.51%	158.0

UDS Report—Unmet Health Care Need in Pinellas County

ZCTA	City Name	State	# of Health Centers Serving ZCTA	Dominant Health Center, 2012	Total Pop 07-11	Low-Income Pop 07-11	Total # Health Center Patients, 2012	Unserved (by Health Centers) Low-Income	Penetration of Low-Income	Penetration of Total Pop	09-12 Patient % Change	09-12 Patient # Change
33713	Saint Petersburg	FL	3	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	29,833	9,010	1,611	7,399	17.88%	5.40%	10.72%	156.0
33712	Saint Petersburg	FL	2	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	25,606	11,014	3,211	7,803	29.15%	12.54%	27.27%	688.0
33711	Saint Petersburg	FL	2	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	19,774	8,498	1,824	6,674	21.46%	9.22%	29.09%	411.0
33710	Saint Petersburg	FL	2	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	32,648	8,684	1,093	7,591	12.59%	3.35%	53.94%	383.0
33709	Saint Petersburg	FL	3	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	24,615	8,847	1,601	7,246	18.10%	6.50%	21.10%	279.0
33708	Saint Petersburg	FL	1	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	14,565	3,568	210	3,358	5.89%	1.44%	45.83%	66.0
33707	Saint Petersburg	FL	3	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	25,123	8,111	797	7,314	9.83%	3.17%	61.01%	302.0
33706	Saint Petersburg	FL	1	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	16,110	4,112	174	3,938	4.23%	1.08%	34.88%	45.0
33705	Saint Petersburg	FL	4	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	26,820	13,147	2,551	10,596	19.40%	9.51%	28.64%	568.0
33704	Saint Petersburg	FL	1	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	16,149	3,015	245	2,770	8.13%	1.52%	18.36%	38.0
33703	Saint Petersburg	FL	1	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	24,456	5,786	467	5,319	8.07%	1.91%	37.35%	127.0
33702	Saint Petersburg	FL	2	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	30,517	8,927	987	7,940	11.06%	3.23%	46.66%	314.0
33701	Saint Petersburg	FL	3	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.	13,260	6,345	766	5,579	12.07%	5.78%	0.52%	4.0

Insufficient FQHC Capacity

(Executive Resources, LLC., 2010)

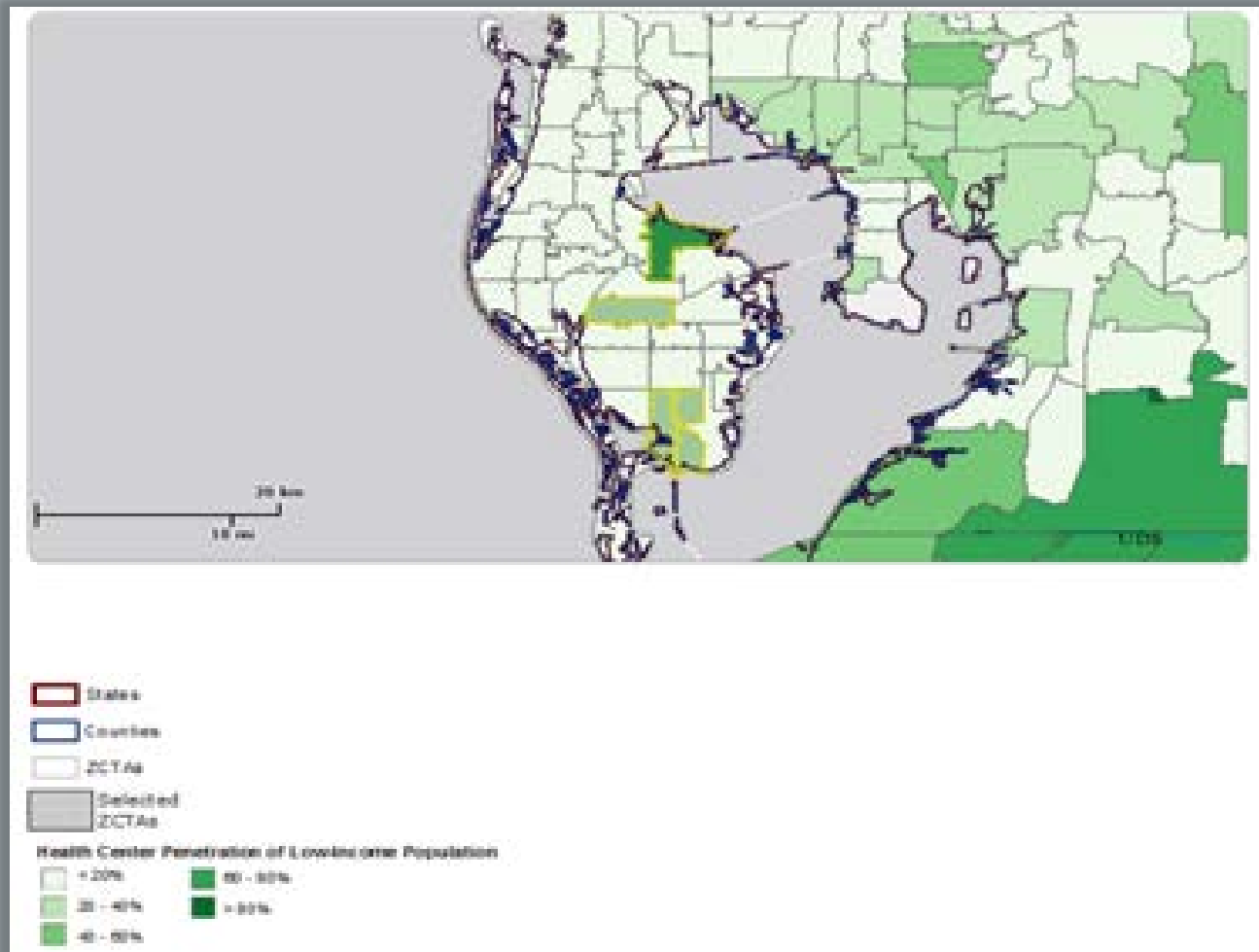
16

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

April 8, 2014

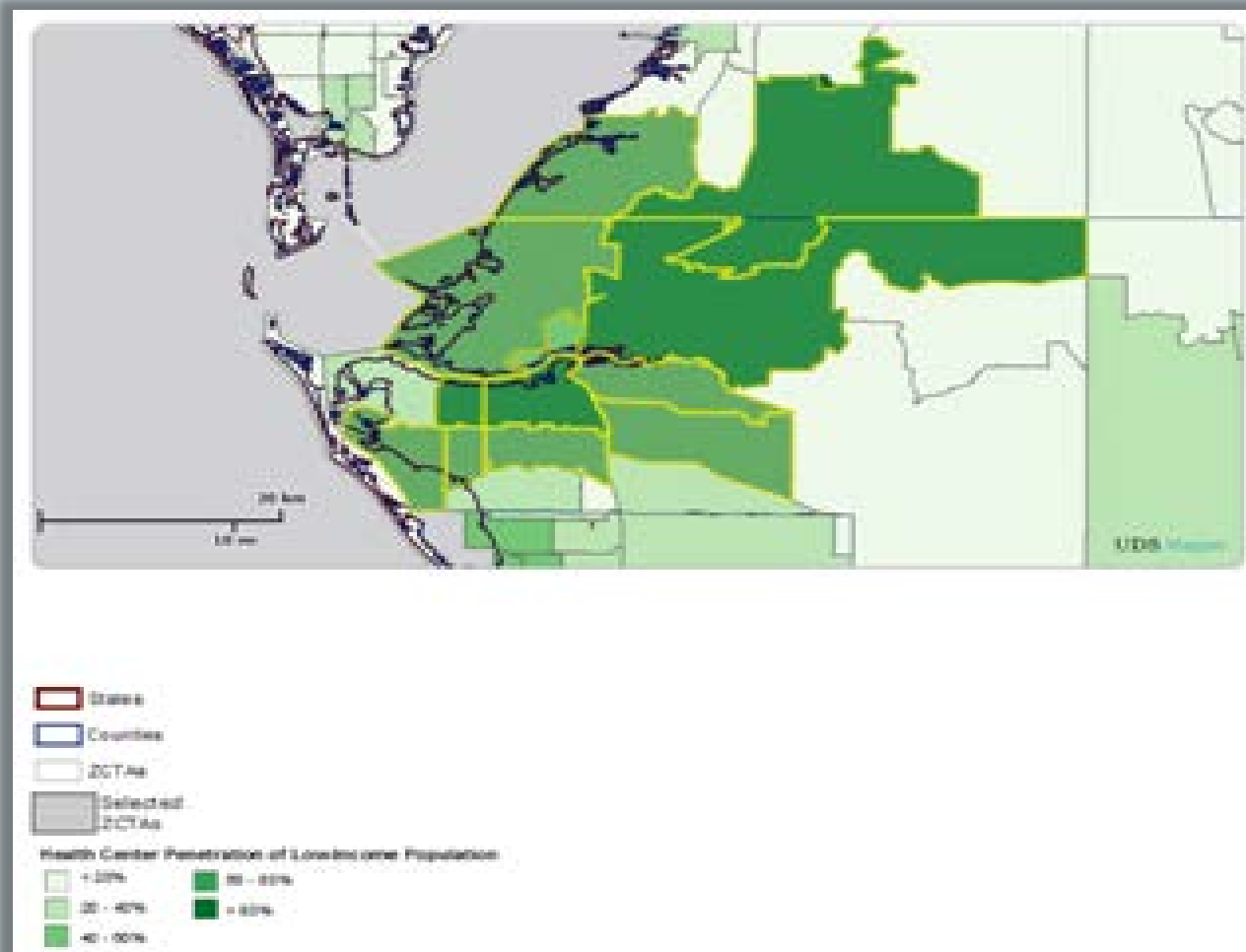
FQHC Penetration: Pinellas and Hillsborough

17



FQHC Penetration: Manatee County

18



Emergency Room Utilization Rates

19

	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 Government	5,184	2%	\$20,948,262	2%	\$5,444
All payer types	264,916	100%	\$1,055,201,608	100%	\$4,143

Hospitalization Utilization Rates

20

	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 Government	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

Health Care Re-Design System

21

**Community-
Based Care**

**Expanded
Access**

**Collaboration
Among
Providers**

**Diversified
Funding**

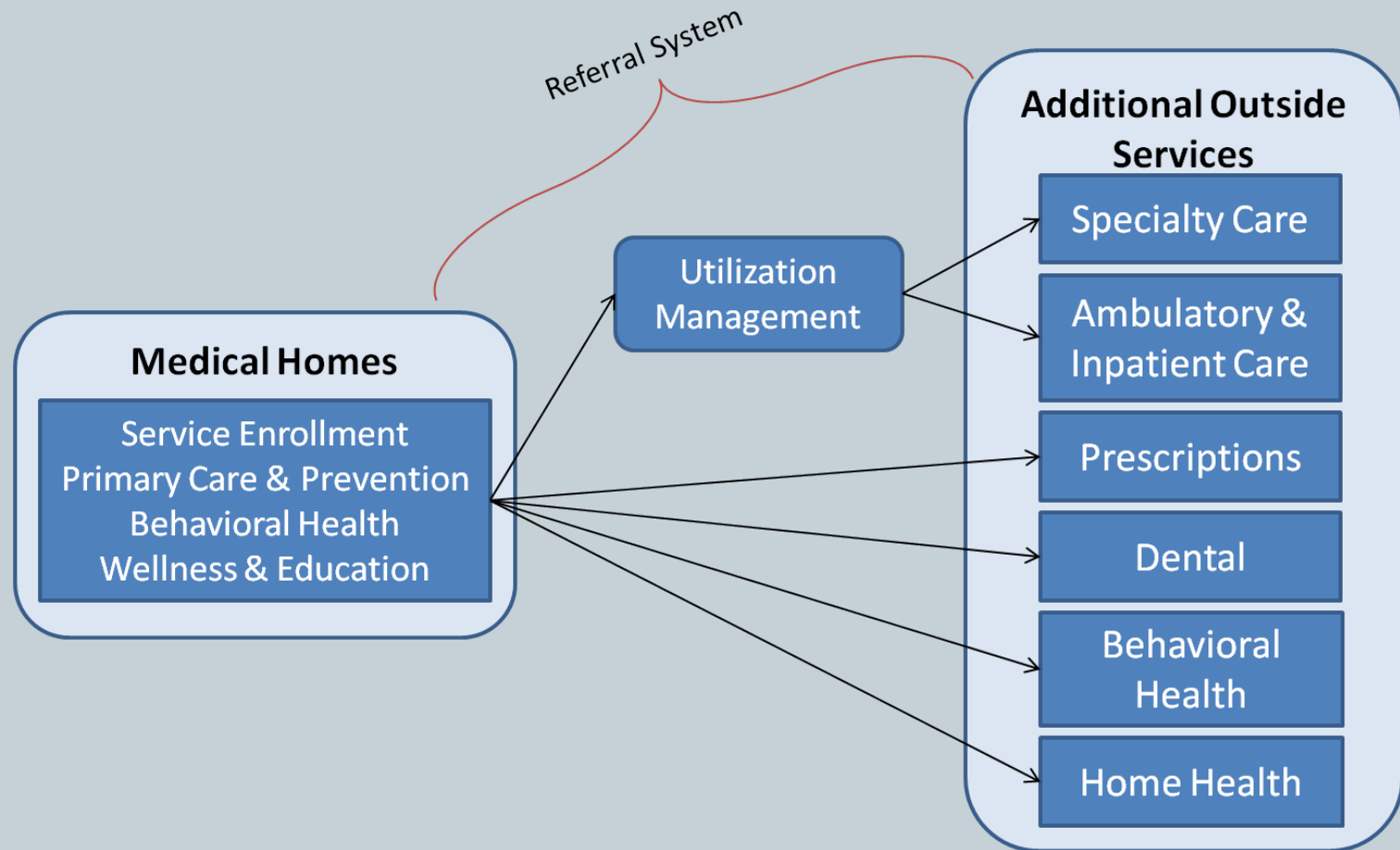
Pinellas County Healthcare Sustainability - Funding Options

22

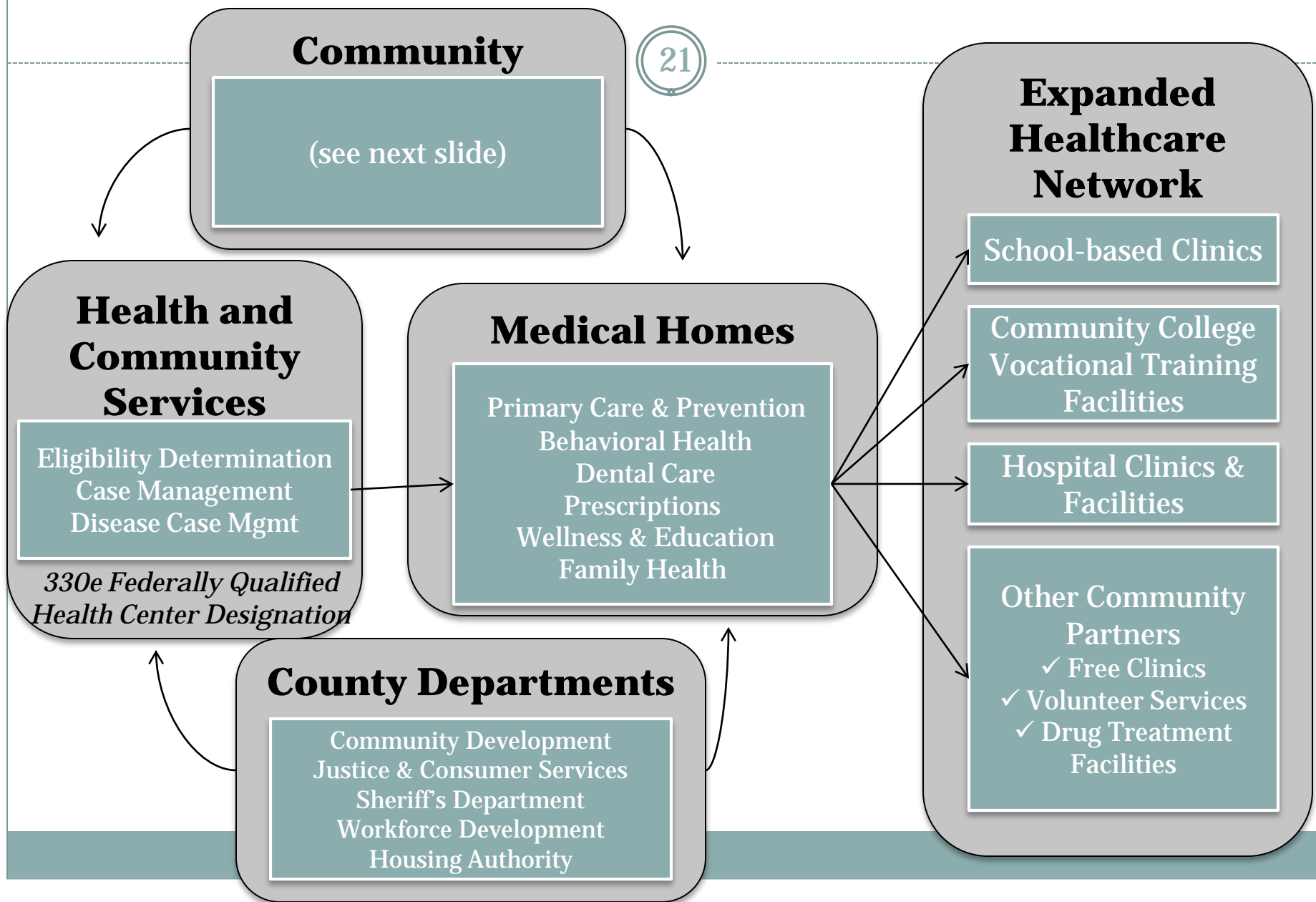
- 1. Health Care Re-Design**
- 2. Affordable Care Act**
- 3. Grants**
- 4. 330 (e) Expansion**

Old Healthcare Delivery System - 2010

23



New Pinellas County Health Collaborative



Resource Contributions

25

Hospitals

- **Unique service providers**
 - ✓ 24 hour clinics
 - ✓ Specialty and critical care
 - ✓ Labs and imaging
 - ✓ Emergency room diversion

Health Department

- **Community health education**
 - ✓ Culturally diverse
 - ✓ Community health campaign
- **Medical home facilities**

Health and Community Services

- **Primary funder for patient-centered medical homes**
 - ✓ 330e and 330h Federally Qualified Health Center designation
 - ✓ Higher Medicaid reimbursement rate for providers
 - ✓ State-of-the-art healthcare infrastructure
- **One-stop shops (“No Wrong Door”)**
 - ✓ Common eligibility portal
 - ✓ Community partnerships
- **Case management/Disease case management**

Local Schools & Colleges

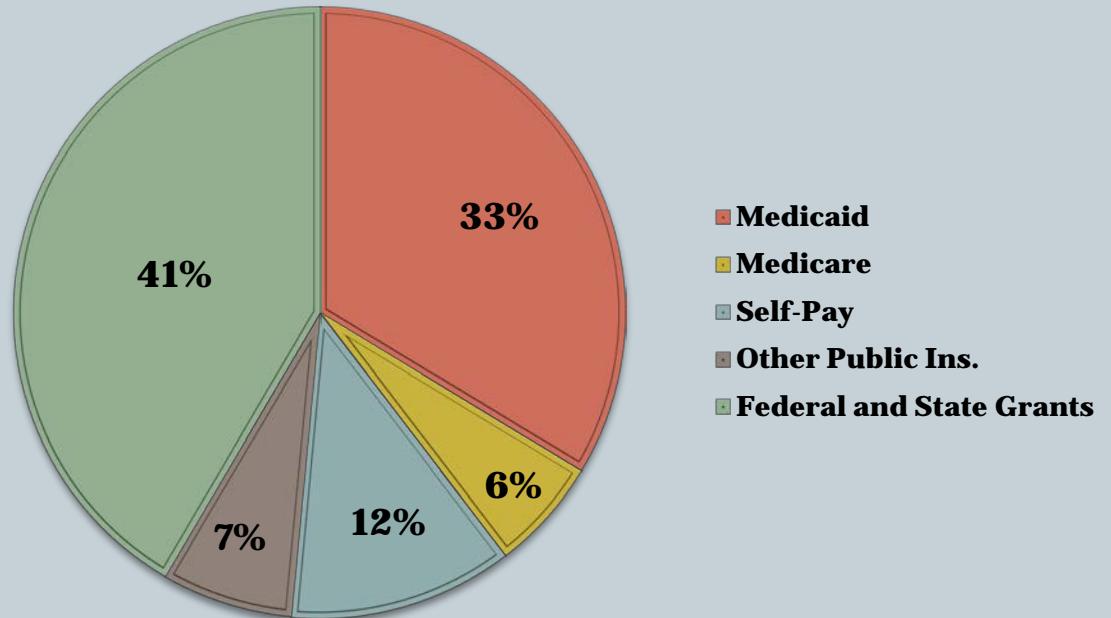
- **Provision of on-site health care facilities**
 - ✓ Serves children during daytime and adults during evenings
- **Training and access point**

Other Partners

- **Provision of health care services to entire family unit**
 - ✓ Juvenile Welfare Board
 - ✓ Directions Mental Health
 - ✓ County Departments

April 8, 2014

FQHC Revenue Sources



Source: [National Association of Community Health Centers, Incorporated](#) (NACHC) analysis of the 2011 Uniform Data System, Bureau of Primary Health Care, Health Resources and Services Administration, Department of Health and Human Services, Special Data Request, March 2013.

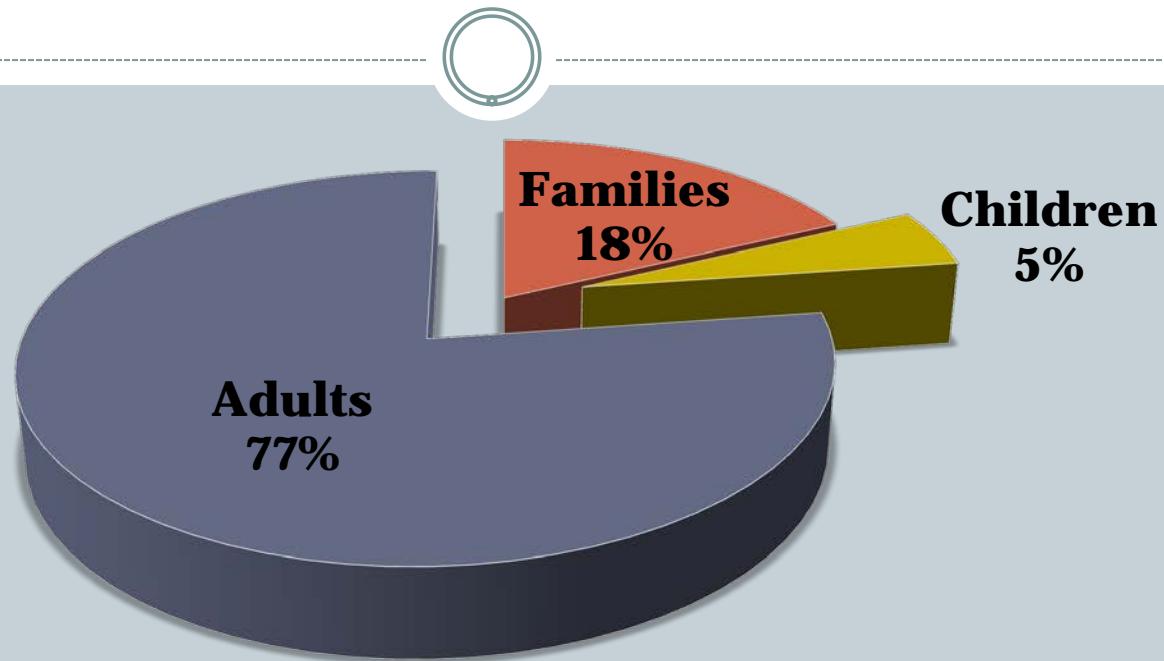
Bayside Health Campus Update



**PRESENTED BY:
DEPARTMENT OF HEALTH AND COMMUNITY SERVICES**

April 8, 2014

Homeless Statistics: State of Florida



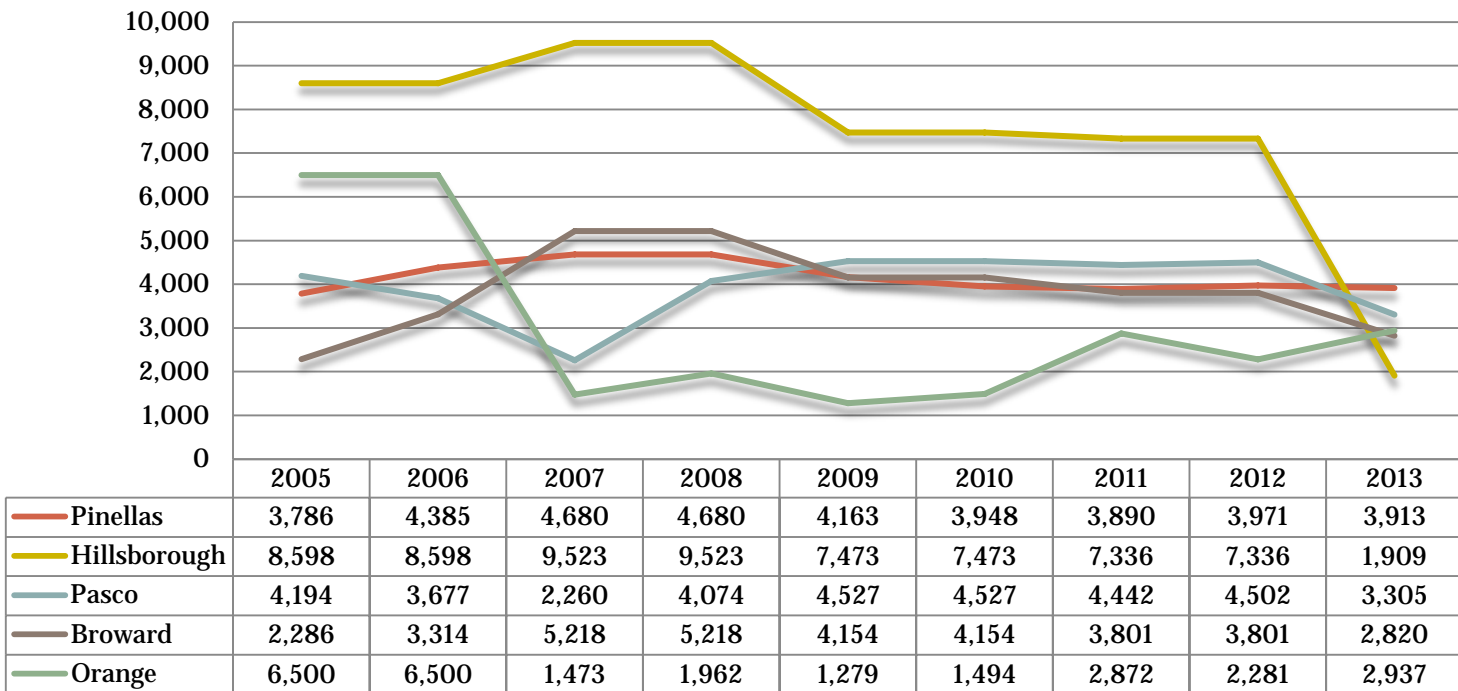
- Approximately 16.1% of the homeless population identified themselves as **veterans**.
- 18% are **families with children**; 77% are single adults; and 5% are children living in no household
- During the 2011-2012 school year, Florida's public schools identified 63,685 **students** as homeless.

Pinellas County: Street and Shelter Point-in-Time Counts



- In 2013, the State of Florida's ***Council on Homelessness Report*** revealed that Pinellas County now has the highest number of homeless persons in Florida: **3,913**

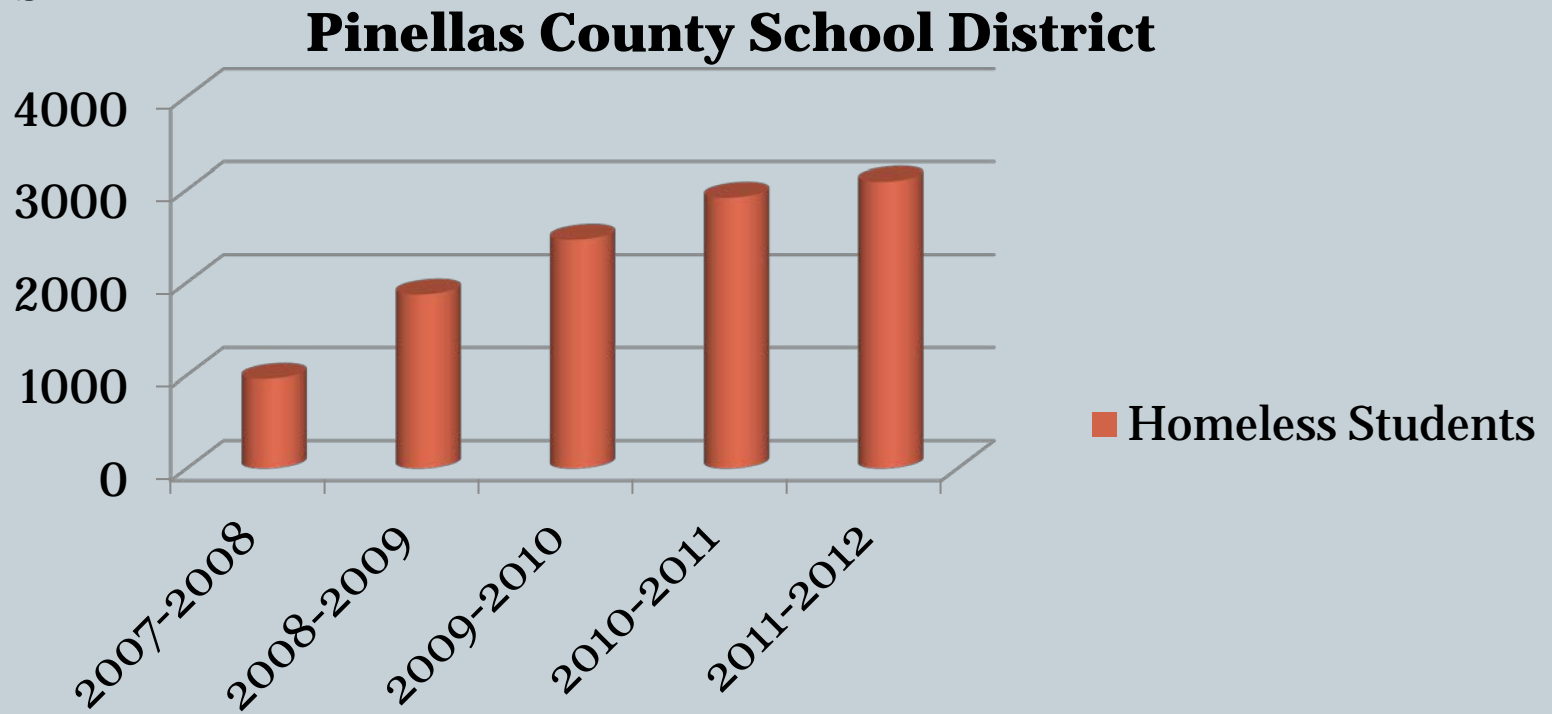
Point in Time Counts 2005-2013



Pinellas County: Homeless Children Count



- Pinellas County has seen a **221%** increase of homelessness among families with children since the 2007-2008 school years



Pinellas County: Mobile Medical Unit



- Established 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)***
 - Travels to various locations throughout Pinellas County
 - Provides primary care, specialty care, pharmacy, behavioral health, dental and case management services
 - Able to treat up to 2,500 clients annually
 - The current structure of the Mobile Medical Unit limits reaching all homeless persons in the County
 - The \$5 million capital grant through HRSA is a mechanism to expand needed services to the homeless population

Health Resources and Services Administration Capital Grant: 2011



- Department of Health and Human Services requested permission to apply for a **\$5 million** capital grant to expand wraparound services to homeless clients in a free-standing clinic—an expansion of the ***Mobile Medical Unit***
- The Board of County Commissioners approved the grant application in November 2011 and requested an ***Operating Plan*** to detail clinic services and long-term sustainability
- Department of Health and Human Services received the HRSA **\$5 million** grant in May 2012

Health Resources and Services Administration Capital Grant: 2012



- The requested ***Operating Plan*** was presented to the Board of County Commissioners in January 2012
 - Structured around the Department's five focus areas:
 - Re-organize the Department to increase service delivery
 - Help create a system-wide approach to reduce homelessness
 - Strengthen community partnerships
 - Improve the health care delivery system
 - Enhance our technological capabilities

Bayside Health Campus Proposed Site Plan



Exterior Rendering



Interior Rendering



Bayside Health Campus Advisory Group



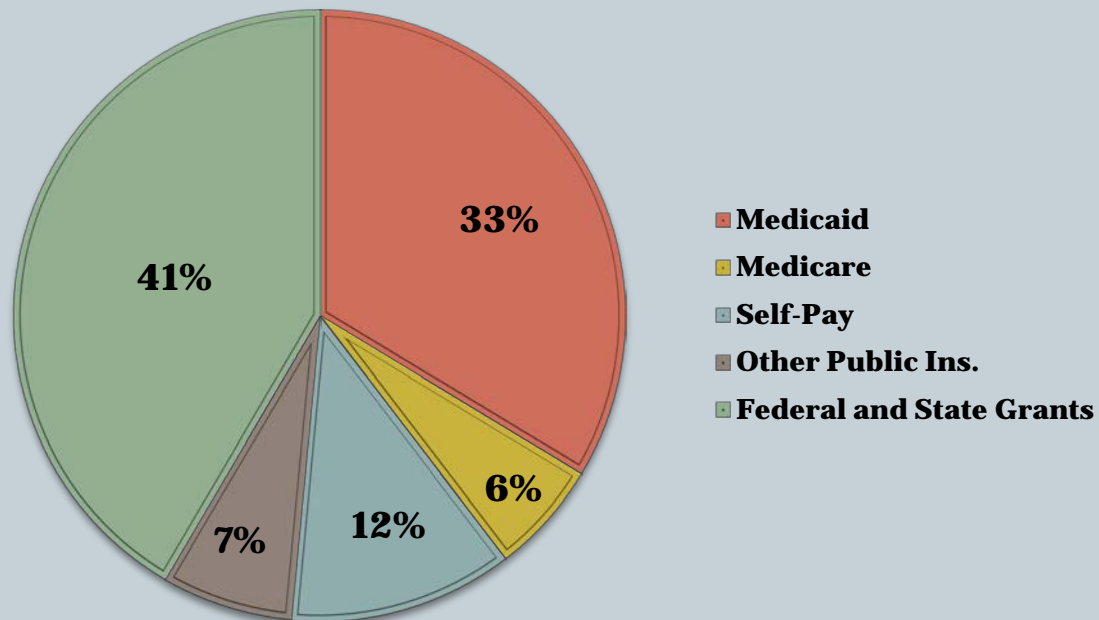
- Dr. Claude Dharamraj, Director, *Florida Department of Health in Pinellas County*
- Barbara Daire, President and CEO, *Suncoast Center, Inc.*
- Gary MacMath, President and CEO, *Boley Centers*
- Terrance McAbee, President and CEO, *Homeless Emergency Project*
- Amy Maguire, VP of Government and Corporate Relations, *All Children's Hospital*
- Marcie Biddleman, Executive Director, *Juvenile Welfare Board*
- Matt Novak, Director of Operations, *BayCare Health Systems*
- Gwendolyn C. Warren, Executive Director, *Pinellas County Health and Community Services*

Bayside Health Campus Services



- Primary Care
- Prevention and Wellness
- Health Education
- Laboratory Services
- Radiology
- Women's Health
- Pediatric Care
- Behavioral Healthcare
- Dental Care
- Pharmacy
- Case Management
- Housing Assistance
- Employment Assistance
- Respite Care
- Podiatry Services

FQHC Revenue Sources



Source: [National Association of Community Health Centers, Incorporated](#) (NACHC) analysis of the 2011 Uniform Data System, Bureau of Primary Health Care, Health Resources and Services Administration, Department of Health and Human Services, Special Data Request, March 2013.

Bayside Health Campus: Annual Revenue Estimate



Encounter Type	Patients ¹	Encounters per Patient	Annual Encounters	Insured Encounters	Reimb Rate ²	Estimated Revenue ³
Primary Care	3,700	4	14,800	5,920	125	\$ 740,000
Pediatric	416	4	1,664	1,664	125	\$ 208,000
Dental	1,670	2	3,340	1,336	117	\$ 156,312
Dental - Pediatric	444	2	888	888	117	\$ 103,896
Behavioral Health	2,590	2	5,180	2,072	117	\$ 242,424
Respite	416	1	416	0	0	\$ -
Total Annual Recurring Revenue						\$1,450,632

¹ = The projected budget is based on the following calculations:

- An average of **10,000** clients are enrolled in the **Pinellas County Health Program (PCHP)** annually.
 - **45%** of **PCHP** clients are homeless.
 - We estimated a participation level of **37%** for a total of **3700** homeless clients.
- The 2013 Point in Time (PIT) Count estimates, **2,495** children are homeless in Pinellas County.
 - Applying **45%** counts to our client population, it is estimated that **1,123** homeless children stand to benefit from the Bayside Clinic.
 - We project that we will serve approximately **37%** of these children, or **416**.
- In consultation with Executive Resources (**County's FQHC Consultant**) and standard projections of presumed Medicaid eligible patients, we estimate that approximately **40%** of our adult clients will be Medicaid eligible.
 - Current Medicaid regulations allow for one hundred percent (**100%**) of homeless persons under the age of 18 to be covered.
- The Department of Health in Pinellas County provides dental services to approximately **4,176 PCHP** patients annually.
 - An estimated **1670** adult and **444** pediatric dental patients are therefore projected to be seen in the Bayside Dental Clinic.
- The Bayside Clinic will also provide behavioral health services for children and adults.
 - Seventy percent (**70%**) of all unsheltered homeless persons who participated in the PIT count indicated that they suffer from a mental health disability or depression.
 - Given that, **70%** of the expected homeless participation of **3,700** is **2,590**.

² = **\$125** is the current Medicaid reimbursement rate for **FQHC's** primary care encounters. **\$117** is the average reimbursement for dental and behavioral health encounters, according to the consultants, Executive Resources.

³ = *Estimated Revenue* is calculated as Insured Encounters multiplied by the Insurance Reimbursement Rate. *Insured Encounters* is calculated as **40%** of Annual Encounters for adults and **100%** for children. Number of patients multiplied by Encounters per Patient yields *Annual Encounters*.

Bayside Health Campus: Start-up Estimates



	HRSA Grant Estimate ⁷	Partner Cost Estimate ⁵
Primary Care / X-Ray / Dental		
Exam Room / Triage Equipment / Supplies	299,781	
Dental Equipment	138,417	
Office/Reception/Classroom Furniture	157,372	
Office Equipment / Supplies	63,062	
	658,632	
Respite Center		BayCare Network
Beds / Respite Furniture		50,390
Office/Reception/Consult Furniture		15,744
Office Equipment / Supplies		3,210
Appliances		1,850
		71,194
Children's Safe Area		Juvenile Welfare Board
Toys / Furniture Children's Safe Area		6,700
		6,700
Start-up Cost Estimate	658,632	77,894

⁵ = Costs based on regional cost projections.

⁷ = The Health Resources and Services Administration (HRSA) grant provides a maximum of \$900,000 for equipment and supplies. See Appendix D for a detailed list of the estimated expenditures.

Bayside Health Campus

Annual Budget Estimate: Personnel



Personnel	FTE	HCS Cost Estimate 4	Partner Cost Estimate 5
Clinic Staff		Health and Community Services	
Medical Director	0.1	17,836	
Senior Physician	1	191,500	
Registered Nurse	1	63,000	
Nurse - LPN / Phlebotomist	1	50,000	
X-Ray Technician	1	62,750	
Dentist	1	165,250	
Dental Hygienist	1	60,000	
Total	6.1	610,336	
		(-431,404)	Grant 6
		178,932	
Respite Center/Clinic Staff			BayCare Network
Senior Physician	1		191,500
Physician Assistant	1		93,000
Nurse - LPN	1		50,000
Nurse - Respite	3		189,000
Physician - Respite	1		155,100
Total	7		678,600

Bayside Health Campus

Annual Budget Estimate: Personnel



	FTE	HCS Cost Estimate ⁴	Partner Cost Estimate ⁵
Pediatric - Primary Care			
			All Children's Hospital
Pediatrician	1		155,100
Nurse	1		50,000
Total	2		205,100
Behavioral Healthcare			
			Suncoast Center, Inc.
Behavioral Health Specialist	2		126,000
Total	2		126,000
Personnel Subtotal	17.1	178,932	1,009,700
⁴ = Personnel costs based on negotiated rates in contract with Florida Department of Health in Pinellas County.			
⁵ = Costs based on regional cost projections.			
⁶ = Future Support under HRSA Award #5 H80CS00024-12-00 "Health Care for the Homeless" Federal grant.			

Bayside Health Campus

Annual Budget Estimate: Operational

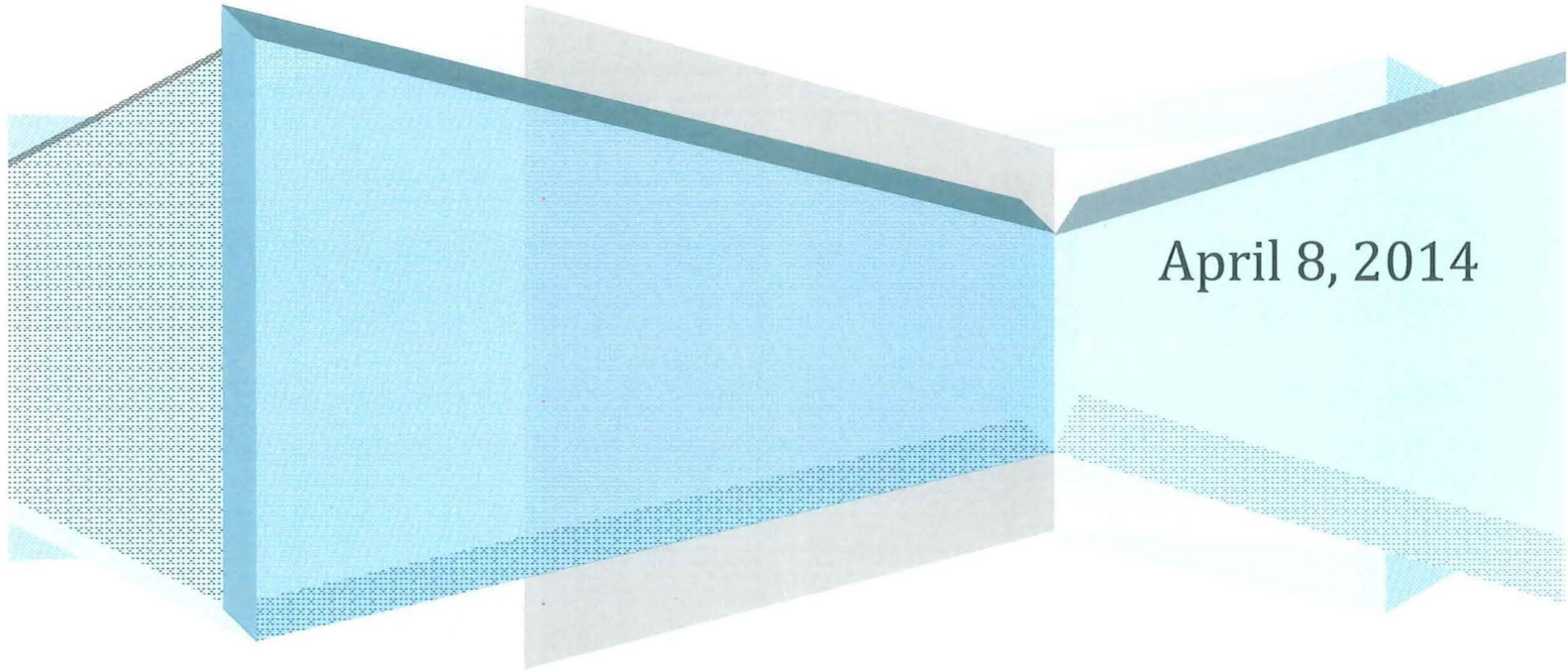


	HCS Cost Estimate 4	Partner Cost Estimate 5
Other Medical Expenses		
Supplies		
Medical / X-Ray Supplies	75,000	
Dental Supplies	40,000	
	115,000	
Annual Facility Maintenance Costs		
Maintenance	93,840	
Utilities	58,080	
	151,920	
Other Medical Expense Subtotal	266,920	0
Annual Operating Cost Estimate	445,852	1,009,700

Pinellas County Bayside Health Campus Update

Presented By:

Department of Health and Community Services



April 8, 2014

Executive Summary

On December 20, 2011, the Department of Health and Community Services was awarded a **\$5 million** Health Resources and Services Administration capital grant to construct a facility that would increase access to health care for those most in need in Pinellas County. The new facility will be an extension of the County's *Mobile Medical Unit*; a *Federally Qualified Health Center (FQHC)* that currently serves the homeless population at a variety of locations countywide. This free standing clinic will provide homeless families and individuals with needed access to health care and social support services.

The Department first requested permission to apply for the capital grant in November 2011. At the time, the Board of County Commissioners approved the application, but requested an *Operating Plan* that would not only detail the services to be provided at the clinic, but the on-going funding that would be required to sustain the clinic in the out-years. The *Operating Plan* was structured around the Department's **five** focus areas, which the Board approved in January 2012:

- Re-organize the Department to increase service delivery
- Help create a system-wide approach to reduce homelessness
- Strengthen community partnerships
- Improve the health care delivery system
- Enhance our technological capabilities

Over the past fiscal year, the Department of Health and Community Services has worked to streamline our core services, improve our delivery system, enhance our technology, and work with partners to achieve measurable outcomes for the health clinic.

In 2013, the *State of Florida's Council on Homelessness Report* revealed that Pinellas County now has the highest number of homeless persons in the State. **3,913** homeless individuals and/or families were counted in the 2013 Point-in-Time Count. For the first time, Pinellas County has surpassed larger counties such as Miami-Dade. Families with children are the new face of homelessness, with **one** in every **five** homeless individuals being a child.

A rising concern is the increasing cost of healthcare for the homeless. The most common health problems among homeless individuals are depression, physical disabilities, chronic disease complications, behavioral health and substance abuse (**State of Florida, 2013**). Inadequate living conditions, lack of access to quality healthcare and poor continuity of care further exacerbate those conditions. Despite Pinellas County's

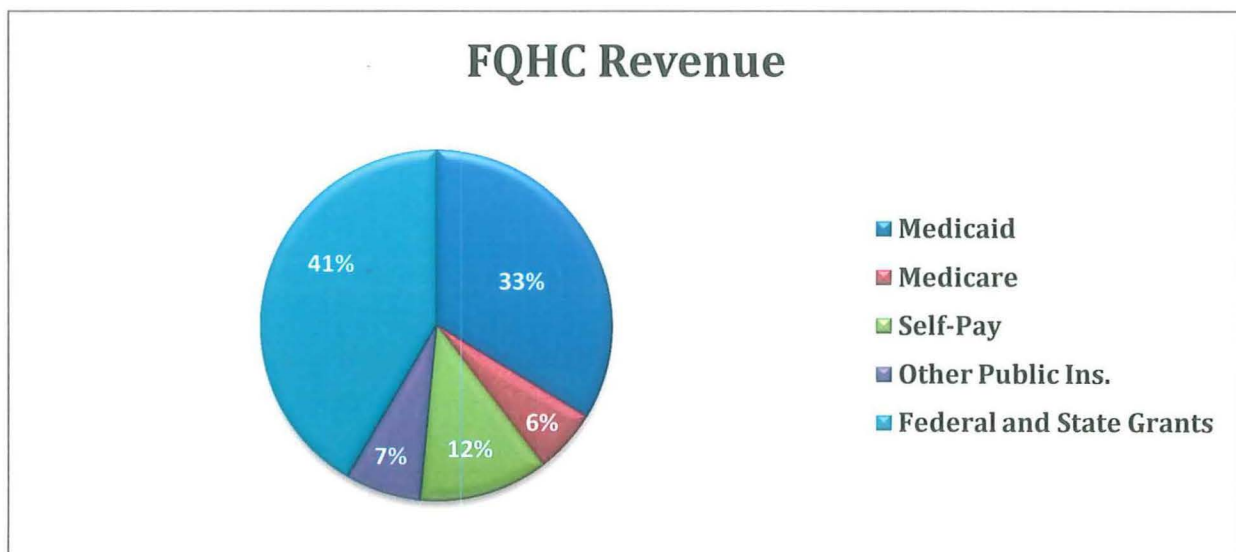
Mobile Medical Unit, which is able to see **2,500** homeless individuals a year, it lacks a dedicated and coordinated medical and social services center that provides wrap-around services specifically tailored to homeless families with children. The **\$5 million** capital grant will finance the construction of a new health clinic at 14840 49th Street North – a mid county location that is easily accessible by the homeless population. The new health clinic – the **Bayside Health Campus** – will serve as a patient-centered medical home that uniquely serves the needs of homeless individuals and families.

To assist with the design and operation of the new health clinic, the Department worked with **8** partner agencies to create a continuum of care that will provide extensive and coordinated services for homeless families with children at no additional cost to the County. In order to properly address the multiple, simultaneous issues that are necessary to design, build, and operate the clinic within the guidelines of the federal grant, the **Bayside Health Campus Advisory Group** formed **five** workgroups to determine the appropriate levels of care, design the administrative and service delivery workflow processes, integrate disparate technology systems, provide for seamless data management and billing, develop performance measures, develop clients' rights and responsibilities, develop a name and logo for the clinic, and work with the Department of Health and Community Services to secure additional funding sources as needed. The **Advisory Group** is essential to the success and sustainability of the health clinic, as each partner will provide services to clients without additional county funding.

In-house services at the health clinic will include integrated primary care, preventive care and behavioral health services. **Primary care will include three specialty services: women's gynecological care, pediatric services for children provided through a partnership with All-Children's Hospital and the Juvenile Welfare Board, and podiatry services for adults.** Other services available on-site will include substance abuse treatment, dental care, pharmacy, and disease case management, including health education. Non-medical services will be coordinated through case managers and include referrals to services such as financial assistance, housing assistance, employment assistance as well as referrals to community partners outside of the clinic. 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. In addition, the second floor includes office and classroom space for service providers and a meeting room for community partners. The respite facility will be open 24 hours a day and sponsored by BayCare Health System.

The integration and use of technology is crucial to the coordinated operations of the health clinic for it is the only way to streamline service delivery, manage client data, reduce duplications, and improve efficiency of operations. The health clinic will use two existing systems to achieve this: **CHEDAS** and the **Tampa Bay Information Network (TBIN)**. **CHEDAS**, a Commission-approved technology system maintained by the Department of Health and Community Services, will serve as the main connector of disparate systems.

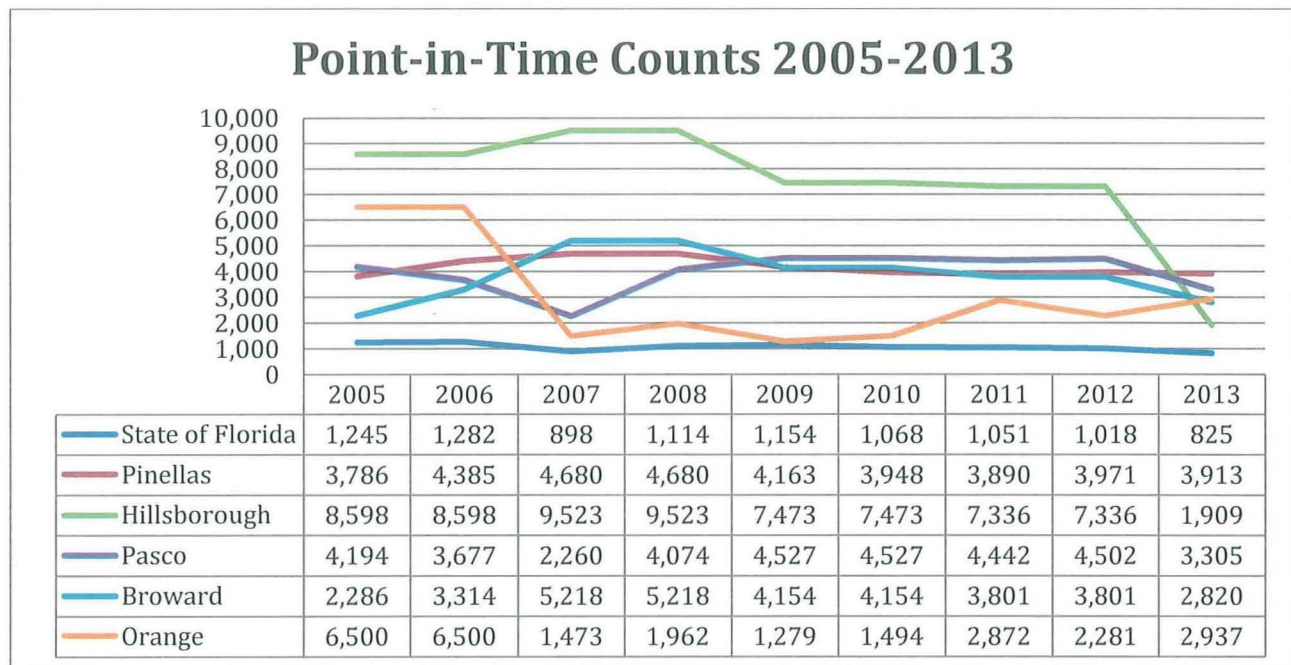
The **\$5 million** capital grant will finance the construction of the health clinic and includes **\$900,000** for facility equipment costs. *On-going operational expenses will be absorbed through Medicaid and third-party billing.* We estimate that the *Bayside Health Campus* will be financially independent by the end of the second year. Partner service providers will deliver services within their own operating budgets and will bill through the County's Medicaid billing system for reimbursement when appropriate. In addition, the Department is currently seeking to expand its **Federally Qualified Health Center (FQHC)** designation to allow all of our medical homes to serve low-income populations and leverage local and federal resources. If our application is approved, expenses for Medicaid clients will be reimbursed by the federal government, and additional costs of care will be offset by federal grants available for **FQHC's**. In addition, under the **FQHC** expansion, we are also able to rely on third-party billing, and, when combined with the other generating revenue mentioned previously, these billing systems allow for the long-term sustainability of the Health Campus.



Source: [National Association of Community Health Centers, Incorporated](#) (NACHC) analysis of the 2011 Uniform Data System, Bureau of Primary Health Care, Health Resources and Services Administration, Department of Health and Human Services, Special Data Request, March 2013.

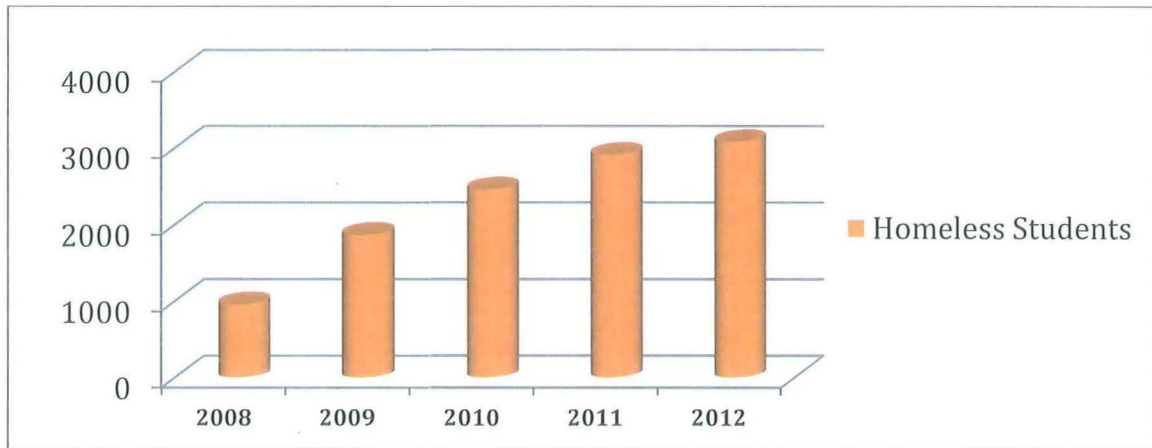
A System-Wide Approach to Reduce Homelessness

In 2013, the State of Florida's *Council on Homelessness Report* revealed that Pinellas County now has the highest rate of homelessness in Florida. 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 have been families with children. **One in five** homeless individuals in the Tampa-St. Petersburg metropolitan area is a child. In addition, Pinellas County has seen a **221%** increase of homelessness among families with children since the 2007-2008 school years.

Pinellas County School District: Homeless Children Counts 2007-2012



There is a critical lack of affordable housing units and services for families with children in Pinellas County. A family of four using **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.

Maximum Rent on Database	Available To Rent On September 4, 2013		Total Listed 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

Both sheltered and unsheltered homeless individuals report experiencing challenges associated with disability and financial concerns. Additionally, the *National Alliance to End Homelessness* explains that homeless individuals need a single point of contact where their needs can be identified and necessary services provided. With the exception of **TBIN**, there is currently no functional accountability between individual service providers in Pinellas County. 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 families with children.

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:



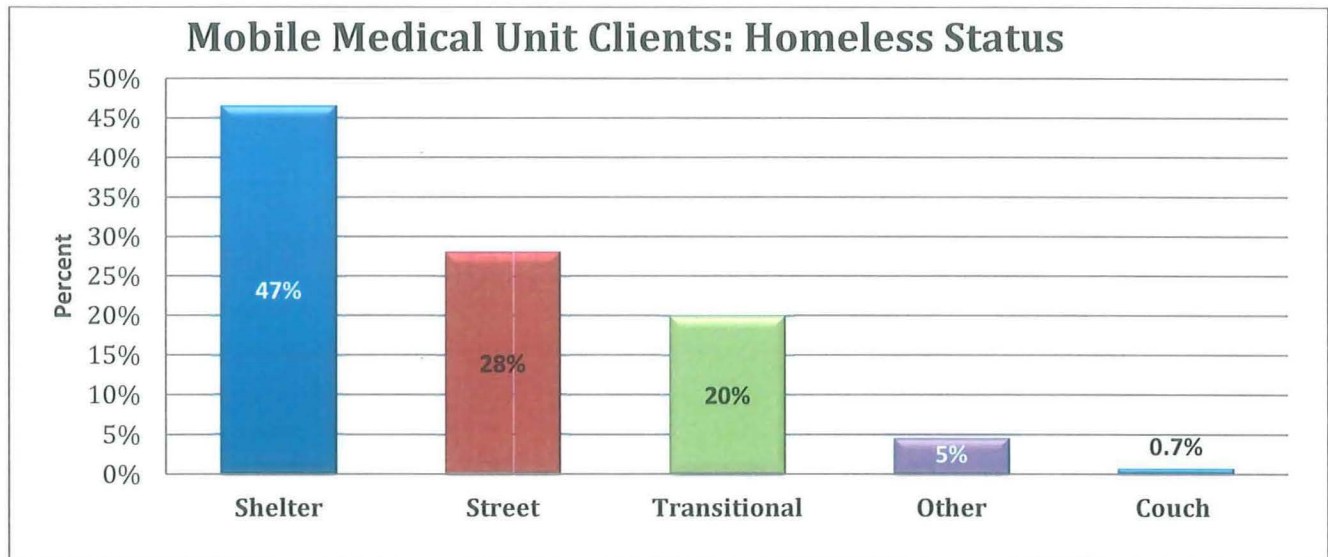
Homelessness and Healthcare

In addition to non-medical services such as job training and placement, education, child care, and housing placement and assistance, homeless families also need easily accessible health care. Among the chief issues affecting the provision of services for homeless individuals were the costs of homelessness and healthcare. The Point-in-Time Count translates into more than **22,000** incidents of homelessness throughout the year. The *Economic Impact of Poverty* report that was prepared for the Board by the Department of Health and Community Services demonstrated that costs related to homelessness could be between **\$166.9** and **\$178.7** million annually, which include hospitalization, medical treatment, incarceration, police intervention, and emergency shelter expenses.

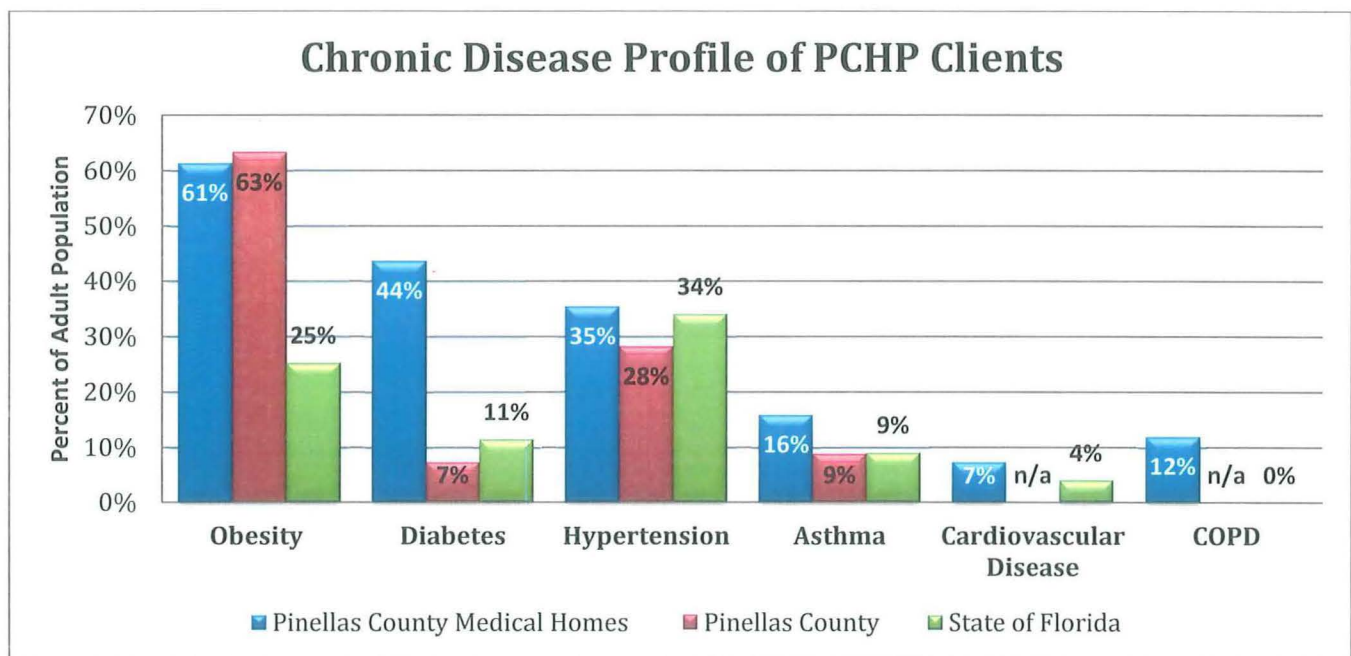
The exacerbation of these conditions due to poor continuity of care, lack of health care access, and inappropriate living conditions lead to unaffordable emergency room and inpatient hospital stays. In addition, **28%** of homeless individuals needing medical care were unable to receive it. Challenges obtaining food, clothing, shelter, and/or behavioral health care can compromise patient adherence to medications or physician instruction, increasing the possibility of future hospitalizations.

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 **FQHC** 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. The *Mobile Medical Unit* travels throughout the County, usually visiting all sites twice a month. 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. Mobile Medical Unit clients are predominantly white (**76%**) males (**72%**) between the

ages of **45 and 54 (38%)**, and clients primarily report living in shelters, on the streets, or in transitional housing.



Clients in our medical program have higher rates of chronic diseases than the general population in Pinellas County, some up to two to three times higher. Prevalent chronic diseases include obesity (**61%**), diabetes (**44%**), and hypertension (**35%**). The disease diagnoses for our Mobile Medical Unit clients do not vary greatly from Pinellas County Health Plan 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.



Source: Florida Department of Health, Division of Public Health Statistics & Performance Management

Despite the **Mobile Medical Unit's** best efforts to treat as many homeless individuals as possible, the time lost traveling to sites or servicing the van severely limits the ability of the team to increase the number of homeless individuals treated. 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. Given the tremendous increase in Pinellas County's homeless population, the cost of this population and the size and capacity limitations of the van, a stand-alone facility dedicated to the health and social needs of the homeless is fundamental to the County's ability to have a positive impact.

Bayside Health Campus

At the direction of the Board of County Commissioners, the Department of Health and Community Services embarked on a plan to collaborate with community partners, re-design our current County healthcare delivery system, and identify new funding streams to decrease the responsibility of the county to pay for care. As a result, the Department applied for and received the **\$5 million HRSA** grant to build the Bayside Health Campus.

The first floor of the facility will house all core services offered through the Pinellas County Health Program and other health services, including mental health and substance abuse treatment. Non-medical social services from partner agencies will allow our homeless population to directly access health care and other targeted services at a centralized, mid-county facility. The facility's second floor will serve as a respite unit for homeless individuals that have acute/post-acute medical illnesses that need assistance but are not ill enough to stay in a hospital. The respite wing will house **10 beds**, providing homeless individuals with an opportunity to rest in a safe environment while accessing medical care and supportive services.

Site Plan

The Department of Health and Community Services procured preliminary design services from an architectural firm to illustrate the proposed layout and feel of the health clinic. The initial schematics are included below. The design-build contract was approved by the Board of County Commissioners on February 25, 2014.

Initial Site Plan and Exterior Renderings



Rendering of the Building Interior – Lobby and Reception Area



Bayside Health Campus Advisory Group

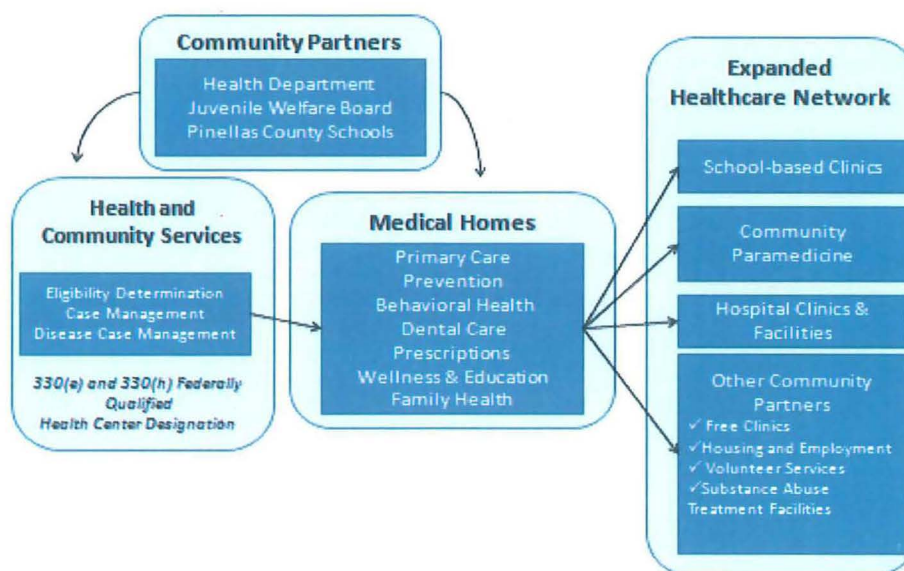
As part of the planning process for the grant, the Department of Health and Community Services regularly met with partnering agencies to discuss the new health clinic and integrated care model. Through the use of inter-local agreements, these agencies have agreed to work together to provide ancillary, specialty, and respite care for our patients at no additional cost to the County. All partners, excluding BayCare Health Systems and All Children's Hospital, signed inter-local agreements (**Attachment A**) which commit partner agencies to serve in the Bayside Advisory Group and provide services at no cost to the County. Due to policy reasons, BayCare signed an individual agreement that commits staffing and management of the Respite Center and 3-5 physicians to support the physician staff for Adult Primary Care. All Children's Hospital's President provided a letter to County Administrator Bob LaSala speaking to their hospital's support of the Bayside Health Campus and their agreement to participate with Pediatric care in the clinic. Further payment negotiations are continuing, including discussions with both hospitals for the maximization of **Low-Income Pool (LIP)** and **Buy-Back** funds. Through the utilization of Medicaid reimbursement for all children served at Bayside, as well as the use of LIP and Buy-Back dollars, we anticipate full compensation to All Children's Hospital for their services and these negotiated terms will be codified through a future Memorandum of Understanding.

Bayside Advisory Group

Name	Title	Organization
Dr. Claude Dharamraj	Director	Pinellas County Health Department
Barbara Daire	President and CEO	Suncoast Center, Inc.
Gary MacMath	President and CEO	Boley Centers
Terrance McAbee	President and CEO	Homeless Emergency Project
Amy Maguire	VP of Government and Corporate Relations	All Children's Hospital
Marcie Biddleman	Executive Director	Juvenile Welfare Board
Matt Novak	Director of Operations	BayCare Health Systems
Gwendolyn C. Warren	Executive Director	Pinellas County Health and Community Services

As illustrated in the graphic below, 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. Other on-site services 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 treatment, financial assistance, housing assistance, employment assistance, and referrals to other community partners.

New Healthcare Delivery System Design



Health Campus Services

The Florida Department of Health will offer primary care, prevention and wellness, health education, laboratory services, radiology, and disease case management services at the facility. BayCare Health System will also provide medical staff for the health clinic. In addition, three specialized services will be available on-site:

Women's Health:

Living on the streets, in shelters, or in other places not suitable for long-term habitation do not lend themselves to proper primary and preventive care. And while limited medical services are available in free clinics and on the Mobile Medical van, full gynecological services are not. The new health clinic will provide private, dedicated clinic space for women's health.

Pediatric Services:

Comprehensive and routine pediatric care is important to the health and well-being of children, for it impacts their physical, mental, emotional, and social development. Homeless children exhibit signs of severe stress, fatigue, malnourishment, and trauma. It is important that they receive appropriate and regular medical services. The new health clinic will be a warm, safe, and inviting environment for homeless families with children.

Podiatry Services:

Street homeless individuals spend many hours walking several miles a day – often in inadequate shoes or sometimes even barefoot. The lack of shower and hygiene services available to them also makes them more prone to illness and infection. One area most prone to injury or infection for this population is their feet, since they are walking around and sleeping outside on park benches, in makeshift tents, or under bridges. Podiatry services, as well as showers and other hygiene services, will be available on-site and will be a first step in their clinical care.

Behavioral Health Care: Integrating behavioral health care into the primary care delivery system is quickly becoming a standard practice at health homes across the nation. By integrating behavioral health care into the medical homes, it is easier to diagnose and treat mental health and substance abuse conditions early on. This is extremely important in the homeless population, which has high incidences of behavioral health needs. In order to properly integrate behavioral health care, patients will be assigned a collaborative care team that also includes a mental health clinician and substance abuse counselor when appropriate. Unique services to ensure true integration of care include team-based consultation,

telemedicine, on-demand behavioral health and medication consultation, interdisciplinary case management and case conferences.

Dental Care: Lack of dental care is the key contributor to oral health problems among low-income and homeless individuals who face particular barriers to care. In addition to health issues that stem from poor oral health, it is important to provide appropriate care to homeless individuals that are trying to become self-sufficient. The loss of one's smile creates significant barriers to future employment opportunities. The new health clinic will have a dental operatory at the facility with appropriate equipment and staff.

Pharmacy: Currently, pharmacy services are provided at no cost to Pinellas County Health Program clients allowing them to obtain their medications at multiple Pinellas County locations. Prescriptions will continue to be provided at no cost to the clients seeking services at the Bayside Health Campus.

Case Management: The provision of support services when delivering healthcare to the homeless population is crucial to improving their quality of life and reducing health disparities and improve health outcomes. Case management will be provided by Health and Community Services staff in coordination with the behavioral health providers. The integrated case management will be a complement to the medical services and will be coordinated with the various agencies that are working in the clinic. Office space will be provided to ensure that other social service agencies are physically located at the clinic in order to facilitate assessments and referrals to multiple community agencies.

Housing Assistance: A much needed service for the homeless population is housing assistance services. The Department of Health and Community Services will work with local partners, including ***Boley Centers*** and the ***Homeless Emergency Project***, to secure adequate and affordable housing for clients seeking housing assistance services at the health clinic. Staff is also proposing a housing acquisition program to assist in the establishment of more available low-income housing.

Employment Assistance: Another important component in improving the environment for the homeless population is access to WorkNet Pinellas, which will allow for these individuals to develop new skills and search for employment opportunities that will help them achieve a higher level of self-sufficiency.

Respite Care: The second floor of the facility will serve as a respite center for homeless individuals that have acute or post-acute medical illnesses that need assistance but are not ill enough to stay in a hospital.

Respite care provides homeless individuals with an opportunity to rest in a safe environment while accessing medical care and other supportive services. Homeless individuals are three to four times more likely to die prematurely than their housed counterparts. BayCare Health System will sponsor the medical respite facility and will provide beds, equipment, and staff for the clinic. The Bayside Health Campus conceptual Floor plan (**Attachment B**) provides further details regarding the Respite Care facility.

Capital and Operational Expenses

The **\$5 million** capital grant will finance the construction of the Bayside Health Campus and provides **\$900,000** for facility start-up costs. In line with the industry standard for this project, the contractor will bid out for equipment and associated costs. As a result, we anticipate more conservative costs compared to the retail prices provided in the Start-Up estimates for medical equipment. Partner service providers will deliver services within their own operating budgets and will request that we bill Medicaid for reimbursement as appropriate. A portion of all Medicaid billing revenue (**30%**) will be maintained to cover operating expenses. In addition, the Department is currently seeking to expand its **FQHC** designation to allow all of our medical homes to serve low-income populations and leverage our local resources. The following section provides details on the annual revenue estimates, annual clinic operating costs, and the projected start-up costs.

Bayside Health Clinic Annual Revenue Budget Estimate						
Encounter Type	Patients¹	Encounters per Patient	Annual Encounters	Insured Encounters	Insurance Reimb Rate²	Estimated Revenue³
Primary Care	3,700	4	14,800	5,920	125	\$ 740,000
Pediatric	416	4	1,664	1,664	125	\$ 208,000
Dental	1,670	2	3,340	1,336	117	\$ 156,312
Dental - Pediatric	444	2	888	888	117	\$ 103,896
Behavioral Health	2,590	2	5,180	2,072	117	\$ 242,424
Respite	416	1	416	0	0	\$ -
Total Annual Recurring Revenue						\$1,450,632

¹ = The projected budget is based on the following calculations:

- An average of **10,000** clients are enrolled in the **Pinellas County Health Program (PCHP)** annually.
 - **45%** of **PCHP** clients are homeless.
 - We estimated a participation level of **37%** for a total of **3700** homeless clients.
- The 2013 Point in Time (PIT) Count estimates, **2,495** children are homeless in Pinellas County.
 - Applying **45%** counts to our client population, it is estimated that **1,123** homeless children stand to benefit from the Bayside Clinic.
 - We project that we will serve approximately **37%** of these children, or **416**.
- In consultation with Executive Resources (**County's FQHC Consultant**) and standard projections of presumed Medicaid eligible patients, we estimate that approximately **40%** of our adult clients will be Medicaid eligible.
 - Current Medicaid regulations allow for one hundred percent (**100%**) of homeless persons under the age of 18 to be covered.
- The Department of Health in Pinellas County provides dental services to approximately **4,176 PCHP** patients annually.
 - An estimated **1670** adult and **444** pediatric dental patients are therefore projected to be seen in the Bayside Dental Clinic.
- The Bayside Clinic will also provide behavioral health services for children and adults.
 - Seventy percent (**70%**) of all unsheltered homeless persons who participated in the PIT count indicated that they suffer from a mental health disability or depression.
 - Given that, **70%** of the expected homeless participation of **3,700** is **2,590**.

² = **\$125** is the current Medicaid reimbursement rate for **FQHC's** primary care encounters. **\$117** is the average reimbursement for dental and behavioral health encounters, according to the consultants, Executive Resources.

³ = *Estimated Revenue* is calculated as Insured Encounters multiplied by the Insurance Reimbursement Rate. *Insured Encounters* is calculated as **40%** of Annual Encounters for adults and **100%** for children. Number of patients multiplied by Encounters per Patient yields *Annual Encounters*.

Bayside Health Clinic Annual Budget Estimate

	FTE	HCS Cost Estimate 4	Partner Cost Estimate 5
Personnel			
Clinic Staff		Health and Community Services	
Medical Director	0.1	17,836	
Senior Physician	1	191,500	
Registered Nurse	1	63,000	
Nurse - LPN / Phlebotomist	1	50,000	
X-Ray Technician	1	62,750	
Dentist	1	165,250	
Dental Hygienist	1	60,000	
Total	6.1	610,336	
		(-431,404)	Grant 6
		178,932	
Respite Center/Clinic Staff			BayCare Network
Senior Physician	1		191,500
Physician Assistant	1		93,000
Nurse - LPN	1		50,000
Nurse - Respite	3		189,000
Physician - Respite	1		155,100
Total	7		678,600
Pediatric - Primary Care			All Children's Hospital
Pediatrician	1		155,100
Nurse	1		50,000
Total	2		205,100
Behavioral Healthcare			Suncoast Center, Inc.
Behavioral Health Specialist	2		126,000
Total	2		126,000
Personnel Subtotal	17.1	178,932	1,009,700

4 = Personnel costs based on negotiated rates in contract with Florida Department of Health in Pinellas County.

5 = Costs based on regional cost projections.

6 = Future Support under **HRSA** Award #5 H80CS00024-12-00 "Health Care for the Homeless" Federal grant.

Other Medical Expenses		
Supplies		
Medical / X-Ray Supplies	75,000	
Dental Supplies	40,000	
	115,000	
Annual Facility Maintenance Costs		
Maintenance	93,840	
Utilities	58,080	
	151,920	
Other Medical Expense Subtotal	266,920	0
Annual Operating Cost Estimate	445,852	1,009,700

Bayside Health Clinic Start-up Costs

	HRSA Grant Estimate ⁷	Partner Cost Estimate ⁵
Primary Care / X-Ray / Dental		
Exam Room / Triage Equipment / Supplies	299,781	
Dental Equipment	138,417	
Office/Reception/Classroom Furniture	157,372	
Office Equipment / Supplies	63,062	
	658,632	
Respite Center		
		BayCare Network
Beds / Respite Furniture		50,390
Office/Reception/Consult Furniture		15,744
Office Equipment / Supplies		3,210
Appliances		1,850
		71,194
Children's Safe Area		
		Juvenile Welfare Board
Toys / Furniture Children's Safe Area		6,700
		6,700
Start-up Cost Estimate	658,632	77,894

⁵ = Costs based on regional cost projections.

⁷ = The **Health Resources and Services Administration (HRSA)** grant provides up to \$900,000 for equipment and supplies. See **Appendix D** for a detailed list of the estimated expenditures.

Conclusion

Under the direction of the Board of County Commissioners, the Department of Health and Community Services has undertaken significant efforts to streamline our core services, improve our delivery system, enhance our technology, and work with partners to achieve measurable outcomes in our programs. Aligned with these efforts, the Department received a **\$5 million** federal capital grant to build the ***Bayside Health Campus*** –a patient-centered medical home that uniquely serves the needs of homeless individuals and families. As explained through the ***2013 Council on Homelessness Report***, Pinellas County now ranks highest in homelessness in the State of Florida, with **one in five** children being homeless.

The ***Bayside Health Campus*** is an innovative, collaborative effort between the Department of Health and Community services and our local community partners to address the costly and complex needs present in the homeless community—particularly among families with children. The ***Economic Impact of Poverty*** report that was prepared for the Board by the Department of Health and Community Services demonstrated that costs related to homelessness could be between \$166.9 and \$178.7 million annually, which include hospitalization, medical treatment, incarceration, police intervention, and emergency shelter expenses. If approved by the Board of County Commissioners, the ***Bayside Health Campus*** will serve as a model for the countywide efforts to reduce poverty and the barriers to self-sufficiency by providing intensive, wraparound services to the County's most vulnerable communities.

MEMORANDUM OF UNDERSTANDING FOR BAYSIDE HEALTH CAMPUS

This Agreement ("Agreement") is entered into by and between the Juvenile Welfare Board, All Children's Hospital, BayCare Health System, Suncoast Center, Inc., Boley Centers, Inc., the Florida Department of Health in Pinellas County, Homeless Emergency Project, and Pinellas County through its Department of Health and Community Services (hereinafter referred to collectively as "Parties").

RECITALS

WHEREAS, on May 1, 2012, Pinellas County (County) through the Department of Health and Community Services was awarded a \$5,000,000.00 capital improvement grant from the Health Resources and Services Administration (HRSA) to build a new medical clinic for homeless and low income residents of Pinellas County; and

WHEREAS, due to the medical complexity of the homeless population, the new medical clinic will be a bricks and mortar facility of the County's Mobile Medical Unit, a Federally Qualified Health Center that provides primary care to homeless individuals; and

WHEREAS, in order to satisfy the requirements of the Grant, the County will provide a facility specifically set aside to provide services for this population, manage the Grant and coordinate with the federal government to ensure that the project is completed on time, on budget, and that progress reports are submitted in a timely manner, provide case management and navigational support services including referrals to community agencies, and provide and maintain the necessary technology to link operational partners; and

WHEREAS, this facility will be known as the Bayside Health Campus; and

WHEREAS, it is necessary that health care providers participate as members of an Advisory Group for the Bayside Health Campus; and

WHEREAS, the Advisory Group must work seamlessly to deliver coordinated care, share information, maximize the use of technology, improve the efficiency of operations, and improve overall outcomes in the community; and

WHEREAS, the health care providers agree to participate in data sharing, client information as it pertains to common eligibility and service provision; and

WHEREAS, this collaboration between the County and local health care providers will further the objectives of the County and satisfy the requirements of the Grant; and

WHEREAS, the service provided by the Bayside Health Campus will be a benefit to those citizens of Pinellas County who access the Pinellas County Health Program.

NOW, THEREFORE, in consideration of the foregoing, the parties agree as follows:

I. DEFINITIONS

COUNTY MEDICAL FACILITY shall refer to the Bayside Health Campus located at 14840 49th Street North Clearwater, FL 33760, for the purpose of providing health care services to the homeless and low income citizens of Pinellas County.

PARTY OR PARTIES shall refer to any participating Agency individually or collectively.

ARTICLE I OBLIGATIONS OF AGENCY

1.1 Participation on the Advisory Group. Each Party agrees to fully participate as a member of the Advisory Group for the Bayside Health Campus for the term of this Agreement.

1.2 Service to be Provided. The Parties shall provide health care related, organizational and other services as provided for in individual agreements to be executed in the future for the purpose of creating, maintaining and advancing the Bayside Health Campus.

1.3 Use of Subcontractors and Agents. Each Party shall require each of its agents and subcontractors that receive health information from another Party under this Agreement to execute a written agreement obligating the agent or subcontractor to comply with all the terms of this Agreement as necessary.

ARTICLE II TERM, COSTS & DISPUTE RESOLUTION

2.1 Term. The term of this Agreement shall begin on October 1, 2013 and end at close of business December 31, 2017 and may be renewed for an extended period as set forth by the Parties at any time before the expiration date of this Agreement through written execution by the Parties.

2.2 Cost. The Parties agree that no costs are intended to be incurred through this Agreement and that each Party will be responsible for its own costs should any be incurred. No Party will bill, invoice, charge or in any way demand payment from any other Party for services provided pursuant to this Agreement.

2.3 Dispute Resolution. All disputes arising out of this Agreement shall be discussed between the Parties through informal mediation sessions prior to a Party taking any other action.

ARTICLE III EMPLOYEES

3.1 At no time shall the employees of any Party be deemed to be an employee or agent of another Party. Each Party shall have supervisory responsibility for its personnel.

3.2 All wage and disability payments, pensions, Workers' Compensation claims, and medical expenses shall be paid by the employing Party.

3.3 Employees of any Party may be removed from the facility, if necessary, based on the reasonable discretion of County staff.

ARTICLE IV INSURANCE & INDEMNIFICATION

4.1 Indemnification. The Parties shall be responsible for their own negligence and shall hold all other Parties harmless from any liability incurred pursuant to their participation in this Agreement, where such liability is based on that Party's negligence. Nothing herein is intended as a waiver of sovereign immunity except as provided in Section 768.68, Florida Statutes. Nothing herein shall be construed as consent to be sued by any third party for any matter arising from this Agreement.

4.2 Insurance. The Florida Department of Health in Pinellas County is a state agency as defined by Section 768.28, Florida Statutes and accepts responsibility for identifying and determining the type and extent of liability insurance necessary to provide reasonable financial protection for the department and the clients to be served by it. Upon request, DOH Pinellas will provide written verification of such insurance coverage which may be provided by a self-insurance program established and operated under the laws of the State of Florida. Other public entities may provide written verification of self-insurance in lieu of general liability coverage.

ARTICLE V MISCELLANEOUS

5.1 Severability. If any provision of this Agreement is found to be invalid or unenforceable by any court, such provision shall be ineffective only to the extent that it is in contravention of applicable laws without invalidating the remaining provisions hereof.

5.2 Notices. All notices required under this Agreement shall be delivered to the administrative head of the Advisory Group.

5.3 Cancellation. Any Party may cancel without cause, by giving thirty (30) days prior written notice.

5.4 Independent Status. Each Party is and shall remain an independent and separate entity from each other Party.

5.5 Conformity with Law. This Agreement and performance hereunder shall be construed in accordance with the laws of the State of Florida.

IN WITNESS WHEREOF, the Parties hereto have executed this Agreement effective as of the date stated above.

ATTEST:

PINELLAS COUNTY, FLORIDA, acting by and through its County Administrator

By: _____
Witness

By: _____
Robert S. LaSala
County Administrator

Date: _____

APPROVED AS TO FORM
OFFICE OF COUNTY ATTORNEY

Attorney

ATTEST:

BOLEY CENTERS, INC.

By: _____
Witness

By: _____
Gary MacMath
President/Chief Executive Officer

Date: _____

ATTEST:

ALL CHILDREN'S HOSPITAL

By: _____
Witness

By: _____
Jonathan M. Ellen, MD
President

Date: _____

ATTEST:

FLORIDA DEPARTMENT OF HEALTH IN
PINELLAS COUNTY

By: _____
Witness

By: C. Dharamraj
Claude Dharamraj, MD, MPH, FAAP
County Health Department Director

Date: 2/27/2014

ATTEST:

BAYCARE HEALTH SYSTEM

By: _____
Witness

By: _____
Stephen R. Mason
President and Chief Executive Officer

Date: _____

ATTEST:

JUVENILE WELFARE BOARD

By: _____
Witness

By: _____
Marcie Biddleman, PhD.
Executive Director

Date: _____

ATTEST:

SUNCOAST CENTER, INC.

By: _____
Witness

By: _____
Barbara E. Daire
President and Chief Executive Officer

Date: _____

ATTEST:

HOMELESS EMERGENCY PROJECT

By: _____
Witness

By: _____
Terrence McAbee
President/CEO

Date: _____

MEMORANDUM OF UNDERSTANDING FOR BAYSIDE HEALTH CAMPUS

This Agreement ("Agreement") is entered into by and between the Juvenile Welfare Board, All Children's Hospital, BayCare Health System, Suncoast Center, Inc., Boley Centers, Inc., the Florida Department of Health in Pinellas County, Homeless Emergency Project, and Pinellas County through its Department of Health and Community Services (hereinafter referred to collectively as "Parties").

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WHEREAS, due to the medical complexity of the homeless population, the new medical clinic will be a bricks and mortar facility of the County's Mobile Medical Unit, a Federally Qualified Health Center that provides primary care to homeless individuals; and

WHEREAS, in order to satisfy the requirements of the Grant, the County will provide a facility specifically set aside to provide services for this population, manage the Grant and coordinate with the federal government to ensure that the project is completed on time, on budget, and that progress reports are submitted in a timely manner, provide case management and navigational support services including referrals to community agencies, and provide and maintain the necessary technology to link operational partners; and

WHEREAS, this facility will be known as the Bayside Health Campus; and

WHEREAS, it is necessary that health care providers participate as members of an Advisory Group for the Bayside Health Campus; and

WHEREAS, the Advisory Group must work seamlessly to deliver coordinated care, share information, maximize the use of technology, improve the efficiency of operations, and improve overall outcomes in the community; and

WHEREAS, the health care providers agree to participate in data sharing, client information as it pertains to common eligibility and service provision; and

WHEREAS, this collaboration between the County and local health care providers will further the objectives of the County and satisfy the requirements of the Grant; and

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5.5 Conformity with Law. This Agreement and performance hereunder shall be construed in accordance with the laws of the State of Florida.

<SIGNATURE PAGES TO FOLLOW>

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ATTEST:

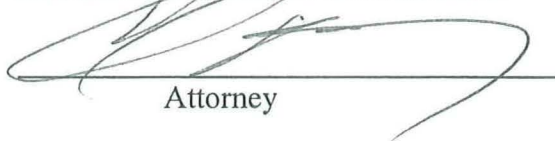
PINELLAS COUNTY, FLORIDA, acting by and through its County Administrator

By: _____
Witness

By: _____
Robert S. LaSala
County Administrator

Date: _____

APPROVED AS TO FORM
OFFICE OF COUNTY ATTORNEY



Attorney

ATTEST:

BOLEY CENTERS, INC.

By: _____
Witness

By: _____
Gary MacMath
President/Chief Executive Officer

Date: _____

ATTEST:

ALL CHILDREN'S HOSPITAL

By: _____
Witness

By: _____
Jonathan M. Ellen, MD
President

Date: _____

ATTEST:

FLORIDA DEPARTMENT OF HEALTH IN
PINELLAS COUNTY

By: _____
Witness

By: _____
Claude Dharamraj, MD, MPH, FAAP
County Health Department Director

Date: _____

ATTEST:

BAYCARE HEALTH SYSTEM

By: _____
Witness

By: _____
Stephen R. Mason
President and Chief Executive Officer

Date: _____

ATTEST:

JUVENILE WELFARE BOARD

By: Jean Chamo
Witness

By: Marcie Biddleman
Marcie Biddleman, PhD.
Executive Director

Date: 03/04/14

ATTEST:

SUNCOAST CENTER, INC.

By: _____
Witness

By: _____
Barbara E. Daire
President and Chief Executive Officer

Date: _____

ATTEST:

HOMELESS EMERGENCY PROJECT

By: _____
Witness

By: _____
Terrence McAbee
President/CEO

Date: _____

MEMORANDUM OF UNDERSTANDING FOR BAYSIDE HEALTH CAMPUS

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RECITALS

WHEREAS, on May 1, 2012, Pinellas County (County) through the Department of Health and Community Services was awarded a \$5,000,000.00 capital improvement grant from the Health Resources and Services Administration (HRSA) to build a new medical clinic for homeless and low income residents of Pinellas County; and

WHEREAS, due to the medical complexity of the homeless population, the new medical clinic will be a bricks and mortar facility of the County's Mobile Medical Unit, a Federally Qualified Health Center that provides primary care to homeless individuals; and

WHEREAS, in order to satisfy the requirements of the Grant, the County will provide a facility specifically set aside to provide services for this population, manage the Grant and coordinate with the federal government to ensure that the project is completed on time, on budget, and that progress reports are submitted in a timely manner, provide case management and navigational support services including referrals to community agencies, and provide and maintain the necessary technology to link operational partners; and

WHEREAS, this facility will be known as the Bayside Health Campus; and

WHEREAS, it is necessary that health care providers participate as members of an Advisory Group for the Bayside Health Campus; and

WHEREAS, the Advisory Group must work seamlessly to deliver coordinated care, share information, maximize the use of technology, improve the efficiency of operations, and improve overall outcomes in the community; and

WHEREAS, the health care providers agree to participate in data sharing, client information as it pertains to common eligibility and service provision; and

WHEREAS, this collaboration between the County and local health care providers will further the objectives of the County and satisfy the requirements of the Grant; and

WHEREAS, the service provided by the Bayside Health Campus will be a benefit to those citizens of Pinellas County who access the Pinellas County Health Program.

NOW, THEREFORE, in consideration of the foregoing, the parties agree as follows:

I. DEFINITIONS

COUNTY MEDICAL FACILITY shall refer to the Bayside Health Campus located at 14840 49th Street North Clearwater, FL 33760, for the purpose of providing health care services to the homeless and low income citizens of Pinellas County.

PARTY OR PARTIES shall refer to any participating Agency individually or collectively.

ARTICLE I OBLIGATIONS OF AGENCY

1.1 Participation on the Advisory Group. Each Party agrees to fully participate as a member of the Advisory Group for the Bayside Health Campus for the term of this Agreement.

1.2 Service to be Provided. The Parties shall provide health care related, organizational and other services as provided for in individual agreements to be executed in the future for the purpose of creating, maintaining and advancing the Bayside Health Campus.

1.3 Use of Subcontractors and Agents. Each Party shall require each of its agents and subcontractors that receive health information from another Party under this Agreement to execute a written agreement obligating the agent or subcontractor to comply with all the terms of this Agreement as necessary.

ARTICLE II TERM, COSTS & DISPUTE RESOLUTION

2.1 Term. The term of this Agreement shall begin on October 1, 2013 and end at close of business December 31, 2017 and may be renewed for an extended period as set forth by the Parties at any time before the expiration date of this Agreement through written execution by the Parties.

2.2 Cost. The Parties agree that no costs are intended to be incurred through this Agreement and that each Party will be responsible for its own costs should any be incurred. No Party will bill, invoice, charge or in any way demand payment from any other Party for services provided pursuant to this Agreement.

2.3 Dispute Resolution. All disputes arising out of this Agreement shall be discussed between the Parties through informal mediation sessions prior to a Party taking any other action.

ARTICLE III EMPLOYEES

3.1 At no time shall the employees of any Party be deemed to be an employee or agent of another Party. Each Party shall have supervisory responsibility for its personnel.

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<SIGNATURE PAGES TO FOLLOW>

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ATTEST:

PINELLAS COUNTY, FLORIDA, acting by and through its County Administrator

By: _____
Witness

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Robert S. LaSala
County Administrator

Date: _____

APPROVED AS TO FORM
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Attorney

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Marcie Biddleman, PhD.
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Barbara E. Daire
President and Chief Executive Officer

Date: _____

ATTEST:

By: 
Witness

HOMELESS EMERGENCY PROJECT

By: 
Terrence McAbee
President/CEO

Date: 3/12/14

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ATTEST:

PINELLAS COUNTY, FLORIDA, acting by and through its County Administrator

By: _____
Witness

By: _____
Robert S. LaSala
County Administrator

Date: _____

APPROVED AS TO FORM
OFFICE OF COUNTY ATTORNEY



Attorney

ATTEST:

BOLEY CENTERS, INC.

By: _____
Witness

By: _____
Gary MacMath
President/Chief Executive Officer

Date: _____

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By: _____
Witness

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Jonathan M. Ellen, MD
President

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Witness

By: Gary MacMath
Gary MacMath
President/Chief Executive Officer

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HOMELESS EMERGENCY PROJECT

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<SIGNATURE PAGES TO FOLLOW>

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PINELLAS COUNTY, FLORIDA, acting by and through its County Administrator

By: _____
Witness

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Robert S. LaSala
County Administrator

Date: _____

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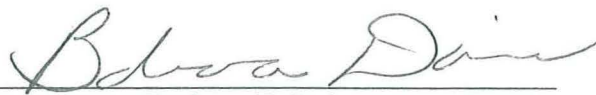
By: _____
Marcie Biddleman, PhD.
Executive Director

Date: _____

ATTEST:

SUNCOAST CENTER, INC.

By: _____
Witness

By: _____
Barbara E. Daire
President and Chief Executive Officer

Date: 3/7/14

ATTEST:

HOMELESS EMERGENCY PROJECT

By: _____
Witness

By: _____
Terrence McAbee
President/CEO

Date: _____

MEMORANDUM OF UNDERSTANDING FOR
PINELLAS COUNTY LOW INCOME POOL GRANT FUND

THIS MEMORANDUM OF UNDERSTANDING FOR PINELLAS COUNTY LOW INCOME POOL GRANT FUND (“**MOU**”) is entered into as of the 1st day of October, 2013, by and between PINELLAS COUNTY, a political subdivision of the State of Florida (“**County**”), and BAYCARE HEALTH SYSTEM, INC., a Florida not-for-profit corporation (“**BAYCARE**”) (hereinafter jointly referred to as “**PARTIES**”).

RECITALS

WHEREAS, the **PARTIES** to this **MOU** are critical components regarding the provision of health care services to citizens of Pinellas County; and

WHEREAS, the **PARTIES** also serve those citizens of the County who are unable to afford the increasing costs of health care; and

WHEREAS, the **PARTIES** are interested in improving the quality of health care for all citizens of Pinellas County, but in the context of this **MOU**, particularly for indigent families in Pinellas County; and

WHEREAS, the **PARTIES** have been in discussions regarding optional structures for most efficiently providing health services through a strengthened relationship; and

WHEREAS, **BAYCARE** is the preeminent health system in the County and as such, is uniquely positioned to take a lead role in these and other future projects; and

WHEREAS, **BAYCARE** has always been a willing partner to improve health care and increase health access to low income uninsured county residents; and

WHEREAS, **BAYCARE’S** commitment to and investment in community health is evident and a strengthened partnership between **BAYCARE** and the Department of Health and Human Services will greatly improve community health outcomes in Pinellas County; and

WHEREAS, the County is interested in leveraging the funding it provides for public health care to the maximum extent possible; and

WHEREAS, in previous years, the **PARTIES** have entered into agreements that allowed the County to gain maximum benefit from its funding of local health care by participation in the Medicaid Buy-Back program; and

WHEREAS, the County is willing to contribute a greater percentage of its funding for health care funding into the Medicaid Buy-Back program in order to receive funds from the state which funds will be received by **BAYCARE**; and

WHEREAS, it is expected that funds received by **BAYCARE** through the Medicaid Buy-Back program will be used in order to maintain and support current programs provided by the County consistent with the Pinellas County Health Plan; and

WHEREAS, it is expected that BAYCARE increase its collaboration with the County regarding health care issues related to homeless families; and

WHEREAS, this MOU will also provide specific responsibilities between the PARTIES based on the consideration provided for the provision of services by BAYCARE and other third party health care providers; and

WHEREAS, the PARTIES agree to abide by the terms of this MOU.

NOW, THEREFORE, in consideration of the foregoing, the parties agree as follows:

ARTICLE I OBLIGATIONS OF THE PARTIES

1.1 Initial Effective Date of Performance. The obligations created under this MOU shall become effective on October 1, 2013.

1.2 County Disbursement. The County agrees to participate in the Medicaid Buy-Back program in the maximum amount allowed under the program, and to direct that these funds be returned to BAYCARE under the terms of the Medicaid Buy-Back program (the “**County Disbursement**”).

1.3 Service to be Provided. BAYCARE, in consideration of the County Disbursement referenced above, shall utilize such funds for the support of health care services for low income County residents including, but not limited to, the County Health Program and the Bayside Health Campus.

1.4 Coordinated Participation. BAYCARE, in consideration of the County Disbursement and additional leveraged funds received from the state of Florida thereby and for future consideration provided through state and federal health care programs, agrees to coordinate with the County during the term of this MOU as follows:

- a. BAYCARE will coordinate with the County to explore an integrated healthcare delivery system with health campuses located throughout the County focusing on the 5 (five) *economic impact zones* highlighted in the Healthy Communities Initiative.
- b. BAYCARE agrees to sponsor the County’s 15,000 – 20,000 square foot indigent care medical clinic that will service approximately 8,000 homeless individuals and families, and provide (among other services) primary care, prevention services, behavioral health care, substance abuse treatment, and respite care (the “**Medical Clinic**”). The Medical Clinic is currently in the design phase and is set to open in 2015. BAYCARE’s sponsorship of the Medical Clinic will be as follows:
 1. Design. BAYCARE will provide personnel resources to provide high level advice and guidance to the County on the design, development, and operation of the Medical Center.

2. Equipment. BAYCARE will provide beds and equipment to the Respite Center of a type and amount to be mutually agreed upon by the Parties.
 3. Primary Care. BAYCARE will provide 3-5 physicians, residents, and/or mid-level providers of a composition and schedule to be mutually agreed upon by the Parties from time to time.
 4. Behavioral Health. BAYCARE will coordinate with the County to develop an integrated clinic pilot program that could be used by the County and BAYCARE to develop an innovative behavioral health service delivery model.
 5. Respite Center. BAYCARE will provide adequate staff and on-call emergency room physicians to staff the Medical Clinic's 10 bed Respite Center with a composition and schedule to be mutually agreed upon by the Parties from time to time.
- c. BAYCARE will coordinate with the County in order to identify future health strategies and initiatives to increase access to health care, reduce costs, improve healthcare, and reduce health disparities among target populations. Key components of this delivery system may include:
1. Integrated primary care, behavioral health, and substance abuse treatment services;
 2. A more appropriate specialty care network, tailored to the unique needs of our client population and with independent utilization management oversight;
 3. Increased accessibility to additional community clinics and medical staff through BAYCARE; and
 4. Securing funding through joint grant applications to sustain indigent health programs, including assisting the County with its application to expand its Federally Qualified Health Center designation.
- d. The PARTIES will continue to present future options for the provisions of indigent health care to the Board of County Commissioners as agreed upon by the PARTIES from time to time.

1.5 Adequate Safeguards for Health Information. The PARTIES warrant that they shall implement and maintain appropriate safeguards to prevent the Use or Disclosure of Health Information in any manner other than as permitted by this MOU.

1.6 Confidentiality and Disclosure. BAYCARE shall retain the confidential nature of its results and any protected health information it obtains through its participation under this MOU ("**Health Information**") and shall execute a Business Associate Agreement with the County to the extent required by HIPAA.

1.7 Use of Subcontractors and Agents. BAYCARE shall require each of its agents and subcontractors that receive Health Information from BAYCARE to execute a written agreement that complies with all HIPAA requirements with respect to such Health Information.

1.8 Fiscal Non-Funding. In the event sufficient budgeted funds are not available for a new fiscal period or sufficient funds are not budgeted for the continuation of the coordination planned pursuant to this MOU, the County shall notify BAYCARE of such occurrence and the MOU shall terminate on the last day of the fiscal period for which committed funds are available.

ARTICLE II TERM & DISPUTE RESOLUTION

2.1 Term. The term of this MOU shall commence on October 1, 2013, and continue through September 30, 2014. Thereafter, this MOU may be renewed only by written agreement signed by both parties. Upon termination or expiration of this MOU for any reason, the PARTIES' obligations and responsibilities set forth in this MOU shall cease as of the effective date of such termination/expiration.

2.2 Dispute Resolution. All disputes arising out of this MOU shall be discussed between the PARTIES through informal mediation sessions prior to a party taking any other action.

ARTICLE III EMPLOYEES

3.1 At no time shall the employees of BAYCARE be deemed to be employees or agents of the County nor shall the employees of the County be deemed to be employees or agents of the BAYCARE. Each PARTY shall have supervisory responsibility for its personnel, provided always that all medical services are provided in a manner consistent with professional standards governing those services.

3.2 All wage and disability payments, pensions, Workers' Compensation claims, and medical expenses shall be paid by the employing PARTY.

3.3 Indemnification. BayCare shall indemnify, pay the cost of defense, including attorney's fees, and hold harmless the County from all suits, actions, claims of any character brought on account of any injuries or damages received or sustained by any person, persons or property by or from BayCare; or by, or in consequence of, any neglect in safeguarding the work by BayCare; or on account of any act or omission, neglect or misconduct of BayCare; or by, or on account of, any claim or accounts recovered under the "Worker's Compensation Law" on behalf of BayCare; or the violation of any other laws, by-laws, ordinances, orders or decrees by BayCare, except only such injury or damage as shall have been occasioned by the negligence of the County.

3.4 Licensing. BAYCARE and County each warrant that all of its health care providers, including, but not limited to, physicians, advanced registered nurse practitioners, nurses and other health care professionals, meet statutory requirements and are in good standing with the appropriate state licensing authority. In addition, each party represents and warrants that it has all the necessary qualifications, certifications and/or licenses required by federal, state, or local laws and regulations to provide the services required under this MOU.

ARTICLE IV MISCELLANEOUS

4.1 Amendment to Comply with Law. The PARTIES acknowledge that state and federal laws relating to HIPAA and the HITECH Act are rapidly evolving and that amendment of this MOU may be required to provide for procedures to ensure compliance with such developments. The PARTIES specifically agree to take such action as is necessary to implement the standards and requirements of HIPAA, HITECH and other applicable laws relating to the security or confidentiality of Health Information. The PARTIES understand and agree that County must receive satisfactory written assurance from BAYCARE that BAYCARE will adequately safeguard all Health Information that it receives or creates under this MOU with the County. Upon County's request, BAYCARE agrees to promptly enter into negotiations with County, concerning the terms of any amendment to this MOU embodying written assurances consistent with the standards and requirements of HIPAA, HITECH or other applicable laws.

4.2 Severability. If any provision of this MOU is found to be invalid or unenforceable by any court, such provision shall be ineffective only to the extent that it is in contravention of applicable laws without invalidating the remaining provisions hereof.

4.3 Notices. All notices required under this MOU shall be delivered to the administrative head of the County or BAYCARE as the case may be.

4.4 Independent Status. BAYCARE is and shall remain an independent and separate entity from the County.

4.5 Compliance with Laws. The PARTIES agree to comply with all applicable federal, state, or local laws applicable to the performance of this MOU.

4.6 Execution. This MOU may be executed in one or more counterparts, each of which when so executed and delivered (whether by facsimile, e-mail, or other electronic means) shall be deemed to be an original, and all of which taken together shall constitute one and the same instrument. A facsimile, PDF, or other electronic signature shall create a valid and binding obligation of the party executing (or on whose behalf such signature is executed), and shall be deemed an original signature for all purposes under this MOU.

ARTICLE V INSURANCE


5.1 Minimum Insurance Requirements. BAYCARE must maintain general and professional liability insurance in at least the aggregate amount of \$2,000,000.00, throughout the term of this MOU (whether via a policy of self-insurance or otherwise). Upon the request of County, BAYCARE must provide a Certificate of Insurance in accordance with the insurance requirements set forth in this Section.

[SIGNATURES CONTINUED ON FOLLOWING PAGE]

IN WITNESS WHEREOF, the parties hereto have executed this MOU effective as of the date first stated above.

PINELLAS COUNTY, FLORIDA, acting by and through its County Administrator

ATTEST:

By: 
Robert S. LaSala
County Administrator

By: _____
Witness

Date: _____

ATTEST:

BAYCARE HEALTH SYSTEM, INC.

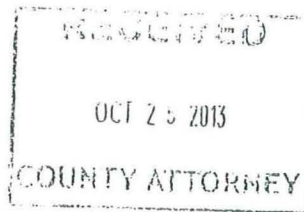
By: 
Witness

By: 
Stephen R. Mason
President & CEO

APPROVED AS TO FORM
OFFICE OF COUNTY ATTORNEY


Attorney

All Children's Hospital, Inc.
Office of the President & Vice Dean
501 8th Avenue South, Box 9530
St. Petersburg, FL 33701
727-767-6873 T
727-767-2821 F



October 23, 2013

Carl E. Brody
Senior Assistant County Attorney
315 Court Street, 6th Floor
Clearwater, FL 33756

RE: All Children's Hospital, Inc.'s ("ACH") Participation on the Operating Board of Directors for the
Bayside Health Campus

Dear Mr. Brody:

This letter confirms our agreement to participate with Pinellas County as a member of the Operating Board of Directors for the Bayside Health Campus.

Services provided by ACH under this agreement shall be limited solely to participation on the Bayside Health Clinic Operating Board and shall not be conditioned on provision of health services in the future. It is the desire of ACH to provide pediatric healthcare services at the Bayside Health Campus in the future as agreed to between ACH, Pinellas County, and the Juvenile Welfare Board, but this confirmation letter does not bind ACH to any provision or payment of healthcare related services at Bayside Health Campus unless agreed to in a separate agreement.

ACH is committed to continuing the dialogue regarding its anticipated role in providing pediatric services through the Bayside Health Campus. We look forward to continuing to work with you, in collaboration with Pinellas County and other local healthcare providers, regarding Bayside Health Campus as it relates to pediatric health care.

Sincerely,

Jonathan Ellen, M.D.
President

Amy Maguire
Vice President, Government & Corporate Relations



16255 Bay Vista Drive
Clearwater, FL 33760
BayCare.org

October 2, 2012

Mr. Robert LaSala
County Administrator
315 Court Street
Clearwater, FL 33756

Dear Mr. LaSala;

Over the last year, we have been discussing ways to strengthen the relationship between Pinellas County and the medical community. We believe a strengthened partnership will benefit the underserved thru improved health and wellness. The Pinellas County Health Program has a number of initiatives which will provide a benefit for the community. Many of these initiatives, in particular the Pinellas County indigent care medical clinic ("Medical Clinic"), would benefit from the medical and operation expertise of BayCare Health System ("BayCare"). In addition, BayCare hospitals should benefit thru a reduction in unnecessary emergency room visits, and a decline in readmissions for residents participating. As a result, it is in our mutual best interest to collaborate on these initiatives allowing us to most efficiently utilize the limited resources available and improve services for the uninsured in Pinellas County.

It is our intent to enter into a Memorandum of Understanding ("MOU") with Pinellas County outlining our partnership, including the utilization of funds to support Medicaid buy-backs for BayCare. As part of the MOU, BayCare will pay the Pinellas County Health Plan expenses due providers under the Master Hospital Services Agreement, the Sweetbay Pharmaceutical Services Agreement and the BayCare Home Health Agreement. The MOU further spells out BayCare's role in the development of the Medical Clinic.

In addition, BayCare will work with Pinellas County to explore integrated health campuses throughout Pinellas County in support of the five at-risk communities identified in the Department's *Economic Impact of Poverty* report which was released in May 2012. If you have any questions please give me a call to discuss further.

Sincerely,

Steve Mason
President and CEO
BayCare Health System

Cc: Carl S. Harness; Assistant Pinellas County Administrator
Glenn Waters; President, Morton Plant Mease Health Care
Carl Tremonti; Chief Financial Officer, Morton Plant Mease Health Care
Massiel Garcia-Tanner; Chief of Staff, Pinellas County Health and Human Services
Clark R. Scott; Financial Manager, Pinellas County Health and Human Services



BOARD OF COUNTY COMMISSIONERS

DATE: October 16, 2012
AGENDA ITEM NO. 20

Consent Agenda ☐

Regular Agenda ☒

Public Hearing ☐

County Administrator's Signature:

Subject:

Letter of Agreement between Pinellas County and the State of Florida, Agency for Health Care Administration, for the Medicaid Buy-Back Program/Memorandum of Understanding for Pinellas County Low Income Pool Grant Fund

Department:

Health and Human Services

Staff Member Responsible:

Gwendolyn Warren, Director 

Recommended Action:

I RECOMMEND THAT THE BOARD OF COUNTY COMMISSIONERS (BOARD) APPROVE AND EXECUTE THE LETTER OF AGREEMENT BETWEEN PINELLAS COUNTY AND THE STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION (AHCA) RETROACTIVE TO JULY 01, 2012 AND ALSO RECOMMEND THE BOARD APPROVE AND EXECUTE THE MEMORANDUM OF UNDERSTANDING FOR PINELLAS COUNTY LOW INCOME POOL GRANT FUND BETWEEN PINELLAS COUNTY AND BAYCARE HEALTH SYSTEM, INC.

Summary Explanation/Background:

The State Legislature, through the General Appropriations Act of State Fiscal Year 2012-2013, has designated funding for the purpose of providing assistance to hospitals that provide inpatient and outpatient health care services through the Medicaid Program. This funding, titled Medicaid Buy-Back, allows local governments to buy back Medicaid rate reductions up to pre-cut levels by providing the required State Medical Assistance Percentage (SMAP). The source of SMAP must be locally generated tax dollars. The total amount of the Intergovernmental Transfer (IGT) requested in the Letter of Agreement is \$8,550,000.00

Negotiations with BayCare Health System resulted in the following terms of agreement between the County and the hospital system for participation in the FY 2013 Medicaid Buy-Back Program:

- Pinellas County will utilize the funds designated by the Board for indigent health care as the source of funding for this year's Medicaid Buy-Back Program. These funds will be sent to the State via an Intergovernmental Transfer.
- BayCare Health System has agreed to fund expenses of the Pinellas County Health Program via direct payments for inpatient hospital stays through the Hospital Services Agreement with Bayfront Hospital, BayCare Health System and Florida Hospital North Pinellas, the Pharmacy Services Agreement with Sweetbay, and the Home Health and Durable Medical Equipment Agreement with BayCare Health System.

In addition to paying the Pinellas County Health Plan expenses listed above, BayCare will assist in the development and operation of the yet-to-be-constructed Pinellas County Health Campus, which will provide integrated primary and behavioral health care for homeless families with children while also linking these families to much needed community resources and supports. BayCare will provide staff for the primary care medical clinic, work in conjunction with the Pinellas County Health Department to provide public health information and education and co-sponsor and operate the 24 hour respite clinic to allow homeless individuals to recover in a clean, safe environment.



In addition, and in exchange for future match dollars, BayCare Health System will work with the Department to explore and develop integrated health campuses throughout the County – assisting with land procurement, construction, and operations at these clinics where possible – and target services to the five at-risk communities identified in the Department's *Economic Impact of Poverty* report which was released in May 2012. BayCare will further work with the Department to design and implement the new healthcare delivery system at all County medical homes and identify future strategies and initiatives to increase access to care, reduce costs, improve healthcare, and reduce health disparities among target populations. Integral components of this new delivery system include providing new, integrated behavioral health and substance abuse treatment services, exploring ways to reduce costs in our specialty care network through proper utilization management, accessibility to hospital residents and community clinics to increase access to medical care, and identifying and securing future funding options to sustain indigent health programs including assisting the Department in our efforts to expand our Federally Qualified Health Center designation and applying for public and private grant opportunities to support joint initiatives. Together, we will present future options for the provision of indigent health care to the Board of County Commissioners in the spring of 2013.

The terms of the agreement are codified in a Memorandum of Understanding between the Department of Health and Human Services and BayCare Health System, Inc.

Fiscal Impact/Cost Revenue Summary:

The total amount of the Intergovernmental Transfer required by the Letter of Agreement is \$8,550,000.00. Funding for this agreement will come from the Department of Health and Human Services FY2012- 2013 appropriation.

Exhibits/Attachments Attached:

1. Contract Review Transmittal Slip
2. Memorandum of Understanding – BayCare Health System, Inc.
 - 2.1 Attachment 1. Master Hospital Services Agreement
 - 2.2 Attachment 2. Sweetbay Pharmaceutical Agreement
 - 2.3 Attachment 3. Community Home Care Medical Services Agreement
3. Letter of Agreement – State of Florida, Agency for Health Care Administration

CATS # 40877**NON-PURCHASING CONTRACT REVIEW TRANSMITTAL SLIP**

PROJECT: LETTER OF AGREEMENT BETWEEN PINELLAS COUNTY AND THE STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION (AHCA)

CONTRACT NO.: _____ ESTIMATED EXPENDITURE / REVENUE: \$8,550,000.00
(Circle or underline appropriate choice above.)

In accordance with Contract Administration and its Review Process, the attached documents are submitted for your review and comment.

Please complete this Non-Purchasing Contract Review Transmittal Slip below with your assessment, and **forward to the next Review Authority on the list, skipping any authority marked "N/A."** Indicate suggested changes by noting those in "Comments" column, or by revising, in RED, the appropriate section(s) of the document(s) to reflect the exact wording of the desired change(s).

OTHER SPECIFICS RELATING TO THE CONTRACT: _____

REVIEW SEQUENCE	DATE	INITIALS/ SIGNATURE	COMMENTS (IF ANY)	COMMENTS REVIEWED & ADDRESSED OR INCORPORATED ORIGINATOR'S INITIALS & DATE
Originator	<u>10/4/12</u>	<u>[Signature]</u>		
Risk Management	<u>10/8/12</u>	<u>VEH</u>	<u>see insurance requirements to be incorporated</u>	<u>KAP 10/8/12</u>
OMB (see Contract Review Process)	<u>N/A</u>			
Finance (see Contract Review Process)	<u>10/4/12</u>	<u>CBW</u>		
Assistant County Administrator	<u>10/4/12</u>	<u>[Signature]</u>	<u>Call (1 sign last)</u>	
Legal	<u>10/8/12</u>	<u>[Signature] for CH</u>		

Please return to _____ by _____. All inquiries should be made to _____ ext. _____. Thank you.

**MEMORANDUM OF UNDERSTANDING FOR
PINELLAS COUNTY LOW INCOME POOL GRANT FUND**

29 THIS MEMORANDUM OF UNDERSTANDING ("MOU") is entered into as of the day of October, 2012, by PINELLAS COUNTY, a political subdivision of the State of Florida, (hereinafter referred to as "County"), and BAYCARE HEALTH SYSTEM, INC. ("BAYCARE") (hereinafter jointly referred to as "PARTIES").

RECITALS

WHEREAS, the PARTIES to this MOU are critical components regarding the provision of health care services to citizens of Pinellas County; and

WHEREAS, the PARTIES also serve those citizens of the County who are unable to afford the increasing costs of health care; and

WHEREAS, the PARTIES are interested in improving the quality of health care for all citizens of Pinellas County, but in the context of this MOU, particularly for indigent families in Pinellas County; and

WHEREAS, the PARTIES have been in discussions regarding optional structures for most efficiently providing health services through a strengthened relationship; and

WHEREAS, BAYCARE is the preeminent health facility in the County and as such, is uniquely positioned to take a lead role in these and other future projects; and

WHEREAS, BAYCARE has always been a willing partner to improve health care and increase health access to low income uninsured county residents; and

WHEREAS, BAYCARE'S commitment to and investment in community health is evident and a strengthened partnership between BAYCARE and the Department of Health and Human Services will greatly improve community health outcomes in Pinellas County; and

WHEREAS, the County is interested in leveraging the funding it provides for public health care to the maximum extent possible; and

WHEREAS, in previous years, the PARTIES have entered into agreements that allowed the County to gain maximum benefit from its funding of local health care by participation in the Medicaid Buy-Back program; and

WHEREAS, the County is willing to contribute a greater percentage of its funding for health care funding into the Medicaid Buy-Back program in order to receive funds from the state which funds will be received by BAYCARE; and

WHEREAS, it is expected that funds received by BAYCARE through the Medicaid Buy-Back program will be used in order to maintain and support current programs provided by the County consistent with the Pinellas County Health Plan; and

WHEREAS, it is expected that BAYCARE increase its collaboration with the County regarding health care issues related to homeless families; and

WHEREAS, the County has highlighted the intent of this relationship through a letter which is attached to this MOU; and

WHEREAS, this MOU is a vehicle for formalizing this intent in order to allow the first steps toward realization of these above goals to be achieved; and

WHEREAS, this MOU will also provide specific responsibilities between the PARTIES based on the consideration provided for the provision of services by BAYCARE and other third party health care providers; and

WHEREAS, the PARTIES agree to abide by the terms of this MOU.

NOW, THEREFORE, in consideration of the foregoing, the parties agree as follows:

ARTICLE I OBLIGATIONS OF THE PARTIES

1.1 Initial Effective Date of Performance. The obligations created under this MOU shall become effective on November 1, 2012.

1.2 County Disbursement. The County agrees to participate in the Medicaid Buy-Back program in the amount of \$8,550,000.00 (Eight Million Five Hundred and Fifty Thousand Dollars 00/00), and to direct that these funds be returned to BAYCARE under the terms of the Medicaid Buy-Back program (the "County Disbursement").

1.3 Service to be Provided. BAYCARE, in consideration of the County Disbursement referenced above, shall compensate providers under the following County contracts for FY 12/13 in the following amounts:

- a. \$3,000,000.00 (Three Million Dollars 00/00) for the Pinellas County Master Hospital Services Agreement (Attachment #1);
- b. \$5,000,000.00 (Five Million Dollars 00/00) for the Sweetbay Pharmaceutical Services Agreement (Attachment #2); and
- c. \$550,000.00 (Five Hundred and Fifty Thousand Dollars 00/00) for the Home Health Agreement \$550K (Attachment #3).

1.4 Coordinated Participation. BAYCARE, in consideration of the County Disbursement and additional leveraged funds received from the state of Florida thereby and for future consideration provided through state and federal health care programs, agrees to coordinate with the County during the term of this MOU as follows:

- a. BAYCARE will coordinate with the County to explore an integrated healthcare delivery system with health campuses located throughout the County focusing on the 5 (five) *economic impact zones* highlighted in the Healthy Communities Initiative.
- b. BAYCARE agrees to sponsor the County's 15,000 – 20,000 square foot indigent care medical clinic that will service approximately 8,000 homeless individuals and families, and provide (among other services) primary care, prevention services, behavioral health care, substance abuse treatment, and respite care (the "**Medical Clinic**"). The Medical Clinic is currently in the design phase and is set to open in 2015. BAYCARE's sponsorship of the Medical Clinic will be as follows:
 1. Design. BAYCARE will provide personnel resources to provide high level advice and guidance to the County on the design, development, and operation of the Medical Center.
 2. Equipment. BAYCARE will provide beds and equipment to the Respite Center of a type and amount to be mutually agreed upon by the Parties.
 3. Primary Care. BAYCARE will provide 3-5 physicians, residents, and/or mid-level providers of a composition and schedule to be mutually agreed upon by the Parties from time to time.
 4. Behavioral Health. BAYCARE will coordinate with the County to develop an integrated clinic pilot program that could be used by the County and BAYCARE to develop an innovative behavioral health service delivery model.

Respite Center. BAYCARE will provide adequate staff and on-call emergency room physicians to staff the Medical Clinic's 10 bed Respite Center with a composition and schedule to be mutually agreed upon by the Parties from time to time.
- c. BAYCARE will coordinate with the County in order to identify future health strategies and initiatives to increase access to health care, reduce costs, improve healthcare, and reduce health disparities among target populations. Key components of this delivery system may include:
 1. Integrated primary care, behavioral health, and substance abuse treatment services;
 2. A more appropriate specialty care network, tailored to the unique needs of our client population and with independent utilization management oversight;
 3. Increased accessibility to additional community clinics and medical staff through BAYCARE; and
 4. Securing funding through joint grant applications to sustain indigent health programs, including assisting the County with its application to expand its Federally Qualified Health Center designation.

- d. The PARTIES will present future options for the provisions of indigent health care to the Board of County Commissioners in the spring of 2013.

1.5 Adequate Safeguards for Health Information. The PARTIES warrant that they shall implement and maintain appropriate safeguards to prevent the Use or Disclosure of Health Information in any manner other than as permitted by this MOU.

1.6 Confidentiality and Disclosure. BAYCARE shall retain the confidential nature of its results and any personal health information it obtains through its participation under this MOU and shall execute a Business Associate Agreement with the County as required by HIPAA.

1.7 Use of Subcontractors and Agents. BAYCARE shall require each of its agents and subcontractors that receive Health Information from BAYCARE to execute a written agreement obligating the agent or subcontractor to comply with all HIPAA requirements with respect to such Health Information.

1.8 Fiscal Non-Funding. In the event sufficient budgeted funds are not available for a new fiscal period or sufficient funds are not budgeted for the continuation of the coordination planned pursuant to this MOU, the County shall notify BAYCARE of such occurrence and the MOU shall terminate on the last day of the fiscal period for which committed funds are available.

ARTICLE II TERM & DISPUTE RESOLUTION

2.1 Term. The term of this MOU shall commence on November 1, 2012 and continue through September 30, 2013 unless: (a) County Disbursement received under section 1.2 of this MOU have not been fully expended, (b) the Agency for Health Care Administration reconciles the amount of the County Disbursement such that there are insufficient funds to provide the services set forth in this MOU, or (c) as otherwise agreed between the PARTIES to reduce or increase the duration of the term. Upon termination or expiration of this MOU for any reason, the PARTIES' obligations and responsibilities set forth in this MOU shall cease as of the effective date of such termination/expiration.

2.2 Dispute Resolution. All disputes arising out of this MOU shall be discussed between the PARTIES through informal mediation sessions prior to a party taking any other action.

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3.2 All wage and disability payments, pensions, Workers' Compensation claims, and medical expenses shall be paid by the employing PARTY.

3.3 Indemnification. BAYCARE shall indemnify, pay the cost of defense, including attorneys' fees, and hold harmless the County from all suits, actions or claims of any character brought on account of BAYCARE's negligence; excepting only such injury or damage as shall have been occasioned by the negligence of the County. The first ten dollars (\$10.00) of compensation received by BAYCARE represents specific consideration for this indemnification obligation.

3.4 Licensing. BAYCARE and County each warrant that all of its health care providers, including, but not limited to, physicians, advanced registered nurse practitioners, nurses and other health care professionals, meet statutory requirements and are in good standing with the appropriate state licensing authority. In addition, each party represents and warrants that it has all the necessary qualifications, certifications and/or licenses required by federal, state, or local laws and regulations to provide the services required under this MOU.

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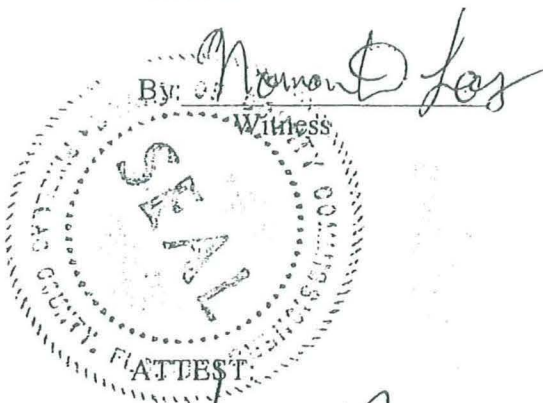
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IN WITNESS WHEREOF, the parties hereto have executed this MOU effective as of the date first stated above.

PINELLAS COUNTY, a political subdivision
of the State of Florida, acting by and through its
Board of County Commissioners

ATTEST:



By: Nora D. Lee
Witness

By: John Monari
Chairman
Board of County Commissioners

Date: 10/29/12

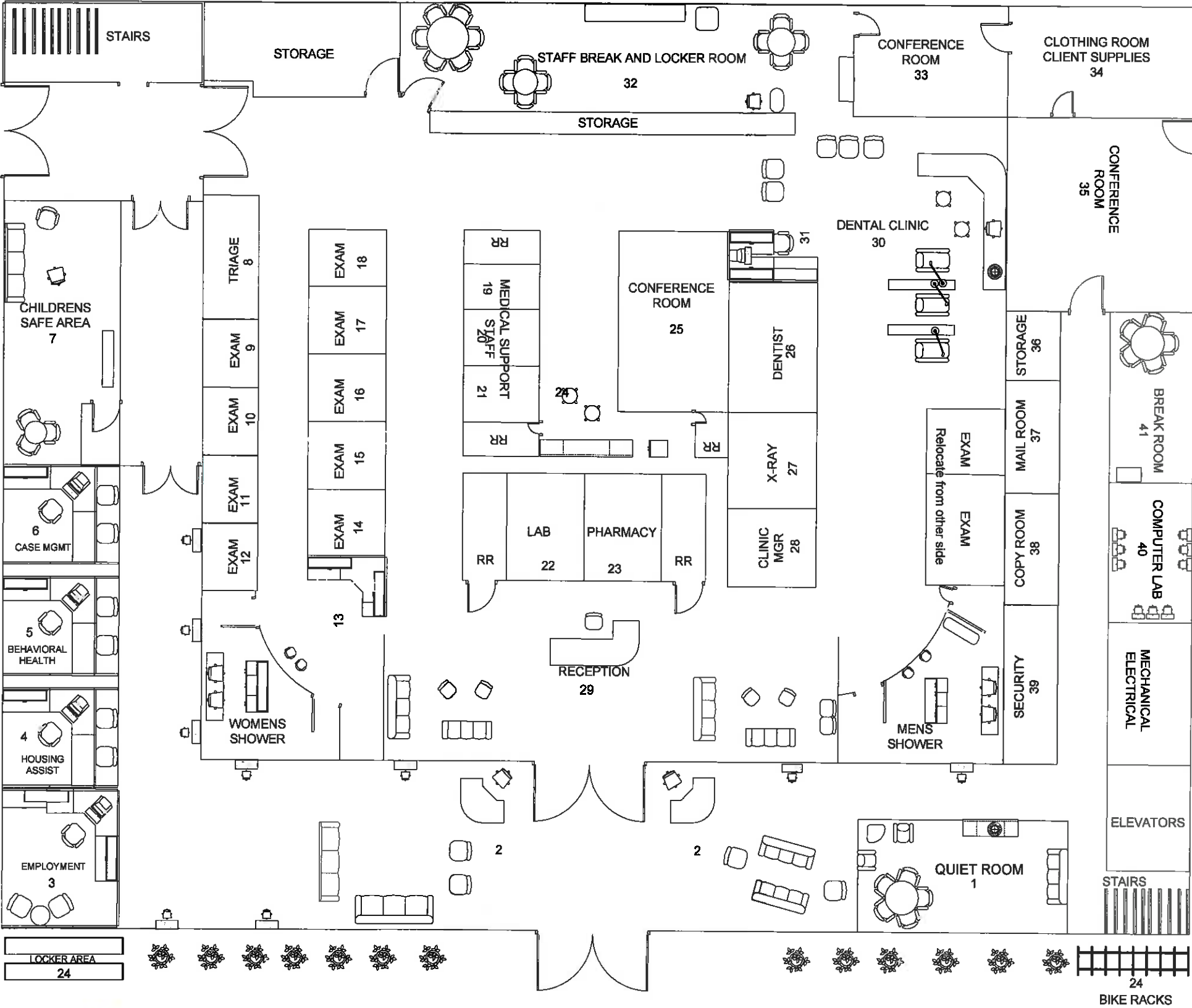
BAYCARE HEALTH SYSTEM, INC.

By: Stephen R. Mason
President / CEO
Name/Title

Date: 10/8/12

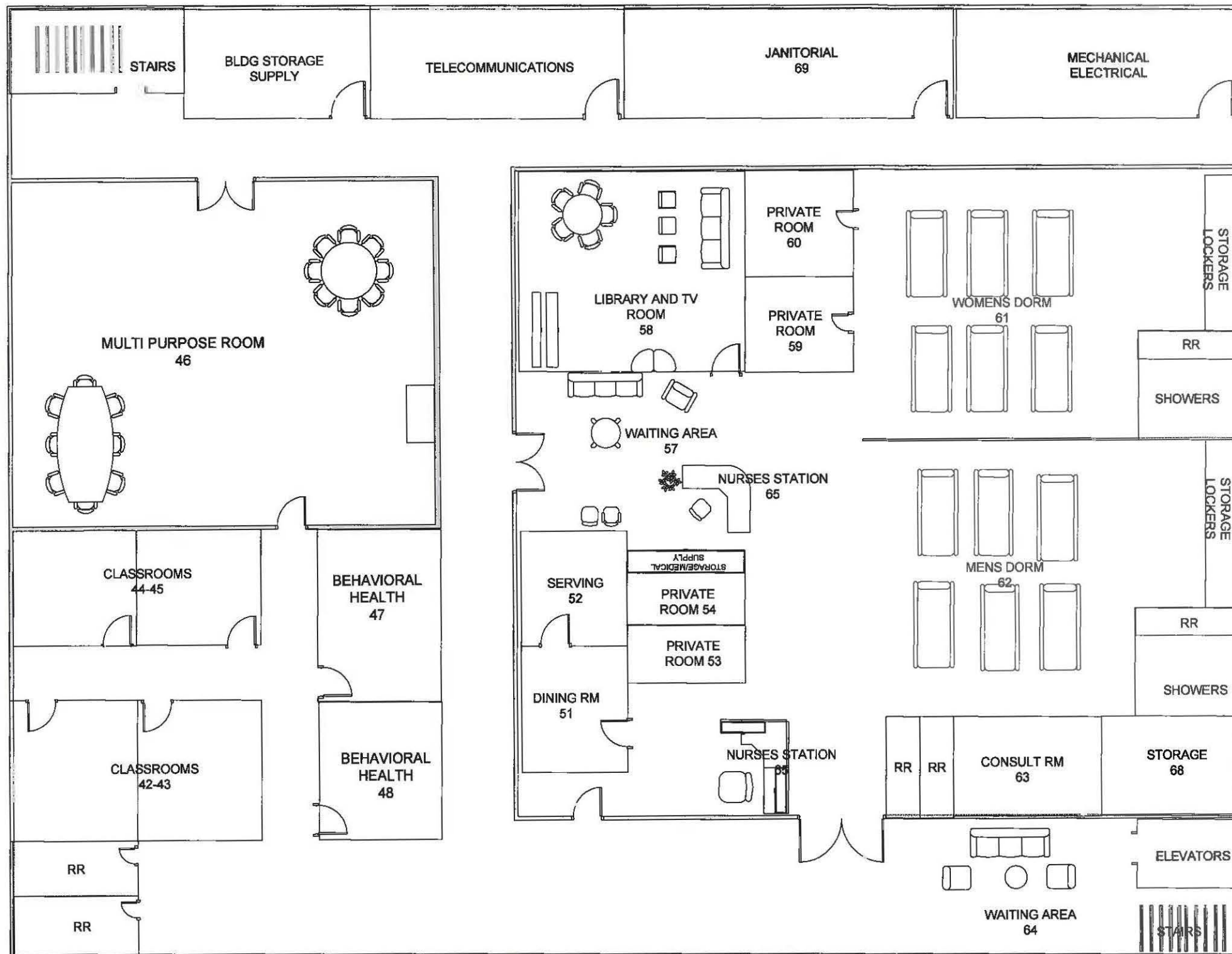
APPROVED AS TO FORM
OFFICE OF COUNTY ATTORNEY

[Signature]
Attorney



FIRST FLOOR SPACE ALLOCATION

Medical Clinic	
Client Waiting Area	750 SF
Medical Services	2,000 SF
Showers	800 SF
Pharmacy / Lab	650 SF
Dental Area	1,000 SF
X Ray Area	550 SF
Medical Support Staff	1,000 SF
Staff Break Room / Locker	850 SF
Emergency Room	225 SF
Net Gross Factor X .25	1,956 SF
SUBTOTAL	9,781 SF
Client Services	
Housing Assistance	250 SF
Employment Assistance	250 SF
Case Manager / Navigation Assistant	300 SF
Quiet Room	250 SF
Net Gross Factor X .25	263 SF
SUBTOTAL	1,313 SF
Public Area	
Public Restrooms	350 SF
Staff Restrooms	350 SF
Break Room	400 SF
Conference Room	300 SF
Copy Center/ Supplies	300 SF
Storage	250 SF
Net Gross Factor X .25	488 SF
SUBTOTAL	2,438 SF
Children's Safe Area (Drop Off)	920 SF
Net Gross Factor X .25	230 SF
SUBTOTAL	1,150 SF
Building Services Space Needs	
Telecommunication Room	150 SF
Janitorial	100 SF
Bldg Supply Storage	100 SF
Receiving/Loading Dock	200 SF
Mechanical/Electrical Room	400 SF
Net Gross Factor X .25	238 SF
SUBTOTAL	1,188 SF
GRAND TOTAL FIRST FLOOR	15,870 SF



SECOND FLOOR SPACE NEEDS

Respite Center

Nurse's Station 400 SF
Staff restrooms

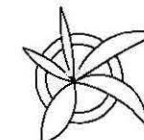
200 SF
Consultation Room(s) 400 SF
Storage/ Medical Supplies 300 SF
Library/ Game Room 400 SF
Dining Room 400 SF
Kitchen 400 SF
Women's Respite Room (s) 1,000 SF
Men's Respite Room(s) 1,000 SF
Public Restrooms 400 SF
Net Gross Factor X.25 1,225 SF
SUBTOTAL 6,125 SF

Family Services

Behavioral Health Support Area 800 SF
Family Services 800 SF
Classroom (2) 800 SF
Multi-Purpose Room 1,000 SF
Net Gross Factor X.25 850 SF
SUBTOTAL 4,250 SF

Building Space Needs

Telecommunication Room 150 SF
Janitorial 100 SF
Bldg Supply Storage 100 SF
Mechanical/ Electrical Room 400 SF
Net Gross Factor X.25 188 SF
SUBTOTAL 938 SF
GRAND TOTAL SECOND FLOOR 11,313 SF



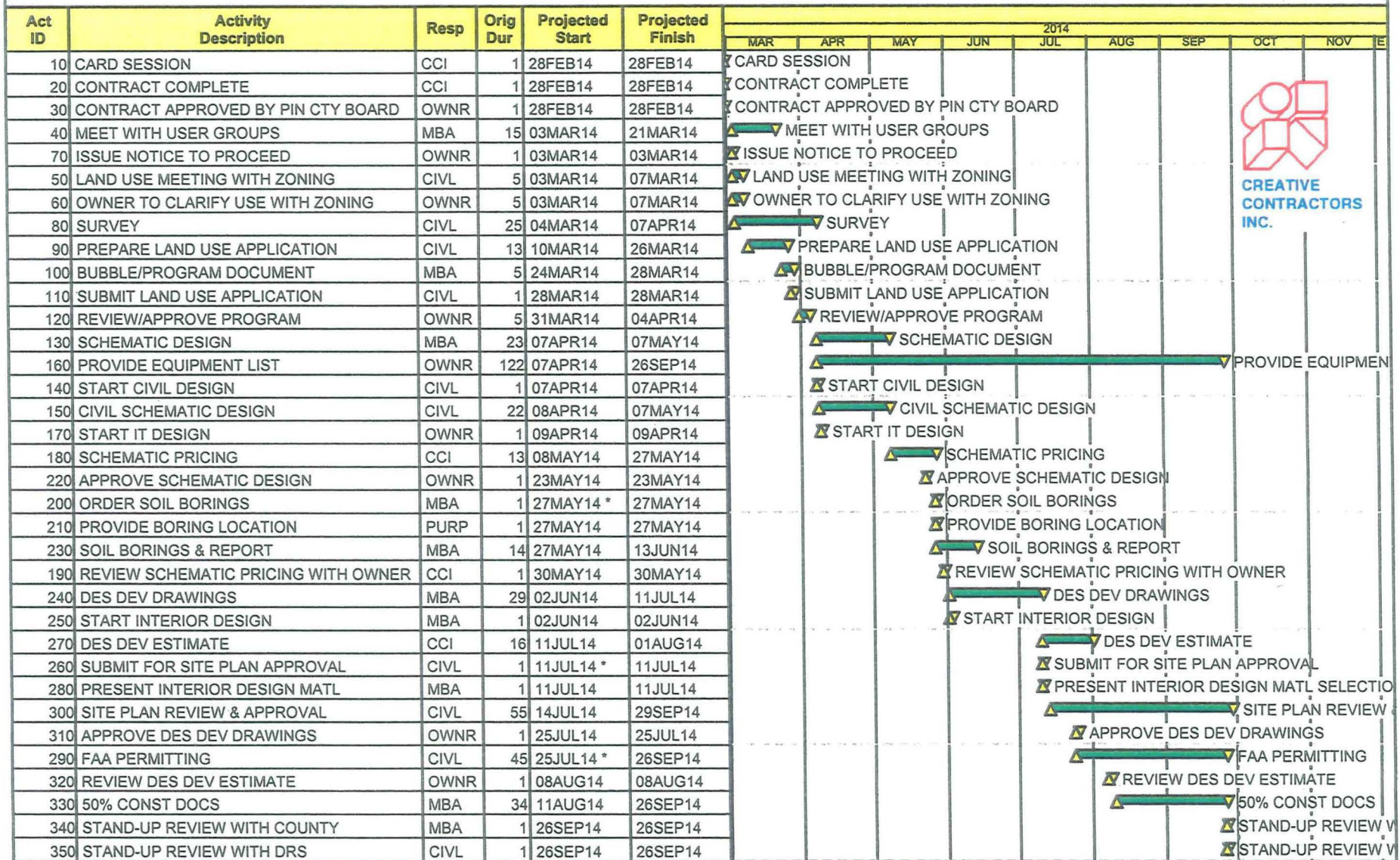
Report: Gantt by ES
Layout: Sorted by ES/TF (not grouped)
Filter: All Activities

PINELLAS COUNTY HEALTH FACILITY

CREATIVE CONTRACTORS, INC.

Report Date: 06MAR14

Page 1A of 2A



Data date 28FEB14
Start date 28FEB14
Finish date 02DEC14
Project name PCHFCSP
Number/Version PRELIMINARY
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"PRELIMINARY" - FOR IN HOUSE REVIEW AND COMMENT

Date	Revision	Checked	Approved

Report: Gantt by ES
 Layout: Sorted by ES/TF (not grouped)
 Filter: All Activities

PINELLAS COUNTY HEALTH FACILITY

CREATIVE CONTRACTORS, INC.
 Report Date: 06MAR14
 Page 2A of 2A

Act ID	Activity Description	Resp	Orig Dur	Projected Start	Projected Finish	2014											
						MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC		
380	PROVIDE SUB LIST FOR OWNER APPROVAL	CCI	1	26SEP14	26SEP14								▲	▲	▲	▲	▲
400	COMPL & ISSUE SIGNED & SEALED PERMIT	MBA	8	29SEP14	08OCT14								▲	▲	▲	▲	▲
370	SWFWMD SUBMITTAL	CIVL	1	29SEP14	29SEP14								▲	▲	▲	▲	▲
360	OBTAIN LAND USE PERMIT	OWNR	1	29SEP14	29SEP14								▲	▲	▲	▲	▲
440	SWFWMD REVIEW & APPROVAL	CIVL	32	30SEP14	12NOV14								▲	▲	▲	▲	▲
390	APPROVE 50% CONST DOCS	OWNR	1	06OCT14	06OCT14								▲	▲	▲	▲	▲
420	PREPARE & ISSUE GMP	CCI	21	06OCT14	03NOV14								▲	▲	▲	▲	▲
410	SUBMIT FOR BUILDING PERMIT	CCI	1	13OCT14	13OCT14								▲	▲	▲	▲	▲
450	BUILDING PERMIT REVIEW & ISSUE	CCI	25	14OCT14	17NOV14								▲	▲	▲	▲	▲
430	REVIEW & APPROVE GMP	OWNR	1	03NOV14	03NOV14								▲	▲	▲	▲	▲
460	BOARD MEETING FOR GMP APPROVAL	OWNR	1	02DEC14 *	02DEC14												▲
470	EXECUTE GMP AMENDMENT	OWNR	1	02DEC14	02DEC14												▲

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"PRELIMINARY" - FOR IN HOUSE REVIEW AND COMMENT

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ATTACHMENT D

Bayside Health Clinic Equipment & Furniture Cost Estimate By Room

First Floor Space Allocation

Room #	Room	Equipment	Quantity	Unit Cost	Total Cost	Equipment Type	Payer
1	Quiet Room	Lounge Chairs	2	\$ 499.99	\$ 999.98	Reception/Waiting Area Chairs	HCS
1	Quiet Room	Sofa	1	\$ 1,988.00	\$ 1,988.00	Reception/Waiting Area Chairs	HCS
1	Quiet Room	Magazine Rack	1	\$ 345.99	\$ 345.99	Literature Racks	HCS
1	Quiet Room	Round Table	1	\$ 170.00	\$ 170.00	Conference/Consultation Tables & Chairs	HCS
1	Quiet Room	Chairs	5	\$ 84.99	\$ 424.95	Conference/Consultation Tables & Chairs	HCS
2	Client Waiting Area	Reception Desk	2	\$ 2,780.00	\$ 5,560.00	Office/Reception Desks & Chairs	HCS
2	Client Waiting Area	Receptionist Chair	2	\$ 500.00	\$ 1,000.00	Office/Reception Desks & Chairs	HCS
2	Client Waiting Area	Telephone	2	\$ 129.99	\$ 259.98	Telephones	HCS
2	Client Waiting Area	Reception Chairs	5	\$ 926.99	\$ 4,634.95	Office/Reception Desks & Chairs	HCS
3-6	Employment, Behavioral Health, Housing Asst, Case Mgmt offices	L-shaped desk	4	\$ 2,546.00	\$ 10,184.00	Office/Reception Desks & Chairs	HCS
3-6	Employment, Behavioral Health, Housing Asst, Case Mgmt offices	Desk Chair	4	\$ 500.00	\$ 2,000.00	Office/Reception Desks & Chairs	HCS
3-6	Employment, Behavioral Health, Housing Asst, Case Mgmt offices	Computer	4	\$ 900.00	\$ 3,600.00	Computers	HCS
3-6	Employment, Behavioral Health, Housing Asst, Case Mgmt offices	Conference Table	4	\$ 170.00	\$ 680.00	Conference/Consultation Tables & Chairs	HCS
3-6	Employment, Behavioral Health, Housing Asst, Case Mgmt offices	Chairs	4	\$ 84.99	\$ 339.96	Conference/Consultation Tables & Chairs	HCS
3-6	Employment, Behavioral Health, Housing Asst, Case Mgmt offices	Printer	4	\$ 1,300.00	\$ 5,200.00	Photocopiers/Printers	HCS
7	Children's Safe Area	Book Shelf	2	\$ 99.99	\$ 199.98	Reception/Waiting Area Chairs	JWB
7	Children's Safe Area	Toys	1	\$ 5,000.00	\$ 5,000.00	Toys	JWB
7	Children's Safe Area	Large Screen TV	1	\$ 1,499.99	\$ 1,499.99	Large Screen TV	JWB
8	Triage	Desk Chair	1	\$ 500.00	\$ 500.00	Office/Reception Desks & Chairs	HCS
8	Triage	Desk	1	\$ 2,546.00	\$ 2,546.00	Office/Reception Desks & Chairs	HCS
8	Triage	Chairs	2	\$ 84.99	\$ 169.98	Conference/Consultation Tables & Chairs	HCS
8	Triage	Telephone	1	\$ 129.99	\$ 129.99	Telephones	HCS
8	Triage	Scale	2	\$ 490.00	\$ 980.00	Exam Room/Triage Equipment	HCS
8	Triage	AED	2	\$ 1,695.00	\$ 3,390.00	Exam Room/Triage Equipment	HCS
8	Triage	Gurney	1	\$ 1,550.00	\$ 1,550.00	Exam Room/Triage Equipment	HCS
8	Triage	Body X-Ray	1	\$ 80,000.00	\$ 80,000.00	Exam Room/Triage Equipment	HCS
8	Triage	Thermometer	10	\$ 399.00	\$ 3,990.00	Exam Room/Triage Equipment	HCS
8	Triage	Mobile Aneroids (Vital Sign Device)	8	\$ 1,480.00	\$ 11,840.00	Exam Room/Triage Equipment	HCS
8	Triage	IV Stand	2	\$ 42.00	\$ 84.00	Exam Room/Triage Equipment	HCS
8	Triage	Pulse Oximeter	1	\$ 299.00	\$ 299.00	Exam Room/Triage Equipment	HCS
8	Triage	Oxygen Flow Meter (O2 service)	1	\$ 50.00	\$ 50.00	Exam Room/Triage Equipment	HCS
8	Triage	Glucose Meter	10	\$ 34.99	\$ 349.90	Exam Room/Triage Equipment	HCS
8	Triage	Otoscope/Ophthalmoscope	12	\$ 1,290.00	\$ 15,480.00	Exam Room/Triage Equipment	HCS
8	Triage	Chart Holders	13	\$ 69.00	\$ 897.00	Exam Room/Triage Equipment	HCS
8	Triage	Microscope	1	\$ 500.00	\$ 500.00	Exam Room/Triage Equipment	HCS
8	Triage	Electrocardiograph	1	\$ 2,995.00	\$ 2,995.00	Exam Room/Triage Equipment	HCS
8	Triage	Colposcope	2	\$ 6,890.00	\$ 13,780.00	Exam Room/Triage Equipment	HCS
9-12	Exam Room	Examination Table	4	\$ 4,372.99	\$ 17,491.96	Exam Room/Triage Equipment	HCS
9-12	Exam Room	Sharps Container	4	\$ 10.70	\$ 42.80	Exam Room/Triage Equipment	HCS

Bayside Health Clinic Equipment & Furniture Cost Estimate
By Room

9-12	Exam Room	Air Lift stool	4	\$	269.00	\$	1,076.00	Exam Room/Triage Equipment	HCS
13	Nurse Station	Reception Desk	2	\$	2,780.00	\$	5,560.00	Office/Reception Desks & Chairs	HCS
13	Nurse Station	Computers	4	\$	900.00	\$	3,600.00	Conference/Consultation Tables & Chairs	HCS
13	Nurse Station	Chairs	4	\$	500.00	\$	2,000.00	Office/Reception Desks & Chairs	HCS
14-18	Exam Room w/ Consultation	Examination Table	7	\$	4,372.99	\$	30,610.93	Exam Room/Triage Equipment	HCS
14-18	Exam Room w/ Consultation	Sharps Container	7	\$	10.70	\$	74.90	Exam Room/Triage Equipment	HCS
14-18	Exam Room w/ Consultation	Air Lift stool	7	\$	269.00	\$	1,883.00	Exam Room/Triage Equipment	HCS
14-18	Exam Room w/ Consultation	table	7	\$	170.00	\$	1,190.00	Conference/Consultation Tables & Chairs	HCS
14-18	Exam Room w/ Consultation	Chairs	30	\$	84.99	\$	2,549.70	Conference/Consultation Tables & Chairs	HCS
19-21	Medical Support Staff Offices	Desk	3	\$	2,645.00	\$	7,935.00	Office/Reception Desks & Chairs	HCS
19-21	Medical Support Staff Offices	Chairs	3	\$	500.00	\$	1,500.00	Office/Reception Desks & Chairs	HCS
19-21	Medical Support Staff Offices	Laptop Computers	3	\$	900.00	\$	2,700.00	Computers	HCS
19-21	Medical Support Staff Offices	Telephone	3	\$	129.99	\$	389.97	Telephones	HCS
22	Lab	Centrifuge	1	\$	4,550.00	\$	4,550.00	Exam Room/Triage Equipment	HCS
22	Lab	Phlebotomy Chairs	3	\$	1,199.00	\$	3,597.00	Exam Room/Triage Equipment	HCS
23	Pharmacy	Refrigerator	1	\$	449.10	\$	449.10	Appliances	HCS
23	Pharmacy	Computer	2	\$	900.00	\$	1,800.00	Computers	HCS
24	Staff Lounge Area	Refrigerator	1	\$	449.10	\$	449.10	Appliances	HCS
24	Staff Lounge Area	microwave	1	\$	200.00	\$	200.00	Appliances	HCS
24	Staff Lounge Area	Tables	2	\$	170.00	\$	340.00	Conference/Consultation Tables & Chairs	HCS
24	Staff Lounge Area	Chairs	8	\$	84.99	\$	679.92	Conference/Consultation Tables & Chairs	HCS
25	Conference Room	Tables	1	\$	889.99	\$	889.99	Conference/Consultation Tables & Chairs	HCS
25	Conference Room	Chairs	8	\$	407.99	\$	3,263.92	Conference/Consultation Tables & Chairs	HCS
26	Dentist's Office	Desk	1	\$	3,564.00	\$	3,564.00	Office/Reception Desks & Chairs	HCS
26	Dentist's Office	Chairs	1	\$	500.00	\$	500.00	Office/Reception Desks & Chairs	HCS
26	Dentist's Office	Table	1	\$	140.00	\$	140.00	Conference/Consultation Tables & Chairs	HCS
26	Dentist's Office	Chairs	4	\$	84.99	\$	339.96	Conference/Consultation Tables & Chairs	HCS
27	Panoramic X-ray	Xray machine	1	\$	40,000.00	\$	40,000.00	Exam Room/Triage Equipment	HCS
27	Panoramic X-ray	Plates for Developing	10	\$	657.00	\$	6,570.00	Exam Room/Triage Equipment	HCS
27	Panoramic X-ray	Developer	5	\$	1,500.00	\$	7,500.00	Exam Room/Triage Equipment	HCS
27	Panoramic X-ray	lead apron	1	\$	200.00	\$	200.00	Exam Room/Triage Equipment	HCS
28	Clinic Manager Office	Desk	1	\$	3,564.00	\$	3,564.00	Office/Reception Desks & Chairs	HCS
28	Clinic Manager Office	Chair	1	\$	500.00	\$	500.00	Office/Reception Desks & Chairs	HCS
28	Clinic Manager Office	Table	1	\$	170.00	\$	170.00	Conference/Consultation Tables & Chairs	HCS
28	Clinic Manager Office	Chairs	4	\$	84.99	\$	339.96	Conference/Consultation Tables & Chairs	HCS
29	Reception Waiting Area	Reception Desk	1	\$	2,780.00	\$	2,780.00	Office/Reception Desks & Chairs	HCS
29	Reception Waiting Area	Reception Chairs	1	\$	500.00	\$	500.00	Office/Reception Desks & Chairs	HCS
29	Reception Waiting Area	Reception Chairs	5	\$	926.99	\$	4,634.95	Reception/Waiting Area Chairs	HCS
30	Dental Clinic	Dental chair with overhead light (for patient)	3	\$	12,000.00	\$	36,000.00	Dental Equipment	HCS
30	Dental Clinic	Operator Stools	3	\$	903.00	\$	2,709.00	Dental Equipment	HCS
30	Dental Clinic	Extendable x-ray unit - digital system	1	\$	6,200.00	\$	6,200.00	Dental Equipment	HCS
30	Dental Clinic	UV Curing Light System	1	\$	1,500.00	\$	1,500.00	Dental Equipment	HCS
30	Dental Clinic	Amalgamator	1	\$	1,200.00	\$	1,200.00	Dental Equipment	HCS
30	Dental Clinic	x-Ray development System with Plates	1	\$	15,000.00	\$	15,000.00	Dental Equipment	HCS
30	Dental Clinic	Dental Software	1	\$	7,000.00	\$	7,000.00	Dental Equipment	HCS
30	Dental Clinic	Wall Mounted Flat Screen TV	1	\$	1,499.99	\$	1,499.99	Large Screen TV	HCS

Bayside Health Clinic Equipment & Furniture Cost Estimate
By Room

30	Dental Clinic	Mounted Computer Screen behind patient's head, install to cabinet that holds extendable trays for headpieces and suction unit	3	\$	379.00	\$	1,137.00	Dental Equipment	HCS
30	Dental Clinic	High/Low speed suction and evacuation unit (assistant side)	1	\$	5,500.00	\$	5,500.00	Dental Equipment	HCS
30	Dental Clinic	High/Low speed hand piece unit (dentist side)	1	\$	7,300.00	\$	7,300.00	Dental Equipment	HCS
30	Dental Clinic	Bunsen Burner				\$	-	Dental Equipment	HCS
30	Dental Clinic	Ultrasonic Unit (hygiene services)	1	\$	2,000.00	\$	2,000.00	Dental Equipment	HCS
30	Dental Clinic	Counter top with sink basin and kick plate	1	\$	7,800.00	\$	7,800.00	Dental Equipment	HCS
		Cabinetry with glove, paper towel, and soap dispensers, and space for dental tray storage and material bins	1	\$	10,000.00	\$	10,000.00	Dental Equipment	HCS
30	Dental Clinic	wall mounted sharps	2	\$	10.70	\$	21.40	Dental Equipment	HCS
30	Dental Clinic	Sterilization area (separate from operatory) with designated clean and dirty side and sink with hands free kick plate	1	\$	19,000.00	\$	19,000.00	Dental Equipment	HCS
30	Dental Clinic	Ultrasonic Bath (sterilization)	1	\$	2,000.00	\$	2,000.00	Dental Equipment	HCS
30	Dental Clinic	Autoclave (Sterilization)	1	\$	6,700.00	\$	6,700.00	Dental Equipment	HCS
30	Dental Clinic	High and Low Speed handpieces. Includes 3 HS handpieces and 1 LS handpiece with 3 attachments	1	\$	7,350.00	\$	7,350.00	Dental Equipment	HCS
30	Dental Clinic	Reception Chairs	2	\$	926.99	\$	1,853.98	Reception/Waiting Area Chairs	HCS
31	Dental Assistant	Desk	1	\$	2,780.00	\$	2,780.00	Office/Reception Desks & Chairs	HCS
31	Dental Assistant	Chair	1	\$	500.00	\$	500.00	Office/Reception Desks & Chairs	HCS
31	Dental Assistant	Computer	1	\$	900.00	\$	900.00	Computers	HCS
32	Medical Staff Break and Locker Room	TV	1	\$	1,499.99	\$	1,499.99	Large Screen TV	HCS
32	Medical Staff Break and Locker Room	Chairs		\$	16.00	\$	84.99	Conference/Break/Consultation Tables & Chairs	HCS
32	Medical Staff Break and Locker Room	Tables	4	\$	170.00	\$	680.00	Conference/Break/Consultation Tables & Chairs	HCS
32	Medical Staff Break and Locker Room	Lockers	2	\$	835.00	\$	1,670.00	Bike Rack/Lockers	HCS
32	Medical Staff Break and Locker Room	Microwave	1	\$	200.00	\$	200.00	Appliances	HCS
32	Medical Staff Break and Locker Room	Vending Machines	2			\$	-		HCS
33	Conference Room	Conference Table	1	\$	209.99	\$	209.99	Conference/Consultation Tables & Chairs	HCS
33	Conference Room	Chairs	8	\$	407.99	\$	3,263.92	Conference/Consultation Tables & Chairs	HCS
34	Clothing Room/client supplies	built-in cabinets				\$	-		HCS
34	Clothing Room/client supplies	closets				\$	-		HCS
35	Conference Room	Conference Table	3	\$	209.99	\$	629.97	Conference/Consultation Tables & Chairs	HCS
35	Conference Room	Chairs	25	\$	407.99	\$	10,199.75	Conference/Consultation Tables & Chairs	HCS
35	Conference Room	Interactive whiteboard/smartboard	1	\$	2,699.00	\$	2,699.00	SmartBoard/WhiteBoard	HCS
35	Conference Room	Laptop Computers	1	\$	900.00	\$	900.00	Computers	HCS
36	Storage					\$	-		HCS
37	Mail Room	Table	2	\$	170.00	\$	340.00	Conference/Consultation Tables & Chairs	HCS
37	Mail Room	Chairs	6	\$	84.99	\$	509.94	Conference/Consultation Tables & Chairs	HCS
37	Mail Room	Cubbies				\$	-		HCS
38	Copy Room	Copy Machines	1	\$	13,399.00	\$	13,399.00	Photocopiers/Printers	HCS
38	Copy Room	Printers	2	\$	1,299.99	\$	2,599.98	Photocopiers/Printers	HCS
39	Security	Desk	1	\$	2,780.00	\$	2,780.00	Office/Reception Desks & Chairs	HCS

Bayside Health Clinic Equipment & Furniture Cost Estimate
By Room

39	Security	Chair	1	\$	500.00	\$	500.00	Office/Reception Desks & Chairs	HCS
39	Security	Telephone	1	\$	129.99	\$	129.99	Telephones	HCS
40	Computer Lab	Computers	8	\$	900.00	\$	7,200.00	Computers	HCS
40	Computer Lab	Desks	4	\$	359.99	\$	1,439.96	Classroom Desks & Chairs	HCS
40	Computer Lab	Chairs	8	\$	120.00	\$	960.00	Classroom Desks & Chairs	HCS
40	Computer Lab	Printers	2	\$	1,299.99	\$	2,599.98	Photocopiers/Printers	HCS
40	Computer Lab	Whiteboard	1	\$	149.99	\$	149.99	SmartBoard/WhiteBoard	HCS
41	Break Room	Tables-Round	3	\$	170.00	\$	510.00	Conference/Break/Consultation Tables & Chairs	HCS
41	Break Room	Chairs	10	\$	84.99	\$	849.90	Conference/Break/Consultation Tables & Chairs	HCS
Outside Locker Area		Lockers for 15	2	\$	835.00	\$	1,670.00	Bike Rack/Lockers	HCS
Outside Locker Area		bike rack for 12	2	\$	1,424.10	\$	2,848.20	Bike Rack/Lockers	HCS

Bayside Health Clinic Equipment & Furniture Cost Estimate
By Room

Second Floor Space Allocation

42-45	ClassRoom	2 person desk	40	\$	359.00	\$	14,360.00	Classroom Desks & Chairs	HCS
42-45	ClassRoom	chairs	80	\$	120.00	\$	9,600.00	Classroom Desks & Chairs	HCS
42-45	ClassRoom	computer	1	\$	900.00	\$	900.00	Computers	HCS
42-45	ClassRoom	whiteboard	4	\$	240.00	\$	960.00	SmartBoard/WhiteBoard	HCS
								Conference/Consultation	HCS
46	Multi-Purpose Room	Tables	20	\$	359.00	\$	7,180.00	Tables & Chairs	HCS
46	Multi-Purpose Room	Chairs	40	\$	120.00	\$	4,800.00	Tables & Chairs	HCS
47-50	Behavioral Health Cubicles	Cubicles for 2	2	\$	2,646.00	\$	5,292.00	Office/Reception Desks & Chairs	HCS
47-50	Behavioral Health Cubicles	Chairs	4	\$	279.99	\$	1,119.96	Office/Reception Desks & Chairs	HCS
47-50	Behavioral Health Cubicles	computer	4	\$	900.00	\$	3,600.00	Computers	HCS
47-50	Behavioral Health Cubicles	Printer	1	\$	1,299.99	\$	1,299.99	Photocopiers/Printers	HCS
51	Dining Room	Tables	4	\$	170.00	\$	680.00	Conference/Consultation	BayCare
51	Dining Room	Chairs	16	\$	84.99	\$	1,359.84	Tables & Chairs	BayCare
52	Food Prep	Refrigerator	1	\$	449.10	\$	449.10	Appliances	BayCare
52	Food Prep	Microwave	2	\$	200.00	\$	400.00	Appliances	BayCare
52	Food Prep	Dishwasher	1	\$	999.99	\$	999.99	Appliances	BayCare
53-54, 59-60	Private Room	Hospital Bed	4	\$	2,950.00	\$	11,800.00	Respite Areas	BayCare
53-54, 59-60	Private Room	Dresser	4	\$	399.00	\$	1,596.00	Respite Areas	BayCare
53-54, 59-60	Private Room	Night Stand	4	\$	199.00	\$	796.00	Respite Areas	BayCare
56	Nurses Station	Reception Desk	1	\$	2,780.00	\$	2,780.00	Office/Reception Desks & Chairs	BayCare
56	Nurses Station	Chairs	1	\$	500.00	\$	500.00	Office/Reception Desks & Chairs	BayCare
56	Nurses Station	telephone	1	\$	129.99	\$	129.99	Telephones	BayCare
56	Nurses Station	Copy Machine	1	\$	2,950.00	\$	2,950.00	Photocopiers/Printers	BayCare
57	Waiting Area	Sofas and chairs and Table	1	\$	2,299.99	\$	2,299.99	Reception/Waiting Area Chairs	BayCare
57	Waiting Area	telephone	1	\$	129.99	\$	129.99	Telephones	BayCare
57	Waiting Area	Magazine rack	1	\$	345.99	\$	345.99	Literature Racks	BayCare
57	Waiting Area	Literature rack	1	\$	198.99	\$	198.99	Literature Racks	BayCare
58	Library and TV Room	TV	1	\$	1,499.99	\$	1,499.99	Large Screen TV	BayCare
58	Library and TV Room	Bookshelves	2	\$	150.00	\$	300.00	Reception/Waiting Area Chairs	BayCare
58	Library and TV Room	Magazine rack	1	\$	345.99	\$	345.99	Literature Racks	BayCare
58	Library and TV Room	Tables and Sofa and Loveseat	1	\$	2,299.99	\$	2,299.99	Reception/Waiting Area Chairs	BayCare
58	Library and TV Room	Chairs	5	\$	84.99	\$	424.95	Conference/Consultation	BayCare
61	Women's Dorm	beds	6	\$	2,950.00	\$	17,700.00	Tables & Chairs	BayCare
61	Women's Dorm	dresser	1	\$	399.00	\$	399.00	Respite Areas	BayCare
62	Men's Dorm	beds	6	\$	2,950.00	\$	17,700.00	Respite Areas	BayCare
62	Men's Dorm	dresser	1	\$	399.00	\$	399.00	Respite Areas	BayCare
63	Consultation Room	Tables	1	\$	209.99	\$	209.99	Conference/Consultation	BayCare
63	Consultation Room	Chairs	6	\$	84.99	\$	509.94	Tables & Chairs	BayCare
64	lobby Area	Sofa and Chairs	1	\$	1,988.00	\$	1,988.00	Reception/Waiting Area Chairs	BayCare
All	Office Supplies		1	\$	10,000.00	\$	10,000.00	Office Supplies	HCS
All	Medical Supplies		1	\$	50,000.00	\$	50,000.00	Medical Supplies	HCS
				Total	\$		736,525.41		

Healthcare Redesign Documents to County Administration and Board of County Commission

Document Date	Document Title	Purpose	Outcome
May 3, 2010	Final Negotiated Contract – Medical Home Consultant (and companion Consultant’s Report.)	The Board contracted Executive Resources, LLC to complete a thorough review of the current healthcare delivery system and provide recommendations on how to improve health care service delivery, reduce costs and explore other funding opportunities to reduce the programs reliance on the County’s General Fund, specifically the feasibility of having two FQHCs in Pinellas County.	The Board approved the consultant’s report, which stated that there is room in the County healthcare delivery system for another Federally Qualified Health Center (FQHC), as the current system only served 10% of all eligible populations.
June 6, 2011	Health and Human Services Opportunities for Improvement	County Administration contracted Bill Little, a consultant, to review the operations at the Department of Health and Human Services and to suggest opportunities for improvement and efficiencies.	Mr. Little’s findings were shared with and approved by the Board and staff was directed to begin work on the identified efficacies and implementing the FQHC expansion as recommended.
August 2011	Pathways to Self-Sufficiency and Department Work Plan	Presentation of the Department’s programs and plans for the upcoming Fiscal Year on how to achieve Department goals, including expanding the FQHC designation to offset cost of healthcare.	The Board approved the Department’s report and supported the Work Plan to achieve the Department’s goals, which included expansion of its FQHC designation to offset the cost of healthcare.
November 8, 2011	Health Resources and Services Administration (HRSA) Grant Funding Opportunity	Seeking Board authority for Health and Human Services to apply for a \$5 million Capital Development-Building Capacity Grant for construction of a medical facility through MMU for Healthcare for the homeless.	Commissioner Welch motioned for Board approval for the grant application, which was seconded by Commissioner Seel. Board approved the request for application; Board Vote: 4-1 (C. Bostock dissenting)
December 1, 2011	<i>Healthcare Innovation Challenge</i> Grant Funding Opportunity Announced	Memo to the County Administrator detailing a new federal grant opportunity to enhance our healthcare delivery system and leverage funds to support the cost of care.	County Administrator approved bringing the grant opportunity before the Board, which included as part of the sustainability of the health care delivery system, expansion of our FQHC.
December 20, 2011	Notice of HRSA Grant Award for \$5 million	Health and Human Services applied for the \$5 million Capital Development-Building Capacity Grant for construction of a medical facility through MMU for Healthcare for the homeless.	Health and Human Services was awarded the \$5 million grant and a Notice of Grant Award was announced to County Commissioners and the public.
January 13, 2012	<i>Healthcare Innovation Challenge</i> Grant Funding Opportunity and	Memo to the County Administrator detailing the Department’s plan for the grant application and efforts to expand its FQHC designation to help	County Administrator approved the approach for the grant, which included a health care consortium and expansion of the FQHC

	Health Care Redesign Plans	sustain the new delivery system.	designation to reduce the cost of health care.
January 24, 2012	Approval to Apply for a Center for Medicaid and Medicare Services <i>Health Care Innovation Challenge Grant</i>	Agenda item requesting permission to apply for a \$30 million federal grant to design a new healthcare delivery system, which included expansion of the FQHC designation as a way to increase services and reduce costs.	The Board approved the Department applying for the grant, which included, as part of the sustainability of the health care delivery system, expansion of our FQHC. Board Vote: 7-0.
January 2012	Fiscal Year 2012 Board of County Commissioners Workshop Sessions	As part of the Board's Department workshop sessions, the Department provided an overview ("deep dive") of its programs, services and achievements and made recommendations on ways to achieve efficiencies in operations and reduced expenditures.	The Board approved Department's direction for Fiscal Year 2012 which included applying for FQHC status expansion as a way to leverage resources and offset the cost of care for Pinellas County Health Program.
March 28, 2012	Fiscal Year 2013 Budget Memo	A memo to the Board detailing the Fiscal Year 2013 budget request, performance measures, and plans to find efficiencies in operations and reductions in expenditures.	The Board adopted the budget, which included plans to apply for FQHC expansion as a means to offset the cost of care in the Pinellas County Health Program.
May 17, 2012	Economic Impact of Poverty	A Board directed collaborative report from 6 County agencies following each agency's "deep dive" presentation that addresses the factors that contribute to and exacerbate poverty and 21 initiatives to overcome poverty.	The Board approved the findings in the report and adopted the "healthy communities" initiatives, which included FQHC expansion as a means to increase access to care while also reducing costs of providing the care.
July 27, 2012	Analysis of the <i>Patient Protection and Affordable Care Act</i>	A memo to the Board detailing the <i>Affordable Care Act</i> including its impact on the County and suggestions for how to best prepare the County for implementation of the new law.	The informational memo, which was discussed with each Commissioner, cited FQHC expansion as the best option to prepare the County for expanded health care.
August 7, 2012	July 17 th Budget Follow-Up Information	The Board requested additional information from the Department on the programs it operates and suggestions for possible budget cuts in order to absorb \$800,000 in homeless funding. FQHC expansion is discussed as a cost containment effort for the Pinellas County Health Program.	The Commission received a copy of the memo, which they used as a guide to ultimately decide to keep the homeless funding out of the Department's budget.
October 1, 2012	Achievements and Productivity Enhancements	A memo to County Administration detailing the Department's achievements over the past fiscal year and suggestions for how to enhance services and reduce costs.	County Administration approved the Department's direction for Fiscal Year 2013, which included plans to apply for FQHC expansion.
October 16, 2012	Health Campus Operating Plan	The Board requested that the Department create an Operating Plan	Board approved Operating Plan to construct and operate a

		for the new Homeless Health Clinic, including options for sustainability once the clinic was built.	medical clinic, which included expansion of the FQHC to offset the cost of care.
November 19, 2012	New Commissioner Orientation Packet	County Administration requested an overview of the Department's major programs, services, and projects for the newly elected Commissioners.	The document used to brief each Commissioner on the Department, which included a description of our efforts to expand our FQHC.
January 8, 2013	Update on Department's Major Projects	County Administration requested an update on the Department's major projects for the upcoming year and efforts to find efficiencies in service delivery.	County Administration approved the Department's projects for the upcoming year, which included FQHC expansion as a way to expand services and reduce costs of the Pinellas County Health Program.
February 12, 2013	Resolution No. 13-18	Resolution No. 13-18 appropriated earmarked receipts for a particular purpose supplementing the FY 2013 Capital Fund Budget for the Bayside Health Campus for \$300,000.00	Board unanimously passed the resolution. 7-0.
April 23, 2013	Resolution No. 13-33	Resolution No. 13-33 petitioned the State of Florida to fully implement the Patient Protection and Affordable Care Act.	Board unanimously passed the resolution. 7-0.
May 22, 2013	Department of Health and Community Services' Business Plan	In anticipation of the Fiscal Year 2014 Budget Planning Sessions, the Department provided the Board with a detailed business plan outlining its newly aligned mission, programs, services, current activities, performance measures, and programmatic challenges and strengths. In addition, the Department addressed the status of four new and enhanced initiatives that address the Board's Strategic Vision. These initiatives are: Healthy Communities, Expanding Access to Health Care, Technology Improvements, and Housing Assistance for the Homeless.	The Business Plan was provided to the Board for review of current and future initiatives in preparation for budget discussions occurring for Fiscal Year 2013-2014.
June 12, 2013	Department of Health and Community Services' Plan for the Future State	In anticipation of the Fiscal Year 2014 Budget Planning Sessions, the Department provided the Board with a description of its newly aligned mission, programs, services, and addressed the "future state" of the Department of Health and Community Services through 2017.	County Administrator received the Future State report as an item for internal review and approval for the upcoming budget work sessions.

August 20, 2013	RFP Bid Rankings for Pinellas County Health Campus (Bayside Health Campus) Construction	The Board discussed the particular rankings of the top three (3) bids for construction of the Bayside Health Campus and some Commissioners discussed concerns about the ranking and selection process. Discussion occurred where Mr. Laoro explained the Consultants Competitive Negotiation Act (CCNA) and how it is strictly adhered to in review of RFPs.	Following discussion and upon call for the vote, the motion to award the big to Creative Contractors, Inc., carried by a vote of 4-3, with Chairman Welch, Roche, and Justice dissenting.
October 29, 2013	Economic Impact of Poverty Update Work Session	Health and Community Services provided the Board with a revised report on the Economic Impact of Poverty and discussed the specific strategies the Department recommends the County incorporates if it hopes to reduce the cost of poverty to taxpayers. Specific strategies included indigent healthcare access expansion and diversifying healthcare funding through 330e expansion and leveraging Medicaid reimbursements.	The Board approved Department's direction which included applying for FQHC status expansion as a way to leverage resources and offset the cost of care for Pinellas County Health Program.

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EXECUTIVE SUMMARY

In 2008, the Pinellas County Health and Human Services (HHS) established the Pinellas County Health Plan (PCHP) to provide approximately 8,600 county residents residing $\leq 100\%$ of the Federal Poverty Level with access to comprehensive primary care. The overall goal in implementing the patient-centered medical home (PCMH and MH) model of care has been to shift the PCHP from a service delivery model that emphasized extensive inpatient and other types of costly care to one of wellness and prevention. Specific objectives include the following:

- Reduce inappropriate hospital emergency department visits by uninsured adults by diverting them to one of several Pinellas County-based PCHP medical homes of the Pinellas County Health Department (PCHD) and Community Health Centers of Pinellas (CHCP); and
- Create a healthier population for Pinellas County residents by providing access to a full range of health care services, education to manage chronic conditions and screenings to promote early detection of disease.

It should be noted that PCHP is not an insurance plan but rather a program designed to provide access to primary care services, one that does include a compensation component to reimburse the medical home service providers. Further, there is reimbursement for some specialty services and limited inpatient care for non-emergent situations (requires prior authorization).

The foresight of the Pinellas County Board of Commissioners and HHS management should be acknowledged in this effort as few local governments have demonstrated the insight or capability to undertake the challenge of establishing such a program. The strategy for achieving the goal was to implement an innovative concept of health care service delivery with the MH model as the core and to contract with organizations that have a demonstrated history of providing primary care services to the targeted population, specifically PCHDS and CHCP.

HHS selected Executive Resources, LLC (EXEC) through a public request for proposal process, to conduct an assessment of the PCHP's progress towards meeting the strategy, along with assessing PCHP's performance on a number of key variables including the effectiveness of PCMH development in Pinellas County. Medical homes are located in eleven Pinellas County Health Department (PCHD) and Community Health Centers of Pinellas (CHCP) service site locations throughout Pinellas County and serve as the foundation of the Pinellas County Health Plan (PCHP) service delivery.

Based on principles jointly developed by the American Academy of Pediatrics, the American Academy of Family Practice, the American Osteopathic Association, and the American College of Physicians, PCMHs should have these characteristics: a personal physician, physician-directed

medical practice, whole-person orientation, coordinated care, quality and safety, enhanced access and adequate payment.

The scope of our project included performing on-site visits at several PCHD and CHCP service site locations and coordinating the assessment process with HHS as a collaborator to ensure that the project remained on track. The project scope encompassed, but was not limited to the following:

- Reviewed HHS, PCHP, PCHD, CHCP, and Health Resources and Services Administration (HRSA) project-related information;
- Interviewed key stakeholders;
- Performed multiple site visits;
- Observed compliance relative to PCHD and CHCP;
- Reviewed Federally Qualified Health Center (FQHC) potential and provided opinion;
- Analyzed MH model components in relationship to PCHP; and
- Developed draft and final reports.

During the site visits performed at the PCHD and CHCP service sites, EXEC's consultants met with respective site management and completed a "**Patient-Centered Medical Home Standards Assessment Tool.**" This tool is designed to assess the compliance with standards of practice routinely exhibited by well-functioning MHs. Relative to the assessment tool deployed to ascertain PCHC contractors' performance, core services that contractors are required to perform include the following:

- Determine patient eligibility;
- Distribute educational materials to eligibles and enrollees;
- Act as a PCMH;
- Coordinate and facilitate case management;
- Ensure quality assurance measures participation;
- Provide space/access to PCMH computer system;
- Provide reporting information consistent with contract; and
- Assure sharing of information for service provision.

Assessment Tool Findings Summary – Pinellas County Health Department (PCHD)

EXEC's summary of the assessment tool findings relative to PCHD are as follows:

- PCHD does not routinely provide patients the opportunity to schedule same day or next day appointments.

- PCHD does not provide appointment times for routine and urgent care outside typical office hours.
- PCHD does not provide patients with secure electronic access to medical record information at this time and does not report planning to do so in the near future.
- PCHD patients are assigned to specific locations and consequently, the patient has access limited to the physician employed or working at that particular location.
- Patients are provided with PCHP materials and a patient handbook is available although not always provided to patients.
- PCHD has a long history of providing services to the population covered by the PCHP and therefore exhibits knowledge of the cultural needs of the patient population.
- PCHD care team has defined roles and responsibilities; roles are defined per written position descriptions for both clinical and non-clinical staff.
- Practice has an electronic system that captures clinical patient information in searchable field format; it uses nationally standardized codes.
- Practice conducts and documents in the medical record a comprehensive health assessment.
- Practice does not use basic patient data and clinical data to organize/generate lists of patients and to proactively remind patients or clinicians of services needed relating to preventive care.
- PCHD has adopted and implemented evidenced-based guidelines for the treatment of diabetes, COPD, and hypertension.
- PCHD does engage in medication management, the care team members review and reconcile lists of medications with patients at each visit.
- PCHD should systematically track tests and follow up and that test tracking is limited to critical values; no system to flag overdue lab results, imaging test or imaging results.
- PCHD relies on the PCHP referral system; it does not coordinate referrals nor prioritize as important.
- PCHD does not have a process to identify patients with unscheduled hospital admission or emergency department visit.
- PCHD chronic disease management monitors at least six conditions.
- PCHD monitors performance on at least three chronic disease conditions, disease managers use established standards for monitoring purposes.

<i>Assessment Tool Findings Summary – Community Health Centers of Pinellas (CHCP)</i>

EXEC's summary of the assessment tool findings relative to CHCP are as follows:

- CHCP has a process and demonstrates that it provides same day appointments for routine and urgent care based on triage of patients and reserves availability for same day appointments.
- CHCP provides appointment times for routine and urgent care outside typical office hours by offering extended hours at every site.
- CHCP does not presently provide patient/family with secure electronic access to the medical record at this time but is planning to make this feature available in the near future.
- CHCP does assign each patient to a personal clinician and maintains a record of that assignment.
- CHCP discusses with and distributes written information to patients and their families on the role of the medical home and how it functions.
- CHCP assesses the racial and ethnic diversity of its patient population quarterly for all patients of the CHC.
- CHCP defines the roles for all team members including clinical and non-clinical staff via position descriptions that are updated regularly.
- Practice has an electronic system that captures clinical patient information using nationally standardized codes for patients, clinicians and clinical data.
- Practice conducts and documents a comprehensive health assessment for all patients.
- CHCP uses basic patient data and clinical data to organize/generate lists of patients and to proactively remind patients or clinicians or services needed.
- CHCP has adopted and implemented evidenced based guidelines for hypertension, diabetes and asthma.
- CHCP conducts per-visit planning, develops an individualized care plan including treatment goals in collaboration with patient that address the patient's comprehensive care needs.
- CHCP care team reviews and reconciles lists of medications with patients at each visit, including OTC, RX, herbal therapies and supplements.
- CHCP clinicians write at least 75% of all prescriptions using electronic prescribing; the electronic system is integrated with the patient medical record.
- CHCP assesses and tracks patient capacity for confidence in self-care, develops the self-care plan with the patient and provides self-monitoring tools to record results in home setting.
- CHCP systematically tracks tests and follows up until results are available.
- Practice coordinates referrals designated as important through use of the electronic system; it provides referral clinician with reason for the consultation and pertinent clinical finding.
- CHCP monitors its performance results on preventive measures (PAP, Mammogram, CR screening) and on chronic disease measures (diabetes, hypertension, asthma).

- CHCP obtains feedback from patients and families to inform quality improvement activities.
- CHCP uses performance data to set goals and take action, it reports to QI and Board.
- The CHCP findings as reported were a combination of self-reported (surveyor relied on information provided by CHCP) and verified data (e.g. same day scheduling - surveyor verified by review of that day's provider schedule).

<i>Assessment Findings Summary – FQHC Development Issues</i>
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EXEC's summary of FQHC development issues findings are as follows:

- An analysis of a number of FQHCs in cities of comparable size to St. Petersburg (225,000-250,000) delineated that St. Petersburg is less than the average of the seven comparable cities in terms of total FQHC organizations and FQHC service sites.
- Based on the Pinellas County low-income population of 244,152 residents and utilizing a benchmark of 3.4 average annual visits per patient user, approximately 830,117 low-income primary care visits can be garnered throughout Pinellas County.
- Approximately 197.6 FTE low-income physician providers are required to service the low-income population of Pinellas County.
- CHCP is serving only 10.3 percent of the total Pinellas County low-income population.
- There are multiple census tracts throughout Pinellas County that are MUA/P designated – the base tenet for FQHC or FQHC Look-Alike (LAL) provider establishment.
- There are census tract “pockets of poverty” throughout Pinellas County and while CHCP and PCHD operate sites in the most densely populated areas of the county, there may be opportunity for additional FQHC development.
- “Service Area Overlap” issues persist since CHCP maintains five sites and most likely views a new FQHC as a threat and will probably not support a new FQHC in Pinellas County.
- On August 9, 2010, HRSA announced a New Access Point (NAP) FQHC grant application process with the due date on November 17, 2010 and \$250 million of funding will be available for approximately 350 grants.
- There is no prescribed grant cycle to submit an FQHC LAL application – it can be submitted at any time - there is already a substantial built-in users' presence with the PCHD service sites and utilization - community and elected official support would be needed – Service Area Overlap issues must be considered.

- Service Area Overlap refers to a situation whereby an existing FQHC grantee's or LAL's scope of project service area is identified by another organization (FQHC or LAL) as an area where it intends to deliver services. Generally this situation will require that the existing grantee FQHC or LAL must acknowledge and support the entry into this service area by the organization intending to expand into the service area.
- With national health reform on the horizon, FQHCs are strategically positioned to receive more Federal dollars relative to increasing primary care access to Medicare, Medicaid, and uninsured population. CHCP has not been able to realize the maximum of grant funding, to the extent that HRSA has funded NAP "expansion" or satellite sites on an ongoing basis.

<i>Recommendations – PCHD Site Visit/Assessment Tool</i>

EXEC's recommendations relative to PCHD are as follows:

- PCHP should require that the MH establish in writing, standards for certain processes to support patient access.
- PCHP should require that the MH demonstrate that it has the capacity to use electronic information to generate lists of patient and take action to remind patient or clinicians proactively of services needed.
- The practice should show how it uses reports to remind patient of needed services.
- PCHP contract should specifically state the MH demonstrate that it maintain s continuous relationships with patients by implementing evidenced-based guidelines.
- PCHP should require that the MH conduct specific activities to support patient/family self-management.
- PCHP should require that the MH systematically track tests and follows up in a specific manner.
- PCHP should require MH providers to seek to improve effectiveness, efficiency, timeliness of quality by measuring and reporting performance, comparing itself to national benchmarks, and giving physicians regular feedback and taking actions to improve.
- PCHP should require that contracted MH providers use either a phone survey, or paper or electronic survey to receive patient/family feedback on patient access to care.

<i>Recommendations – CHCP Site Visit/Assessment Tool</i>

EXEC's recommendations relative to CHCP are as follows:

- PCHP should execute MH provider contract with CHCP that requires CHCP achieve recognition by nationally recognized body (e.g., NCQA).
- PCHP provider agreement with CHCP should require to schedule and track specialty referrals, outside testing and community agency referrals.
- PCHP provider agreement to require that CHCP provide ER utilization data as it has available with regard to patients treated by CHCP and enrolled in PCHP.
- PCHP provider agreement to require that data collected by CHCP for public reporting purposes (e.g., 330 UDS) be provided to PCHP for PCHP enrollees.
- PCHP provider agreement should require CHCP provide documentation that PCHP enrollees are included in CHCP QI program.
- PCHP provider agreement with CHCP should require that CHCP provide PC HHS with results of the CHCP QI program findings as it pertains to PCHP enrollees.
- PCHP provider agreement with CHCP should include incentive payment for MH service delivery as determined by CHCP submitting documentation meeting national standards (e.g., NCQA).

<i>Recommendations – PCHP in General</i>

EXEC's recommendations relative to PCHP in general are as follows:

- Continue evolving the PCHP, including development of the specialty care network, which is critical to continuum of care.
- Evaluate alternative methodologies for paying for MH services, which often are a combination a fixed payment i.e. “per member per month” in combination with a specific payment for each encounter. “Start-up” situations often require that the MH receive an initial substantial payment to pay the cost associated with implementing the medical home.
- Develop specific contractual language with MH providers that further define the requirements of care delivery, coordination and reporting consistent with national standards for the medical home service delivery.
- Require MH providers to achieve recognition by the National Committee for Quality Assurance (NCQA).
- Modify the existing payment methodology such that it rewards the MH provider that achieves MH status, as determined by an independent certification process.
- If revenue to support the PCHP is reduced, we recommend that the number of plan enrollees be reduced rather than reduce the payment to the MH provider; underpaying the MH provider will result in less than complete work being accomplished by the MH.

<i>Recommendations –FQHC Development</i>

EXEC's recommendations relative to FQHC development are as follows:

- Any new FQHC or FQHC Look-Alike development should consider census tracts “pockets of poverty” throughout Pinellas County since only 10.3 percent of primary medical care capacity for the low-income population has been achieved.
- New FQHC or FQHC Look-Alike development should be performed by an organization that has an existing built-in “users presence” and with a particular emphasis on those bilingual and culturally distinctive members of the target low-income population having unique needs.
- A complete review of HRSA's Policy Information Notices for each provider status should be performed to ascertain areas of compliance and areas that are outstanding that need to be reconciled.
- New FQHC or FQHC Look-Alike development needs to consider Policy Information Notice 2007-09 entitled “Service Area Overlap” relative to considering the impact on the operational and fiscal viability of the existing FQHC, i.e. CHCP currently serving Pinellas County.
- Since reports for the 1st and 12th Congressional Districts of Florida delineate “millions of dollars in funding” for 6 CHCs and 8 CHCs respectively, between 2011-2014, it is recommended to not let this opportunity slip away.
- Since HRSA announced a New Access Point (NAP) FQHC grant application cycle with a due date of November 17, 2010, decisions relative to proceed or not to proceed with applying must be made by the end of September.
- If the FQHC LAL provider status is more appealing from non-competitive and no specific cycle standpoints, the submitting organization still needs to be section 330 compliant.

Detailed reporting of these findings and recommendations is included in narrative report. In summary, the essential elements of the PCHP MH contract requirements have been met. One of the contractors has in place the electronic health record infrastructure to facilitate its efforts. The other contractor is striving for compliance without that resource. Both contractors will benefit with more thorough contract directives regarding medical home expectations by the PCHP. HHS plans to implement such directives.

The PCHP intends to increase the level of specialty service available to plan enrollees and efforts to accomplish this accessibility initiative are presently underway. Increasing specialty care availability and accessibility in conjunction and in continuation with comprehensive primary care will result in an improvement in the health status of the Pinellas County residents enrolled in the plan. Further, the combination of specialty and primary care access will assist in the decrease of hospital emergency room and acute care utilization and subsequently, decreased costs.

In conclusion, Executive Resources, LLC recognizes the management and staff of the Pinellas County Department of Health Human Services, particularly Bureau Director Maureen Freaney, Health Care Administrator Lynn Kiehne, and Medical Director Dr. Paulette Thompson, for their assistance in accessing the required materials and having organizations readily available in order for us to conduct this assessment and to prepare this report.

INTRODUCTION

Executive Resources, LLC (EXEC and Executive Resources used interchangeably) was engaged by Pinellas County, Florida, Department of Health and Human Services (HHS) to provide expert technical assistance relative to performing an assessment of the effectiveness of patient-centered medical home (PCMH) development in Pinellas County. Medical homes are located in sixteen (16) Pinellas County Health Department (PCHD) and Community Health Centers of Pinellas (CHCP) service site locations throughout Pinellas County and serve as the foundation of the Pinellas County Health Plan (PCHP). These medical home (MH) service site locations formed the basis of concentration of the assessment that HHS requested. It was indicated to EXEC during the Request for Proposal (RFP) process (Proposal Number 090-134-IP) and validated by our firm during our engagement, which included meetings with HHS and in performing site visits that PCHP is a primary care and prevention focused health care plan that serves low-income, uninsured residents throughout Pinellas County.

PROJECT SCOPE

The scope of our project included providing expert technical assistance, including on-site visits at several PCHD and CHCP service site locations in Pinellas County and to coordinate the assessment process with HHS as a collaborator to ensure that the project remained on track. Specifically, the project scope encompassed the following tasks:

- Reviewed HHS, PCHD, and CHCP website information to obtain information relative to the stakeholders involved in the project and to obtain a better understanding of Pinellas County health care provision;
- Reviewed Health Resources and Services Administration (HRSA) geospatial website information relative to primary care provision and access in Pinellas County, including the following:
 - Existing Pinellas County-based Federally Qualified Health Center (FQHC) – CHCP and the health center’s service sites;
 - Allocation of U.S. Public Health Service (PHS) section 330(e) and American Recovery and Reinvestment Act (ARRA) grant awards;
 - Pinellas County Community Fact Sheet relative to population and socioeconomic characteristics;
 - Medically Underserved Area/Population (MUA) designations by census tract and minor civil division; and

- Health Professional Shortage Area (HPSA) designations by census tract and minor civil division.
- Reviewed PCHP program background materials provided by both HHS and PCHD, including, but not limited to PCHP contracts with providers, published and ad hoc reports, and manuals;
- Interviewed key stakeholders throughout the project including HHS administrative staff, PCHD administrative staff, and CHCP administrative staff relative to obtaining an understanding of each organization's relationship, knowledge, and involvement with the PCHP and the medical home model;
- Performed multiple site visits on three (3) occasions of PCHP providers – PCHD and CHCP in order to obtain, review, and assess information relative to the PCHP and the medical home model, including, but not limited to the following:
 - Performed tour of facilities to observe the delivery of preventive and primary medical care along with availability and accessibility of exam/consult rooms for PCHD and CHCP patients;
 - Interviewed members of PCHD and CHCP administrative staff, along with several other staff members, including providers, support staff, and board members;
 - Reviewed scheduling, eligibility, wait times, registration, etc. relative to compliance with established policies and procedures
 - Reviewed policies and procedures for preventive and primary care provision and availability, accessibility, and referral mechanisms in place for subspecialty referrals and pharmaceuticals; and
 - Observed communication and relationships among PCHD and CHCP staff members;
- Observed ability of PCHD and CHCP to serve PCHP clients at contracted service levels according to specific contracts in place, including availability, accessibility, financial implications (Note: It was indicated in the RFP that there may be some issues since the FQHC serves “multiple” populations);
- Observed adherence to program policies and procedures regarding client eligibility determination, wait times;

- Developed a matrix for both St. Petersburg/Pinellas County and Tampa/Hillsborough County relative to the number of FQHC organizations and FQHC services sites in those organizations compared to cities of similar size and characteristics to St. Petersburg and Tampa in order to delineate FQHC organization and FQHC service site unmet need/(excess) need;
- Prepared a series of Pinellas County maps delineating census tracts, PCHD and CHCP service sites, and MUA/HPSA designations in order to portend potential “pockets of poverty” and areas where primary care need is not being met;
- Provided opinion as to CHCP ability of maximizing funding opportunities, i.e. HRSA, ARRA maximized given the other populations they serve as contrasted to the PCHP contract;
- Provided opinion as to CHCP ability compared to other FQHCs relative to maximizing revenue opportunities;
- Since CHCP is Pinellas County-wide, provided opinion relative to ability to add more service sites and/or obtain additional funding along with ability for another organization commencing FQHC or FQHC Look-Alike provider status in the county;
- Analyzed the ability of medical homes located within the PCHD and subcontracted medical homes, i.e. CHCP to serve PCHP clients at the contracted service level required and whether or not they are meeting the definition of PCMH;
- Analyzed benefits and liabilities along with potential administrative burdens for PCHD and CHCP to contract with PCHD;
- Prepared draft report of results, findings, and recommendations and submit to HHS and to incorporate EXEC’s experience and expertise in projects with PCMH, FQHCs, and public entities;
- Obtained feedback from HHS relative to draft report and revise if appropriate; and
- Prepared and issued final report.

BACKGROUND

Patient-Centered Medical Home Model

The American Academy of Pediatrics (AAP) introduced the medical home in 1967 as a way to enhance the care of children with special needs. The Future of Family Medicine Project expanded on the concept in 2004 when it called for every American to have a "personal medical home." The American Academy of Family Practice (AAFP) developed a related policy statement the same year, and the American College of Physicians (ACP) introduced the "advanced medical home" in 2006. In an effort to put more muscle behind their advocacy initiatives, the AAFP and ACP teamed with the AAP and the American Osteopathic Association (AOA) to draft and disseminate Joint Principles of the Patient-Centered Medical Home (PCMH). According to the principles, PCMHs should have these characteristics: a personal physician, physician-directed medical practice, whole-person orientation, coordinated care, quality and safety, enhanced access and adequate payment.

In this new model, the traditional doctor's office is transformed into the central point for patients to organize and coordinate their health care, based on their needs and priorities. At its core is an ongoing partnership between each person and a specially trained primary care physician. This model provides modern conveniences, like e-mail communication and same-day appointments; quality ratings and pricing information; and secure online tools to help consumers manage their health information, review the latest medical findings and make informed decisions. Consumers receive reminders about necessary appointments and screenings, as well as other support to help them and their families manage chronic conditions such as diabetes or heart disease. The primary care physician helps each person assemble a team when he or she needs specialists and other health care providers such as nutritionists and physical trainers. The consumer decides who is on his or her team, and the primary care physician makes sure they are working together to meet all of the patient's needs in an integrated, 'whole person' fashion."

The PCMH model includes the following aspects: Outreach is accomplished through education, marketing, transportation and translation. The services provided at the medical home location include preventive care, primary care and basic lab, dental (relief of pain), pharmacy, nutrition education, disease/case management, coordination of services. In addition, the medical home can provide the patient referral to hospital services (relative to the PCHP applicability, it is not a direct component), specialty care services (referral required), behavioral and mental health services (referral required).

Pinellas County Health Plan

The Pinellas County Health Plan (PCHP) commenced in October of 2008 and is a primary care and prevention focused health care plan with a mission of serving low-income, uninsured

residents of Pinellas County. Providing service to almost 8,600 eligible residents in its first year of operation, in October of 2009 the PCHP began year two of the health program with an emphasis on Medical Homes. The PCHP defined the medical home as a specific location at which health plan patients are assigned and at which the patient would have access to comprehensive care including preventive and wellness care, acute injury and illness care, and chronic illness management. The PCHP medical home included the concept of communication, understanding and collaboration between the patient and the physician and the physician directed healthcare team to which the patient is assigned. The patient of the PCHP medical home is to receive health plan covered services from the same physician/physician team. In addition the PCHP medical home includes accessibility and quality standards.

Pinellas County Health Plan Providers

The PCHP contracted with two existing health care providers to function as the medical home for PCHP patients (Exhibits A and B): 1) State of Florida, Department of Health, Pinellas County Health Department (PCHD) and 2) Community Health Centers of Pinellas, Inc. (CHCP), the latter, a U.S. Public Health Service (PHS) section 330 Federally Qualified Health Center (FQHC).

PCHD, a public subdivision of the State of Florida, was established in 1936, and has more than 600 employees in seven locations throughout Pinellas County. PCHD's main location is 205 Martin Luther King Street North, St. Petersburg. Additional information about the PCHD medical home sites relative to the PCHP contract and hours of service is provided in Exhibits A and I of this report.

CHCP, a not-for-profit 501(c)(3) health care organization designated as an FQHC by the Health Resources and Services Administration (HRSA), has been providing primary health care services to the residents of Pinellas County for more than 25 years. The services include: Family Practice, Pediatrics, Obstetrics and Gynecology, and Dental Care. CHCP's administrative and main site ("core" site) is the Johnnie Ruth Clarke Health Center located at 1344 22nd Street South in St. Petersburg. CHCP maintains four other service site locations in Pinellas County for which, additional information relative to the PCHP contract and CHCP's Year in Review report is provided in Exhibits B and T of this report.

PCHP states that the strength of their medical home program lies in the experience of its community partners, PCHD, CHCP, and a network of providers and hospitals working together to tailor care that is sensitive to the unique needs of this urban population. Access (including drop-in and after hours care), transparency and individualized case management are the hallmarks. Case managers and disease case managers are in the hospitals and the medical homes to help patients navigate the system, schedule specialty appointments, and address other potential barriers to health including transportation. Pinellas County (HHS) also maintains a PHS section

330(h) grant-funded mobile medical unit to create additional access points for those individuals (primarily homeless) that choose this as their medical home. To qualify for the program one must be between the ages of 18 and 64 and meet federal criteria for 100% poverty. Services provided through the medical home include primary care, lab work and tests, prescriptions, annual physicals, behavioral health screening and referral, cancer screening, nutrition education, individualized case management, dental for relief of pain, limited specialty care, and a wealth of wellness and prevention services.

HHS has been closely monitoring the success of the program by measuring consumer satisfaction, emergency room utilization and selected health indicators within its population. Pinellas County desires to continue to expand its partnerships and volunteer network to be able to provide services to uninsured people living at up to 200% of federal poverty guidelines. However, Pinellas County maintains that since significant declines in programmatic funding have occurred recently, this goal is currently out of reach. It is also not completely known at this juncture the extent of the impact that national healthcare reform from 2011-2014 will have that might mitigate needs to expand this program, other than there will be opportunities for increasing health care service delivery to low-income individuals.

DETAILED FINDINGS - OVERVIEW

Client Eligibility

PCHP eligibility is established as follows:

- Be a U.S. citizen or legal resident;
- Be a Pinellas County resident ;
- Be an adult between the ages of 18 and 64;
- Be uninsured and cannot pay for the medical care need;
- Not be eligible for Medicaid, Medicare or other public assistance programs;
- Uninsured and not eligible for other public assistance programs, Meet federal income guidelines (100% FPL), Be a US citizen or legal non-sponsored resident alien;
- Full time students (>9 credit hours) are not eligible; and

- Meet Federal Income Guidelines.

Figure 1
Federal Income Guidelines

Federal Income Guidelines	
Persons in Household	Net Monthly Household Income
1	\$903
2	\$1,215
3	\$1,526
4	\$1,838
5	\$2,150

The eligibility for the PCHP is performed by the medical home staff (eligibility specialist). Once PCHP eligibility has been established, eligibility is set for one year. Eligibility staff is encouraged to update demographic data of eligible patients at each visit. PCMH eligibility specialists often screen new clients for potential eligibility prior to conducting a full eligibility determination.

Residents of Pinellas County (no minimum time required to establish qualification for the PCHP) must live and make their home in Pinellas County to qualify for the PCHP. Tourists, transients, and students from out of the county are not considered residents for this plan. Homelessness does not disqualify an applicant from being considered a Pinellas County resident. Persons under custody of the Department of Corrections are not considered residents.

The PCHP is the payer of last resort; applicants must not have any current health coverage in order to be eligible including Medicaid, Medicare (even if not covered under part B), Veterans Health Administration or Private Medical, Hospital, HMO/PPO insurance.

PCHP Covered Services:

PCHP covered services are as follows:

Figure 2
PCHP Covered Services

<ul style="list-style-type: none">▪ Doctor visits at Medical Home▪ Referrals when necessary - only to approved providers▪ Mental health and substance abuse services▪ Wellness and prevention services such as<ul style="list-style-type: none">- Annual physicals- Nutrition education and counseling▪ Cancer screening▪ Physical therapy▪ Pharmacy services▪ Referral for dental "relief of pain"▪ Laboratory and medical services such as:<ul style="list-style-type: none">- Pap smears- PSA blood levels- Urine analysis including pregnancy test- General X-rays- Ultrasounds- MRIs- CT scans- Mammogram's▪ Emergency room treatment and hospitalizations are not covered services	<p>Case management services may be offered to help residents dealing with the challenges of:</p> <ul style="list-style-type: none">▪ Physical illness▪ Disability▪ Psychological concerns▪ Addictive behaviors
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PCHP Medical Home Overall Goal, Objectives, and Strategy

The overall goal of HHS relative to implementing the medical home model of care is to shift the PCHP from a service delivery model that emphasized extensive inpatient and other types of costly care to one with a focus on wellness and prevention. In order to achieve the overall goal, specific objectives include the following:

- Reduce inappropriate Pinellas County hospital emergency department visits by uninsured adults by diverting them to one of several Pinellas County-based PCHP medical homes of PCHD and CHCP; and
- Create a healthier population for Pinellas County residents by providing access to a full range of health care services, education to manage chronic conditions and screenings to promote early detection of disease.

Relative to strategy, the Pinellas County Health Plan PCMH contractor service sites (Exhibits A and B – PCHC Agreements) must demonstrate the following key principles:

- Relationship – including communication, understanding and collaboration between the patient and the physician and physician directed health care team;
- Continuity of Care – including clients receiving the medical home visits with the same physician/physician team and appropriate documentation of all consultations, referrals and appointments in the clinical record;
- Comprehensiveness of Care – including preventive and wellness care, acute injury and illness care, and chronic illness and management Standards for the provision of appropriate patient education, self-management and community resources;
- Accessibility – including written policies that support patient access and routine assessment of patients' perceptions and satisfaction regarding access to the medical home; and
- Quality – including patient care that is physician directed, the use and periodic assessment of evidenced based guidelines and performance measures in delivering clinical services, and on-going quality improvement activities.

The core services that PCHP PCMH contractor service sites must provide are:

- Determine patient eligibility in accordance with PCHP eligibility criteria;
- Distribute materials to county eligible and county enrolled clients for the purposes of education and identification;
- Act as a medical home for primary care services, including laboratory, wellness and prevention services;
- Coordinate and facilitate case management, disease case management services with county staff;
- Provide or refer for healthy behaviors, education and nutrition services including but not limited to, diabetes education, tobacco cessation, chronic

disease prevention, weight loss and management programs, and other healthy lifestyles program;

- Assure participation in medical and other quality assurance measures;
- Provide space and access to PCMH computer system for colocated non-provider staff;
- Provide reporting information consistent with PCHP contract agreement; and
- Assure the sharing of data, health and other information necessary to provide the core services.

PCHP Patient-Centered Medical Home Contractor Service Sites

In order to assess the PCMH model in Pinellas County, it is important to delineate the availability and accessibility of comprehensive preventive and primary healthcare resources for the low-income, medically underserved, and vulnerable populations of Pinellas County. PCHP PCMH contractor services sites are delineated in the following figures. A detailed map portending the precise location of each PCHD and CHCP service site, along with the relevance to the low-income population and Federally-designated Medically Underserved Area/Population (MUA/P) Pinellas County census tracts, is included in Exhibit D of this report. Figure 3 and Figure 4 delineated below provide a listing of the existing direct service sites of the PCHD and CHCP; it is of note that over time, the PCHP has also included other primary care locations as contracted or subcontracted delivery sites. However, the material volume of services is delivered at the sites listed in Figure 3 and Figure 4.

Figure 3
Pinellas County Health Department Sites

205 Dr. M.L. King Jr. St. N. St. Petersburg, FL 33701 (727) 824-6900
6350 76th Ave. N. Pinellas Park, FL 33781 (727) 547-7780
310 N. Myrtle Ave. Clearwater, FL 33755 (727) 469-5800
301 South Disston Ave. Tarpon Springs, (727) 942-5457

Figure 4
Service Locations CHCP Service Sites

Community Health Centers of Pinellas (Johnnie Ruth Clarke Health Center) 1344 22nd St. S. St. Petersburg, FL 33712 (727) 821-6701
Community Health Centers at Largo 12420 130th Ave. N. Largo, FL 33774 (727) 587-7729
Community Health Centers at Tarpon Springs 247 S. Huey Ave. Tarpon Springs, FL 34689 (727) 944-3828
Community Health Centers at Pinellas Park 6237 66th St. Pinellas Park, FL 33781 (727) 544-2284
Community Health Centers at Clearwater 1020 Lakeview Road Clearwater, FL 33756 (727) 461-1439

PCHP PCMH Requirements Compliance

The hours of operation of PCHP MHs (Exhibit I), although not specified in the PCHP MH contracts, are required to be adequate to meet client/patient need and demand. Each medical home site is required to provide 24 hours/7 day per week answering service, physician call and coverage for all medical home sites. The intent is to ensure appropriate client information, emergency referral or direction to the medical home most convenient to the client/patient the following clinic day. Each PCHP MH is to provide open access or same day scheduling at all locations, with a minimum of 25 percent of patient appointment slots allocated for every day the site is open. The medical homes are required to participate in a referral program to county approved networks for pharmacy, MedNet, behavioral health, radiology, specialty care, and other ancillary and/or hospital based services. The referrals must be consistent with the PCHP Covered and Non-Covered Services.

Sharing of electronic information and data with the County and others is a requirement of the medical home sites; this sharing is to be consistent with all Federal and State rules and regulations.

The PCHP MH health care provider staff is required to be in good standing with the appropriate state licensing authority, i.e. Florida.

HHS states that the strength of the PCHP medical home model of care lies in the experience of its community partners. The two primary partners are the State of Florida, Department of Health, Pinellas County Health Department (PCHD) and Community Health Centers of Pinellas, Inc. (CHCP).

DETAILED FINDINGS – ASSESSMENT

Executive Resources, LLC's assessment included obtaining and analyzing as much information as possible for HHS in order that the agency could render sound and prudent decisions relative to the PCHP and its contractors and how to strategically allocate financial resources in the future.

ASSESSMENT – SITE VISITS

Executive Resources interviewed key stakeholders including HHS administrative staff, members of CHCP administration and provider staff, PCHD administration and provider staff, community members and others to gain insight and understanding of the model and community linkages.

A series of site visits at CHCP and PCHD service delivery sites were conducted for the purpose of assessing each medical homes adherence to PCHP program policies and procedures regarding client eligibility determination, wait times, registration, scheduling, check in and check out practices, specialty referral procedures, and communication between medical homes and other program partners.

Additionally, the site visits allowed Executive Resources to determine CHCP's and PCHD's ability to serve the PCHP clients to the contracted service level of the PCHP. Further Executive Resources reviewed the administrative burden that PCHP reporting imposed on these organizations. The site visits' approach and methodology deployed included Executive Resources, LLC reviewing the aspects/areas of the CHCP and PCHD operations relative to the following:

- Patient access to medical homes, including open appointment slots for same day service;
- Efficiency of the service model (patient-centered medical home-PCMH);
- Patient Satisfaction;
- Policies pertinent of each organization;
- Adoption of the medical home model ;
- Triage processes;
- Reasonableness of current fee structure;
- Overlap of services (funding through county as compared to other sources of funding); and
- Particularly with regard to the FQHC model;
 - Are funding opportunities maximized given the other populations the FQHC serve, is there overlap with PCHP;
 - How does CHCP compare to other FQHCs regarding maximizing revenue opportunities, organizational structure;
 - Provide HHS with insight regarding FQHC geographical coverage, e.g. can Pinellas County add more FQHC sites/obtain funding or would they have to be look-a-likes;

- Contract compliance; and
- Strength/weakness of current model and recommendations for improvement.

The methodology included a number of site visits to the PCHP MH sites. Site visits included a tour of the facility physical layout to determine adequacy to meet contract requirements, specifically waiting and registration area, and patient treatment area i.e. number of exam rooms.

During the site visits performed at the Pinellas County Health Department (PCHD) and Community Health Centers of Pinellas (CHCP), EXEC's consultants met with PCHP MH site management and CHCP site management respectively and completed a "**Patient-Centered Medical Home Standards Assessment Tool.**" This tool is designed to assess the compliance with standards of practice routinely exhibited by well functioning medical homes. The results of the surveys are included in Exhibit G of this report.

ASSESSMENT TOOL – PINELLAS COUNTY HEALTH DEPARTMENT (PCHD)

Assessment - Access and Continuity

Access during Office Hours: The PCHD Medical Home (MH) does not routinely provide patients the opportunity to schedule same day or next day appointments. Instead the MH provides patients with information about the hours that clinic services are open and patients are expected to show up for a "walk in" clinic. At the primary service site location in St. Petersburg, patients arrive before clinic hours and wait in line for access. As a.m. clinic operations commence, the patients are processed to a waiting/triage area; patients are then triaged and depending on their respective clinical diagnosis condition, they are assigned a number and patients are then processed to the care team depending on that number. Depending on the volume of patients, an individual patient may be told to return later in the morning or afternoon.

Management and clinical staff providers stated that patients are provided phone access for clinical advice during routine hours; in many instances the patients are provided the phone number for various clinical team members and told to call for information about a respective aspect of their care. Management stated that patient phone calls are recorded in the patient record. Consultant surveyors attempted to access clinical team via phone during the regular clinic day but were unsuccessful; phone access information such as the direct extension of a particular care team member are not published and readily available this would limit patients phone access. Additionally, a number of patients were questioned about their respective ability to communicate with the physician or care team the general response was that the patients found it necessary to come to the clinic as phone access was not reliable.

Access after Hours: The PCHD MH does not provide appointment times for routine and urgent care outside typical office hours (e.g., evening or Saturday appointments). Access to the medical record is not available after hours; there are no standing arrangements for after hours care at a specific facility. Interactive clinical advice (i.e. phone, e-mail) is limited to accessing the physician on call. Clinical staff provided examples of the phone call documentation format that is used to document after hours phone calls in the medical record. The surveyor was provided an example of one week of documentation of after hour physician contact; number of call was low.

Electronic Access: The PCHD MH does not provide patients with secure electronic access to medical record information at this time and does not report planning to do so in the near future. The practice does not have an interactive web site available to schedule appointments, request prescription refills, request referrals or lab results.

Continuity: The PCHP patients are assigned to specific locations. For example, at the PCHD St. Petersburg site, patients are generally assigned to a location closest to the patient's address of record in an effort to minimize patient transportation/access issues. Consequently, the patient access is limited to the physician employed or working at that particular location. Depending on the PCHD MH location that a patient is registered, will define the physician-patient relationship. Monitoring of the proportion of patient visits that occur with the provider of choice for a particular patient is not routinely done; in most instances the patient, by default, is assigned to the physician available at the time of visit. A general feature of the PCMH system of care is to assure that the patient requesting service (visit) is assigned to the patient's provider of record, (numerous studies support the concept that this represents the most efficient delivery of service) and although this may occur particularly at the St. Petersburg site due to physician staffing, it is not inherent in the patient schedule design.

Patient/Family Partnership: Patients are provided with PCHP materials and a patient handbook is available although not always provided to patients. The handbook, updated in the early 2010, includes information about the plan (PCHP), the medical home, and includes a behavior "contract" with the patient. The handbook provides information about hours of service and explains the role of the patient in the medical home.

Culturally and Linguistically Appropriate Service: The PCHD has a long history of providing services to the population covered by the PCHP and therefore exhibits knowledge of the cultural needs of the patient population. The racial and ethnic characteristics of the patient population are recorded during patient registration. The consultant surveyor did not observe a specific formal process to assess the language needs of the population; however, some patient materials were available in Spanish. Management reported that bilingual personnel are available to provide interpretation services when necessary.

Practice Organization: The PCHD MH care team has defined roles and responsibilities; roles are defined per written position descriptions for both clinical and non-clinical staff. The patient

care personnel included in the care team have monthly team meetings, and use e-mail to communicate on a regular (daily) basis. The care team use standing orders for tests and routine care services. The care team includes disease managers and coordinators that are trained to coordinate tests and community-based services. The care team members are trained to support patient/family in self-management, self-efficacy and behavior change (e.g., weight reduction, smoking cessation. Care team staff disease managers, are trained to manage populations of patients and care team are trained in communication skills with vulnerable populations. The PCHD has an ongoing performance evaluation and improvement program, an example of the meeting schedule and agenda was provided.

Assessment - Identify and Manage Patient Populations

Basic Data: The practice has an electronic system with a searchable patient information including DOB, gender, marital status, race and ethnicity, language, current and past diagnosis, dates of previous clinical visits, legal guardian/health care proxy; it does not include e-mail address or presence of advance directives.

Searchable Clinical Data: The practice has an electronic system that captures clinical patient information in searchable field format; it uses nationally standardized codes for patients, clinicians and clinical data, including medication and allergy data. The system does include documentation of age appropriated preventive services. There is limited documentation of results of screenings and risk factor assessments – the disease manager does use a diabetic outcome report. There are allergies and adverse reaction alerts in the data base that are available for use by the disease managers. The data base is not searchable for a number of factors including; list of prescription medications with date of updates, list of over the counter medications with date of updates, lists of supplements and alternative therapies with date of updates, laboratory test results, imaging results, care in other facilities.

Comprehensive Health Assessment: The practice conducts and documents in the medical record a comprehensive health assessment for all patients to understand their risks and needs of information that includes the following; family and social characteristics, communication needs (vision and hearing) medical history of the patient and family, depression screening for patients with chronic conditions (clinic manager states they use the county tool), behaviors and family risk factors (e.g. second hand smoke), and patient and family mental health/substance abuse. The assessment does not include developmental/autism screening using a standardized tool, depression screening for adolescents, or functional status as the practice is limited to adults.

Using Data for Population Management: The practice does not use basic patient data and clinical data to organize/generate lists of patients and to proactively remind patients or clinicians of services needed relating to preventive care services (e.g. immunization, cancer screening). The data base is not used to identify a specific medication (e.g. notify of medication recall), nor is it

used to determine patient compliance with prescription medication refills. The data base is not used to proactively notify patients of chronic or acute service needs; there is a manual system to notify patient of lab values outside normal range.

Assessment - Plan and Manage Care

Guidelines for Important Conditions: The MH has adopted and implemented evidenced based guidelines for the treatment of diabetes, COPD, and hypertension.

Care Management: There was no evidence that the care team conducts pre-visit planning (e.g. reviews the chart before the visit, notifies the patient of tests needed before the visit); patients are not routinely “scheduled” for visits but rather present to the clinic, this does not allow for pre-visit planning. An individualized care plan including treatment goals in collaboration with the patient that addresses the patient’s comprehensive care needs is present in the medical record. The care plan is not reviewed in pre-visit planning. Patients are not provided a clinical summary for each office visit. The disease manager does assess and support patients in adopting healthy behaviors. Mental health and substance abuse problems are referred to the county contract provider for care. There is little evidence that the care team follows up with patients between visits (check on self care, medication refills, treatment plans, schedule visits).

Medication Management: The MH does engage in medication management, the care team members review and reconcile lists of medications with patients at each visit including OTC, RX, herbal therapies and supplements. Patients are provided information about the reason for the medication they are taking, potential side effects and drug interactions and consequences of not taking it; this is documented in the patient chart. The care team does not have the system capacity to monitor patient fill and refill of prescriptions.

Electronic Prescribing: Clinicians do not use electronic prescription reference information at the point of care. The MH does not have an electronic system for prescribing. The MH must rely on the pharmacy provider to identify drug-drug interactions, drug disease interactions as the MH does not have this capacity in house.

Assessment - Self – Management Support

Self – Care Process: The MH demonstrated that it assesses and tracks the patient capacity for and confidence in self care, and it conducts activities to support patient/family self management. Self-care planning is done by disease managers in collaboration with the patient and is recorded in the medical record. There is evidence of self-monitoring tools being made available to patients, and patients referred to off-site programs.

Assessment - Track and Coordinate Care

Test Tracking and Follow Up: The MH should systematically track tests and follow up (e.g. track all lab tests until the results are available). The PCHD MH test tracking is limited to critical values. There is no system to flag overdue lab results, imaging test or imaging results. The MH does attempt to contact patients with abnormal lab results and schedule a follow up visit. The MH does not have electronic communication with facilities to order or retrieve results from source. The MH does not have a process to flag duplicate lab or imaging tests. Lab and/or imaging test results are not integrated into the medical record electronically and require manual entry.

Referral Tracking and Follow-Up: The MH relies on the PCHP referral system; it does not coordinate referrals nor prioritize as important. The PCHP referral system is provided a reason for the referral or consultation. The PCHP tracks the referral. The date of the referral request is documented in the medical record. The PCHP referral coordinator follows up to be sure the report gets back to the referring physician. The PCHP offers only limited referral and treatment by specialists. There is no self referral process established in the PCHP; co-management with specialists and primary care provider was not evidenced.

Coordination with Facilities/Care Transition: The MH does not have a process to identify patients with unscheduled hospital admission or emergency department visit. The MH does not send clinical information to hospital or emergency department. The MH does not contact patients with an unscheduled hospital admission or emergency department visit. The MH does not have a formal agreement with hospitalists when they provide care to MH patients. Hospitalizations dates or emergency room visits are not routinely documented in the patient medical record.

Referrals to Community Resources: The MH supports patients needing access to community resources by providing patients a list of key community services agencies. The MH states that it relies on county employees to do referral tracking. The MH does not always obtain reports back from the agency that the patient is referred to.

Performance Measure and Quality Improvement

Measures of Performance: The MH chronic disease management monitors at least 6 conditions. The consultant surveyor was not able to verify that three were preventive. The MH does not monitor patient utilization or cost data (e.g. hospitalizations, ER visits). The practice obtains performance data in aggregate but does not stratify for key groups based on race/ethnicity, age, gender, language needs. Discussion with IT staff indicates that this may be available with existing data base.

Patient and Family Feedback: The PCHP questionnaire is provided to patients although there appears to be little emphasis on this activity. The practice does not use a Medical Home survey tool specifically. The MH does not obtain feedback on experience of patients in vulnerable groups (e.g. either by stratifying data or by conducting data collection efforts focused on these groups). The MH does not obtain feedback from patients through qualitative means (e.g. focus groups, individual interviews).

Quality Improvement: The MH monitors performance on at least three chronic disease conditions, disease managers use established standards for monitoring purposes. Although the MH uses these standards there was no evidence of specific action plans for improvement. The MH did not demonstrate specific action plans for vulnerable populations. The MH does not include patients/families in the quality improvement teams nor does it have a MH practice advisory council.

Electronic Reporting Performance Measures: Performance results are not electronically transmitted to the public sector on nationally approved performance measures.

<i>ASSESSMENT TOOL – COMMUNITY HEALTH CENTERS OF PINELLAS (CHCP)</i>

Assessment - Access and Continuity

Access during Office Hours: The MH has a process and demonstrates that it provides same day appointments for routine and urgent care based on the practice's triage of patients and reserves no less than 30% of schedule availability for same day appointments. The MH provides timely clinical advice by phone during normal office hours, the provider schedules are set to allow time to return patient phone calls 2 times per day. Phone calls as per policy are documented in the electronic health record. It is noted that during the site visit the "30% of schedule availability for same day appointments" was directly verified by a review of the patient schedule; however, it is further noted that PCHP does receive patient complaints regarding access to the CHCP St. Petersburg location (Johnnie Ruth Clarke Health Center). PCHP customer surveys report phone calls as "can't get through" although CHCP did not acknowledge phone processing delays or complaints as routine.

Access after Hours: The MH provides appointment times for routine and urgent care outside typical office hours by offering extended hours at every site. The hours are posted on the web site and at the various sites such that the information is available to all patients. The MH provides for continuity of medical record information for after hours care and advice by making the record available to on-call staff; the electronic health record is accessible via internet. The

provider assigned after hours care responsibility has access to the record. After routine hours phone advice is documented in the patient medical record via this access.

Electronic Access: The MH does not presently provide patient/family with secure electronic access to the medical record at this time but is planning to make this feature available in the near future. The MH does provide patient/family an electronic copy of the health information upon request, it was noted that most often patients request a paper copy. The practice does make available to patients electronic summary of patient visit for chronic disease indicators, e.g., BMI upon request but not for routine sick visits. At present the MH does not provide electronic communication between patient/family and clinicians via secure e-mail. The present web-site does not allow patients to schedule appointments, request referrals, tests or order prescription refills but this function is under development.

Continuity: The MH does assign each patient to a personal clinician and maintains a record of that assignment, the MH can monitor the patient visits that occur with the assigned clinician but this is not a routine report.

Patient/Family Partnership: The MH discusses with and distributes written information to patients and their families on the role of the medical home, how it functions (e.g., the MH is concerned about the entire range of a patient's health, and patient's self-management support. The patients are provided a PCHP handbook, a prescription card is printed and the patient signs a behavior contract. Patients are explained how to contact the MH after routine hours. Patients are explained the role of the patient in the medical home (e.g., telling practice about all medications, providing clinicians with accurate medical history).

Culturally and Linguistically Appropriate Services: The MH assesses the racial and ethnic diversity of its patient population quarterly for all patients of the CHC. It assesses the language needs of the patients for each specific location. The MH provides materials in Spanish to its Hispanic patients. Each site has bilingual staff and the CHC also has a service available for deaf patients.

Practice Organization: The MH defines the roles for all team members including clinical and non clinical staff via position descriptions that are updated regularly. The MH has regular team meetings and has a communication process in place that includes huddles, and e-mail. There are standing orders for medication refills, tests and routine preventive services. The care team makes use of a care coordinator and referral specialist of the PCHP. The care team is trained in self management support; the action is recorded in the health record. The care team is trained in working with vulnerable populations. The care team is involved in performance evaluation and improvement and reports to thru QI to the board of directors.

Identify and Manage Patient Populations

Basic Data: The MH has a searchable data base that includes DOB, gender, marital status, race and ethnicity, language, e-mail address, current and past diagnosis, dates of previous clinical visits, legal guardian/health care proxy, presence of advance directives, and health insurance information.

Searchable Clinical Data: The practice has an electronic system that captures clinical patient information using nationally standardized codes for patients, clinicians and clinical data including medication and allergy data, documentation of results of screenings and risk factor assessments, allergies and adverse reactions, blood pressure with date and update, BMI, list of prescription medications, laboratory test results, imaging results, and care in other facilities.

Comprehensive Health Assessment: The MH conducts and documents a comprehensive health assessment for all patients that includes: family and social/cultural characteristics, communication needs (vision and hearing), medical history of patient and family, advance care planning, depression screening for patients with chronic conditions using a standardized tool (PHQ9), behaviors (smoking) and risk behaviors, mental health and substance abuse, and functional status.

Using Data for Population Management: The MH uses basic patient data and clinical data to organize/generate lists of patients and to proactively remind patients or clinicians or services needed. These relate to at least three different preventive care services, a specific medication, prescription medication refills and at least three different chronic/acute care services.

Plan and Manage Care

Guidelines for Important Conditions: The MH has adopted and implemented evidenced-based guidelines for hypertension, diabetes and asthma.

Care Management: The MH conducts per-visit planning (reviews charts before visits), develops an individualized care plan including treatment goals in collaboration with patient that address the patient's comprehensive care needs. They review care plan and assess progress toward treatment goals at each visit. They provide the patient with a clinical summary at each visit (chronic disease patients). The care team assesses and arranges or provides treatment for mental health and substance abuse problems. They perform follow up with patients when they have not kept appointments, monitors "no-show" rate by physician and the entire CHC.

Medication Management: The care team reviews and reconciles lists of medications with patients at each visit, including OTC, RX, herbal therapies and supplements. Patients are provided information about the reason for the medication and consequences of not taking it. The

care team reviews the patient understanding of medication treatment; it monitors patient fill and refill of prescriptions.

Electronic Prescribing: Clinicians in the MH write at least 75% of all prescriptions using electronic prescribing; the electronic system is integrated with the patient medical record. The electronic system connects to the pharmacy; the electronic system receives renewal requests. The electronic system uses patient specific information to generate alerts at the point of care: drug – drug interactions, drug disease interactions and drug-allergy alerts. The electronic system alerts prescriber to generic alternatives (PCHP patient formulary requirements differ).

Self – Management Support

Self – Care Process: The MH assess and tracks patient capacity for and confidence in self-care; it develops the self care plan in collaboration with the patient and provides the patient with self monitoring tools to record results in home setting. The care team connects patients/families to self-management support programs, including off site programs. The MH provides patients/families information on health insurance resources and provides information on enabling services (e.g., county bus pass program supported by PCHP).

Track and Coordinate Care

Test Tracking and Follow-up: The MH systematically tracks tests and follows up. It tracks all lab tests until results are available, flags overdue lab results, tracks imaging tests until results are available, flags overdue imaging results, and flags abnormal lab and imaging results. The MH follows up with patients for normal and abnormal lab and imaging results. The MH has electronic communication with facilities to order and retrieve results from source. It flags duplicate lab and imaging tests, and it orders lab and imaging tests by electronic communication with facilities. It uses an electronic system to retrieve lab results. The MH integrates lab and imaging results into the medical record.

Referral Tracking and Follow-up: The practice coordinates referrals designated as important through the use of the electronic system, it provides referral clinician with reason for the consultation and pertinent clinical finding (Note: PCHP has distinct referral system requirements). The system documents the date of the referral in the medical record. The MH follows-up to obtain a report back from the referral clinician. The MH has agreements with specialists if co-management is needed.

Coordination with Facilities/Care Transitions: The CHCP MH represents that it has an agreement with the area acute care/emergency care facilities in its service area to identify its patients that have an unscheduled hospital admission or emergency department visit. If

appropriate, the MH will send clinical information to the hospital or emergency department as soon as possible. If the MH detects an unscheduled hospital admission or emergency department visit it contacts the patient. The MH has a formal agreement with hospitalists when they provide care to patients. The hospitalizations and emergency visits are documented in the patient medical record.

Referrals to Community Resources: The MH home maintains a list of key community services agencies with contact information (uses the 211 system). The MH tracks referrals to community services. It provides patients/families with information about the recommended available services and a contact for the community agency. It tracks the status of referrals to community agencies, and as appropriate obtains reports back from the agency.

Performance Measurement and Quality Improvement:

Measures of Performance: The MH monitors its performance results on preventive measures (PAP, Mammogram, CR screening) and on chronic disease measures (diabetes, hypertension, asthma). The MH also monitors overuse (antibiotic use for bronchitis in adults). The MH monitors utilization or cost data (cost per encounter, cost per patient, lab cost per patient, and 330 reporting requirements). The MH obtains performance data for key vulnerable populations (stratified data for key groups based on race/ethnicity, age, gender, language needs) also by location. Clinicians receive data on their performance and MH home level performance data.

Patient/Family Feedback: The MH obtains feedback from patients and families to inform quality improvement activities in the following areas; access, communication, coordination, self-management support, whole person orientation, comprehensiveness, and shared decision making. The MH conducts surveys to evaluate the patient experience. The MH uses an AAAHC survey tool. The MH performs focused surveys by location and service type. The MH has conducted focus groups on a number of need categories.

Quality Improvement: The MH uses performance data to set goals and take action, it reports to QI and Board. The MH can demonstrate that it set goals and took action to improve quality on at least three area based on 6B. The MH involves patient/family in quality improvement teams and at the board level (66 % of board members are patients of MH).

Electronic Reporting Performance Measures: The MH is transparent about its results on nationally approved performance measures it has participated in the National Health Disparities Collaborative (HRSA), and also e.g., annual reports and also posted at service sites.

<i>ASSESSMENT – PINELLAS COUNTY HEALTH PLAN FINANCING</i>
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Assessment

This section of the report is intended to address the aspect of payment for services to the MH provider for the MH system of care and is not intended be an analysis of the adequacy of Pinellas County funding of the PCHP program in total; nor is this section intended to address the adequacy of the line items budgeted for specialty care, pharmaceuticals, or other PCHP costs.

Most present advocates of the MH system of care recognize the importance of reimbursing the MH provider adequately for the comprehensive services that are provided by the MH, and include the concept of a base payment for access to the MH. And although there are a number of payment methodologies in use, the PCHP chooses to pay its MH providers on a payment per encounter (visit, unit of service) basis.

This payment therefore must do more than compensate the individual provider for the specific service rendered (e.g., HCPCS/CPT 99211 office visit code) but must include compensation sufficient to reimburse the costs associated with the more comprehensive care (e.g., enabling services, chronic disease management, care coordination) of the MH model. This level of service is similar to the level of service provided by the federal government’s Health Resources and Services Administration (HRSA), Bureau of Primary Care (BPHC), section 330(e) program grantees - Federally Qualified Health Center (FQHC).

Many state Medicaid Agencies (or designated managed care provider) compensate the FQHC provider with a “enhanced payment” from the respective state Medicaid program. This enhanced payment, often referred to as a prospective payment system (PPS), is intended to compensate the FQHC for the higher cost associated with providing the more comprehensive primary care service. A review of a number of other states determined that these payments generally range from about \$125 to \$150 per encounter. Often these rates were set based on the FQHC provider’s filed cost report and an averaging methodology used to establish the statewide rate.

The PCHP set its initial payment for the MH providers at \$125 per visit (encounter) and this amount would normally be considered adequate payment for the MHs’ “basket of services.” If revenue to support the PCHP is reduced, it is EXEC’s recommendation that the number of plan enrollees be reduced rather than reduce the payment to the MH provider. Underpaying the MH provider will result in less than complete work being accomplished by the MH.

EXEC can provide alternative methodologies for paying for MH services (not included in this scope of work). Often these are a combination a fixed payment similar to a “per member per month” in combination with a specific payment for each encounter. “Start-up” situations often

require that the MH receive an initial substantial payment to pay the cost associated with implementing the medical home.

Generally a factor that can be useful for planning purposes is an expected cost of about \$750,000 to \$1,000,000 per 1.0 full-time equivalent (FTE) physician provider working in a well-functioning medical home. Thus, if the expected budget for the PCHP MH component of cost was approximately \$5,000,000, it would fund between 5 and 6.5 physician FTEs. A 1.0 FTE primary care physician practicing in a well-functioning MH can be expected to provide services to approximately 1,500 to 1,800 unduplicated users (patients). On the low end, the PCHP MH providers should service between 7,500 to 9,000 unduplicated users (patients) and on the high end between 9,750 to 11,700 unduplicated users (patients).

Conclusion

PCHP payment methodology provides adequate compensation to the PCHD and CHCP for the MH services rendered and should require that the contracted MH providers deliver comprehensive services per the MH model.

<i>ASSESSMENT – PINELLAS COUNTY FQHC COMPARISON</i>
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The required scope of work that HHS engaged EXEC included issues relative to Federally Qualified Health Center (FQHC) and/or FQHC Look-Alike development. EXEC was to provide expert level consultation based on our firm's background and experience regarding HHS concerns, specifically:

- Analyze maximization of funding opportunities given the other populations the local FQHC serves as contrasted to the contract between HHS and the Pinellas County-based FQHC, Community Health Centers of Pinellas (CHCP);
- Compare CHCP to other FQHCs relative to operational, financial, and statistical performance; and
- Analyze the potential for additional FQHC and FQHC Look-Alike service sites relative to the Pinellas County primary service area/marketplace geographic coverage by CHCP.

One of the project's scope components that were performed included analysis of a number of health centers (FQHCs/FQHC Look-Alikes) in cities of comparable size to Tampa (300,000-350,000) and to St. Petersburg (225,000-250,000). From the Health Resources and Administration (HRSA) Geospatial website "Find a Health Center," we analyzed FQHC network and site information by. We calculated an average across all cities (7 each for comparisons to Tampa and to St. Petersburg) regarding population, number of FQHC networks, and number of FQHC clinic (service sites) sites. A summary of the findings is as follows: This scope component encompassing an environmental scan of the FQHC landscape includes the number of FQHC/FQHC Look-Alike organizations or networks that have a service site in that city and the number of primary care sites specific to each organization in that city.

Cities that were analyzed compared to Tampa included the following: New Orleans, Toledo, Cincinnati, Pittsburgh, St. Louis, Anaheim, and Bakersfield. The population of these cities ranged from a low of Pittsburgh (311,647) to a high of St. Louis (356,587) with an average across all seven cities of 327,922 persons. Cities that were analyzed compared to St. Petersburg included the following: Fort Wayne, Jersey City, Orlando, Baton Rouge, Birmingham, Norfolk, and Laredo. The population of these cities ranged from a low of Baton Rouge (225,390) to a high of Fort Wayne (255,890) with an average across all seven cities of 235,604 persons.

Relative to the Tampa comparison, the findings are as follows:

- Across all seven comparable cities, there is an average of 4.3 FQHC organizations that have at least one primary care service site in that city;
- Across all seven comparable cities, there is an average of 11.4 FQHC primary care service sites, exclusive of School-Based Health Centers and other non-primary health care programs in that city;
- Across all FQHC organizations in the seven comparable cities, there is an average of 2.7 primary care service sites per each FQHC organization, exclusive of School-Based Health Centers and other non-primary health care programs; and
- Tampa has one FQHC organization, which operates 6 service sites. With one FQHC organization, Tampa is less than the average of the seven comparable cities in terms of total FQHC organizations and FQHC service sites, but that one FQHC organization has more primary care service sites than FQHC organizations in the comparable cities. With national health care reform on the horizon, there is probably "room" for another FQHC network in Tampa and/or Hillsborough County. In addition to the Tampa-based FQHC network (Tampa Family Health Centers), there is one other Hillsborough County-based FQHC network outside Tampa with service

sites in the county (Suncoast Community Health Centers). Clearly, there will be enough capacity for additional FQHC service sites; however any new FQHC organization needs to consider federal guidance relative to “Service Area Overlap” issues.

Figure 5
FQHC Comparison, Tampa

<i>City</i>	<i>Population</i>	<i>FQHC orgs. In city</i>	<i>FQHC sites in city</i>	<i>PC sites per FQHC org.</i>
New Orleans	315,418	2	5	2.5
Toledo	316,238	1	6	6.0
Cincinnati	333,013	7	15	2.1
Pittsburgh	311,647	7	11	1.6
St. Louis	356,587	4	11	2.8
Anaheim	337,896	7	20	2.9
Bakersfield	324,655	2	12	6.0
Total	2,295,454	30	80	2.7
Average	327,922	4.3	11.4	2.7
Per Population		76,515	28,693	0.4
Tampa	332,888	1	6	6.0
Source: HRSA Geospatial website, FQHC website for primary care excl. SBHC, homeless				

Relative to the St. Petersburg comparison, the findings are as follows:

- Across all seven comparable cities, there is an average of 1.6 FQHC organizations that have at least one primary care service site in that city;
- Across all seven comparable cities, there is an average of 3.3 FQHC primary care service sites, exclusive of School-Based Health Centers and other non-primary health care programs in that city;
- Across all FQHC organizations in the seven comparable cities, there is an average of 2.1 primary care service sites per each FQHC organization, exclusive of School-Based Health Centers and other non-primary health care programs; and

- St. Petersburg has one FQHC organization, which operates 1 service site. With one FQHC organization, Tampa is less than the average of the seven comparable cities in terms of total FQHC organizations and FQHC service sites, and that one FQHC organization has less primary care service sites than FQHC organizations in the comparable cities. With national health care reform on the horizon, there is probably “room” for another FQHC network in St. Petersburg and/or Pinellas County; however any new FQHC organization needs to consider federal guidance relative to “Service Area Overlap” issues. Clearly, there will be enough capacity for additional FQHC service sites.

Figure 6
FQHC Comparison, St. Petersburg

<i>City</i>	<i>Population</i>	<i>FQHC orgs. In city</i>	<i>FQHC sites in city</i>	<i>PC sites per FQHC org.</i>
Fort Wayne	255,890	2	2	1.0
Jersey City	242,503	3	5	1.7
Orlando	235,860	1	5	5.0
Baton Rouge	225,390	2	2	1.0
Birmingham	230,130	1	4	4.0
Norfolk	233,333	1	2	2.0
Laredo	226,122	1	3	3.0
Total	1,649,228	11	23	2.1
Average	235,604	1.6	3.3	2.1
Per Population		149,930	71,706	0.5
St. Petersburg	248,098	1	1	1.0
Source: HRSA Geospatial website, FQHC website for primary care excl. SBHC, homeless				

ASSESSMENT – PINELLAS COUNTY FQHC ENVIRONMENT
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Community Health Centers of Pinellas (CHCP) is the only current PHS section 330(e) Community Health Center organization based in and providing comprehensive preventive and primary care services in Pinellas County. Currently, there are no FQHC Look-Alike organizations in Pinellas County. Based on the Community Fact Sheet for Pinellas County as derived from HRSA’s Geospatial website (Exhibit Y), the county’s

2007 total population and low-income population (≤ 200 percent of poverty) are 922,893 residents and 244,152 residents respectively with the low-income residents representing almost one-third (27.03%) of the total population. Paramount to low-income comprehensive and primary care accessibility and availability issues relative to Pinellas County are findings as follows:

- PCHD maintains and operates four (4) service site locations in St. Petersburg, Pinellas Park, Clearwater, and Tarpon Springs as previously documented and as supported in Exhibit D of this report;
- CHCP maintains and operates five (5) service site locations in St. Petersburg, Pinellas Park, Clearwater, Largo, and Tarpon Springs as previously documented and as supported in Exhibit D of this report;
- Combined PCHD and CHCP provide the majority of comprehensive preventive and primary care to the low-income population of Pinellas County; however, we did not determine low-income primary care provision by other providers since it was not within the scope of this project;
- Based on the low-income population of 244,152 residents and utilizing a benchmark of 3.4 average annual visits per patient user derived from national Uniform Data System (UDS) for FQHCs, approximately 830,117 low-income primary care visits can be garnered throughout Pinellas County;
- Based on the approximate 830,117 low-income primary care visits throughout Pinellas County and by utilized the FQHC physician productivity benchmark of 4,200 encounters (visits) for each 1.0 full-time equivalent (FTE) physician provider across all primary care specialties (IM, FP/FM, Pediatrics, and OB), approximately 197.6 FTE low-income physician providers are required to service the low-income population of Pinellas County;
- EXEC analyzed CHCP website's detailed service site information relative to providers and based on our analysis, of which the detail is included in Exhibit W of this report, CHCP is serving only 10.3 percent of the total Pinellas County low-income population as demonstrated in the following figure;

Figure 7
Pinellas County Low-Income Primary Care Capacity

Physician Provider FQHC Benchmark	4,200
Midlevel Provider FQHC Benchmark	2,100
Potential Physician Provider Visits	68,544
Potential Midlevel Provider Visits	16,779
Potential Total Provider Visits	85,323
National UDS Reports Visits per User	3.4
Estimated Potential Total Users	25,095
HRSA Community Fact Sheet - Pinellas County Low-Income Population <200% Poverty	244,152
Estimated Low-Income Population % Being Served by CHCP	10.3%
Estimated Low-Income Population % Served by PCHD, Other Low-Income Providers, and/or Unserved	219,057
Primary Care Capacity - Low-Income Population not being serviced by CHCP	89.7%

- CHCP or any new FQHC or FQHC Look-Alike (LAL) provider's target population is the low-income population ($\leq 200\%$ of poverty) of all or part of Pinellas County. There are multiple census tracts throughout Pinellas County that are MUA/P designated – the base tenet for FQHC or FQHC Look-Alike provider establishment in that an FQHC must serve or be located in an MUA/P (Exhibit AA). EXEC has delineated census tracts and census tract combinations of “pockets of poverty” throughout Pinellas County, which are included in Exhibits BB of this report. While CHCP and PCHD maintain and operate service sites in the most densely populated areas of the county, there may be opportunity for additional FQHC development in other not so densely areas of the county, coupled with the fact that primary care capacity has not been achieved;
- A new FQHC organization, one with an existing built-in ‘users presence’ and with a particular emphasis on those bilingual and culturally distinctive members of the target low-income population having unique needs would be one direction to pursue. A new FQHC organization would need to be created specifically to provide more primary medical care access and to assist residents in addressing the barriers they face as they attempt to negotiate the social service and health care systems for which primary care capacity exists within Pinellas County. Currently, relative to the existing FQHC's (i.e. CHCP) unduplicated user utilization, it is estimated that only 10.3 percent of primary medical care capacity for the total target low-income population in the Pinellas County service area has been achieved;

- However, relative to estimating unmet need utilization predicated on existing providers' users' presence, careful consideration must be given to HRSA/BPHC Policy Information Notices (PIN) such as PIN 2007-09 entitled "Service Area Overlap: Policy and Process," which considers the impact on the operational and fiscal viability of existing FQHCs currently serving the marketplace that another organization seeks to establish an FQHC (core or satellite site);
- Many in the non-FQHC world view FQHCs as having a "franchise" relative to establishing new service sites for their own organizations, concurrently, with having the ability of not allowing or blocking other organizations to commence FQHC operations in their service area. This situation was created years ago through an FQHC Statewide Strategic Planning (SSP) process supported by HRSA's Bureau of Primary Health Care (BPHC) and the National Association of Community Health Centers (NACHC) on the national level and implemented on the state level such as in Florida by the state's Primary Care Association;
- In essence, through the SSP process, the state was carved up into FQHC marketplaces, generally by county and existing FQHCs "laid claim" to counties they viewed as their marketplace. Hence, it has always been extremely difficult for another organization to commence FQHC operations in an existing FQHC's marketplace. In order to do so, a new organization or even an existing FQHC organization that desires to enter another FQHC's marketplace, needs to prove that primary care capacity exists and that a new FQHC service site will not erode or negatively impact the financial and operational viability of an existing FQHC through what is referred to as "Service Area Overlap."
- Service Area Overlap refers to a situation whereby an existing FQHC section 330 grantee's or LAL's scope of project service area is identified by another organization (FQHC or LAL) as an area where it intends to deliver services. Generally this situation will require that the existing grantee FQHC or LAL must acknowledge and support the entry into this service area by the organization intending to expand into the service area. Recently, EXEC has been successful regarding Service Area Overlap issues, i.e. Ocean County, New Jersey, Orleans Parish, Louisiana; and
- Relative to Pinellas County, currently there exist some Service Area Overlap issues as CHCP maintains five (5) service sites in the county and based on our communication with CHCP, that organization would most

likely view a new FQHC or FQHC Look-Alike organization as a threat to their own existing service area – Pinellas County. Our conclusion is that CHCP will probably not support a new FQHC or FQHC Look-Alike organization in their Pinellas County service area. Another organization looking to provide service to the same Pinellas County service area that CHCP serves would need to gather data and perform a patient origin study of the residence of its unduplicated patient users, make attempts to collaborate with CHCP, and demonstrate that having another FQHC or Look-Alike organization in the same service area, will not negatively impact the utilization and financial and operational viability of CHCP.

<i>ASSESSMENT – NATIONAL FQHC ENVIRONMENT</i>
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- Community Health Centers of Pinellas (CHCP) is the only current PHS section 330(e) Community Health Center organization that is based in and provides comprehensive preventive and primary care services in Pinellas County. Currently, there are no FQHC Look-Alike organizations in Pinellas County;
- Based on U.S. House of Representatives, Committee on Energy and Commerce reports for the 1st Congressional District of Florida (Exhibit CC), March 2010), which is represented by Rep. Jeff Miller, health care reform in the district will: 1) Expand Medicaid to 133% of FPL in FY2014, 2) Improve coverage for 391,000 residents with health insurance, 3) Extend coverage to 78,000 uninsured residents, and 4) Provide millions of dollars in funding for 6 CHCs. Relative to the 12th Congressional District of Florida (Exhibit CC), March 2010), which is represented by Rep. Adam Putnam, health care reform in the district will: 1) Expand Medicaid to 133% of FPL in FY2014, 2) Improve coverage for 412,000 residents with health insurance, 3) Extend coverage to 93,000 uninsured residents, and 4) Provide millions of dollars in funding for 8 CHCs. Clearly, health care reform, expanding Medicaid coverage and extending coverage to those previously uninsured, will increase the financial viability of FQHCs and increase their prominence and utilization, including Florida's 1st and 12th Congressional Districts ;
- On August 9, 2010, HRSA announced a New Access Point (NAP) New Start "core" site and Expansion "satellite" site grant application process, including applications for a Community Health Center. Grant applications are to be submitted to the U.S. Department of Health and Human Services (DHHS), HRSA applicable to Federal FY 2011. The application

announcement type is referred to as “New Competition” and applications are required to be submitted electronically with the application due date to Grants.gov on November 17, 2010 and supplemental information due date reported to Electronic Handbook (EHB) on December 15, 2010. The NAP grant application will include a 2-year budget. It is a 200 page grant application and HRSA has announced that \$250 million of funding will be available for approximately 350 grants; and

- For Federal FY 2011, NAP applications will be scored even more than in past years based on demonstration of a high level of need in the applicant’s community/population. Therefore, it is imperative to demonstrate a high level of need and to present a proposal that demonstrates the applicant organization is ready to rapidly initiate the grant if so awarded, display responsiveness to the health care environment, and to demonstrate collaborative and coordinated healthcare delivery for the medically underserved. In light of the significant number of low-income individuals in the Pinellas County service area, coupled with primary care capacity issues we believe that there is a high level of need in the community, whether that level of need is fulfilled by CHCP or another FQHC or FQHC Look-Alike organization.

<i>FQHC/FQHC LOOK-ALIKE INDEPENDENT ALTERNATIVE ASSESSMENT</i>

- It has become exceedingly difficult for a new organization to “go it alone” and receive section 330 grant funding as an NAP; witness the majority of section 330 NAP grant funding over the course of the last 2-3 years in that approximately 80% of funding goes to existing health centers that are expanding or referred to as NAP “satellite” sites versus approximately 20% for actual NAP “New Starts” – new organizations that are not already section 330 grant funded;
- If is decided to “go it alone,” as an independent FQHC Look-Alike (basically the same application criteria as FQHC, albeit without section 330 grant funding, especially since new FQHC Look-Alike regulations (effective 9/1/2010) replicate section 330 NAP), a new Pinellas County organization would not realize the FTCA malpractice savings and would have to replicate staffing (i.e. “enabling services”) and other criteria that are required by HRSA as an FQHC or FQHC Look-Alike, including governance requirements (9-25 member board); and

- There is no prescribed grant cycle to submit an FQHC Look-Alike application as there is with the Federally-funded section 330 FQHC – it can be submitted at any time during the year with final approval by the Centers for Medicare and Medicaid Services (CMS) – while existing FQHCs (i.e. CHCP) and the FQHC trade association (Primary Care Association) can present roadblocks to designation approval, 1) There is already a substantial built-in users presence with the PCHD service sites throughout Pinellas County realizing significant comprehensive preventive and primary care utilization and 2) Community support for the need of a new FQHC would assist enlisting elected official support.

**Figure 8
FQHC (330 Funded vs. FQHC Look-Alike)**

Impact of Dual Status			
Issue	FQHC Look-Alike	Section 330 Grantees	Impact of Dual Status
Compliance with Statutory Requirements	Designated FQHC Look-Alikes must comply with all requirements stated in section 330 of the PHSA.	Section 330 grantees must comply with all requirements stated in section 330 of the PHSA unless they are granted a waiver for requirements under governance for (h), (g) or (i) projects.	Although HRSA may approve a waiver of one or more section 330 requirements for the grant scope of project, the health center would have to demonstrate compliance with all section 330 requirements for the FQHC Look-Alike scope of project.
Federal Tort Claims Act (FTCA) Coverage	Designated FQHC Look-Alikes cannot apply for malpractice coverage under the FTCA.	Section 330 grantees are eligible to apply for malpractice coverage under the FTCA.	Sites in the FQHC Look-Alike scope of project would have to maintain separate malpractice insurance.
Receipt of Grant Funds	Designated FQHC Look-Alikes do not receive section 330 grant funds.	Section 330 grantees receive section 330 grant funds.	Section 330 grant funds could not be used to operate sites and services included in the FQHC Look-Alike scope of project. The FQHC Look-Alike is treated as another line of business.
Medicaid and Medicare Reimbursement	Designated FQHC Look-Alikes receive enhanced FQHC Medicaid and Medicare reimbursement.	Section 330 grantees receive enhanced FQHC Medicaid and Medicare reimbursement.	No impact.
340B Drug Pricing Program	Designated FQHC Look-Alikes are eligible to participate in the 340B Drug Pricing Program.	Section 330 grantees are eligible to participate in the 340B Drug Pricing Program.	No impact.
Health Professional Shortage Area (HPSA) Designation	Designated FQHC Look-Alikes receive an automatic HPSA designation.	Section 330 grantees receive an automatic HPSA designation.	No impact.

***Pinellas County Health and Human Services
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Reporting Requirements	Designated FQHC Look-Alikes do not submit Uniform Data System (UDS) data; instead they have their own separate annual reporting requirements	Section 330 grantees annually submit UDS data.	The health center would need a data system to collect and report data by site to adhere to two separate reporting requirements - one for the FQHC Look-Alike Program and the other for the section 330 Grant.
Audits	Designated FQHC Look-Alikes must submit an annual audit.	Section 330 grantees must submit an annual audit.	No impact.
Anti-kickback Safe Harbor	Designated FQHC Look-Alikes are not covered by the anti-kickback safe harbor, which protects arrangements between health centers and other providers/suppliers of services that maintain or expand accessibility or reduce the cost of services provided to health center patients.	Section 330 grantees are covered by the anti-kickback safe harbor.	Sites in the FQHC Look-Alike scope of project are not protected under the anti-kickback safe harbor.
Maintaining FQHC Status	Designated FQHC Look-Alikes must submit a re-certification application annually to maintain their FQHC status.	Section 330 grantees must submit a non-competing continuation application annually and a competing application every 3 to 5 years depending on the length of their project period.	Annually the health center would have to submit two applications - one to re-certify for the FQHC Look-Alike Program and the other to receive continuation funds for its section 330 grant.
HRSA Project Officer	Project officer resides in HRSA/Bureau of Primary Health Care (BPHC)/Division of Policy and Development (DPD).	Project officer resides in HRSA/BPHC/Division of Health Center Management (DHCM).	The health center would be responsible for communicating with two HRSA project officers - one responsible for monitoring for the FQHC Look-Alike Program and the other for the section 330 grant.
Site Visits	No site visit is performed by HRSA/Office of Performance Review (OPR).	A site visit is performed by HRSA/OPR at least every 5 years.	The health center would have at least one site visit during a 5-year period for those sites and services included in its section 330 grant.

- On March 12, 2007, HRSA's Bureau of Primary Health Care issued PIN 2007-09 "Service Area Overlap," which delineates HRSA/BPHC's position on situations where more than one FQHC or FQHC Look-Alike proposes to provide services to the medically underserved in the same service area. Two provisions of this policy are relevant to the three-county service area situation relative to FQHC/FQHC development and they are as follows:
 - First, PIN 2007-09 clearly emphasizes that in determining the possibility of a service area overlap, meeting the health care needs of the community and target population is paramount in decisions related to service area overlap, and
 - Second, PIN 2007-09 states that in communities with high levels of unmet need among the underserved population(s), service area overlap may be appropriate and provide critical additional access.
- Based on PIN 2007-09, issues of service area overlap are raised primarily in five situations with the one situation applicable to a new FQHC organization in Pinellas County as follows: "A...new entity...applies for NAP or other funding (*or FQHC Look-Alike designation, emphasis added*) to serve an area (*i.e. Pinellas County, emphasis added*), which includes all or part of the service area of another existing grantee health center (*i.e. CHCP emphasis added*).” In resolving potential service area overlap, HRSA's resolution process includes demonstration of community support, current capacity, utilization rates, and unmet need among factors;
- By first submitting an FQHC Look-Alike application to HRSA and subsequently obtaining CMS approval (the process can take 9-12 months based on EXEC's experience with similar hospital-based and public transitions and conversions), the new entity would then be in the HRSA "ballgame" since it would be a known entity to HRSA and would be better positioned as such to receive FQHC section 330 funding at a to-be-determined time when a new grant cycle and funding are announced;
- As a new FQHC Look-Alike, the Pinellas County organization would have to supply financial, operational, and utilization information to the state Medicaid/Medical Assistance Bureau and then that agency will initially establish a rate based on BIPA / PPS as implemented in the state for which a new FQHC's interim PPS encounter rate will presumably be the statewide average PPS encounter rate and is subject to final settlement of the initial and second years of operation; and

- PPS encounter rate payments for Medicaid applies to both fee-for-service and managed care. Managed care capitation payments are wrapped around to the actual PPS rate for which the FQHCs are paid, albeit reconciliation and cash flow issues pose potential problems for a new health center that requires revenue and cash as volume is ramped up.

<i>CURRENT CHCP FINANCIAL CONDITION-HRSA GRANT \$ ASSESSMENT</i>

With national health reform on the horizon and with health centers strategically positioned to receive more Federal dollars relative to increasing primary care access to Medicare, Medicaid, and uninsured populations, the following key findings relative to CHCP's financial condition are worthy to mention:

- Reported on HRSA's Geospatial website as of September 14, 2010 (Exhibit X), CHCP has received \$1,111,525 in section 330 grant funding for health center (H80 Health Center Cluster). This funding is ongoing and has been for years. However, our communication with CHCP indicated that the health center has initially been funded for the majority of new service sites in prior years from other funding mechanisms, i.e. political subdivisions and not from HRSA. It was also indicated that that funding was not ongoing, whereas HRSA NAP funding is ongoing. As a result, we conclude that CHCP may have not been able to realize the maximum of grant funding, to the extent that HRSA has funded NAP "expansion" or satellite sites on an ongoing basis; and
- The health center has also received \$1,349,074 in one-time ARRA funding or \$2,460,599 in total from HRSA/ARRA as the following figure indicates. In addition, it is interesting to document the funding that Community Health Centers Alliance, Inc. (of which CHCP is one of that organization's members) has received from ARRA relative to Electronic Health Records and Health Information delineated in the subsequent figure.

Figure 9
CHCP HRSA/ARRA Funding

COMMUNITY HEALTH CENTERS OF PINELLAS, INC. 1344 22nd St S Saint Petersburg, FL 33712-2744	ARRA - Capital Improvement Program (C81) Grant Number: C81CS13451	\$1,111,525.00
COMMUNITY HEALTH CENTERS OF PINELLAS, INC. 1344 22nd St S Saint Petersburg, FL 33712-2744	ARRA – Increased Demand for Services (H8B) Grant Number: H8BCS12191	\$443,516.00
COMMUNITY HEALTH CENTERS OF PINELLAS, INC. 1344 22nd St S Saint Petersburg, FL 33712-2744	Health Center Cluster (H80) Grant Number: H80CS00463	\$905,558.00

Figure 10
Community Health Centers Alliance, Inc. Funding

COMMUNITY HEALTH CENTERS ALLIANCE, INC. 140 Fountain Pkwy N Saint Petersburg, FL 33716-1285	ARRA - Health Information Technology Implementation (H2L) Grant Number: H2LCS18173	\$3,000,000.00
COMMUNITY HEALTH CENTERS ALLIANCE, INC. 140 Fountain Pkwy N Saint Petersburg, FL 33716-1285	ARRA - Health Information Technology Implementation (H2L) Grant Number: H2LIT16629	\$188,831.00
COMMUNITY HEALTH CENTERS ALLIANCE, INC. 140 Fountain Pkwy N Saint Petersburg, FL 33716-1285	Electronic Health Record Implementation Initiative (H2K) Grant Number: H2KIT10789	\$1,375,542.00
COMMUNITY HEALTH CENTERS ALLIANCE, INC. 140 Fountain Pkwy N Saint Petersburg, FL 33716-1285	Health Information Technology Innovation Initiative (H2H) Grant Number: H2HIT08606	\$248,045.00

- EXEC has also performed benchmarking, financial ratio analysis, and related financial and utilization analysis from the HRSA/ARRA funding in addition to the Internal Revenue Service Form 990 for 2007, the latter as obtained from Guidestar. We have provided the detailed information in Exhibit U of this report and a summary of the notable findings area as follows:
 - Comparing CHCP to several other health centers as derived from the HRSA/ARRA funding information, it appears that the health center has not maximized grant funding opportunities from HRSA in the past and as discussed for reasons indicated in the preceding section. The HRSA H80 Health Center grant funds line item does not distinguish the number of service sites or whether or not the

- grant funds are determined from new service delivery sites (i.e. NAP), Expanded Medical Capacity (EMC), or other HRSA grant funding opportunities. Regardless, in an era of competitive grant cycles, including the NAP grant cycle for Federal FY 2011, it will be extremely difficult for CHCP, as it will with other organizations throughout the country, to obtain additional NAP grant funding even though \$250 million is earmarked for 350 NAP New Start and Satellite service delivery sites;
- The health center's 2007 Form 990 (Exhibit Z) indicate that CHCP generated \$9,585,482 of total revenue and incurred \$9,451,545 of expenses, which resulted in a bottom line profit of \$133,937 (1.4% of total revenue). Patient revenue and grant/other revenue were responsible for 56.7 percent and 43.3 percent respectively, of which CHCP is less than the average relative to patient service revenue for those health centers analyzed and greater than the average relative to grant/other revenue. The grant/other revenue stream were not further analyzed as to specific components. Executive Resources maintains a limited database of Form 990s specific to health centers and based on the amount of information available, we deemed it important to at least compare CHCP to other health centers, especially since we were not able to obtain the health center's UDS information. Further, we feel that Form 990s are a key gauge to determine revenue, expense, and other benchmarks, in addition to determine financial ratios; and
 - The health center did attain a profit margin of 1.5 percent, but that percentage was less than average profit margin of those health centers analyzed. The Net Profit Margin ratio along with other key financial ratios, are delineated in Exhibit Z of this report.

RECOMMENDATIONS

It is important to acknowledge that the PCHD and CHCP evolved as distinctly different organizations. PCHD provides personal health services not unlike many county health departments. CHCP functions as a Public Health Service section 330-e federally qualified health center in its service delivery model. Although each has a unique and very different history each is presently contracted with the PCHP to deliver personal health services in the patient-centered medical home system of care. The recommendations in the following sections are stated specifically for each of the PCHP contract providers (PCHD & CHCP). In as much as each contract organization is striving to establish essentially the same set of parameters for its patient-

centered medical home system of care, this report recommends that each organization be required to submit to the PCHP its “written standards” as detailed in this report. Both the PCHD and CHCP, as providers of patient-centered medical home services, should recognize the need for and coordinate the delivery of specialty care. Evidence of coordination should include communication with patients regarding compliance with appointments and care plans.

<i>RECOMMENDATIONS - PNELLAS COUNTY HEALTH DEPARTMENT</i>
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Access and Continuity

The PCHP should require that the PCHD MH establish in writing standards for the following processes to support patient access:

- Scheduling each patient with a personal clinician for continuity of care;
- Coordinating visits with multiple clinicians and/or diagnostic tests during one trip;
- Determine through triage how soon a patient needs to be seen;
- Maintaining the capacity to schedule patients the same day they call;
- Scheduling same day appointments based on patient’s/family’s requests;
- Providing telephone advice on clinical issues during office hours by physician, nurse, or other clinician within a specified time;
- Providing urgent phone response with a specific time, with clinician support available 24 hours a day, 7 days a week;
- Providing secure e-mail consultations with physician or other clinician on clinical issues, answering within a specified time;
- Providing an interactive practice Web site;
- Making language services available for patients with limited English proficiency; and

The practice should have standards for staff to respond to requests during office hours as well as to urgent concerns after hours. The practice should use their written policy for scheduling

patients with a requested physician. In item 2 the goal is to minimize trips for the patient and as much as possible provide one stop shopping. Staff should return patients calls with a time frame specified by the practices policies. Item 7 – a phone message the only directs the patients to the emergency room after hours is not sufficient. The practice should have tracking reports that show the practice meets its own standards for access through appointments and telephone calls. The practice can do spot checks for these items, such as monitoring appointment wait times and telephone response times for a week to determine how well it meets the standards.

Identify and Manage Patient Populations

The PCHP should require that the PCHD MH demonstrate that it has the capacity to use electronic information to generate lists of patient and take action to remind patient or clinicians proactively of services needed, as follows:

- Patients needing pre-visit planning (obtaining tests prior to visit);
- Patients needing clinician review or action;
- Patients on particular medication;
- Patients needing reminders for preventive care;
- Patients needing reminders for specific tests; and
- Patients needing reminders for follow-up visits such as for a chronic condition.

The practice should show how it uses reports to remind patient of needed services, for instance, in addition to a report showing the number of patients eligible for mammograms, the practice provides evidence or a brief statement describing how it reminds patient to get mammograms. Some examples of the population management function are these or similar items.

- Identifying all patients who are taking a medication for which the practice received a warning;
- Identifying all women over 50 who are due for a mammogram;
- Identifying all adult patient with elevated LDL for whom appropriate medication has not been prescribed;

- Identifying all diabetic patients whose HbA1c > 9; and
- Identifying all patients with blood pressure > 140/90.

Plan and Manage Care

The PCHP contract with MH providers should specifically state the MH demonstrate that it maintains continuous relationships with patients by implementing evidenced-based guidelines and applying them to the identified needs of individual patients over time and with the intensity needed by the patients. The MH should be required to demonstrate that it adopt evidence-based guidelines and use them. The MH guidelines must cover three clinically important conditions for its population. The MH should be required to demonstrate that it uses a paper-based or electronic system with guidelines-based reminders for the following services when seeing a patient:

- Age – appropriate screening test;
- Age – appropriate immunizations (e.g., influenza); and
- Age – appropriate risk assessments (e.g., smoking, diet, depression)

The MH care team should demonstrate that it manages patient care in the following ways:

- Non-physician staff remind patients of appointments and collect information prior to appointments;
- Non-physician staff execute standing orders for medication refills, order tests and deliver routine preventive services; and
- Non-physician staff educate patients/families about managing conditions

Not all patients with important conditions require care management, and those that do require it can benefit from the actions outlined above. If the physician decides that a patient is already achieving good outcomes and does not require all the elements of care management a notation of such should be entered in the patient record.

Self – Management Support

The PCHP should require that the MH conduct the following activities to support patient/family self-management, for the three important conditions previously discussed.

- Assesses patient/family preferences, readiness to change and self management abilities;
- Provides educational resources in the language or medium that the patient/family understands;
- Provides self-monitoring tools or personal health record, or works with the patient's self- monitoring tools or health record, for patients/families to record results in the home setting where applicable;
- Provides or connects patients/families to self management support programs;
- Provides or connects patients/families to classes taught by qualified instructors;
- Provides or connects patient/families to other self management resources where needed; and
- Provides a written care plan to the patient family.

This is intended to go beyond physician counseling or guidance during an office visit. The MH may provide self-management programs or classes or may refer the patient to community resources, when needed and available. The resources to where the patients are referred should include resources that the MH knows are provided by the PCHP.

Track and Coordinate Care

The PCHP should require that the MH systematically track tests and follows up in the following manner:

- Tracks all laboratory test ordered or done within the MH, until results are available to the clinician, flagging overdue results;

- Tracks all imaging tests ordered or done within the practice, until results are available to the clinician, flagging overdue results;
- Flags abnormal test results, bringing them to a clinician's attention; and
- Follows-up with patients/families for all abnormal test results,

Filing an abnormal report in the medical record for the next time the patient comes in does not meet the intent. A critical referral is determined by the MH physician to be important to the treatment of the patient. An example would be a referral to a breast surgeon for examination of a possibly cancerous lump or referral to a mental health professional for a patient identified with depression or suicidal ideation. The MH should be required to establish an effective mechanism of timely communication with the specialist or consultant either by phone, fax or e-mail in addition to written correspondence.

Performance Measurement and Quality Improvement

The PCHP should require its MH providers to seek to improve effectiveness, efficiency, timeliness and other aspects of quality by measuring and reporting performance, comparing itself to national benchmarks, and giving physicians regular feedback and taking actions to improve. For example the PCHP could require the MH measure data on the following types of performance by physician or across the MH.

- Clinical process (e.g., percentage of women 50+ with mammograms);
- Clinical outcomes (e.g., HbA1c level for diabetics);
- Service data (e.g., backlogs or wait times); and
- Patient safety issues (e.g., medication errors).

The PCHP should require that contracted MH providers use either a phone survey, or paper or electronic survey to receive patient/family feedback on patient access to care; this may include the ability to make an appointment and see a physician, timeliness and quality of phone calls, office wait time. Quality of physician communication may include response to questions, instructions and information about diagnosis, treatment, medication and follow-up care. It may also incorporate questions about the degree to which patients and families feel they are partners in the management of their health care. Patient/family satisfaction with care may include

satisfaction with staff, physician and others, satisfaction with treatment and satisfaction with response to patient/family choices.

<i>RECOMMENDATIONS – COMMUNITY HEALTH CENTERS OF PINELLAS</i>
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Community Health Centers of Pinellas functions as a medical home. It has the capacity to meet all Access and Continuity requirements. CHCP information system provides it with the ability to Identify and Manage Patient Populations.

A review of the inadequacies associated with invoice information that CHCP submits to the PCHP for payment is inconsistent with CHCP management's statements about the information system reporting capability, this issue requires further analysis but was beyond the scope or interrogative authority of this assessment. CHCP demonstrates the ability to Plan and Manage

Care; it has adopted evidence based guidelines for three chronic disease conditions. The PCHC conducts pre-visit planning, and develops individualized care plan including treatment goals in collaboration with the patient that address the patient's comprehensive care needs.

The care team documents the reconciliation of medication lists with patients at each visit. More than 75% of all prescriptions are issued via electronic prescribing. CHCP demonstrates in the HER that it accesses and tracks the patient's capacity for and confidence in self-care, it develops the self-care plan in collaboration with the patient and provides the patient with self-monitoring tools to record results in the home setting. CHCP demonstrates the capacity for self-management support. The CHCP information system provides the capacity to track and coordinate care including referrals, the EHR has a "flagging" component that allows the provider to communicate with the care team; particularly the care coordinator such that ordering and reporting of results can be electronically managed. This is a capacity that absent a high functioning EHR requires manual tracking logs that become almost impractical with high patient volumes.

CHCP monitors its performance on preventive measures (e.g., PAP, mammogram) and cost (e.g., cost per encounter, cost per patient, and FQHC UDS required reporting). Its clinicians receive feedback on their individual performance and on the performance of the total facility. CHCP obtains input from patients/families in quality improvement activities. It uses a "tested" survey tool to acquire feedback. It uses performance data to set goals and take action to improve quality. It reports QI activity to the Board of Directors; additionally it complies with federal regulations that require at least 50 % of the Board members to be active users of the facility.

CHCP designation as an FQHC require that it meet or exceed the basic MH standards of the PCHP, as reported by management it also meets or exceeds level one recognition standards for MH of the National Committee for Quality Improvement (NCQA).

- PCHP should execute MH provider contract with CHCP that requires CHCP achieve recognition by nationally recognized body (e.g., NCQA).
- PCHP provider agreement with CHCP should require to schedule and track specialty referrals, outside testing and community agency referrals.
- PCHP provider agreement to require that CHCP provide ER utilization data as it has available with regard to patients treated by CHCP and enrolled in PCHP.
- PCHP provider agreement to require that data collected by CHCP for public reporting purposes (e.g., 330 UDS) be provided to PCHP for PCHP enrollees.
- PCHP provider agreement should require CHCP provide documentation that PCHP enrollees are included in CHCP QI program.

- PCHP provider agreement with CHCP should require that CHCP provide PC HHS with results of the CHCP QI program findings as it pertains to PCHP enrollees.
- PCHP provider agreement with CHCP should include incentive payment for MH service delivery as determined by CHCP submitting documentation meeting national standards (e.g., NCQA).

<i>RECOMMENDATIONS-FEDERALLY QUALIFIED HEALTH CENTER DEVELOPMENT</i>

- Any new FQHC or FQHC Look-Alike service site development should consider the concentration of the low-income population ($\leq 200\%$ of poverty) throughout Pinellas County along with MUA/P designations as the base tenet for FQHC or FQHC Look-Alike provider establishment in that an FQHC must serve or be located in an MUA/P.
- Any new FQHC or FQHC Look-Alike service site development should consider census tracts and census tract combinations of “pockets of poverty” throughout Pinellas County, especially where there currently is no FQHC presence and in light of the fact that only 10.3 percent of primary medical care capacity for the low-income population has been achieved.
- New FQHC or FQHC Look-Alike development should be performed by an organization that has an existing built-in “users presence,” i.e. PCHD and with a particular emphasis on those bilingual and culturally distinctive members of the target low-income population having unique needs.
- We do not advocate FQHC or FQHC Look-Alike development by an organization that currently does not have an existing built-in “users presence,” but wants to embark as such due to national healthcare reform and other issues favoring FQHCs – it will be too difficult to pursue, plus FQHC Look-Alike applications require a documented utilization history.
- If PCHD is determined to be the organization for new FQHC or FQHC Look-Alike development, the governance structure must first be reconciled relative to public entity or co-applicant submission.

- If PCHD is determined to be the organization for new FQHC or FQHC Look-Alike development, a complete review of HRSA's Policy Information Notices for each provider status should be performed to ascertain areas of compliance and areas that are outstanding that need to be reconciled.
- New FQHC or FQHC Look-Alike development needs to consider Policy Information Notice 2007-09 entitled "Service Area Overlap" relative to considering the impact on the operational and fiscal viability of the existing FQHC, i.e. CHCP currently serving the Pinellas County marketplace.
- A new organization seeking FQHC or FQHC Look-Alike provider status, in correlation with "Service Area Overlap" issues, should perform a patient origin study of their unduplicated patient users by residence further delineated by census tract and zip code in order to thwart potential existing FQHC non-support.
- Since U.S. House of Representatives, Committee on Energy and Commerce reports for the 1st and 12th Congressional Districts of Florida delineate "millions of dollars in funding" for 6 CHCs and 8 CHCs respectively between 2011-2014, it is recommended to not let this opportunity slip away and for some organization(s) – CHCP and/or other organization to get into the FQHC ballgame with service sites in Pinellas County.
- Since HRSA announced a New Access Point (NAP) New Start "core" site and Expansion "satellite" site grant application cycle and process applicable to Federal FY 2011, the due dates of submission to Grants.gov on November 17, 2010 and supplemental information due date reported to Electronic Handbook (EHB) on December 15, 2010 are fast approaching and decisions relative to proceed or not to proceed with applying must be made by the end of September.
- If the decision is made to not proceed with the NAP process relative to PCHD or another organization, it needs to be noted that there will probably be only one such cycle for Federal FY 2011 and if the FQHC Look-Alike provider status is more appealing from non-competitive and no specific cycle standpoints, the submitting organization still needs to be section 330 compliant.
- Concurrently, as FQHC or FQHC Look-Alike development is being considered by organizations other than CHCP in Pinellas County, those same organizations and including PCHD should also consider continuing collaborative, referral, and partnership relationships with CHCP, which could include collaborative development in another service site through a NAP (with section 330 grant funding) or through a Change in Scope (no section 330 grant funding).

Pinellas County Health and Human Services-Opportunities for Improvement

Prepared for
Pinellas County Government
June 16, 2011

Bill Little, MPH, MBA

Draft

Objectives

- Review and examine Pinellas County Health and Human Services and Pinellas County Health Department organizations for operational and organizational efficiencies related to the primary care network and financial eligibility.
- Look for opportunities to improve service delivery through leveraging the county/state relationship governing county health departments, as delineated in Chapter 154, FS.

Draft

"The fundamental role of government is to improve the quality of life of its' citizens."

Draft

HHS mission

To improve the quality of life for all residents of Pinellas County by providing, coordinating and advocating for health care and essential human services for those most in need in our community.

Draft

Long standing commitment to mission

- Created as the Department of Social Services in 1955 to administer the Financial Assistance Program, the Commodity Food Program and operate the County Home and added indigent medical services.
- Innovative and adaptive strategies to meet changing needs
 - Evolution of Indigent health care delivery
 - Juvenile Welfare Board
 - Health and Human Services Coordinating Council
- Current services include:
 - Health Care
 - Financial Aid
 - Veterans' Services
 - Community capacity building

Draft

Framing the discussion

- Systems approach/thinking (Senge)
- Leveraging community resources
 - Connections and Collaborations (Friedman)
 - Added value at the intersections (Medici Effect)
- Focus strategically on achieving community outcomes
- Leverage HHS and CHD roles in improving communities

Draft

Systems approach in the community

- Reflected in the mission of the HHS Coordinating Council
 - The mission of the Health and Human Services Coordinating Council for Pinellas County is to *develop new and more seamless health and human service delivery systems* that are characterized by user friendliness, quality and productive use of resources.
- Innovative Council structure supports mission
- Evident in coalitions, collaborations, partnerships and their interrelationships
- Effective use of information and information technology

Draft

Focus strategically on community outcomes

- Every person has the opportunity to learn and succeed.
- Every person is physically and mentally healthy.
- Every person lives in a safe and sustainable community.
- Every person has stable and affordable housing.
- Data and outcome driven

Draft

Addressing priorities through Leadership Networks

- Health and Behavioral Health
- Homeless
- Low income housing
- Disaster Recovery

Draft

HHS: aligning to community outcomes

- Health services
 - Pinellas Health Plan
 - Mobile Medical Unit
- Financial Assistance
 - Energy assistance for Seniors
 - Financial Aid for Living Expenses
 - FHP/Family Housing Assistance
- Veterans Services

Draft

Pinellas Health Care Plan

- An effective array of services
- Facilitating key partnerships –CHD/CHC/Hospitals
- Value exchange with hospitals
- Improving access to care through case management
- Improving outcomes through disease case management and utilization management
- Limiting risk through enrollment caps and utilization management

Draft

Value exchange with hospitals

- Access to inpatient and outpatient services for plan members
- Hospitals benefit from county investment in primary care network and disease case management to lessen demand on ER and inpatient services
- Fixed payment to hospitals limit plan's financial risk

Draft

Observations and Opportunities

- Medical Direction
- Eligibility and Enrollment
- Facilitation of positive health outcomes

Draft

Medical Direction

- A plan's responsibility
- Workload
- External role
- Placement within HHS

Draft

Eligibility and Enrollment

- Leverage provider eligibility processes
- HHS review, approval and enrollment
- Quality review
- Realign staff to case management

Draft

Facilitating Positive Health Outcomes

- Case managers ➡ systems navigation
 - Routine
 - Facilitating access
- Disease case managers ➡ high cost/complex
- Hospital case managers

Draft

Mobile Medical Unit

- Unique approach for an FQHC
- Contract with PCHD to operate
- Look for opportunities for change in scope to expand services or to incorporate CHD services

Draft

Emergency Home Energy Assistance Program for Seniors

- In St. Petersburg, HHS and 4 other agencies offer home energy assistance
- In Clearwater, HHS and 2 other agencies offer assistance
- Possibility of outsourcing

Draft

Family Homelessness Prevention Program

- HHS and one other agency offers assistance in St. Pete
- HHS offers assistance in Clearwater
- Salvation Army offers energy assistance in Clearwater
- Possibility of outsourcing

Draft

Financial Assistance for Living Expenses

- Innovative program
- Model for replication
- Links self-sufficiency to medical condition and offers solutions to reemployment
- Assess unmet demand for possible realignment of resources

Draft

Health Department

- State/county partnership
- A department of county government
- Community asset and leader
- Leverage capacity and connections
- Clarify county reporting relationship

Draft

Health Care Reform and Medicaid Reform

- Community Health Centers will play a crucial role in health care reform and Medicaid reform
- Health departments role less clear as State of Florida lessens support for CHDs to provide primary care and Medicaid moves to a managed care strategy that may be detrimental to CHDs
- Health departments that have established an FQHC are more likely to continue under Medicaid reform and will be needed with federal health care reform.
- PHCP offers the opportunity for collaborative planning to address health care reform and to leverage strengths of both the CHD and community health center to maintain an integrated system

Draft

Health Care Reform and Medicaid Reform (continued)

- With Medicaid reform, CHDs and CHCs will face decisions about joining provider service networks and managed care organizations and the HHS will need to be vigilant in regard to the impact those decisions will have on the plan network.
- Continued debate at the federal level may delay implementation of key components of federal health care reform and maintaining an adequate plan reserve can be beneficial to assure an effective transition.

Draft

Understanding and aligning roles

- | | |
|----------------|--------------|
| ■ Advisor | ■ Educator |
| ■ Collaborator | ■ Consultant |
| ■ Convener | ■ Analyst |
| ■ Facilitator | ■ Regulator |
| ■ Innovator | ■ Provider |
| ■ Change agent | |

Draft

Realigning HHS roles for a complex future

- Scarce resources will call for more collaboration and innovation
- Health care reform may offer opportunity to shift community focus to prevention
- Strong community connections and networks offers opportunities to address other health and human services priorities and positions HHS to play a leadership role

Draft

Pinellas County

Department of Health and Human Services: Pathways to Health and Self-Sufficiency

Fiscal Year 2012

**Submitted by: Gwendolyn Warren
Bureau Director, Department of Health and Human Services**



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Organizational History

The Department of Health and Human Services has been creating solutions for a stronger community by serving those most in need since the 1920s. A story in the *St. Petersburg Times* on August 7, 1940 discussed the growing problem of providing for the poor. After a series of public hearings, the Board of County Commissioners decided to allocate additional money to meet the needs of our indigent populations. In 1955, the Board of County Commissioners formally established the Department of Social Services to administer a General Assistance Program, a Commodity Foods Program, and the County Home for the Aged and Disabled. In 1959, the department added a health care component by contracting with Mound Park Hospital, now Bayfront Medical Center, to provide medical care for the low-income uninsured. In 1970, the county initiated the Social Action Funding Program and, in 1974, merged the Veterans Services Office into the Department of Social Services. During the same time, the Department initiated the mandated Indigent Burial Program. Then, in 1989, the Department was tasked with managing the Summer Food Service Program to provide children in low income families with food during periods when schools are not in session. In 1996, the in-house medical and dental clinics were closed and the department began contracting for these services with private health and dental care providers. However, in 2007, the County was dissatisfied with the lack of reporting and outcomes data provided by Wellcare – the contracted managed care company providing health care – and directed staff to implement a new indigent health care program. The Department of Health and Human Services has always served as a safety net for our citizens by providing emergency assistance with basic living needs such as food, rent, boarding home care, and health care access. The majority of services are provided to individuals at or below 100% of the Federal Poverty Level (FPL).

Family Size	2011 Gross Monthly Income			
	100%	115%	133%	150%
1	\$908	\$1,044	\$1,207	\$1,361
2	\$1,226	\$1,410	\$1,630	\$1,839
3	\$1,544	\$1,776	\$2,054	\$2,316
4	\$1,863	\$2,142	\$2,477	\$2,794
5	\$2,181	\$2,508	\$2,901	\$3,271

Historically, the County has provided aid to residents that are presented with barriers that prevent them from achieving their potential and becoming full contributors to the community. Scientists, practitioners and policy makers have long recognized that there is a distinct relationship between an individual's health status and the social and environmental conditions in which he or she lives. A solid body of research confirms these observations: certain essential factors and resources – often described as “social determinants of health” – are known to contribute to or detract from the health of individuals and communities. Among the key social determinants of health are education levels, income levels, access to essential services, and the physical conditions of the built environment (such as the proportion of abandoned homes, code enforcement violations, or the level of neighborhood crime). Furthermore, inequitable distribution of the social determinants of health

has a significant influence on persistent health disparities in our most underserved communities. In 2010, Pinellas County ranked 40th among all 67 Florida counties in social determinants of health that influence community health outcomes.

Current economic issues have further stressed our need to focus on the areas of unemployment, homelessness, and health care delivery. The prolonged recession, coupled with double-digit unemployment and other social factors, has affected many in our community who have historically not required government assistance. This has further stressed available resources and required that we focus on a new client population as well.

In Pinellas County, unemployment rose from 3.4% in 2006 to 10.5% in 2011. Non-traditional populations – such as families with children, the elderly, and the working poor – have been facing homelessness, with 33% of homeless adults working full or part-time. These individuals, despite their income, end up on the streets or in emergency shelters. Numerous residents and families who were previously employed or had other sources of income can no longer afford health care or housing, and as a result, are becoming homeless. These individuals are currently seeking aid provided through county programs to help them jump-start their path once again and reestablish themselves as hard-working, taxpaying citizens. These increasing needs require local agencies in the homelessness consortium to continue outlining strategies that tackle the larger issues of homelessness and self-sufficiency, while this Department focuses its efforts on reducing homelessness among families with children.

Nationally, families are the fastest growing segment of our homeless population, with an increase of over 30% in just 3 years. According to the U.S. Department of Housing and Urban Development, one-third of the total number of homeless people counted in the 2010 Point-in-Time Homeless Survey are families. These homeless families are also more likely to be minorities, headed by a woman. Florida's public schools identified over 49,000 homeless children during the 2009-2010 school year. Homeless students have been identified in every school district in Florida. Pinellas County's Coalition for the Homeless stated that homeless totals for the county exceeded 22,000 individuals in 2011. The Point-in-Time count, administered by the Pinellas County Coalition for the Homeless, revealed that 38% of those surveyed were under the age of 18.

The U.S. Interagency Council on Homelessness cites many studies stating that there are significant costs associated with family homelessness, including the high cost of housing a family in emergency shelter or transitional housing, as well as the strains on the education, health care, and child welfare systems. The annual costs incurred by the chronic homeless population include emergency room visits, emergency shelters, hospitalization, and jail stays, which are estimated to be between \$35,000 and \$150,000 per person. These costs are amplified in families with children. Thus, preventing chronic homelessness among families with children is more cost-effective in the long run.

Access to health care is crucial among populations dealing with unemployment and homelessness. Many unemployed individuals cannot afford basic needs, including the purchase of health care. Once these individuals become sick, it is increasingly difficult for them to achieve economic self-sufficiency, as illnesses may be preventing them from seeking employment. Furthermore, chronic

conditions that are not controlled – such as diabetes or hypertension – may become exacerbated, leading to emergency room and inpatient hospital visits that are unaffordable and undermine continuity of care. Ultimately, these are financed by other taxpayers in the community and directly affect the quality of life for all residents. It is important to not only provide economic assistance to help re-establish housing, employment, and other forms of self-sufficiency, but also to provide basic health care to ensure our residents are healthy and can return to the workforce.

Pinellas County aims at targeting the social issues addressed above by providing affected citizens with tools to become employed, sheltered, and healthy, allowing them to contribute to our community at large. These tools are provided through the multiple programs delivered by the Pinellas County Department of Health and Human Services.

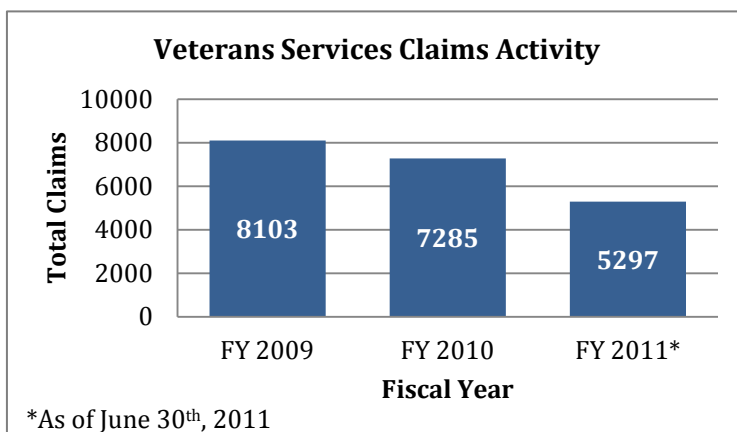
Pinellas County Health and Human Services Programs

Pinellas County's Self-Sufficiency Programs

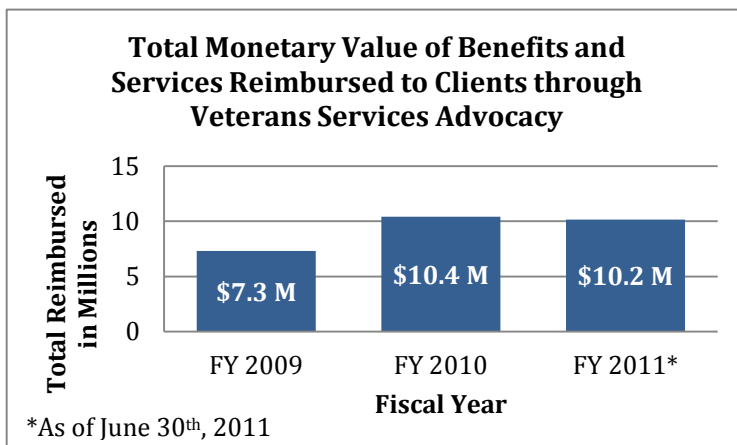
The county operates four programs that provide services to unemployed, low-income populations that need help to achieve a higher level of self-sufficiency: Veterans Services, Financial Assistance 3-Track Program, Family Homelessness Assistance, and Emergency Home Energy Assistance for the Elderly. Overall, these programs provide advocacy services and/or financial assistance necessary to help members of our community, while providing them with additional tools to help them become economically stable. Some programs provide short-term financial assistance that eases clients' financial crisis and prevents them from becoming homeless, while others assist families in obtaining stable housing, ultimately reducing their dependency on government services. Other programs secure benefits, income, and medical access through advocacy services, increasing the number of dollars that enter the County and generate taxable revenues. These programs also provide one-on-one case management to address other aspects that affect a client's ability to become self-sufficient, mainly by serving as a liaison between the Department and other community partners that provide additional services.

1) Pinellas County Veterans Services assists veterans and their families in obtaining veterans benefits, services and information from the U.S. Department of Veterans Affairs. It provides assistance to veterans in Pinellas County – the 3rd highest veteran population in Florida at nearly **100,000** – as well as their spouses/surviving spouses, dependent children, and parents. The program provides advocacy services that help clients obtain veteran benefits, such as health care, burials, education, vocational rehabilitation, home loans, and disability or death payments. Information and advocacy for numerous other benefits and services are available that mainly emphasize providing financial and/or medical aid to disabled or indigent veterans. Intended programmatic outcomes are to not only help veterans and their families, but also maximize the federal benefit and service dollars paid to these citizens. This, in turn, generates additional revenues for the county.

Veterans Services processed **15,388** service claims actions during fiscal years 2009 and 2010, averaging around 7,500 yearly. These claim actions are reflective of veterans and veteran families who have filed for services through this advocacy program. As of June 30th 2011, **5,297** claim actions have been filed.



The success of this program's advocacy services is staggering. Over **\$17.7 million** in services and benefits were reimbursed to county veterans and their families between fiscal years 2009 and 2010. This represents both retroactive payments and monthly benefits received by veterans. These monthly benefits will be continuously received by veterans, so long as they retain their eligibility status. As of June 2011, approximately **\$10.2 million** have been reimbursed – more than half the amount of the last two fiscal years. Currently, the average reimbursement payment per veteran is \$1,926, while the average cost per claim action is only \$72. This is apart from any medical benefits eligible veterans currently receive.



2) The Financial Assistance Program was restructured in fiscal year 2009, with the purpose of providing financial aid to sick and disabled residents while they either return to the workforce or secure disability benefits. It provides financial assistance to single, disabled individuals between the ages of 18 and 64. A 3-track system assists clients with employment readiness, budgeting skills, financial assistance with housing and basic living needs, and advocacy for Supplemental Security Income benefits, Social Security Disability Insurance and Medicaid, depending on each client's particular situation. Clients also participate in courses that aid with career and financial planning, such as CareerScope and Money Matters. Additionally, case management is provided to help clients address other aspects that affect their self-sufficiency, such as transportation, referrals to the Pinellas County Health Program, and access to other services provided in the community. Track placement is as follows:

- **Track 1** clients have treatable, acute conditions and need financial assistance until stabilized. These individuals are aided for up to **3 months**.
- **Track 2** is the vocational track. It serves clients that have chronic, limiting and non-disabling conditions. These individuals are aided for up to **9 months** and must complete technical training through Pinellas Technical Education Centers, which provides them with vocational skills to aid in their job search and marketability.
- **Track 3** clients are permanently disabled and need financial assistance while they pursue federal disability benefits. These individuals are aided for up to **24 months** and are offered free advocacy services to aid in securing their disability benefits.

The intended program outcome is to promote self-sufficiency among sick and disabled residents upon track completion by providing them with a set of tools to make them employable, or assist them in receiving their Social Security Disability Insurance and/or Supplemental Security Income. This outcome is particularly beneficial, since individuals receiving Supplemental Security Income

qualify for Medicaid, making the medical costs associated with their illnesses no longer the county's responsibility.

The Financial Assistance 3-Track Program has served **4,297** individuals since fiscal year 2009, with the majority of clients being between the ages of 46 to 59. As of June 30th 2011, **1,125** clients have been served this fiscal year. Of these, **632** clients have completed their tracks.

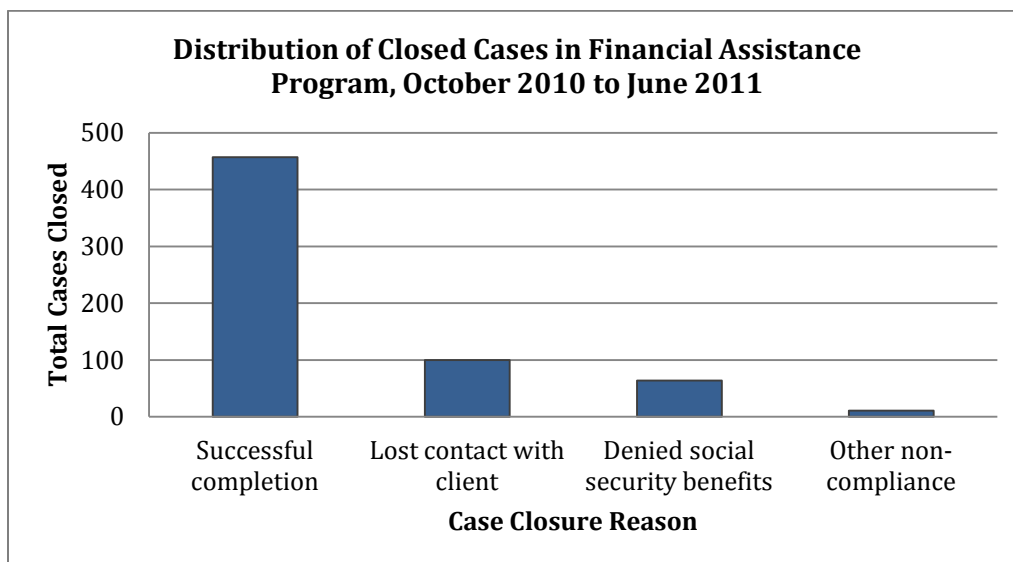
Fiscal Year 2011 Enrollments*	Track 1	Track 2	Track 3	Total
Open	117	151	225	493
Closed	137	130	365	632
Total Cases	254	281	590	1125

*As of June 30th, 2011

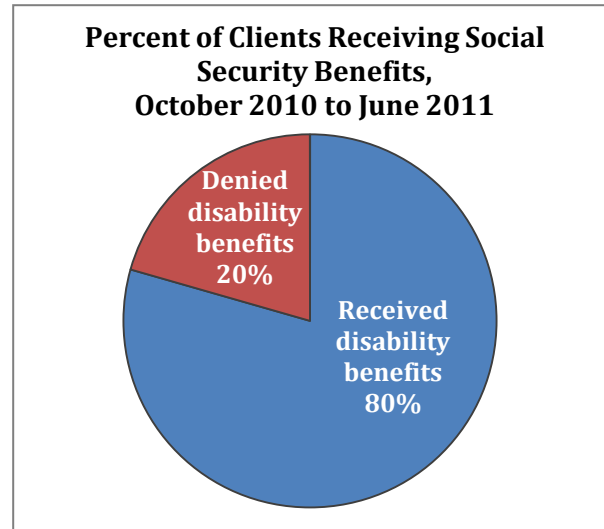
Of these closed cases, **72%** have successfully completed the program. The remaining cases have been terminated due to reasons such as loss of contact with client or denial of social security benefits. These processes are currently being analyzed and will be revised as appropriate to increase the system's effectiveness.

Outcomes for Closed Cases (n=632)*	Track 1	Track 2	Track 3	Total
Successful outcomes	108	96	253	457 (72%)
Loss Contact with Client	28	26	46	100 (16%)
Denied Disability Benefits	1	5	58	64 (10%)
Other Non-Compliance	0	3	8	11 (2%)

*As of June 30th, 2011



When specifically focusing on clients who successfully received social security benefits, **80%** demonstrate a positive outcome. This astonishing success has allowed the County to recover approximately **\$1.4 million** in Social Security Disability Insurance and Supplemental Security Income reimbursements as of June 30th. Additionally, these are individuals with a steady income source and access to medical insurance, which contributes to a major change in their well-being and economic outlook. These newly gained services prevent the County from having to incur additional medical costs.



3) The Family Homelessness Assistance Program was implemented at the end of February 2011 in response to the rising number of homeless families in Pinellas County. It aims to prevent families with minor children from becoming homeless by providing rental assistance. According to the 1997 National Study of Protective, Preventive and Reunification Services to Children and their Families, the incidence of children requiring foster care jumps from an average of 27% to 46% when the child's family has housing problems. Thus, preventing families from facing housing problems or homelessness helps maintain a stronger family foundation in our community. The Program targets families with minor children (or women in their 3rd trimester) with a verifiable reason why they are not able to pay rent and have no other resources or housing options. Services include the provision of security deposits, rent payments, utility deposits, and utility payments; housing search assistance; habitability and lead inspections; and case management. Clients also participate in courses that aid with career and financial planning, such as CareerScope and Money Matters. The main programmatic outcome is to have families who receive assistance remain in stable housing, which is monitored up to a year after receiving assistance.

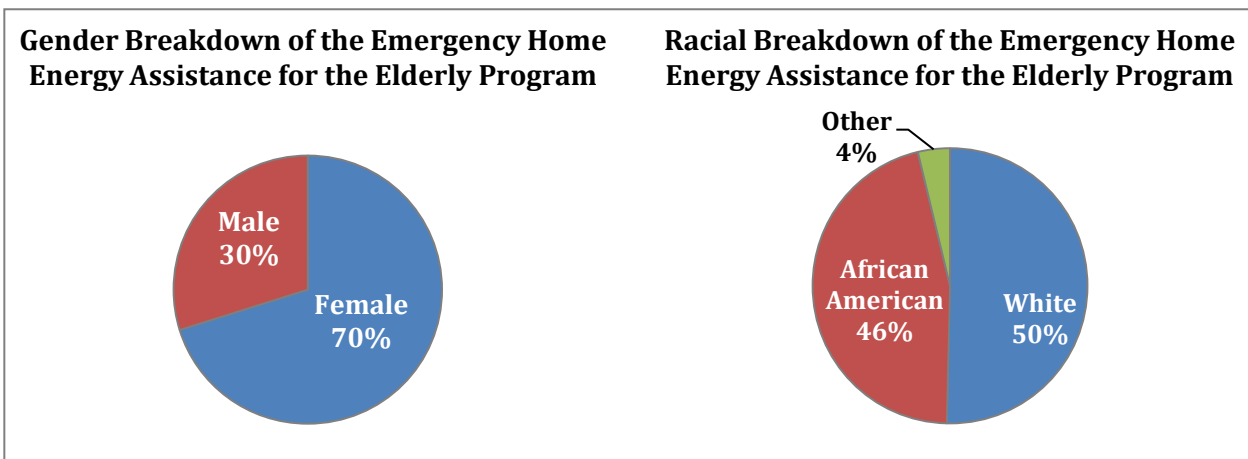
Within the first four months of the program, rental assistance has been provided to **137** families, totaling **434** individuals. There is an average of three family members per household, ranging from two to eight per family. Due to the short time since implementation, outcome measures that demonstrate stable housing are not yet available.

The Department has also implemented a second component to the Family Homelessness Assistance Program that targets homeless families with children in Pinellas County that are employed and need assistance in finding stable housing.

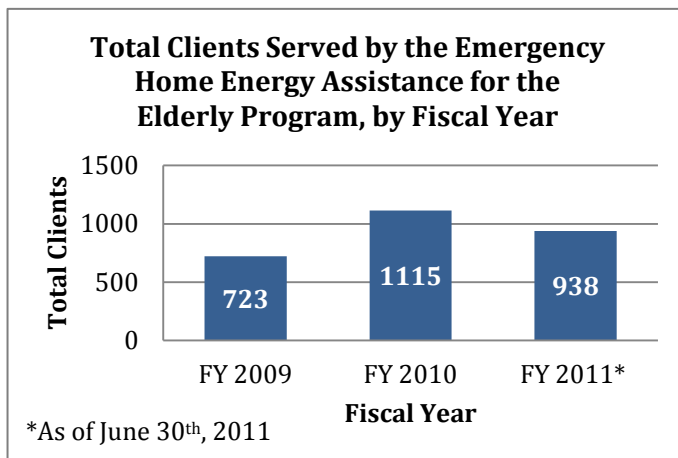
4) The Emergency Home Energy Assistance for the Elderly Program is administered by Department of Health and Human Services for the Department of Elder Affairs, through the Area Agency on Aging. The purpose of the program is to assist low-income, elderly residents experiencing a home energy emergency. Residents must be at least 60 years old and be at or below

150% Federal Poverty Level. The program provides elderly citizens with payments to utility companies and/or fuel suppliers; repairs to heating or cooling equipment; vouchers for the purchase of heaters, blankets or fans.

Overall, clients who request services are 70% female, with an almost equal distribution between Whites and African Americans.



The program served **1838** elderly between fiscal years 2009 and 2010, and has already served **938** as of June 30th this fiscal year. Providing these services to our elderly populations ensures they are not facing extreme weather conditions that may lead to hospital stays related to excessive heat or cold exposure.



Pinellas County's Health Care Program

A healthy community is a prosperous community. Studies demonstrate community health is compromised when a substantial portion of the population has limited access to care. The burden of disease related to the poorer health of the uninsured can affect those insured in many ways. For example, communicable diseases can be spread from unvaccinated or ill individuals; overuse of emergency rooms by the uninsured can lead to diminished capacity in these facilities; and the costs of hospital services provided to treat uninsured populations' aggravated chronic conditions are ultimately passed onto others in the community.

Pinellas County provides quality health care to indigent populations through the **Pinellas County Health Program and the Mobile Medical Unit**. Both programs are based on the patient-centered medical home model, which has shown to be cost-effective and adopted nationwide. In recent years, more than 7,600 clinicians and 1,500 sites have been recognized as patient-centered medical homes, with the vast majority achieving recognition by the National Committee for Quality Assurance in 2010. Additionally, 44 states have either passed laws or begun initiatives related to this model. Medical homes focus on wellness and prevention by providing continuity of care through a team of medical providers. Preventive services are cost-saving, as they help shift the cost away from more expensive services with lower health benefit, and cost less to deliver.

The **Pinellas County Health Program** was implemented at the start of fiscal year 2009 in response to the reporting limitations of WellCare, the previous health care services provider to uninsured, indigent residents. The program targets uninsured residents between the ages of 18 and 64 who are at or below 100% Federal Poverty Level. Meanwhile, the **Mobile Medical Unit** has been providing health care to Pinellas County's homeless population since 1988 and also follows the medical homes model. Overall, both programs intend to improve the health outcomes of our clients through prevention, with the Mobile Medical Unit focusing on increased access to care for homeless.

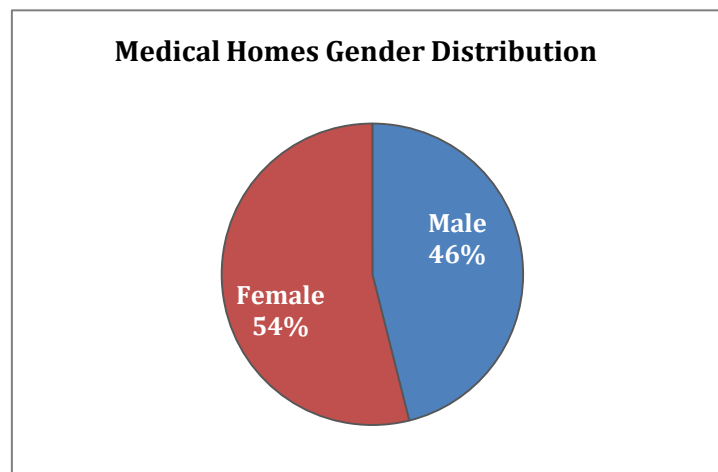
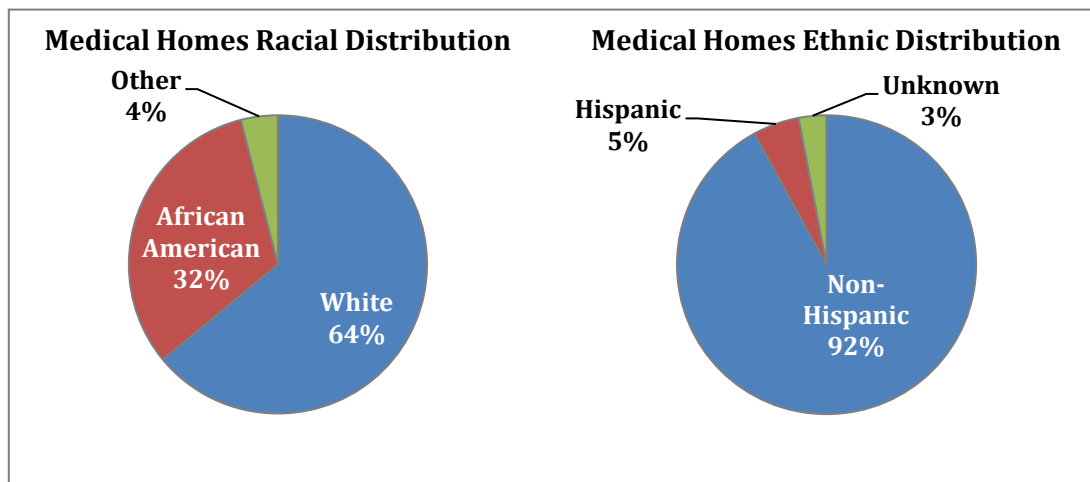
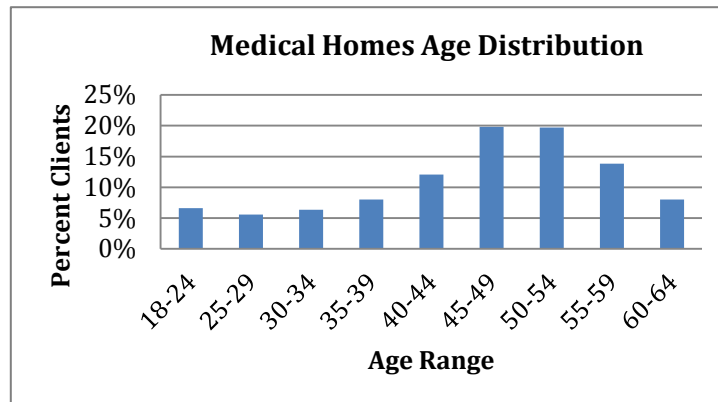
Pinellas County has 12 medical homes sites available through two community primary care providers – the Pinellas County Health Department and the Community Health Centers of Pinellas. Clients served through the Mobile Medical Unit can visit the clinic at any of the 13 strategically placed locations across the county. Additional community partnerships enable medical home clients to have access to the following services:

	Total Served Fiscal Year 2011*
Primary Care	13,599
Behavioral Health Care	470**
Prescription Medications	7,451
Limited Specialty Care	3,715
Inpatient and Ambulatory Care	1,032
Dental Care	719
Home Health Care	694

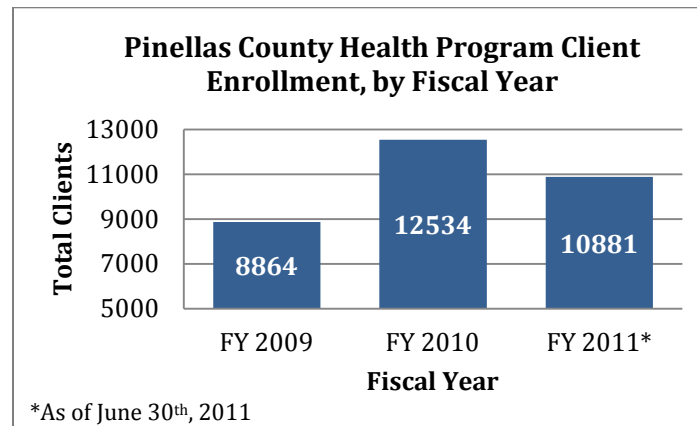
*As of June 30th, 2011

**Contract implemented February 2011

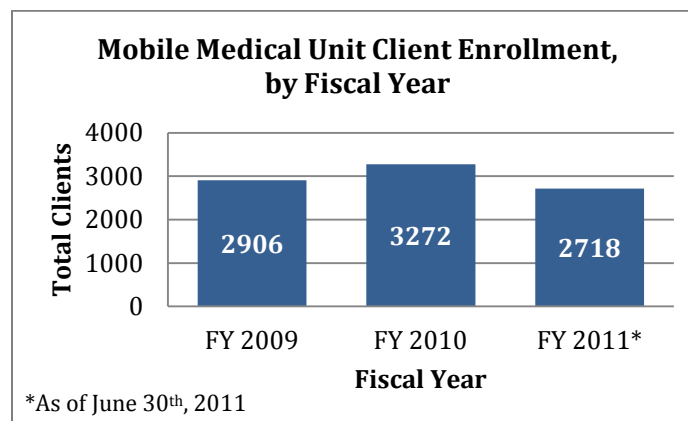
The majority of our population is between the ages of 45 and 54, White, and non-Hispanic, with an almost equal distribution between males and females.



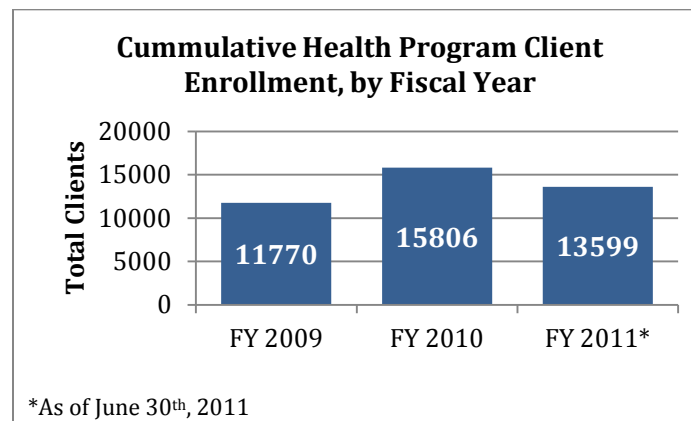
The Pinellas County Health Program served **8,864** clients during fiscal year 2009 and another **12,534** clients during fiscal year 2010. As of June 30th 2011, **10,881** clients have been served this fiscal year.



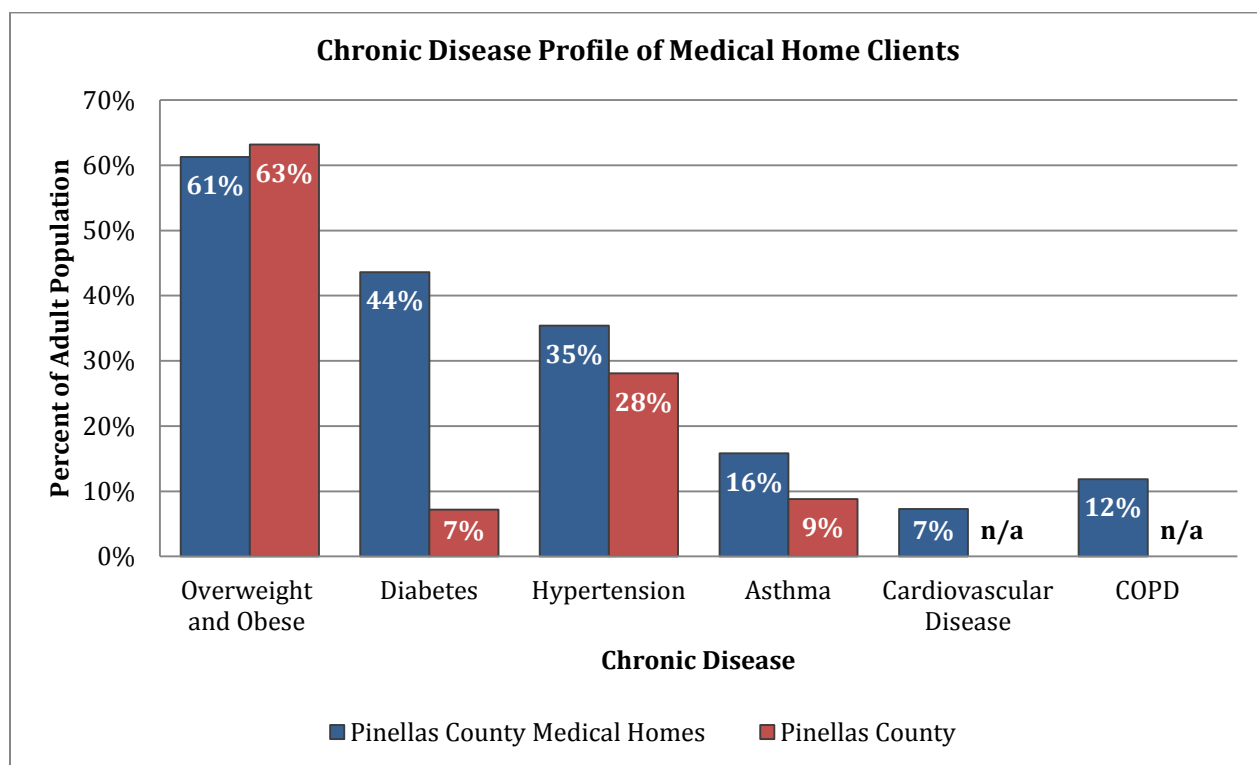
The Mobile Medical Unit served **2,906** homeless clients during fiscal year 2009 and another **3,272** clients during fiscal year 2010. As of June 30th 2011, **2,718** clients have been served this fiscal year.



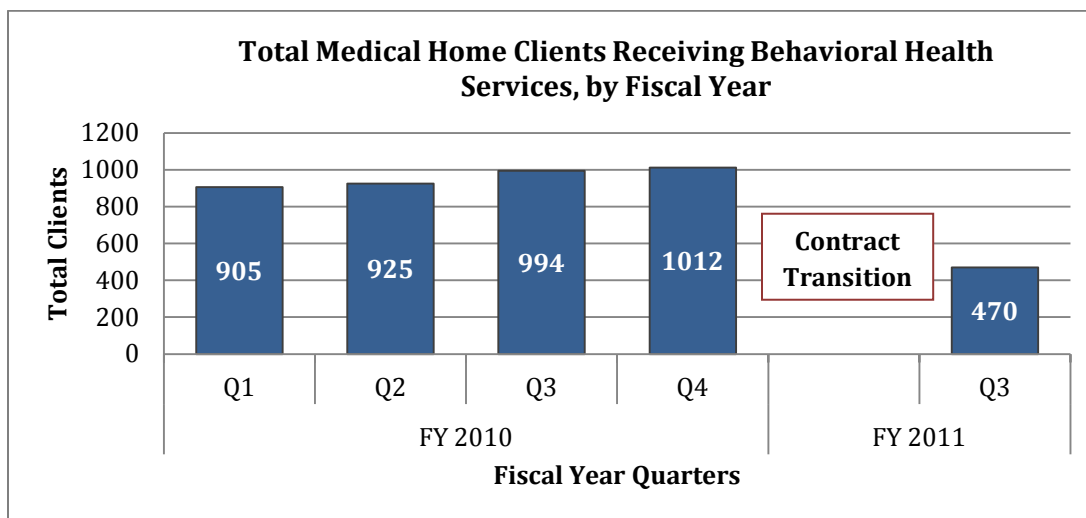
Cumulatively, both programs have served **13,599** individuals as of June 30th this fiscal year.



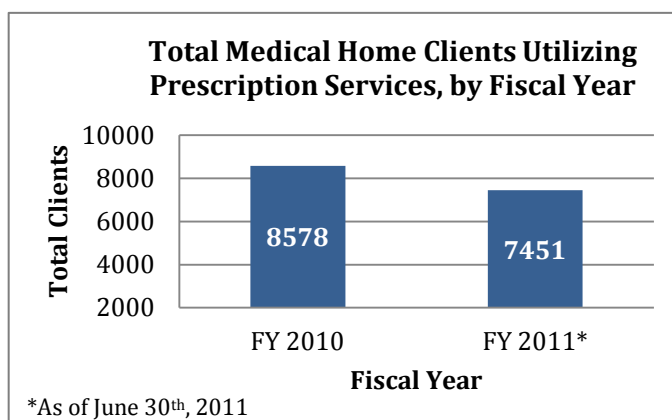
Pinellas County often ranks poorer than the State of Florida and the United States in leading health indicators for diabetes, obesity, cardiovascular, and other chronic diseases. Some rankings – especially for the underserved populations – are in the national severe benchmark category. The medically unserved and underserved populations contribute significantly to these rankings. Minorities – particularly African Americans – are disproportionately represented. Clients in our medical program have even higher rates of chronic diseases, some up to three times higher. Prevalent chronic diseases include obesity (61%), diabetes (44%), and hypertension (35%). Working with this population on prevention and behavior change through disease case management 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%. This translates to reduced future medical costs.



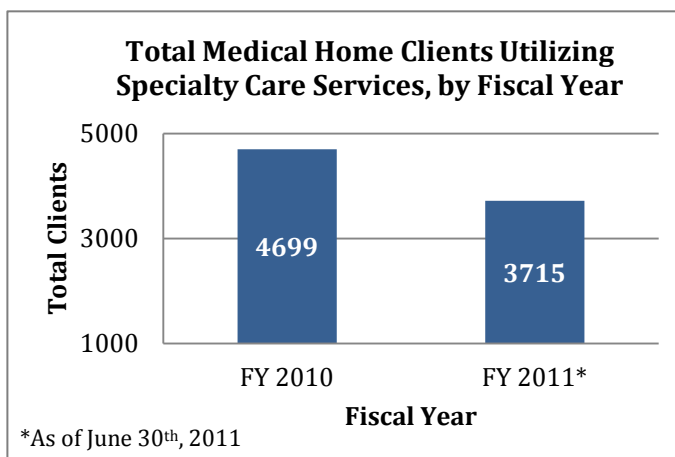
Providing behavioral health services to clients is crucial in the medical home model, especially when delivering care to populations dealing with the stresses and hardships of homelessness, unemployment, and chronic diseases. These situations can also trigger stress-related illnesses, including depression, anxiety, and other mental health disorders. Additionally, it can exacerbate chronic conditions, such as heart disease and obesity. During fiscal year 2010, clients were referred to receive outside behavioral health services through the Westcoast Integrated Network. However, integrating behavioral health services into the medical homes allows for better diagnosis and treatment of individuals facing behavioral health issues, improving continuity of care. Thus, a new contract with Directions Mental Health was implemented in February of the current fiscal year. Since contract implementation, **470** clients have received behavioral health services. By integrating behavioral care services into the medical homes, continuity of care is maintained and improved diagnoses are obtained. This translates into fewer referrals to mental health therapists outside of the medical homes.



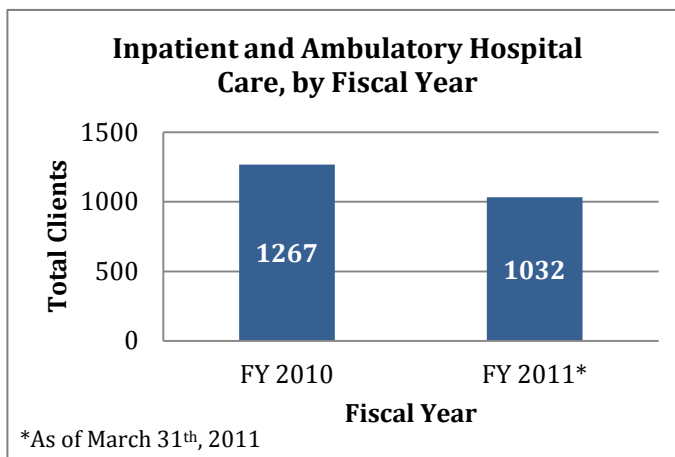
The program also provides access to prescription medications through a contract with Sweetbay Pharmacy. During fiscal year 2010, **8,578** clients received prescriptions. Usage appears to be on target for the current fiscal year, with **7,451** clients served as of June 30th.



During fiscal year 2010, Pinellas County provided clients with specialty care services through Universal Healthcare's specialty provider network. During this time, **4,699** clients utilized the specialty care network for physician and/or imaging services. During the summer of 2010, the Department of Health and Human Services began to independently contract with specialty physicians in preparation for an independent specialty network beginning fiscal year 2011. As of June 30th 2011, **3,715** clients have received specialty care services.



The County works with local hospitals to provide inpatient health care services to indigent populations. Hospitals are compensated for these services through leveraging processes, which allow the County to generate additional funds that help cover costs for indigent health care. Pinellas County provides inpatient and ambulatory services to clients through partnerships with four community hospital partners – Bayfront Medical Center, Baycare Health System, Hospital Corporation of America, and Helen Ellis. Hospital partners reported that **1,267** clients received inpatient or ambulatory hospital care during fiscal year 2010. Reporting has since been standardized, improving data quality. Current reports are more comprehensive and indicate that **1,032** clients have already received these same services as of March 31th of this fiscal year.



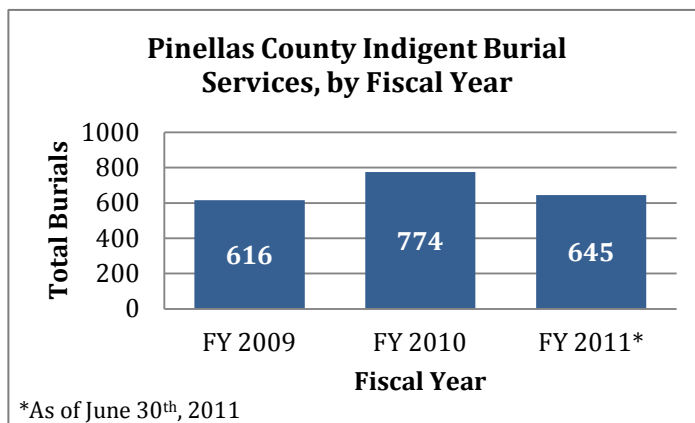
Overall, the County's medical homes provide indigent residents with access to health care in our community, enhancing service delivery and lowering the amount of costs associated with unnecessary emergency room utilization among the uninsured. Recently surveyed Mobile Medical Unit clients reported a decrease in ER usage from 60% to 26% since receiving services provided through their medical home. Over 70% of these individuals attributed this decline to the Mobile Medical Unit's accessibility, as well as to the respectful way staff treats them. This is an example of how the County's health care program has directly impacted a population that traditionally seeks care through the emergency room by providing them with access to a medical home that offers continuity of care. Given that this segment of low-income, uninsured individuals served through the County's health program has the highest level of illness and disease burden, it is safe to extrapolate this information across the entire client base, demonstrating a 34% decrease in emergency room usage by individuals enrolled in medical homes.

Other County Programs

The Department of Health and Human Services oversees two additional programs that are mandated by the County: Indigent Burials and the Summer Food Program.

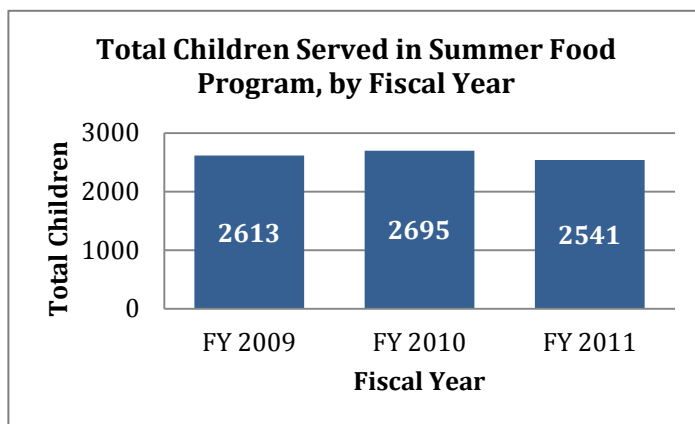
1) The Indigent Burial Program was established in response to Florida statute §406.50, which requires counties to provide for the disposal of indigent and unclaimed bodies in a safe, efficient, and ethical manner. The program disposes unclaimed or indigent bodies that pass away in Pinellas County. The disposal of indigent bodies is provided to residents whose families are at or below 150% Federal Poverty Level and are unable or unwilling to provide the financial resources necessary to either cremate or bury the deceased. All other indigent and unclaimed bodies – except for honorably discharged veterans – are disposed of by cremation. The program intends to properly dispose of all deceased indigent and unclaimed individuals.

There were **1,390** burials performed between fiscal years 2009 and 2010. As of June 30th, **645** burials have been performed this fiscal year.



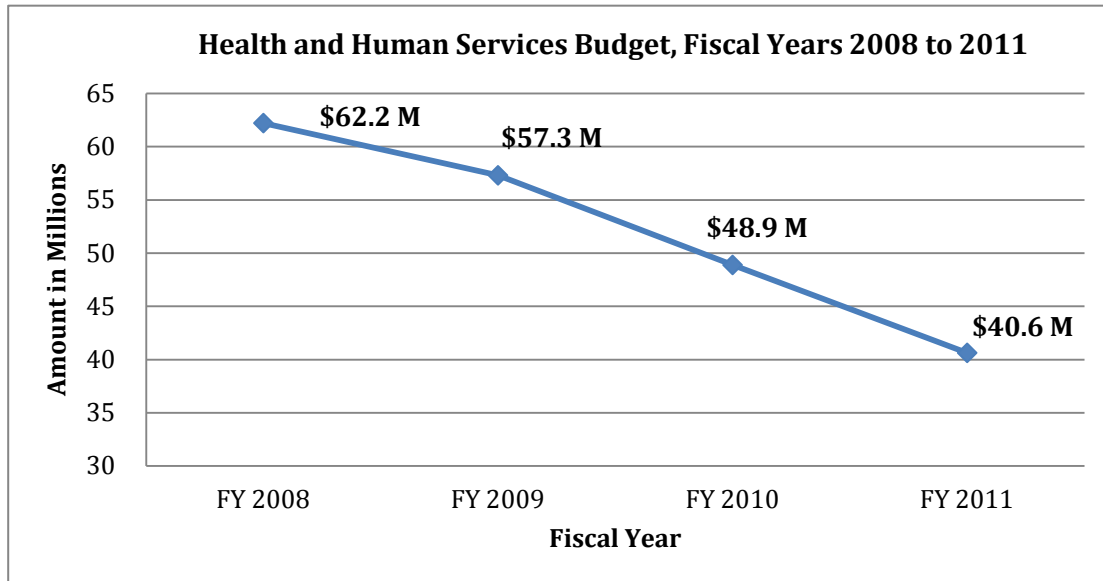
2) The Summer Food Program is a federally funded program administered by the Secretary of Agriculture, which assists states through grants-in-aid to conduct non-profit food service programs for children during periods when schools are not in session. The Department of Health and Human Services has sponsored the program for over 21 years. The program is open to children 18 years old and younger. In some cases, this is the only meal available to these children daily, as their families may not have the resources to provide food that the school system normally covers.

There were **5,308** children who received lunches and snacks in the program between fiscal years 2009 and 2010. This fiscal year's program provided **2,541** children with **99,004** lunches and **101,895** snacks.

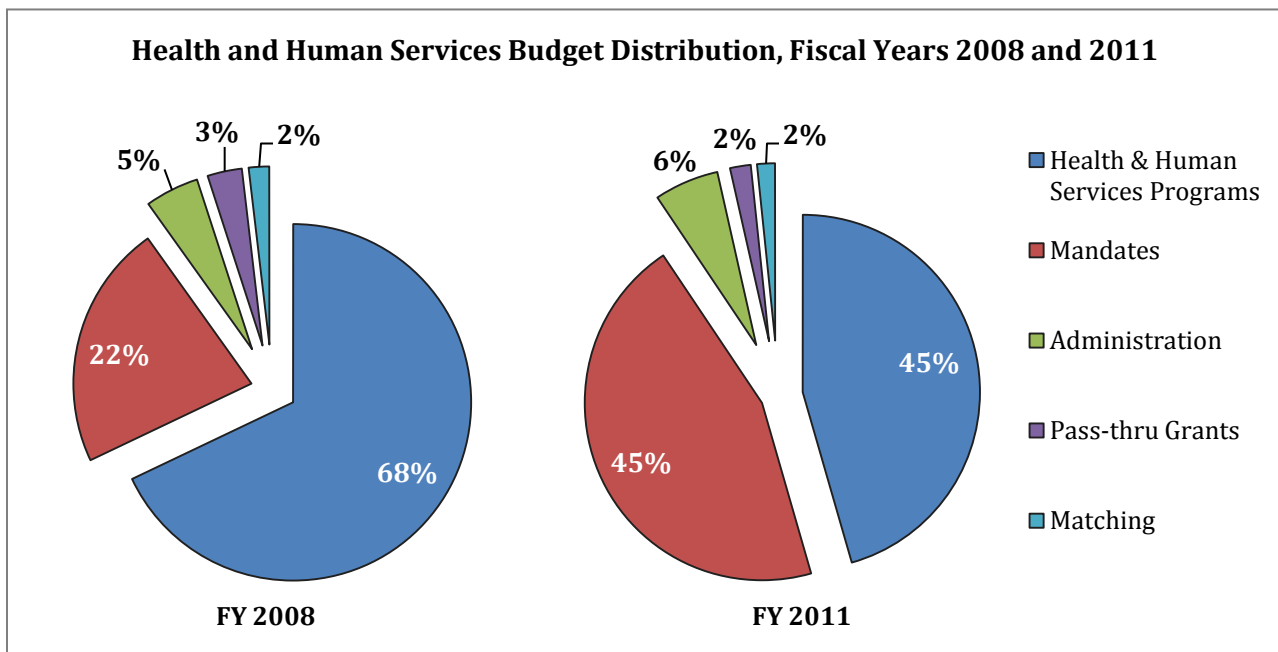


Department Budget Overview

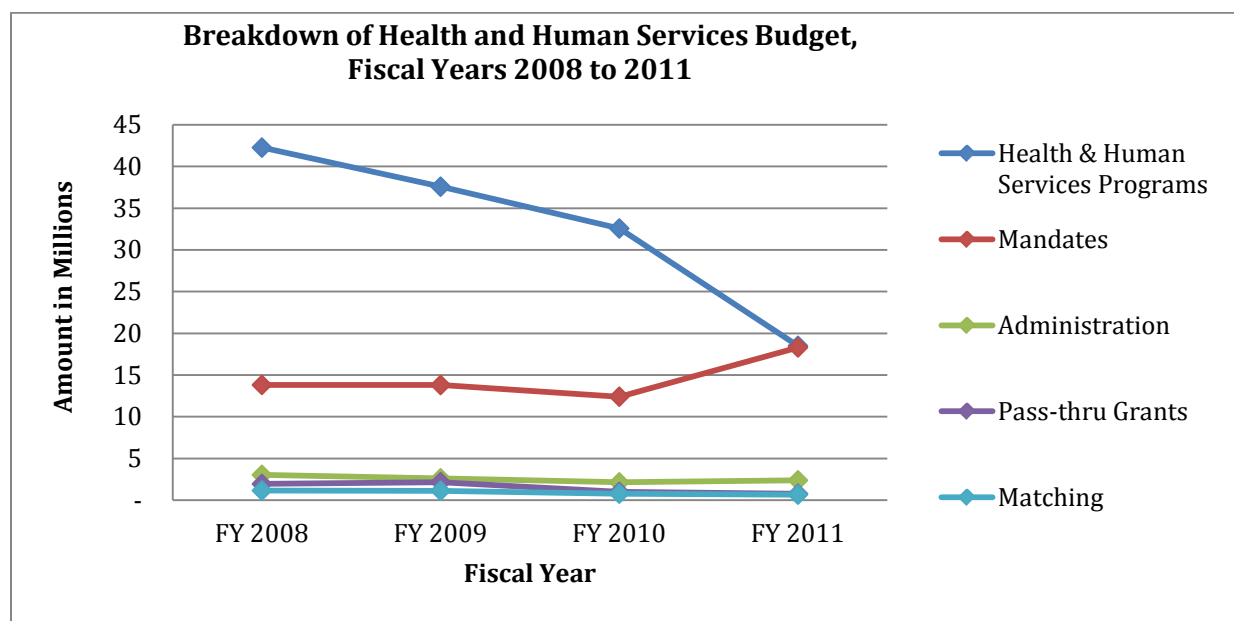
The effects of the economic recession have been hard-felt in Pinellas County, which has resulted in budget cuts across the board. The Department of Health and Human Services' budget has suffered a **35% decrease** within four years, with allocated funds reduced by **\$21.6 million**.



It is important to note that the Department's budget does not all go into funding client services; a large portion of the budget goes into county unfunded state mandates for Health and Human Services. This year alone, mandates account for **45%** of the total Department budget.



Over the last four years, the Department's program budget has suffered the steepest decline, **decreasing by 56%**. The largest decline occurred this fiscal year, where mandates increased while medical services decreased by **\$5.9 million** to reflect forecasted Medicaid mandated expenditures. This was not only due to County budget decreases, but also to increases in mandated Medicaid contributions. This year, the State initiated a project to recuperate outstanding collections. As a result, they implemented new retroactive billing for Medicaid services going back to 2008. In addition, increased Medicaid rates and patient volume also account for the increased mandated portion of the budget. Furthermore, while the Pinellas County Health Program is the largest in the Department, its budget has been **cut by almost 50%** in the last four years; further decline is due to the increase in mandates. In an effort to supplement funds for this program, the Department utilizes two alternate Medicaid funding mechanisms to leverage additional dollars that fund the services offered through the medical homes. However, even with these additions, the Health Program's funds continue to decrease.

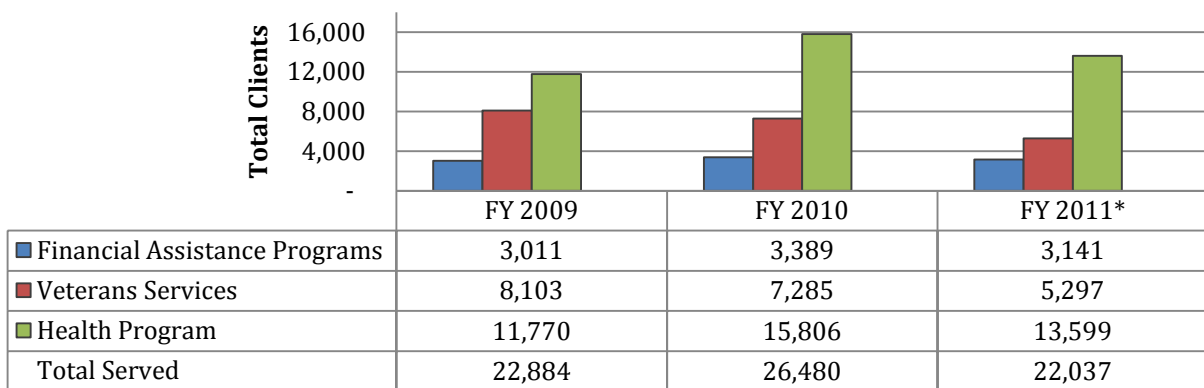


General Funds Budget by Program Area	Fiscal Year			
	2008	2009	2010	2011
Financial Assistance Programs	\$11,465,356	\$11,846,210	\$11,158,910	\$7,706,560
Veterans Services	\$535,270	\$537,210	\$543,540	\$511,010
Health Program	\$29,634,214	\$24,527,100	\$20,152,090	\$9,566,010
Other Programs (i.e. Summer Food)	\$619,530	\$663,740	\$707,570	\$714,220
Total Programs	\$42,254,370	\$37,574,260	\$32,562,110	\$18,497,800

Pinellas County Health Program Funds	Fiscal Year			
	2008	2009	2010	2011
Total General Funds	\$29,634,214	\$24,527,100	\$20,152,090	\$9,566,010
Low Income Pool	\$5,515,066	\$3,368,260	\$3,514,416	\$1,531,640
Buybacks	-	-	\$1,486,229	\$2,356,751
Total Leveraged Dollars	\$5,515,066	\$3,368,260	\$5,000,645	\$3,888,391
Total Health Program Funds	\$35,149,280	\$27,895,360	\$25,152,735	\$13,454,401

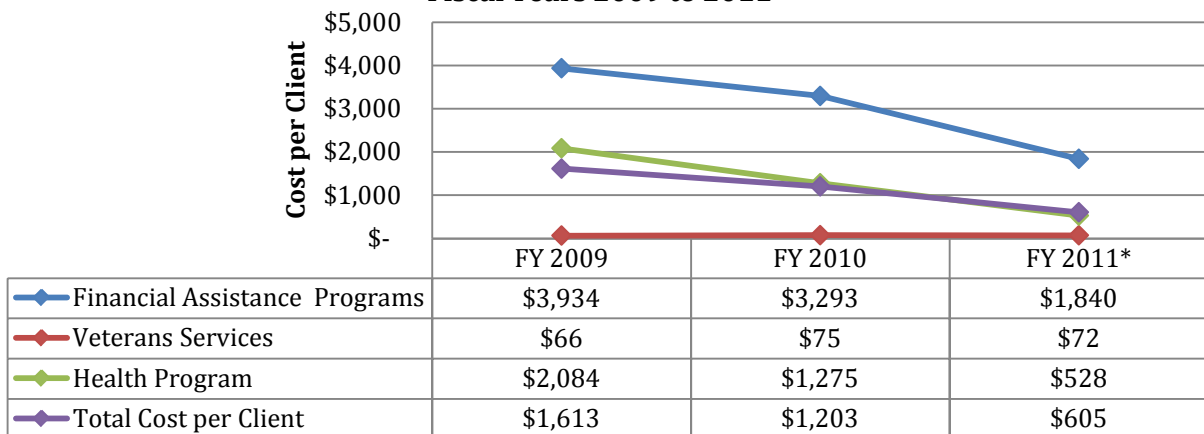
Keeping in mind the steady decline in program funds available over the last four years, the Department has still managed to increase the number of clients served while decreasing costs. Overall, costs for the entire Department have decreased to **\$605** per client. Current Veterans Services' average cost per claim action report is **\$72**, while costs for all Financial Assistance programs have decreased to **\$1,840** per client. The Pinellas County Health Program has managed to decrease costs to **\$528 per client** – an astonishing improvement when compared to Wellcare's 2008 approximate cost per client of **\$5,927**. This has been mainly due to the new delivery system modeled around patient-centered medical homes, as well as implementation of the Utilization Management Team, which helps maintain and reduce costs associated with care delivery by reviewing expenditures before approval.

**Total Clients Served by Health and Human Services Programs,
Fiscal Years 2009 to 2011**



*As of June 30th, 2011

**Cost per Client Served by Health and Human Services Programs,
Fiscal Years 2009 to 2011**



*As of June 30th, 2011

Through system efficiencies, leveraging opportunities, and community partnerships, the Department has managed to increase client service delivery amidst budget decreases. Unfortunately, the number of individuals impacted by unemployment, foreclosures, and lack of

access to health care far exceed available resources to the Department. The next section identifies other issues of significance that impact our ability to provide comprehensive Health and Human Services.

Health Care Reform

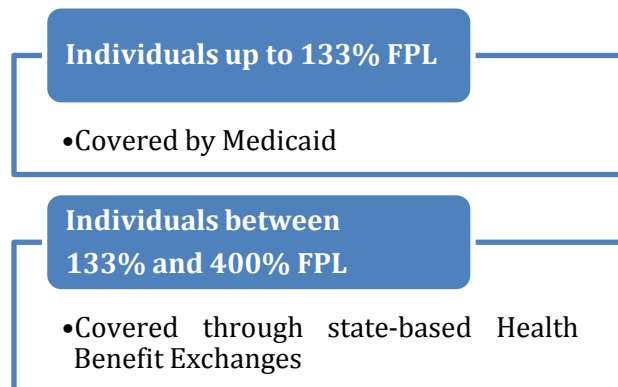
Federal Health Care Reform

The **Patient Protection and Affordable Care Act** – also known as the Federal Health Care Reform – will be fully implemented in 2014. This comprehensive health reform was signed into law by President Obama in March 2010, with the purpose of providing health care coverage to an additional 16 million people that currently lack health care insurance. Although there are numerous provisions within this law, this section focuses on those that directly affect the County's service delivery and financing.

Overall, the new law includes:

- An individual requirement to obtain health insurance
- A significant Medicaid expansion
- Subsidies to help low-income individuals buy coverage through newly established Health Benefit Exchanges

These changes attempt to provide the foundation for seamless and affordable nationwide coverage by covering persons up to 133% of the Federal Poverty Level under Medicaid (which includes individuals served in the Pinellas County Health Program), and covering persons between 133% and 400% of the Federal Poverty Level through state-based Health Benefit Exchanges.



While the Federal Health Care Reform does offer some changes to Medicare, program design and funding **do not** affect the County's resources because it is fully covered and managed by the federal government. Medicaid, on the other hand, is a federal health care program that is managed by each state for its low income populations.

Medicaid provisions under this reform include the following:

- Expansion and coverage for all adult residents with incomes up to 133% of the Federal Poverty Level. This expansion includes adults under age 65 without dependent children who are currently not eligible for Medicaid (which are currently covered by the Pinellas County Health Program).

- Transition of all children currently covered by State Children’s Health Insurance Program (CHIP) between 100% and 133% of the Federal Poverty Level into Medicaid.
- New Federal Medicaid matching fund rates for newly eligible individuals:
 - The federal government will cover 100% of new costs from 2014 through 2016.
 - This amount will slowly decrease from 2017 to 2019, with 90% of costs covered from 2020 onward. This means states will only be required to cover up to 10%.
- Medicaid payments to primary care doctors for primary care services will be increased to 100% of Medicare payment rates in 2013 and 2014, with 100% federal financing.
- Coverage of “essential health benefits” – a minimum set of health care services that must be provided to those enrolled in Medicaid, that is equal to those available to individuals who sign up for the Exchange plan. These are yet to be fully outlined by the U.S. Secretary of Health and Human Services.

The Federal Health Care Reform also has a provision that allows states to put forth their own health reform programs. Proposed legislations must be submitted to the federal government for approval. In the 2011 legislation, The State of Florida passed House Bill 7107, which proposes the implementation of changes to the current Medicaid program. This bill is currently pending federal approval.

Current Florida Medicaid Program

Medicaid is a critical part of the health care system in Florida, paying for 51% of all obstetric deliveries and nearly two-thirds of nursing home days. The Agency for Health Care Administration reports that Florida has the fourth largest Medicaid population in the country, and the fifth largest expenditures. Currently, Florida Medicaid services are administered by the Agency for Health Care Administration. Eligibility includes elders, disabled people, families, pregnant women and children in low-income families.

While Medicaid is jointly funded by the state and federal governments, Florida is one of 28 states in the nation that require counties to pay a portion of these program costs. Counties are only responsible for services provided to their residents.

Health care providers that deliver health care services to individuals enrolled in Medicaid are reimbursed through different mechanisms. For example, Medicaid reimburses hospitals for 55% of their inpatient services. Hospitals must then use alternate mechanisms to get reimbursed for the remaining 45% of inpatient costs. In Florida, there are three funding sources that currently allow county hospitals to get reimbursed up to the full cost of inpatient hospitalizations:

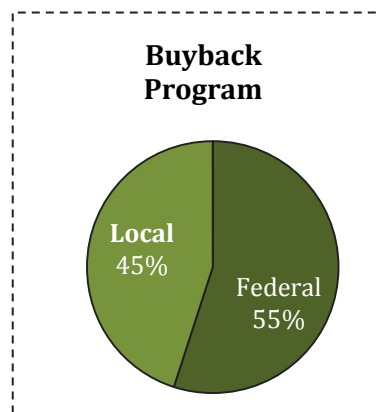
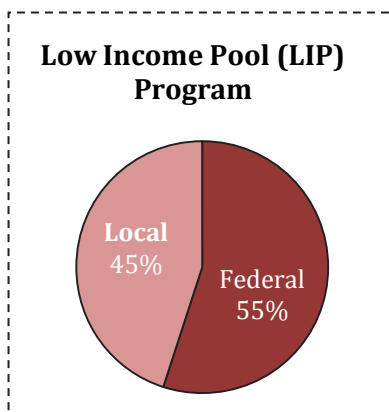
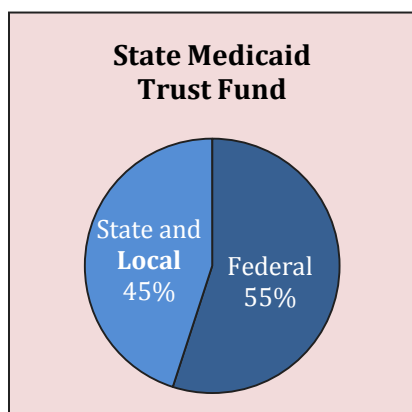
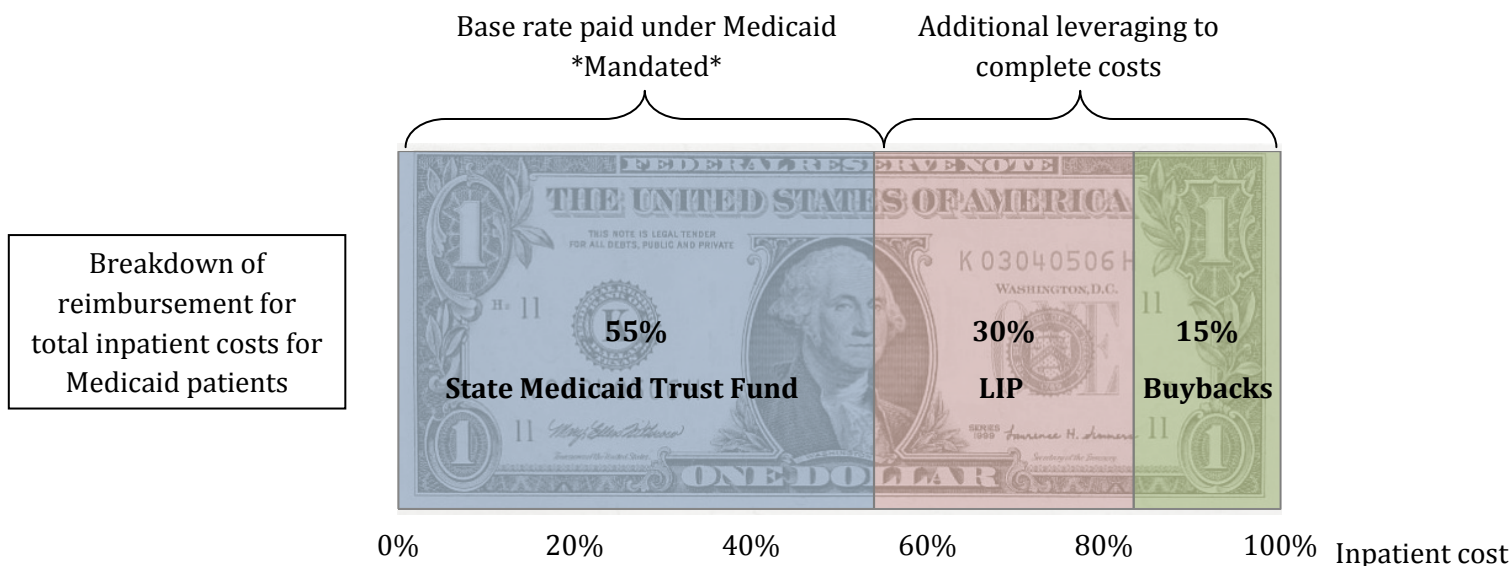
- State Medicaid Trust Fund
- Low Income Pool Program
- Buyback Program

The **State Medicaid Trust Fund** pays for the first 55% of the total service cost for non-exempt hospital inpatient hospitalizations. This portion is known as the “base rate” and is funded by federal, state and local governments. The federal government covers 55% of the total State Medicaid Trust Fund amount; the remaining 45% must then be funded by state and local governments. In Pinellas County, this mandated portion comes from the Department of Health and Human Services’ budget. The amount that state and local governments must contribute is based on specific hospital daily inpatient costs and nursing home services. Under the current plan, Pinellas County is responsible for 35% of the hospital’s daily Medicaid rate for inpatient days 11 through 45. Nursing home payments are defined per patient, per month. The County’s responsibility for nursing home payments starts when a patient’s monthly cost exceeds \$170. This portion cannot exceed \$55 monthly, per individual. Once the 55% base rate of the total Medicaid inpatient cost is provided, there are two additional ways hospitals can get reimbursed for the remaining cost of services. Both require an optional contribution from local government.

First, they can be reimbursed up to an additional 30% through the **Low Income Pool Program** exemptions. The Low Income Pool Program covers uncompensated medical care costs incurred by providers that offer medical services for the uninsured. Program funds come from federal and local governments. The federal government matches local contributions at a 55:45 ratio. Currently, the Department of Health and Human Services utilizes the Low Income Pool Program to leverage additional dollars to fund the Pinellas County Health Program.

The **Buyback Program** offers a way to complete the remaining 15% of the total cost of inpatient hospitalizations. It allows hospitals to “buy back” the remaining costs of services provided. Again, program funding comes from both federal and local governments, with federal government matching local contributions at a 55:45 ratio. In order to access the program, local hospitals contract with the Pinellas County Department of Health and Human Services, in return for 50% of the federal match portion to offset the costs of the Pinellas County Health Program.

While Florida Medicaid covers some low-income populations (such as children, pregnant women, and disabled individuals ineligible for Medicare), many individuals fall through the cracks – mainly single individuals between the ages of 18 to 64. These are the populations the Pinellas County Health Program covers. Through participation in the mandated and optional Medicaid funding mechanisms described above, Pinellas County has been able to leverage an additional **\$17.7 million** for the Pinellas County Health Program and Pinellas County hospitals since fiscal year 2008. These funds specifically help cover prescription medications, specialty care, inpatient care, and home health care costs.



<ul style="list-style-type: none"> Federal government matches 55% of total State Medicaid Trust Fund State and local governments must complete the remaining 45% (allocated amount is based on hospital per diem rate calculations) In FY 2011, we anticipate 33% of our budget will fund this mandate (payment of inpatient stay days 11 thru 45) FY 2011 match increased due to higher Medicaid rates, increased patient volume, and new retroactive billing for services going back to 2008 	<ul style="list-style-type: none"> Federal government matches 55% of total LIP Program Local government and entities that provide medical services for the uninsured complete the remaining 45% (participation is optional) In FY 2010 (latest available data), 30% of our budget was leveraged on the LIP program for federal matching Participation generated \$3.5M in additional resources used to fund the County's health program 	<ul style="list-style-type: none"> Federal government matches 55% of total Buyback Program Local government and entities complete the remaining 45% (participation is optional and limited by specific criteria) In FY 2011, 6% of our budget was leveraged on the Buyback program for federal matching Participation generated \$2.3M in additional dollars that supplemented costs of the County's health program
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Florida Medicaid Reform

In 2006, the State of Florida began enrolling Medicaid beneficiaries into a new managed care pilot in selected counties, primarily for cost-saving reasons. In concept, Medicaid managed care plans may be able to achieve savings through providing greater provider coordination and management, service selection and fraud detection. However, results of the pilot plan have yet to be evaluated, while additional evidence suggest that Medicaid spending has grown at similar rates among states with or without Medicaid Managed Care.

The Florida House and Senate passed House Bill 7107 to expand the managed care pilot and implement a Statewide Medicaid Managed Care Program in the 2011 Legislative Session. According to the legislation, all Medicaid recipients will be placed into managed care plans through Health Maintenance Organizations by October 2014, primarily for cost-saving reasons. Implementation will start by July 1, 2012 and be completed by October 1, 2014 – overlapping with the Federal Health Care Reform’s Medicaid expansion provision.

The Statewide Medicaid Managed Care Program is not linked to the Federal Health Care Reform. Instead, it only focuses on health care delivery to the **current** Medicaid population.

Medicaid provisions under this reform include:

- No expansion of current Medicaid eligibility.
- Only certain types of managed care plans may participate, which will be selected through a competitive bid process. Preference will be given to plans accredited by the National Committee for Quality Assurance, as well as those that utilize patient-centered medical homes.
- Continued availability of the Low Income Pool (LIP) Program. However, there is currently no provision in the law that ensures participating counties will directly benefit from resources provided.

Implementation Timeline for Medicaid-Related Federal and State Health Reform Changes

Timeline for Health Reform Changes	2012				2013				2014				2015	2016
	Quarters												Years	
Federal Health Care Reform	1	2	3	4	1	2	3	4	1	2	3	4		
Increased Medicaid payments for primary care services to 100% Medicare payment rates														
Medicaid expansion to cover up to 133% of the Federal Poverty Level														
Florida Medicaid Reform														
Managed Care changes														

Impact of Medicaid on Pinellas County Government

It is important to note that – under current guidelines – both state and federal reforms may be implemented in the near future, as outlined in the timeline above. However, each has unique provisions that will affect how Florida – and subsequently, Pinellas County – will provide health care coverage to its currently mandated population.

As it stands, both state and federal health care reforms offer different provisions that do not seem to directly contradict how Medicaid will be delivered. However, there are certain aspects that may speak to each other in ways yet to be determined that may present issues to Pinellas County if not further defined.

The Department of Health and Human Services believes the implementation of **Federal Health Care Reform** offers favorable outcomes, for it will absorb the costs currently covered by the Pinellas County Health Program when Medicaid expands to cover all individuals below 133% of the Federal Poverty Level. Furthermore, these individuals will be fully financed by the federal government until 2016, with at least 90% of cost covered thereafter. This ensures that the County's financial responsibilities are only limited to matching Medicaid rates for currently eligible populations until 2016, with no more than a 10% increase thereafter.

Additionally, the Federal Reform states that residents below 133% of the Federal Poverty Level would be eligible for “essential health benefits”. However, as previously mentioned, these have not yet been defined; current literature on the topic suggests that it will not be as extensive as current Medicaid recipients. Although further clarity is needed to better outline the implications of this provision, the County may need to shift aid towards leveling preventive services provided to indigent populations, if indeed these benefits are less than those offered to other populations that qualify for Health Benefit Exchanges. Finally, our medical homes may potentially be eligible to bill for Medicaid clients through our health care facilities, decreasing the program's dependency on County funds while continuing to improve community wellness and lower emergency room utilization among indigent populations. This, in turn, could also help reduce the County's mandated Medicaid costs.

Federal Health Care Reform	
Pros	Cons
<ul style="list-style-type: none">• Covers up to 133% FPL, which includes current residents served by medical homes• Federal government covers 100% of newly eligible client costs until 2016; this amount will slowly decrease until 2020, when 90% of costs will be covered.• Medical homes may potentially be eligible to bill for Medicaid clients through our health care facilities, making the program less dependent on County funds	<ul style="list-style-type: none">• County may still be responsible for matching rates for those currently eligible for Medicaid• Further clarification of “essential health benefits” is needed• County may need to shift aid towards leveling preventive services provided to indigent populations

Under the Federal Health Care Reform, states have considerable flexibility within federal guidelines to design Medicaid benefit packages and cost-sharing rules for newly eligible persons. However, the Federal Health Care Reform does not provide clear language regarding current Medicaid eligible populations. Service delivery for the current Medicaid eligible population is addressed by Florida's Medicaid Reform.

The Department of Health and Human Services is concerned about certain provisions currently outlined in **Florida's Medicaid Reform**. If approved by the federal government as it stands, the County may no longer benefit from leveraging additional dollars through Medicaid funding sources to fund health care service delivery. There is no guarantee that any dollars sent to the State Medicaid Trust Fund or the Low Income Pool will be directly reimbursed to Pinellas County, since there is currently no redistribution policy in legislation to ensure funds invested return directly to benefit county residents. This translates into a loss of the millions of dollars currently leveraged to provide care to indigent populations in Pinellas County. Secondly, there is a possibility that the current State Medicaid Trust Fund match rate may increase for local governments. This translates into fewer funds available for direct services and more funds going into unfunded mandates – which already constitute 45% of Pinellas County's Department of Health and Human Services budget.

Finally, the populations covered by the County's medical homes will not be covered through Florida Medicaid Reform, as there will be no expansion of benefits to new populations. Although the Federal Health Reform intends to pick up these costs upon its implementation, there is no clarity regarding how these individuals will enter the system through Florida's Medicaid Reform. Thus, the County may need to continue its involvement in providing health care coverage to the same populations we cover today – with no alternative mechanisms available to leverage additional funds through Medicaid programs.

Florida Medicaid Reform	
Pros	Cons
<ul style="list-style-type: none"> • Preference given to plans that include patient-centered medical homes • Maintains Low Income Pool Program • Only addresses changes to the current Medicaid system 	<ul style="list-style-type: none"> • State may shift higher State Medicaid Trust Fund match rates to counties • No Medicaid expansion to cover additional low-income populations • No clarity on updates to the Low Income Pool Program, or whether matched funds will be directly returned to participating entities

Other community partners also have concerns regarding the Florida Medicaid legislation:

- At its annual meeting August 2011, the Florida Medical Association voted to publicly oppose the state of Florida's Medicaid Reform based on the lack of data indicating whether the pilot program achieved its stated objectives to improve access to care and save the state money

- The Pinellas County Medical Association expresses concern over the potential threat of Medicaid administration in Florida run by managed care organizations
- Counties with similar indigent health care programs were also contacted to request feedback regarding Florida Medicaid Reform implementation. Of these, Orange County is the only other county that relies on General Funds and the Low Income Pool and Buyback Programs to fund indigent health care. Orange County acknowledged concern regarding the reform, but stated they do not have any plans in place to address the issues at this time. However, all other five counties have additional revenue sources in place specifically for indigent health care and, thus, do not participate in the Low Income Pool and Buyback Programs.

County	Population	Indigent Health Care Program	Funding Source	HB 7107 Feedback
Dade	2,496,435	Yes	<ul style="list-style-type: none"> • General Fund • \$0.05 Sales Tax • Hospital Special Tax District 	Unknown
Broward	1,748,066	Yes	<ul style="list-style-type: none"> • General Fund • 2 Hospital Special Tax Districts 	Do not participate in LIP/Buyback
Palm Beach	1,320,134	Yes	<ul style="list-style-type: none"> • General Fund • Health Care Taxing District 	Do not participate in LIP/Buyback
Hillsborough	1,229,226	Yes	<ul style="list-style-type: none"> • \$0.05 Sales Tax • Trust Fund 	Do not participate in LIP/Buyback
Orange	1,145,956	Yes	<ul style="list-style-type: none"> • General Fund • LIP/Buyback 	Participate in LIP/Buyback, Concerned about HB 7107 – No plans in place at this time to address issue
Pinellas*	916,542	Yes	<ul style="list-style-type: none"> • General Fund • LIP/Buyback 	Participate in LIP/Buyback, concerned about HB 7107
Duval	864,263	Yes	<ul style="list-style-type: none"> • General Fund • LIP/Buyback • Special Tax Districts 	Unknown

If the state legislation is approved by the federal government, we recommend that the Board of County Commissioners engages in sponsoring a health care forum and work with health care and other government agencies in Florida to discuss regional and state impacts of the law. Counties need to actively work towards getting clarification on the legislation and should have more input in defining the terms and conditions of its implementation. We believe that our presence is key in these negotiations if we want to ensure provisions do not continue to place such a large financial burden on local governments.

Moving Forward

The economic recession has had a large impact in Pinellas County. The Department will need the full support of the Board of County Commissioners to continue its responsibility in providing services to county citizens who have lost their jobs, their homes, and who are without healthcare due to an unstable economy. The economic downturn has also affected Pinellas County Government over the past four years, resulting in the Department having to endure a 56% decrease in program funding while service delivery needs increased. Additionally, an increase in mandated funding has adversely impacted the health program's service delivery budget. While other counties in the state of Florida have dedicated funding sources such as hospital taxing authorities, as well as surtax utilization, the Health and Human Services budget is primarily dependent upon general fund revenues. Furthermore, the current mechanisms we utilize to leverage additional dollars through Medicaid may be in jeopardy upon implementation of the Florida Medicaid Reform.

Regardless of the final decisions made on health care reform during the upcoming years, the Department must continue to leverage additional funds in order to provide a full spectrum of services that meet the community's needs. While it is not anticipated that the Department of Health and Human Services will be allocated a greater share of County resources, strategies have been incorporated into the 2012 Work Plan that may allow an increase in additional funds, as well as leveraging through local agency coordination. Combined, these will enhance service delivery in the community, addressing unmet needs related to homelessness, unemployment, and access to health care.

Work Plan

Goal One focuses on outlining a data-driven system that is rich in evidence-based research and quantifiable performance and outcome measures.

- Enhancing our technological capabilities is crucial in being able to provide quality services to members of our community. We are in the last phases of implementing CHEDAS – our new technology system – which will aid in the development of a centralized Health and Human Services delivery system that will assist in streamlining county services.
- Full implementation of an integrated Health and Human Services delivery system will allow the County to collect community-focused outcomes that demonstrate the impact access to healthcare and social services have in helping residents along a path towards economic self-sufficiency and improved health outcomes.

Goal Two outlines the steps the Department must take in diversifying its portfolio to expand and receive additional revenue sources, which will increase the funding available for Pinellas County Health and Human Services programs and services.

- In an effort to diversify available resources, we have outlined an aggressive grant-seeking strategy to apply for federal and private grant opportunities. These actions require hiring of

additional staff specialized in grant writing and other fund-seeking techniques. Furthermore, the Department must become competitive when applying for federal and private grants. This will be enabled through the implementation of our integrated Health and Human Services delivery system.

- We will continue to leverage funds through local hospital partners in exchange for the delivery of quality care to our indigent populations. This will ensure hospitals take an active role in providing access to care to our low-income residents, which contributes to a healthier community with improved social determinants of health.
- Having a centralized Health and Human Services delivery system allows for better coordination of “one-stop shops” – places where community members can go to apply for all eligible services. Community health outcomes increase multi-fold when community delivery systems that provide social services are implemented, mainly because individuals can get all their needs taken care of in one place. Co-locating service agencies would allow for families and other residents to have better access to available resources, while increasing overall service delivery in the community. This reduces costs of intake and administrative overhead, creates a seamless delivery system, allows for the measurement of community impact, and simplifies navigation. Co-locating services also allows for the implementation of centralized eligibility determination, eliminating unnecessary duplication among community agencies. This will be enabled by our focus on leveraging local agency coordination with agencies that agree to utilize our delivery system.
- We will also continue to leverage local agency coordination. We are currently working with the Pinellas County Health Department to leverage additional funds through the Mobile Medical Unit. Currently, the Pinellas County Health Department is the largest provider of pediatric dental services for both the uninsured and Medicaid populations in Pinellas. Their ability to bill at the Medicaid cost-based reimbursement rate allows the Health Department to cover the cost of providing this service, allowing them to direct funding to community needs such as primary care. However, under the proposed Florida Medicaid Reform, the Health Department would lose their Medicaid cost-based reimbursement, limiting dental and medical access to many residents. Meanwhile, the Mobile Medical Unit is designated as a Federally Qualified Health Center and is also eligible to bill at Medicaid cost-based reimbursement rate, which is significantly higher than the rate received by other primary health care providers in our county. By subcontracting the Mobile Medical Unit with the Health Department to provide comprehensive primary care, they can expand their services under our Federally Qualified Health Center designation, and apply to bill at the full Medicaid cost-based reimbursement rate. This will allow additional revenues to be generated for indigent clients, ensuring continued Medicaid funding that would otherwise be eliminated through Florida Medicaid reform. Additionally, funds would allow for increased service delivery, decreased service fragmentation through the medical homes model, decreased expenses for the County, and reduced service duplication.

Goal Three focuses on Health Reform and its implications for the residents of the community.

- Health Reform has significant implications for Pinellas County residents. We will continue to provide the Board of County Commissioners with updates on both state and federal health care reform legislation and how they will affect health care delivery to community residents.

Goal Four addresses how Pinellas County Health and Human Services will continue to serve the needs of homeless populations in the County, with a focus on the elimination of homeless families with children on the streets.

- With the increased number of homeless families in our community, this organization will focus on the implementation of a system that allows for the reduction of homelessness among families with children in Pinellas County. Our partnerships with the Juvenile Welfare Board and the Pinellas County Health Department will ensure this is done in a streamlined fashion, removing service duplication.
- As members of the homelessness consortium, we will continue to work on outlining strategies that will enable all local agencies to address the County's homelessness issues.

The process of restructuring the Department of Health and Human Services is crucial in being able to provide quality services to county residents. We are not only focused on increasing available resources to strengthen staffing capabilities, but also on streamlining service delivery and eliminating duplication in this system. We must continue to build partnerships with other agencies through initiatives such as "one-stop shops", for many of the populations the County serves are eligible for multiple services provided through different local agencies. It becomes laborious and cumbersome when individuals need to access services in silos, rather than being able to enroll into all services they qualify for at one location.

In order to establish a truly integrated client services delivery system that provides coordinated services across county agencies and community partners, local agencies must work together and leverage available resources. We are actively working to realign relationships with multiple county agencies, having already gained the support of the Juvenile Welfare Board, Pinellas County Health Department and the Pinellas County Department of Community Development – among others. In the end, these combined efforts will enable Pinellas County Health and Human Services clients to navigate the system with ease and receive services in a faster, more efficient way. With the active support of the Board of County Commissioners, we can implement these strategies in cost-effective ways that improve community outcomes, making Pinellas County a better place to live for all in our community.

Pinellas County

Department of Health and Human Services Work Plan

Fiscal Year 2012

**Submitted by: Gwendolyn C. Warren
Bureau Director, Department of Health and Human Services**



Department of Health and Human Services Work Plan

The Pinellas County Department of Health and Human Services of Pinellas County is currently in the process of revising its strategic plan and identifying appropriate staffing necessary to reach its new goals and objectives. The following is a preliminary, high-level view of our Department's current priorities, which will allow us to focus on the long-term plans necessary to make significant changes in our community. Although this high-level strategic plan does not outline every activity we perform, it does delineate the main goals necessary to attain our overarching mission of delivering quality health and human services for the community.

The Health and Human Services Management Team has identified four overarching goals that will allow us to meet our mission:

Goal One focuses on outlining a data-driven system that is rich in evidence-based research and quantifiable performance and outcome measures. This system is crucial in being able to report community-level data that shows the impact access to healthcare and social services have in helping our residents on a path towards economic self-sufficiency and improved health outcomes. It is this system which will allow us to identify and close gaps in health disparities and social determinants of health, while also improving quality of life measures in our community. Furthermore, we believe that future data will provide more reliable and valid outcomes, which in turn may aid in framing public policy decisions that affect our citizens.

Goal Two outlines the steps our Department must take in diversifying its portfolio to expand and receive additional revenue sources, which will increase the funding available for our programs and services. In the current economic climate, it is difficult to finance many initiatives that require additional staffing and resources. It is important that we identify additional revenue opportunities at local, state, and national levels that – in conjunction with our allocated budget – can help support our agency's goals. This will not only allow for the County to benefit from a stronger Health and Human Services agency, but also improve the implementation of programs and services. Additionally, establishing a data-driven service delivery system will allow our Department to disseminate programmatic outcomes and best-practices locally and nationally. This will ultimately give us a competitive edge when seeking new funding opportunities.

Goal Three focuses on Health Reform and its implications on the residents of our community. Health Reform has significant implications for Pinellas County residents. This may occur at either the federal level with the Patient Protection and Affordable Care Act, or the state level through Medicaid Managed Care. Therefore, it is recommended that the County focus on implementing these legislative policies in ways that best suit the needs of our community, before 2014 arrives. Our Department has a robust workforce capable of developing an action plan that provides clear recommendations that may allow both County Administration and the Board of County Commissioners to develop and implement adequate policies with the most up-to-date information. The Department's expertise will enable us to provide recommendations that specifically target underserved populations in our community that may be affected by the upcoming changes.

Goal Four addresses how we will continue to serve the needs of homeless populations in the County, with our focus on the elimination of homeless families with children on the streets. Our Department has always demonstrated a strong commitment to reducing homelessness in Pinellas County. As members of the homelessness consortium, we will continue to work on outlining strategies that will enable all local agencies to address our County's homelessness issues. However, our organizational focus will be on the implementation of a system that allows for the elimination of homelessness among families with children in Pinellas County.

In summary, the process of restructuring the Department of Health and Human Services is crucial in being able to provide quality services to our residents. Not only are we focused on increasing available resources to strengthen our staffing capabilities, but also on streamlining service delivery and eliminating duplication in this system. In order to establish a truly integrated client services delivery system that provides coordinated services across county agencies and community partners, local agencies must work together and leverage available resources. Our organization is committed to working in a collaborative effort with our community partners towards eliminating service duplication, which is critical in successful service expansion. We are actively working to realign relationships with multiple county agencies, having already gained the support of the Juvenile Welfare Board, Pinellas County Health Department and the Department of Community Development – among others. In the end, these combined efforts will enable our clients to navigate the system with ease and receive services in a faster, more efficient way.

It is important to note that this is a working document that will undergo quarterly modification and amendments. Changes will occur as staff works towards achieving all areas, a process that is innate during organizational restructuring. Only this way will we be able to adapt to our community's growing and changing needs.

Department of Health and Human Services Work Plan

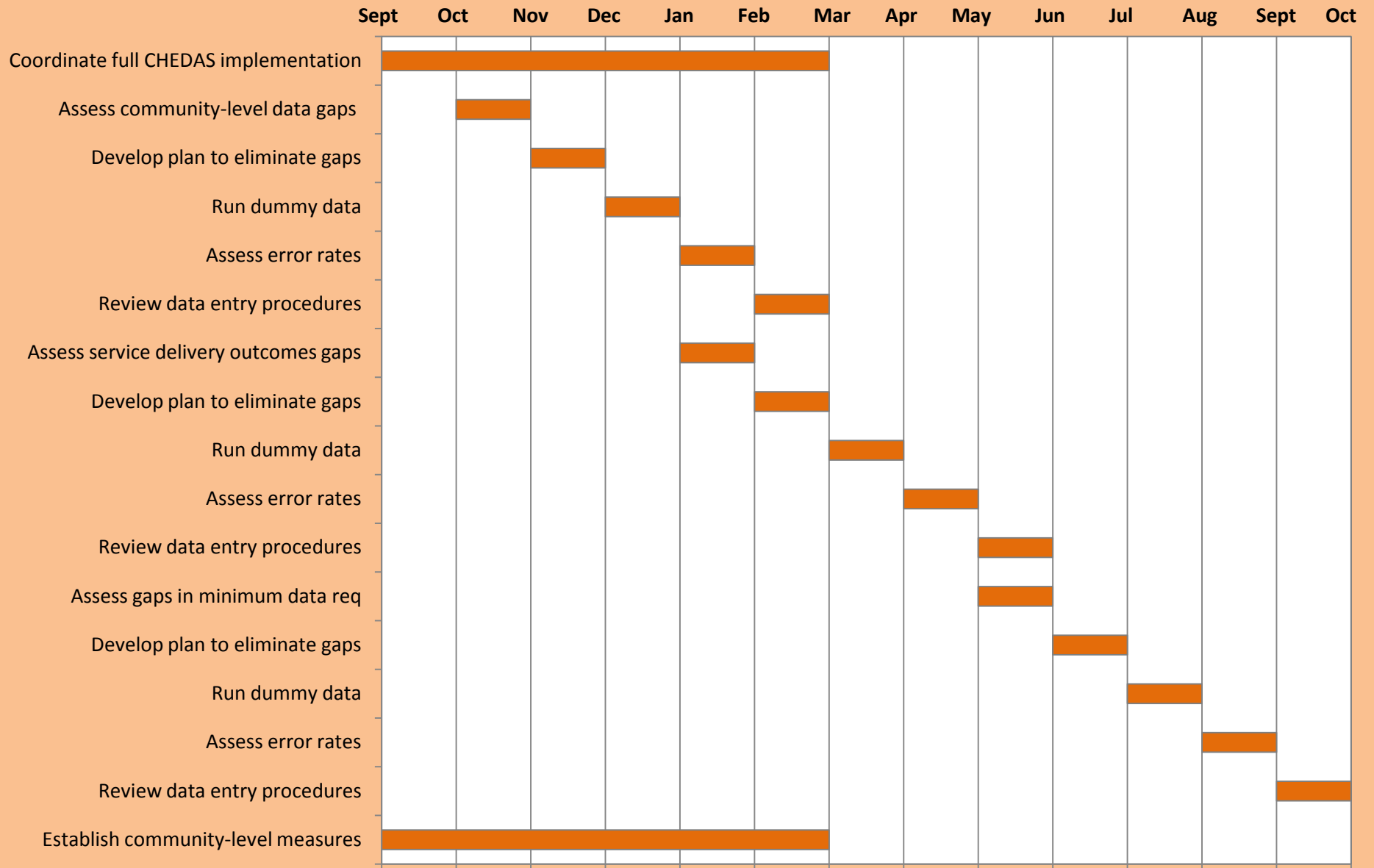
Goal 1 - Have an integrated Health and Human Services Delivery System with community-focused outcomes that are data and performance driven	
Objective 1.1 - Coordinate full implementation of CHEDAS by March 2012	Activity 1.1.1 - Develop a Project Plan that outlines the implementation of phases for the project Activity 1.1.2 - Link all available data sources based on need assessment analysis Activity 1.1.3 - Create an assessment planning tool Activity 1.1.4 - Create and complete post-implementation report card
Objective 1.2 - Verify that the CHEDAS tracks community level data by March 2012	Activity 1.2.1 - Assess gaps in data for community-level indicator capability Activity 1.2.2 - Develop plan to eliminate gaps in data that have been identified Activity 1.2.3 - Running a dummy data set to establish error rate and logic checks Activity 1.2.4 - Review the data entry procedures and detail where safeguards exist and where they are missing
Objective 1.3 - Verify that the CHEDAS tracks program service delivery outcomes by June 2012	Activity 1.3.1 - Assess gaps in data for service delivery capability Activity 1.3.2 - Develop plan to eliminate gaps in data that have been identified Activity 1.3.3 - Running a dummy data set to establish error rate and logic checks Activity 1.3.4 - Review the data entry procedures and detail where safeguards exist and where they are missing
Objective 1.4 - Verify that the CHEDAS meets all minimum data element requirements by October 2012	Activity 1.4.1 - Assess gaps in data for minimum data element requirements Activity 1.4.2 - Develop plan to eliminate gaps in data that have been identified Activity 1.4.3 - Running a dummy data set to establish error rate and logic checks Activity 1.4.4 - Review the data entry procedures and detail where safeguards exist and where they are missing
Objective 1.5 - Establish community level performance and outcome measurements that align with the departmental focus areas of health, economic self-sufficiency, and homelessness prevention by March 2012	Activity 1.5.1 - Evaluate current departmental programs to assess established data collection methods Activity 1.5.2 - Identify and address gaps in currently established data collection methods used to assess the needs of underserved populations Activity 1.5.3 - Establish baseline measurements used to measure successful outcomes Activity 1.5.4 - Establish follow-up outcomes measures at 3, 6 and 9 months post-program participation Activity 1.5.5 - Establish templates and guidelines to aid departmental decision-making through data-driven programs Activity 1.5.6 - Use validated and reliable data collection tools

Department of Health and Human Services Work Plan

Goal 1 - Have an integrated Health and Human Services Delivery System with community-focused outcomes that are data and performance driven	
Measures of Success	<ol style="list-style-type: none"> 1 - All available data sources are linked 2 - Gaps in data are assessed 3 - Methods to eliminate gaps in the data are identified 4 - Community-focused outcomes are established 5 - Methods to assess error rate in data are established and implemented 6 - Community level performance and outcome measurements are established for all departmental focus areas
Outcome Evaluation Questions	<ol style="list-style-type: none"> 1 - Does the data provided adequately address the stated need? 2 - Is the data being used to plan evidenced-based program outcomes to develop and/or revise Health and Human Services programs? 3 - Is the data used to direct funds to reduce health disparities? 4 - Is the data aiding with improved health outcomes for low income communities in Pinellas County?
Data/Evaluation	<ol style="list-style-type: none"> 1 - Eligibility form and back-up material 2 - Case management reports/assessments 3 - Self-sufficiency Plan 4 - Performance and other service data reports 5 - Test cases 6 - Outline of deliverables 7 - CHEDAS Project Plan
Team Members Responsible	<ul style="list-style-type: none"> • CHEDAS Project Manager: Clark Scott • Key support staff: CHEDAS Core and Sub-Core Teams

Department of Health and Human Services Work Plan

Goal 1 - Timeframe for Assessing Progress



Fiscal Year 2012

Department of Health and Human Services Work Plan

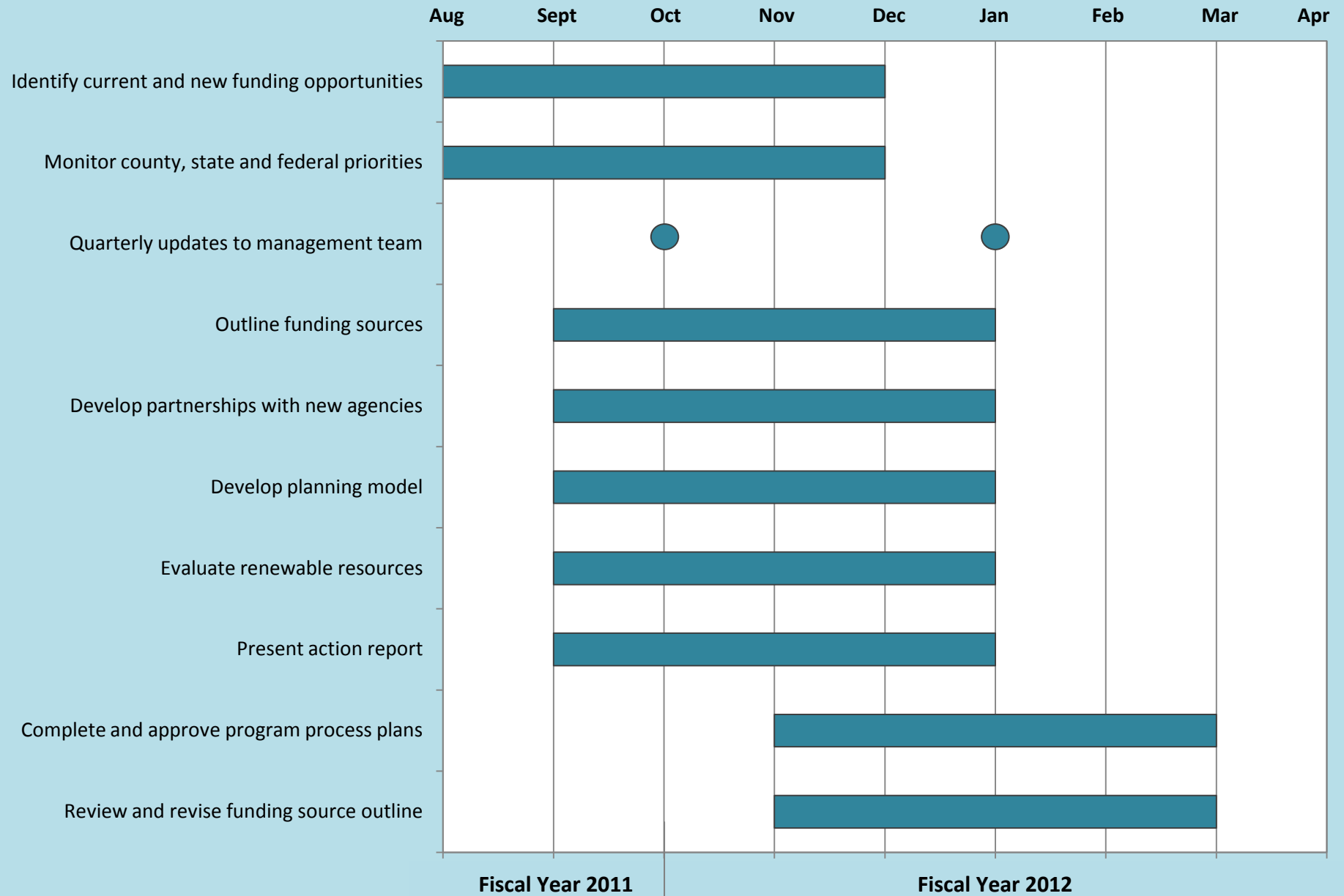
Goal 2 - Develop a diversified funding source to fund Health and Human Services' delivery costs	
Objective 2.1 - Identify current and new funding opportunities for departmental initiatives by December 2011	Activity 2.1.1 - Research federal and state-level initiatives for funding streams that align with the departmental focus areas of health, economic self-sufficiency, and homelessness prevention Activity 2.1.2 - Identify new funding opportunities for departmental programs Activity 2.1.3 - Monitor county, state and federal political priorities and funding opportunities Activity 2.1.4 - Develop partnerships with new agencies that may offer funding revenues
Objective 2.2 - Outline all identified funding avenues and opportunities to County Administration by January 2012	Activity 2.2.1 - Create document(s) outlining all applicable funding sources previously identified Activity 2.2.2 - Develop planning model for consideration of resources available to fund a project Activity 2.2.3 - Evaluate renewable resources that will be at least equivalent each year Activity 2.2.4 - Provide Department Management Team quarterly updates, via e-letters or other outlets Activity 2.2.5 - Present County Administration an action report delineating all funding sources, by area of impact
Objective 2.3 - Implement the outlined funding plan by March 2012	Activity 2.3.1 - Match timelines to execution of individual programmatic strategic plans Activity 2.3.2 - Complete and approve process plans per program Activity 2.3.3 - Review and revise implementation outline to include any new funding opportunities Activity 2.3.4 - Develop partnerships with new agencies that may offer funding revenues

Department of Health and Human Services Work Plan

Goal 2 - Develop a diversified funding source to fund Health and Human Services' delivery costs	
Measures of Success	<ol style="list-style-type: none"> 1 - New funding sources that align with departmental focus areas are identified 2 - Planning model with available resources for funding is outlined 3 - Department Management Team is updated quarterly 4 - Timelines are matched to the execution of individual programmatic strategic plans 5 - Programmatic process plans are completed and approved 6 - New funding opportunities are constantly sought and added to existing outline
Outcome Evaluation Questions	<ol style="list-style-type: none"> 1 - Are multiple and diverse funding sources identified? 2 - Are sources representative of available grant opportunities in multiple arenas (private, public, federal, etc)? 3 - Are outcomes tied to any funding opportunities? Have they been assigned to teams tasked with implementing the collection of these measures? 4 - Do the identified funding streams represent all departmental focus areas? 5 - Are funding streams that are renewable clearly identified? Are processes to secure renewed funding established? 6 - Do new funding opportunities allow for improved services and staffing?
Data/Evaluation	<ol style="list-style-type: none"> 1 - Private and Public funding sources – Requests for Proposals, etc. 2 - Planning Model outlining new sources of revenue 3 - Action Report 4 - Departmental Budget 5 - Deadlines for outlined funding opportunities and steps to renew sources
Team Members Responsible	<ul style="list-style-type: none"> • Project Manager: Natalie Jackson • Key support staff: Mary Buccigrossi, Yonaira Rivera

Department of Health and Human Services Work Plan

Goal 2 - Timeframe for Assessing Progress



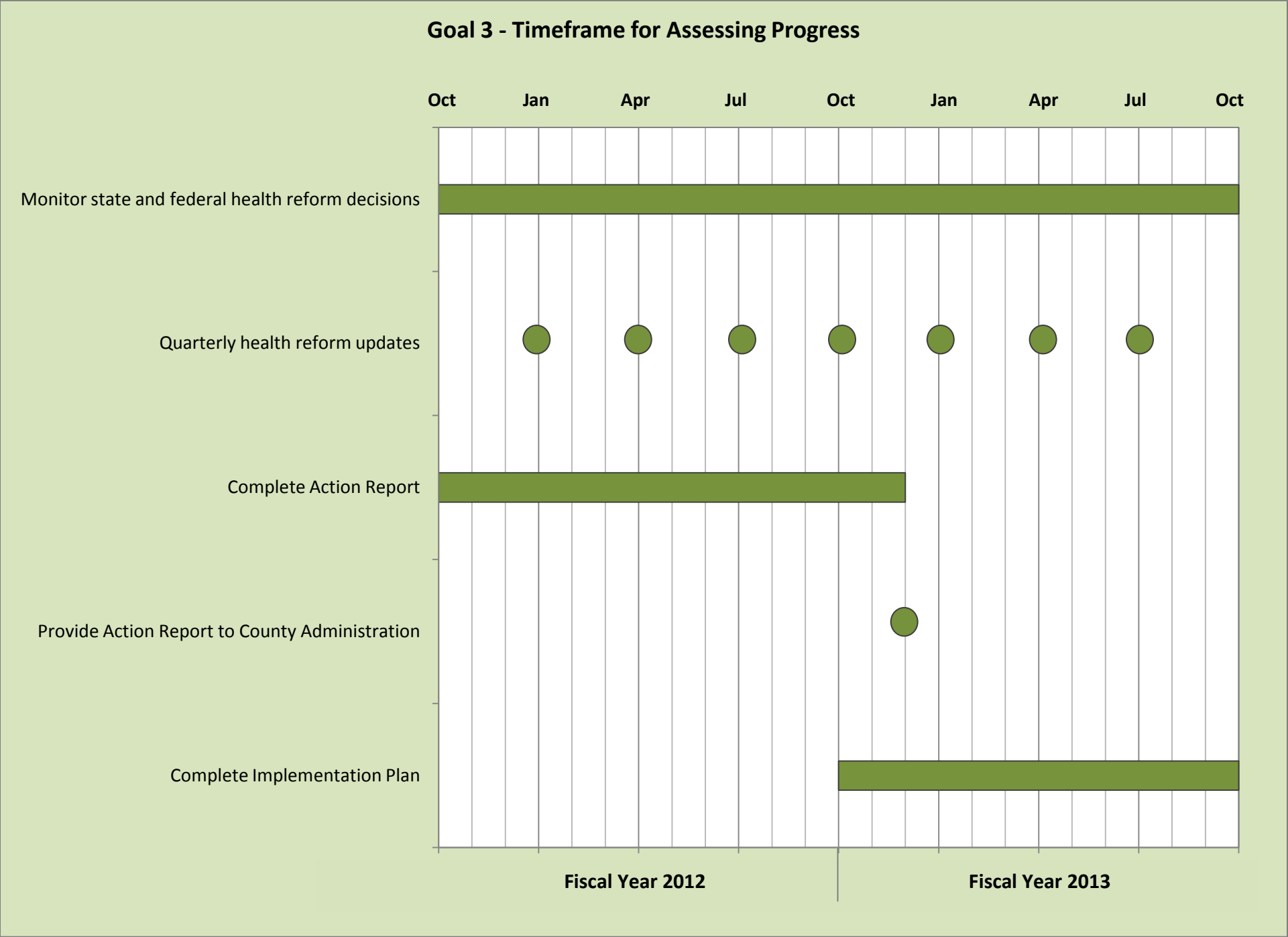
Department of Health and Human Services Work Plan

Goal 3 - Provide prudent and timely recommendations on the impact of the implementation of the Health Reform on Pinellas County Government and its citizens	
Objective 3.1 - Provide Department Management Team and County Administration quarterly updates on status of the Health Reform at state and federal levels	Activity 3.1.1 - Monitor state and federal decisions regarding the health reform Activity 3.1.2 - Monitor costs/finances available that will impact citizens in the lowest tiers of available health care options Activity 3.1.3 - Prepare quarterly reports outlining current status and major updates Activity 3.1.4 - Participate in webinars, conferences and/or seminars
Objective 3.2 - Provide County Administration with an action report that outlines recommendations for Health Reform implementation by December 2012	Activity 3.2.1 - Outline criteria for tiered level health plans Activity 3.2.2 - Identify the new gap populations Activity 3.2.3 - Outline ways to help close new gaps Activity 3.2.4 - Determine community partnerships needed to help implement changes Activity 3.2.5 - Develop county-level recommendations Activity 3.2.6 - Present action report to County Administration
Objective 3.3 - Expand current county health care delivery systems to make quality, affordable health care available to indigents in Pinellas County by October 2013	Activity 3.3.1 - Develop criteria for entry into different tiered levels and/or additional aids Activity 3.3.2 - Determine capacity needed to address the Health Reform Activity 3.3.3 - Develop county-level implementation plan

Department of Health and Human Services Work Plan

Goal 3 - Provide prudent and timely recommendations on the impact of the implementation of the Health Reform on Pinellas County Government and its citizens	
Measures of Success	<ol style="list-style-type: none"> 1 - Quarterly reports with updates on legislative, state and financial statuses are presented 2 - Participation in webinars, conferences and/or seminars is done by various staff members 3 - Inclusion criteria for tiered level health plans are outlined 4 - New gap populations are identified 5 - Potential ways to close gaps are outlined 6 - Community partners necessary for successful implementation are identified 7 - Action report outlining Health Reform recommendations is complete 8 - Implementation plan for Health Reform in Pinellas County is complete
Outcome Evaluation Questions	<ol style="list-style-type: none"> 1 - Are expectations of the Health Reform clearly outlined? 2 - Is the data available evidenced-based and/or theory-driven? Is it enough to provide clear direction and guidelines to the Department of Health and Human Services? Does it provide clear information that allows the Board of County Commissioners to implement policy directives? 3 - Are groups that will be affected positively and negatively by the implementation of the health reform clearly identified? 4 - Are solutions proposed to help aid new potential gap populations? Are these data-driven? 5 - Do the recommendations and proposed action plan(s) focus on reducing health disparities within Pinellas County? Improving health outcomes? 6 - Do the recommendations and implementation plan(s) have clearly defined measures? 7 - Does the data provided adequately address the stated need?
Data/Evaluation	<ol style="list-style-type: none"> 1 - Health reform resources <ol style="list-style-type: none"> a - Kaiser Family Foundation b - Commonwealth Fund c - Healthcare.gov & Project Informed d - Trust for America's Health e - Centers for Disease Control and Prevention f - Department of Health and Human Services (federal) 2 - County, State, Federal and National news 3 - Flow charts and other organizational structural tools 4 - Quarterly reports 5 - Action report
Team Members Responsible	<ul style="list-style-type: none"> • Project Manager: Lynn Kiehne • Key support staff: Dr. Paulette Thompson

Department of Health and Human Services Work Plan



Department of Health and Human Services Work Plan

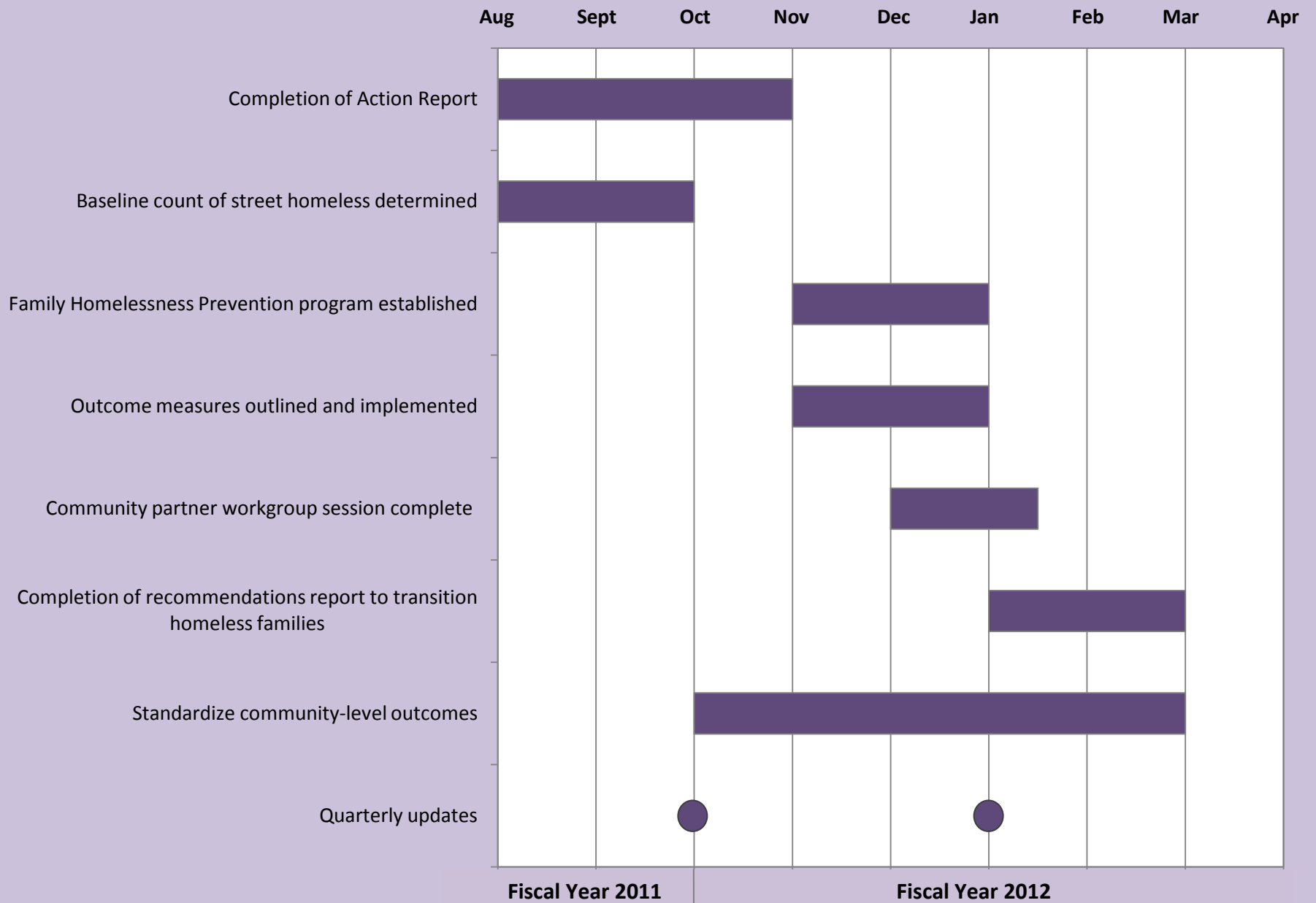
Goal 4 - Implement a system to address the elimination of families with children living on the street in Pinellas County	
Objective 4.1 - Prepare an action report that outlines a plan to target the reduction of street homelessness for families with children in Pinellas County by November 2011	Activity 4.1.1 - Prepare an action report establishing processes to monitor the impact of departmental efforts to eliminate homeless families with children from the streets Activity 4.1.2 - Present action report to Department Management Team and County Administration for approval
Objective 4.2 - Implement a financial assistance program that targets homeless families with children in Pinellas County by January 2012	Activity 4.2.1 - Establish a baseline count of street homeless families in Pinellas County by working with community partners and shelters Activity 4.2.2 - Research best practices for rapidly rehousing families in shelters Activity 4.2.3 - Develop a financial assistance program focusing on homeless families with children with measureable outcomes Activity 4.2.4 - Implement validated and reliable measures of economic self-sufficiency Activity 4.2.5 - Prepare quarterly reports to monitor progress and measureable outcome targets
Objective 4.3 - Develop a process to identify services necessary to transition homeless families with children in Pinellas County into economic self-sufficiency by March 2012	Activity 4.3.1 - Facilitate a workgroup planning session with influential community partners that addresses family homelessness in the county Activity 4.3.2 - Research best practices for rapidly rehousing families in shelters Activity 4.3.3 - Review the process shelters and other community partners currently use and provide process improvements Activity 4.3.4 - Implement validated and reliable measures of economic self-sufficiency Activity 4.3.5 - Prepare a report that outlines implementation recommendations for transitioning homeless families with children
Objective 4.4 - Standardize available community-level outcomes to monitor total homeless families with children living on the street in Pinellas County by March 2012	Activity 4.4.1 - Assess current quality of data and develop a plan to ensure quality data control Activity 4.4.2 - Develop a proposal of what is needed to produce and analyze system-wide reports on family homelessness in county Activity 4.4.3 - Work with Tampa Bay Information Network and other agencies to eliminate identified gaps in data

Department of Health and Human Services Work Plan

Goal 4 - Implement a system to address the elimination of families with children living on the street in Pinellas County	
Measures of Success	<ol style="list-style-type: none"> 1 - Action report addressing family homelessness is complete 2 - Action report is reviewed by Department Management Team and County Administration 3 - Baseline count of homeless families with children is determined 4 - Financial assistance program targeting homeless family prevention is established 5 - Outcome measures are outlined and implemented 6 - Workgroup planning session with community partners is held 7 - Report outlining recommendations for transitioning homeless families with children into economic self-sufficiency is complete 8 - Community-level outcomes are standardized and gaps are identified
Outcome Evaluation Questions	<ol style="list-style-type: none"> 1 - Are the issues pertaining to family homelessness in the county clearly outlined? 2 - Does the action plan have an identifiable process to monitor the impact of departmental efforts to eliminate homelessness among families with children? Does it outline specific steps the Department of Health and Human Services will take to achieve this goal? 3 - Is the established program reporting performance and outcome measures based on validated and reliable data collection tools? 4 - Is the established program monitoring internal processes to improve service delivery? 5 - Is the system aiding with decreased numbers of homeless families with children? 6 - Is the data being tracked used to plan evidence-driven systems outcomes to develop and/or revise departmental programs?
Data/Evaluation	<ol style="list-style-type: none"> 1 - Quarterly Program Evaluation reports 2 - Tampa Bay Information Network Data 3 - Street Outreach Teams Data 4 - Annual Point-in-Time Homeless survey 5 - Financial Reports 6 - Community partnerships <ol style="list-style-type: none"> a - Street Outreach Teams b - Tampa Bay Information Network c - County Coalition for the Homeless d - City Government representatives e - Pinellas County school system representatives
Team Members Responsible	<ul style="list-style-type: none"> • Project Manager: Cliff Smith • Key support staff: Helena Kenny, Diana Carro

Department of Health and Human Services Work Plan

Goal 4 - Timeframe for Assessing Progress



11.8.11 #21a



MEMORANDUM

TO: Robert S. LaSala, County Administrator

FROM: Gwendolyn Warren, Bureau Director, Health and Human Services *W*

SUBJECT: Approval to apply for a Health Resources and Services Administration (HRSA-12-115) Capital Development -Building Capacity Grant and discussion of location for the project.

DISTR: Carl Harness, Assistant County Administrator *CA*

DATE: November 1, 2011

Health and Human Services is requesting the Board of County Commissioners approval to apply for a Health Resources and Services Administration Capital Development-Building Capacity Grant that will enable the County to receive up to \$5,000,000 for the construction of a medical facility through Pinellas County's Mobile Medical Unit – Health Care for the Homeless.

Health and Human Services' Mobile Medical Unit (MMU) travels throughout the County to provide primary medical care to homeless Pinellas County residents. The proposal is entitled, The Pinellas County Health Campus, and is an appropriate project due to the service provision needs of the homeless in Pinellas County. The MMU is able to treat approximately 2500 unduplicated homeless clients annually based on the current number of clients seen since January 1, 2011. While there are other medical clinics in the County that can treat homeless individuals, the numbers are beyond the capacity of all current facilities. There has been a definitive increase in the number of homeless families in Pinellas County. These individuals are now in need of the same services typically accessed by traditional homeless individuals – chronically homeless or street homeless. Additionally, there is only one facility in the County providing respite care access to homeless individuals and their capacity is 12 patients daily. (Respite care is acute and post-acute medical care for homeless persons who are too ill or frail to recover from a physical illness or injury on the streets, but who are not ill enough to be in a hospital).

There are three options for the new medical facility location. One of the locations is on the same County owned property as the Safe Harbor facility, 14840 49th Street North, Largo. This residential facility houses minimally 350 homeless individuals daily. Clients that are seen by the MMU at this site are presenting with multiple issues and in numbers that the team cannot accommodate. Client issues include medical and respite care, behavioral health, and substance abuse treatment needs. The new facility would allow for clients to be seen daily at a central location, additional space for exam rooms, confidential counseling rooms, and a respite care wing. If the site is located on this

property, issues the City of Largo has incurred regarding an increase in EMS calls to the area would be reduced with a medical facility on the County - Safe Harbor property.

The second proposed location is in the Booker Creek area, 3575 Old Keystone Road, Tarpon Springs where the Agency for Community Treatment Services, Inc, (ACTS) is located. We are checking with Culture, Education and Leisure, Planning and Zoning Departments regarding land use for the proposed project to ensure the project is consistent with the management plan for the Booker Creek Preserves. The ACTS program provides residential substance treatment and behavioral health counseling. The proposed project would expand these services to include a clinic for primary care and respite care open to homeless individuals and include collaborations with other agencies to provide varied services to the homeless population.

The third option is the County owned building at 501 1st Avenue North, St. Petersburg. This building is not being used for direct services currently. It would need to be renovated as opposed to expanded to accommodate medical care service delivery.

Construction of the facility will cost approximately \$5,000,000 including equipment that will be purchased for the facility with grant dollars. It is anticipated that by the time the facility is completed (three years), the Affordable Care Act will be operational and dollars received for medical services could offset operating costs. Additionally, partnerships with local providers will help to offset costs.

Attachments:

Notice of Intent to Apply

Project Abstract

INTENT TO APPLY FOR A GRANT

Internal Notification Form

Send to Katherine Burbridge, AICP, Office of Management and Budget

Phone: 453-3457 e-mail: kburbridge@pinellascounty.org

Department Point of Contact Information/ Project Manager	
Name: Natalie Jackson	Date: October 7, 2011
Phone: 464-8416	E-mail: njackson@pinellascounty.org
Department: Health & Human Services	
Grant Funding Program and Administering Agency Information	
Funding Agency: HRSA	
Grant Funding Program Name: Affordable Care Act – Capital Development – Building Capacity Grant Program. CFDA No. 93.526; HRSA-12-115	
Grant Funding Type: Formula <input type="checkbox"/> Capital <input checked="" type="checkbox"/> Project <input type="checkbox"/> Other <input type="checkbox"/> : Does the grant require expending funds for an reimbursement award: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Grant Funding Program Funding Cap (\$):	
Required Match Amount and Type: N/A	
Administering Agency Contact Name: Ann Piesen, William Hemmingson, Susan Knause	
Administering Agency Phone/Fax/E-Mail: Telephone, 301-594-4300; fax, 301-594-4997, BPHCCapital@@hrsa.gov	
Administering Agency Address: 5600 Fishers Lane, Room 17C-26 Rockville, MD 20857	
Granting Funding Proposal Project Information	
Project Title: Pinellas County Community Health Campus	
Anticipated Funding Amount (\$): \$5,000,000	
Anticipated Match Amount/Match Source: N/A	
Is the proposal submitted for a different agency? N/A If so, what agency?	
Proposal Abstract: Pinellas County is seeking to develop a centralized Health and Human Services delivery system that allows for better coordination of “one-stop shops” – places where community members can go to apply for all eligible services. The Health and Human Services Department is applying for an HRSA grant for the purpose of alteration/renovation or new construction of a County owned building to house this service delivery system.	
Type of Submission and Submission Deadline	
Concept Paper Deadline (If applicable):	
Grant Application Deadline: October 12, 2011	
Source of Notification of Grant Solicitation (please check)	
Administering Agency: X <input type="checkbox"/>	
eCivis:	<input type="checkbox"/>
Other:	<input type="checkbox"/> Please provide source:

Submit your “Intent to Apply” as early as possible.

5-25-04 kb

For your records:

OMB's has no objection to the department submitting a grant application to U.S. Department of Health and Human Services, Health Resources and Services Administration to construct or renovate a building to house the new centralized Health and Human Services Department's delivery system:

- US HHS, Affordable Care Act, Capital Development, Building Capacity Grant Program, \$5,000,000 – A County match is not required (marked "Not Applicable on Intent to Apply"). Total maximum project cost is \$5,000,000.

Only the Board of County Commissioners can approve this application. Please include this email when you send a copy of the completed submittal to the Agenda Coordinator. If you have any questions, please do not hesitate to contact me.

Katherine

Katherine

Katherine Burbridge, AICP, LEED AP

Pinellas County Office of Management and Budget

(727) 453-3457

kburbridge@pinellascounty.org

All government correspondence is subject to the public records law.

Pinellas County seeks to enhance and build capacity for medical care access for Pinellas' homeless population through the renovation of an existing site or new construction of a stand-alone facility. For the past 23 years, the County has provided primary care via a mobile medical van that travels countywide to shelters, drop-in centers, substance abuse treatment facilities and other sites where homeless individuals frequent. Given one van's limitations (can't be everywhere) and the fact that the homeless population has increased significantly since the van's origination, a bricks/mortar site will notably increase capacity for services. A nationally recognized consultant with expertise on the homeless population was engaged to develop a comprehensive strategic homelessness action plan for Pinellas County. He recommended inclusion of a bricks/mortar site which would allow centralization, facilitation and coordination of all aspects of care for this population, especially homeless families, the fastest growing subpopulation in our community. The substantially increased space and flexibility associated with a freestanding structure will increase direct medical service capacity and allow the ability to service all homeless populations while also allowing the privacy needed and opportunity to segregate populations through triaging based on need, age and sex to provide care that is accessible, culturally competent, and efficient in an environment that is safe and caring.

The vision includes a co-located "one-stop capability" where this population will receive, in addition to clinical care, all wrap around services for which they are eligible, thus targeting the many needs while minimizing the transportation challenges in this urban county. We recognize through our over two decades of providing services, that health care for the homeless is complex. Pinellas County boasts a strong network of collaborating agencies working together for the Homeless and through this one-stop will be able to maximize an integrated approach to delivery of health and social services, so often vital to moving this population to self-sufficiency and not being lost to care.

This property will be located in an area easily accessible by the homeless population, and is targeted for the area of Pinellas County where the population of homeless is the most significant. Recent work with a consultant focused on our special population and where they congregate, aided by the County's GIS (Geographic Information System) mapping capabilities has narrowed the search to specific locations if we are selected for this grant to increase our capacity.

TO: Robert LaSala
Pinellas County Administrator

FROM: Gwendolyn Warren
Bureau Director, Health and Human Services

SUBJECT: Healthcare System Redesign & Grant Funding Opportunity

DATE: December 1, 2011

On November 14th, the Department of Health and Human Services announced a *Healthcare Innovation Challenge* with 1 billion dollars in accompanying grant funds. The goals of the challenge are to develop and implement a new healthcare delivery system and payment model that will produce better community health outcomes while also reducing costs. Pinellas County Health and Human Services has been developing a new healthcare delivery system and continuum of care that I believe is a strong candidate for the *Innovation Challenge* grant funding.

The proposed system will engage a broad range of county and community partners to create a healthcare network that is specifically tailored to the communities that it serves. It is a patient-centered model that will provide wrap-around services for families and address the various adverse conditions of poverty. By expanding our network beyond the current system of Pinellas County Health Department, Community Health Centers of Pinellas, Inc, and BayCare, BayFront and Helen Ellis hospital systems, we can rely on the specialized services of our innovative partners to provide healthcare and social services in a unique, centralized way. It is clear from the data that our colleagues in county government and not-for-profit services all serve the same population of indigent individuals, but in a fragmented way. This fragmentation causes an unnecessary expense of scarce resources and doesn't treat the family unit in a holistic way. This model has proven to do little in the long-run to improve our community health and social determinants. If you approach healthcare delivery from a community perspective, you can make services more accessible, reduce costs, and have a greater impact.

At the core of our plan is Pinellas County Health and Human Services. As you know, we are currently in discussions with the Law Department about applying for 330e status as a Federally Qualified Health Center. This designation will allow us to bill Medicaid for services at an enhanced rate. With the implementation of the Affordable Care Act only two years away, the Federally Qualified Health Center status will position us to be ready for the increased Medicaid population that will emerge. I believe that with this new designation and collaboration with our community partners, we can create a continuum of care that will be easily accessible and navigable for our clients while at the same time changing their health behaviors and improving their overall health.

The proposed healthcare system will have "no wrong door" for our clients. They could apply for healthcare directly through Health and Human Services, or be referred to our program from other county departments such as Community Development, Juvenile Justice, or Workforce

Development; or community partners such as the Health Department, Juvenile Welfare Board, or the Homeless Coalition. Partnering with these organizations will allow us to create individualized plans for our clients that will address their needs beyond just health. The Bureau of Health and Human Services will serve enrollment and case management functions and refer clients to medical homes that will focus on primary care and preventive medicine, behavioral health, dental care, and family care. In addition, our clients will be able, through our expanded care network, to seek services through school-based clinics, hospital clinics, and other community facilities.

Our partners play a critical role in this healthcare system. Each one brings a unique set of skills and resources to the table and allows us to reach clients beyond our current capacity:

- **Hospital Networks** have available 24 hour community clinics, specialty and critical care services, laboratory and imaging facilities, and highly trained staff. By partnering with us, they will be able to decrease Emergency Room utilization by the uninsured for episodic care while at the same time billing at a higher Medicaid rate by treating our clients. In return, Pinellas County will avail itself of highly trained medical staff and modernized clinics with expanded hours at a minimal cost.
- **Pinellas County Health Department** will continue to operate medical homes in the communities, school-based clinics and dental services, but will have more of a focus on health education and wellness programs targeted to specific communities. This will allow Pinellas County to develop legislation and initiatives that will help our clients outside of a clinic setting.
- **Pinellas County School Board** will provide their on-site healthcare facilities and care for school-age children during the daytime. They will open up their school-based clinics to adults in the after-school hours, therefore increasing access points to quality healthcare in settings that are already familiar to families.
- **Community Colleges** will be able to expand their healthcare vocational training and give back to the communities by training young adults to work in the medical field. These newly trained staff will play an integral role in engaging the communities that rely on our services.
- **Community Partners** will allow us to diversify our funding streams and create service delivery models that provide complete care to the entire family.

Our proposed healthcare delivery system is a radical change from how we provide services and engage our communities. Reducing poverty and its adverse outcomes is a common goal that every organization shares and something that can be achieved by pooling our resources and embarking on innovative strategies. I strongly believe that if we create one-stop shops with a neighborhood focus, we can improve not just health outcomes, but social outcomes and move people out of poverty and towards self-sufficiency.

I look forward to discussing our proposal with you in more detail and welcome any suggestions you may have on how to improve on our model and engage our necessary community partners in this endeavor.



BOARD OF COUNTY COMMISSIONERS

DATE: December 20, 2011

AGENDA ITEM NO. 12.

Consent Agenda ☒

Regular Agenda ☐

Public Hearing ☐

County Administrator's Signature:

Subject:

Approval of a Notice of Grant Award from the United States Department of Health and Human Services, Health Resources and Services Administration

Department:

Health and Human Services

Staff Member Responsible:

Gwendolyn Warren, Director

Recommended Action:

I RECOMMEND THAT THE BOARD OF COUNTY COMMISSIONERS (BOARD) APPROVE THE NOTICE OF GRANT AWARD FROM THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES, HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA).

Summary Explanation/Background:

The Pinellas County Department of Health and Human Services (HHS) Mobile Medical Unit (MMU) applied for a non-competitive continuation grant from HRSA. An Intent to Apply for a Grant, Internal Notification Form was submitted to the Office of Management and Budget and approval was granted. The County Administrator approved the Grant Application on March 11, 2011. Approval of this grant application identified \$661,770.00 in local appropriations (Non-Federal Resources) for a \$431,404.00 federal award for the Pinellas County MMU, based on the availability of funds and satisfactory progress of the project.

On November 7, 2011 the HHS MMU received a Notice of Grant Award (NGA) from HRSA in the amount of \$179,751.00. This NGA approves pro-rated support through March 31, 2012, based on the MMU's target Fiscal Year (FY) 2012 funding under the Health Center (HC) program. The HC program is currently operating under a Continuing Resolution, since there is not a final FY 2012 appropriation for the program. A revised NGA will be issued, later in the budget period, after final FY 2012 appropriation action is taken. This revised NGA will provide additional grant support for the budget period that is consistent with the final appropriation of the HC program.

This funding will be used to further the mission of the HHS MMU.

Fiscal Impact/Cost/Revenue Summary:

Federal Grant Funds pro-rated in the amount of \$179,751.00.

Exhibits/Attachments Attached:

1. Contract Review Transmittal Slip
2. Notice of Grant Award -Issued 11/02/2011
3. Delegated Memo Dated 02/25/2011

CATS # 38377

NON-PURCHASING CONTRACT REVIEW TRANSMITTAL SLIP

PROJECT: Notice of Grant Award – Health and Human Services, Health Resources and Services Administration.

CONTRACT NO: _____ ESTIMATED EXPENDITURE/REVENUE: \$179,751.00

(Circle or underline appropriate choice above.)


In accordance with Contract Administration and its Review Process, the attached documents are submitted for your review and comment.

Please complete this Non-Purchasing Contract Review Transmittal Slip below with your assessment, and **forward to the next Review Authority on the list, skipping any authority marked "N/A."** Indicate suggested changes by noting those in "Comments" column, or by revising, in RED, the appropriate section(s) of the document(s) to reflect the exact wording of the desired change(s).

OTHER SPECIFICS RELATING TO THE CONTRACT: _____

REVIEW SEQUENCE	DATE	INITIALS/ SIGNATURE	COMMENTS (IF ANY)	COMMENTS REVIEWED & ADDRESSED OR INCORPORATED (ORIGINATOR'S INITIALS & DATE)
Originator	11/19/11			
Risk Management (see Contract Review Process)		N/A		
OMB (see Contract Review Process)		N/A		
Finance	11/18/11	CBW		
Legal	11/28/11			
Assistant County Administrator	11/30/11	CA		

Please return to Katherine B Adams by _____. All inquiries should be made to Katherine B Adams ext. 4-8438. Thank you.

1. DATE ISSUED: 11/02/2011		2. PROGRAM CFDA: 93.224		 U.S. Department of Health and Human Services HRSA Health Resources and Services Administration NOTICE OF GRANT AWARD AUTHORIZATION (Legislation/Regulation) Public Health Service Act, Title III, Section 330 Public Health Service Act, Section 330, 42 U.S.C. 254b Affordable Care Act, Section 10503										
3. SUPERSEDES AWARD NOTICE dated: except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.														
4a. AWARD NO.: 5 H80CS00024-11-00		4b. GRANT NO.: H80CS00024					5. FORMER GRANT NO.: H66CS00382							
6. PROJECT PERIOD: FROM: 11/01/2001 THROUGH: 10/31/2015														
7. BUDGET PERIOD: FROM: 11/01/2011 THROUGH: 10/31/2012														
8. TITLE OF PROJECT (OR PROGRAM): HEALTH CENTER CLUSTER														
9. GRANTEE NAME AND ADDRESS: Pinellas County Board of County Commissioners 315 Court Street Clearwater, FL 33756-5165 BHCMS # 042040				10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Maureen Freaney Pinellas County Board of County Commissioners 2189 Cleveland Street Clearwater, FL 33765-3242										
11. APPROVED BUDGET: (Excludes Direct Assistance) <input type="checkbox"/> Grant Funds Only <input checked="" type="checkbox"/> Total project costs including grant funds and all other financial participation				12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE: a. Authorized Financial Assistance This Period \$431,404.00 b. Less Unobligated Balance from Prior Budget Periods i. Additional Authority \$0.00 ii. Offset \$0.00 c. Unawarded Balance of Current Year's Funds \$251,653.00 d. Less Cumulative Prior Awards(s) This Budget Period \$0.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION \$179,751.00										
a. Salaries and Wages : \$353,869.00 b. Fringe Benefits : \$110,936.00 c. Total Personnel Costs : \$464,805.00 d. Consultant Costs : \$0.00 e. Equipment : \$0.00 f. Supplies : \$27,500.00 g. Travel : \$3,705.00 h. Construction/Alteration and Renovation : \$0.00 i. Other : \$57,917.00 j. Consortium/Contractual Costs : \$539,247.00 k. Trainee Related Expenses : \$0.00 l. Trainee Stipends : \$0.00 m. Trainee Tuition and Fees : \$0.00 n. Trainee Travel : \$0.00 o. TOTAL DIRECT COSTS : \$1,093,174.00 p. INDIRECT COSTS (Rate: % of S&W/TADC) : \$0.00 q. TOTAL APPROVED BUDGET : \$1,093,174.00 i. Less Non-Federal Share: \$661,770.00 ii. Federal Share: \$431,404.00				13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project) <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">YEAR</th> <th style="width: 80%;">TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">12</td> <td style="text-align: right;">\$431,404.00</td> </tr> <tr> <td style="text-align: center;">13</td> <td style="text-align: right;">\$431,404.00</td> </tr> <tr> <td style="text-align: center;">14</td> <td style="text-align: right;">\$431,404.00</td> </tr> </tbody> </table>			YEAR	TOTAL COSTS	12	\$431,404.00	13	\$431,404.00	14	\$431,404.00
YEAR	TOTAL COSTS													
12	\$431,404.00													
13	\$431,404.00													
14	\$431,404.00													
14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash) a. Amount of Direct Assistance \$0.00 b. Less Unawarded Balance of Current Year's Funds \$0.00 c. Less Cumulative Prior Awards(s) This Budget Period \$0.00 d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION \$0.00														
15. PROGRAM INCOME SUBJECT TO 45 CFR Part 74.24 OR 45 CFR 92.25 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: A=Addition B=Deduction C=Cost Sharing or Matching D=Other [D] Estimated Program Income: \$1,058.00														
16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING: <small>a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 74 or 45 CFR Part 92 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.</small>														
REMARKS: (Other Terms and Conditions Attached [X]Yes []No) <i>Electronically signed by Vera M. Messina , Grants Management Officer on : 11/02/2011</i>														
17. OBJ. CLASS: 41.51		18. CRS-EIN: 1596000800A2		19. FUTURE RECOMMENDED FUNDING: \$0.00										
FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE								
12 - 3980879	93.224	H80CS00024C0	\$109,571.00	\$0.00	HCH	N/A								
12 - 398879B	93.527	H80CS00024C0	\$70,180.00	\$0.00	HCH	N/A								

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NGA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NGA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants.hrsa.gov/webexternal/login.asp> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772; 301-998-7373.

Terms and Conditions

Failure to comply with the special remarks and condition(s) may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Program Specific Condition(s)

1. Due Date: Within 90 Days of Award Issue Date

Health Centers (HCs) must have a system in place to determine eligibility for patient discounts adjusted on the basis of the patient's ability to pay. The HC policy must provide a full discount to individuals and families with annual incomes at or below 100% of the Federal poverty guidelines (only nominal fees may be charged) and for those with incomes between 100% and 200% of poverty, fees must be charged in accordance with a sliding discount policy based on family size and income. No discounts may be provided to patients with incomes over 200 percent of the Federal poverty guidelines (Section 330(k)(3)(G) of the PHS Act and 42 CFR Part 51c.303(f)). Within 90 days, provide a revised sliding fee scale discount plan, in accordance with program requirements. Please contact your Project Officer for additional assistance and/or information on the required elements of your response (45 CFR Part 74.62(a)).

Grant Specific Term(s)

1. This action approves the FY 2012 Budget Progress Report or Service Area Competition application and awards pro-rated support through March 31, 2012, based on the grantee's target FY 2012 funding under the Health Center (HC) program. The HC program is currently operating under a Continuing Resolution, since there is not a final FY 2012 appropriation for the program. A revised Notice of Grant Award (NGA) will be issued, later in the budget period, after final FY 2012 appropriation action is taken; this revised NGA will provide additional grant support for the budget period that is consistent with the final appropriation for the HC program.
2. This Notice of Grant Award (NGA) is issued based on HRSA's approval of the Non-Competing Continuation (NCC) Progress Report. All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a "Prior Approval" action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under "Expanded Authority," as noted in the "Remarks" section of the NGA, have different prior approval requirements. See "Prior-Approval Requirements" in the DHHS Grants Policy Statement: <ftp://ftp.hrsa.gov/grants/hhsgrantspolicystatement.pdf>.
3. The grantee is advised that funding under the Health Care for the Homeless program (Section 330h) requires the following: a) substance abuse services must be provided, in addition to the required primary care services; b) the user-majority Governing Board must include representation from your homeless population (See BPHC Policy Information Notice 98-12); and c) the annual BPHC Uniform Data System (UDS) submissions must include separate Tables 3, 4, and 6 for your Health Care for the Homeless patients, in addition to the data you submit for your entire Health Center program.

Program Specific Term(s)

1. If Federal funds have been used toward the costs of acquiring a building, including the costs of amortizing the principal of, or paying interest on mortgages, you must notify the HRSA Grants Management Contact listed on this Notice of Grant Award for assistance regarding Federal Interest in the property within 60 days of the issue date of this award.
2. All HRSA grantees that receive discretionary funding issued under Section 330, Community Health Cluster Programs (H80), must ensure that all Federal funds used in support of this project adhere to the applicable cost principles identifiable to your type of organization (i.e., OMB Circular A-122, Cost Principles for Non-Profit Organizations and OMB Circular A-87, Cost Principles for State, Local and Indian Tribal Governments). Special attention is called to Sections 11 and 15 within Attachment B of both OMB Circulars A-122 and A-87, regarding the cost treatment of depreciation and equipment and other capital expenditures.
Be advised if Federal funds from this grant are used to pay for equipment, which meets the Federal equipment definition as defined in Title 45 CFR Parts 74.2 and 92.3 as appropriate, and in the applicable cost principles, your organization will be required to provide a list of the equipment item(s) that are to be purchased and the cost per item. This information MUST be submitted to the Division of Grants Management Operations (DGMO) within 30 days of receipt of this Notice of Grant Award (NGA). If we do not receive this information, our

- recprds and your subsequent annual award will reflect that only non-Federal resources were used to support these costs. Should you have any concerns regarding the allowability of Federal costs please contact DGMO prior to expending funds on any questionable items.
3. Program income (item 15(d)) - Non-grant funds (State, local, and other operational funding and fees, premiums, and third-party reimbursements which the project may reasonably be expected to receive, including any such funds in excess of those originally expected), shall be used as permitted under the law and may be used for such other purposes as are not specifically prohibited under the law if such use further the objectives of the project.
 4. An independent annual financial audit of any books, accounts, financial records, files, and other papers and property which relate to the disposition or use of the funds received under this grant and such other funds received by or allocated to the project for which such grant was made is required by the authorizing legislation. The due date for all audits is within 30 days of receipt of the audit from the auditor or within 9 months of the end of the corporate fiscal year, whichever is earlier. OMB Circular A-133 requires that an A-133 audit (total Federal funds expended in the corporate fiscal year must be \$500,000 or more) must be conducted for the entity named in block 9 of this Notice of Grant Award and that a copy of the audit must be sent to the Federal Audit Clearinghouse designated by OMB (Federal Audit Clearinghouse Bureau of the Census, 1201 East 10th Street Jefferson, IN 47132, PHONE: (310) 457-1551, (800)253-0696 (toll free), email: <http://harvester.census.gov/sac/facconta.htm>.
In addition, section 330(q) of the Public Health Service Act also requires that entities funded under section 330 be audited. For this reason, a copy of the A-133 audit must also be submitted to the HRSA through the electronic handbooks. The A-133 audit reporting package submitted to HRSA must include:
Evidence that the audit included a review and opinion on the compliance standards for the Health Centers program (CFDA 93.224) contained in the applicable A-133 Compliance Supplement. If not required by OMB Circular A-133 (Total Expenditure of Federal funds is less than \$500,000), per section 330(g) of the Public Health Service Act, the audit, must be completed in accordance with generally accepted accounting principles and must evaluate:
 - A. The entity's implementation of cost accounting requirements,
 - B. The processes used by the entity to meet the financial and program reporting requirements; and,
 - C. The billing and collection procedures of the entity and the relation of the procedures to its fee schedule and schedule of discounts and to the availability of health insurance and public programs to pay for the health services it provides.
 - D. The audit must include the Auditor's report (including the auditor opinion, financial statements, auditor's notes and required communication from the auditor. In addition, the audit must include any management letters issued by the auditor. The non-A133 audit must be submitted to the HRSA through the electronic handbooks.
 5. If your organization purchases or reimburses for outpatient drugs, an assessment must be made to determine whether the organization drug acquisition practices meet Federal requirements regarding cost-effectiveness and reasonableness (See 42 CFR Part 50, Subpart E, and OMB Circulars A-122 and A-87 regarding cost principles). If your organization is eligible to be a covered entity under Section 340B of the Public Health Service Act and the assessment shows that participating in the 340B Drug Pricing Program and its Prime Vendor Program is the most economical and reasonable manner of purchasing or reimbursing for covered outpatient drugs (as defined in section 340B), failure to participate may result in a negative audit finding, cost disallowance or grant funding offset.
 6. Uniform Data System (UDS) report is due in accordance with specific instructions from the Program Office.
 7. Pursuant to existing law, and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using Federal funds to provide abortion services (except in cases of rape or incest, or when the life of the woman would be endangered).

Standard Term(s)

1. All discretionary awards issued by HRSA on or after October 1, 2006, are subject to the HHS Grants Policy Statement (HHS GPS) unless otherwise noted in the Notice of Award (NoA). Parts I through III of the HHS GPS are currently available at <ftp://ftp.hrsa.gov/grants/hhsgrantspolicystatement.pdf>. Please note that the Terms and Conditions explicitly noted in the award and the HHS GPS are in effect.
2. The HHS Appropriations Act requires that when issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs funded in whole or in part with Federal money, all grantees receiving Federal funds, including but not limited to State and local governments, shall clearly state the percentage of the total costs of the program or project which will be financed with Federal money, the dollar amount of Federal funds for the project or program, and percentage and a dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.
3. Recipients and sub-recipients of Federal funds are subject to the strictures of the Medicare and Medicaid anti-kickback statute (42 U.S.C. 1320a - 7b(b)) and should be cognizant of the risk of criminal and administrative liability under this statute, specifically under 42 U.S.C. 1320a - 7b(b) Illegal remunerations which states, in part, that whoever knowingly and willfully: (A) Solicits or receives (or offers or pays) any remuneration (including kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind, in return for referring (or to induce such person to refer) an individual to a person for the furnishing or arranging for the furnishing of any item or service. OR (B) In return

for purchasing, leasing, ordering, or recommending purchasing, leasing, or ordering, or to purchase, lease, or order. any goods, facility, services, or itemFor which payment may be made in whole or in part under subchapter XIII of this chapter or a State health care program. shall be guilty of a felony and upon conviction thereof, shall be fined not more than \$25,000 or imprisoned for not more than five years. or both.

4. Items that require prior approval from the awarding office as indicated in 45 CFR Part 74.25 [Note: 74.25 (d) HRSA has not waived cost-related or administrative prior approvals for recipients unless specifically stated on this Notice of Grant Award] or 45 CFR Part 92.30 must be submitted in writing to the Grants Management Officer (GMO). Only responses to prior approval requests signed by the GMO are considered valid. Grantees who take action on the basis of responses from other officials do so at their own risk. Such responses will not be considered binding by or upon the HRSA.
In addition to the prior approval requirements identified in Part 74.25, HRSA requires grantees to seek prior approval for significant rebudgeting of project costs. Significant rebudgeting occurs when, under a grant where the Federal share exceeds \$100,000, cumulative transfers among direct cost budget categories for the current budget period exceed 25 percent of the total approved budget (inclusive of direct and indirect costs and Federal funds and required matching or cost sharing) for that budget period or \$250,000, whichever is less. For example, under a grant in which the Federal share for a budget period is \$200,000, if the total approved budget is \$300,000, cumulative changes within that budget period exceeding \$75,000 would require prior approval). For recipients subject to 45 CFR Part 92, this requirement is in lieu of that in 45 CFR 92.30(c)(1)(ii) which permits an agency to require prior approval for specified cumulative transfers within a grantee's approved budget. [Note, even if a grantee's proposed rebudgeting of costs falls below the significant rebudgeting threshold identified above, grantees are still required to request prior approval, if some or all of the rebudgeting reflects either a change in scope, a proposed purchase of a unit of equipment exceeding \$25,000 (if not included in the approved application) or other prior approval action identified in Parts 74.25 and 92.30 unless HRSA has specifically exempted the grantee from the requirement(s).]
5. Payments under this award will be made available through the DHHS Payment Management System (PMS). PMS is administered by the Division of Payment Management, Financial Management Services, Program Support Center, which will forward instructions for obtaining payments. Inquiries regarding payments should be directed to: ONE-DHHS Help Desk for PMS Support at 1-877-614-5533 or PMSSupport@psc.hhs.gov. For additional information please visit the Division of Payment Management Website at www.DPM.PSC.GOV.
6. The DHHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous. Contact: Office of Inspector General, Department of Health and Human Services, Attention: HOTLINE, 330 Independence Avenue Southwest, Cohen Building, Room 5140, Washington, D. C. 20201, Email: Htips@os.dhhs.gov or Telephone: 1-800-447-8477 (1-800-HHS-TIPS).
7. Submit audits, if required, in accordance with OMB Circular A-133, to: Federal Audit Clearinghouse Bureau of the Census 1201 East 10th Street Jefferson, IN 47132 PHONE: (310) 457-1551, (800)253-0696 toll free <http://harvester.census.gov/sac/facconta.htm>
8. EO 13166, August 11, 2000, requires recipients receiving Federal financial assistance to take steps to ensure that people with limited English proficiency can meaningfully access health and social services. A program of language assistance should provide for effective communication between the service provider and the person with limited English proficiency to facilitate participation in, and meaningful access to, services. The obligations of recipients are explained on the OCR website at <http://www.hhs.gov/ocr/lep/revisedlep.html>.
9. This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://www.hrsa.gov/grants/trafficking.htm>. If you are unable to access this link, please contact the Grants Management Specialist identified in this Notice of Grant Award to obtain a copy of the Term.

Reporting Requirement(s)

1. Due Date: 01/30/2013

The grantee must submit a Federal Financial Report (FFR), no later than January 30, 2013. The report should reflect cumulative reporting, within the project period, and must be submitted using the Electronic Handbooks (EHBs).

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

Contacts

NGA Email Address(es):

Name	Role	Email
Maureen Freaney	Program Director	njackson@co.pinellas.fl.us
Natalie Jackson	Authorizing Official	njackson@pinellascounty.org

Note: NGA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Susan Whitney at:
MailStop Code: 17-61

HRSA/BPHC/Central Southeast Division
5600 Fishers Lane
Rockville, MD, 20857-0001
Email: SWhitney@hrsa.gov
Phone: (301)594-4480
Fax: (301)594-0089

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Susan Ryan at:
MailStop Code: 11-03
HRSA/OFAM/DGMO/HSB
5600 Fishers Lane
RM 12A-07
Rockville, MD, 20857-0001
Email: sryan@hrsa.gov
Phone: (301)594-4268
Fax: (301)443-9810

APPROVED AS TO FORM
OFFICE OF COUNTY ATTORNEY

By



A handwritten signature in black ink, appearing to be 'A. D. Smith', is written over a horizontal line. The signature is slanted and stylized.

**BOARD OF COUNTY
COMMISSIONERS**

Nancy Bostock
Neil Brickfield
Jan Latvala
John Morroni
Norm Roche
Karen Williams Seel
Kenneth T. Welch



TO: Robert S. LaSala, County Administrator

FROM: 
Cliff Smith, Interim Director

THROUGH: Carl Harness, Assistant County Administrator 

SUBJECT: Grant Application for Funding under the Consolidated Health Care Program, United States Department of Health and Human Services, Health Resources and Services Administration (HRSA)

DATE: February 25, 2011

RECOMMENDATION: I RECOMMEND THAT THE COUNTY ADMINISTRATOR APPROVE A GRANT APPLICATION FOR FUNDING UNDER THE CONSOLIDATED HEALTH CARE PROGRAM, UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES, HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) AND FURTHER RECOMMEND THAT THE COUNTY ADMINISTRATOR APPROVE ACCEPTANCE OF A SUBSEQUENT NOTICE OF GRANT AWARD.

DISCUSSION: The Pinellas County Department of Health and Human Services (HHS) Mobile Medical Unit (MMU) applied for a competitive Service Area Grant from HRSA. Approval of this grant application identifies \$626,606.00 in local appropriations (Non-Federal Resources) for a \$353,341.00 federal award for the Pinellas County MMU, based on the availability of funds and satisfactory progress of the project.

HHS submitted an Intent to Apply for a Grant, Internal Notification Form to the Office of Management and Budget and approval was granted. Pursuant to HRSA requirements this grant application component has been electronically submitted.

HEALTH AND HUMAN SERVICES

CLEARWATER OFFICE
189 Cleveland Street
Suite 230
Clearwater, FL 33765
Phone: (727) 464-8400

ST. PETERSBURG OFFICE
647 1st Avenue North
St. Petersburg, FL 33701
Phone: 582-7781
Infoline: (727) 582-7709

VETERANS SERVICES

CLEARWATER
2189 Cleveland Street
Suite 201
Clearwater, FL 33765
Phone: (727) 464-8460

ST. PETERSBURG
501 1st Avenue N
Suite 517
St. Petersburg, FL 33701
Phone: (727) 582-7828

PLEASE ADDRESS REPLY TO:
2189 Cleveland Street, Ste 266
Clearwater, Florida 33765
Phone: (727) 464-8410
FAX: (727) 464-8454
Website: www.pinellascounty.org



On January 11, 2011 the Board of County Commissioners previously approved a revised NGA which extended the previous budget/project period (November 01, 2001- October 31, 2010) through February 28, 2011 and provided pro-rated support in the amount of \$117,780.00 through that date based on the County's target FY 2011 funding under the Health Center (HC) program. At that time HRSA notified the County that they would take action on the F/Y 2011 application before the end date of the extended budget/project period based on the review of the application and the final FY 2011 appropriation for the HC program.

On January 27, 2010, HRSA issued a Notice of Grant Award approving the FY 2011 application and establishing a new project period of November 01, 2001 through October 31, 2015 and a budget period of March 01, 2011 through October 31, 2011.

The HC Program continues to operate under a continuing resolution; therefore this NGA provides additional pro-rated support from March 01, 2011 through May 31, 2011 in the amount of \$88,335.00.

A revised NGA will be issued later in the budget period after final action is taken by Congress on the FY 2011 appropriation.

FISCAL IMPACT: Federal Grant Funds in the pro-rated amount of \$ 88,335.00

This item is a non-purchasing and non-CCNA delegated item. The County Administrator's approval and signature authority is pursuant to Pinellas County Code, Section 2-62.

Recommendation Approved:


Robert S. LaSala
County Administrator

Date: 3-11-11

Attachments/Exhibits:

1. Contract Review Transmittal Slip
2. Intent to Apply Internal Notification Form
3. OMB Approval
4. Grant Application
5. NGA issued 01/27/11

TO: Robert LaSala
Pinellas County Administrator

FROM: Gwendolyn Warren
Bureau Director, Health and Human Services

SUBJECT: Healthcare System Redesign & Grant Funding Opportunity

DATE: January 13, 2012

Following our presentation in August on the health care reforms and financial impact of the *Patient Protection and Affordable Care Act*, and at the direction of the Board of County Commissioners, the Department of Health and Human Services embarked on a plan to collaborate with community partners, re-design our current county healthcare delivery system, identify new funding streams to decrease the financial responsibility of the county to pay for indigent care, and prepare for the implementation of the *Affordable Care Act*. I would like to update you on the progress of our plans.

The *Patient Protection and Affordable Care Act* is expected to be fully funded and implemented by 2014 and health organizations need to prepare for the additional number of Medicaid eligible patients and make systemic changes to their infrastructure, workforce, and payment models in order to support the increased caseloads. Pinellas County has always been committed to caring for the indigent, but the state of our economy and increased demand for services has put a strain on our resources. A systemic change is needed to adequately address the needs of our most vulnerable citizens and shift the financial burden of care from the county to the federal government. The improved healthcare delivery system must support an integrated care model, increase prevention and health education strategies, develop integrated technologies, and expanded capacity through leveraged partner resources in order to qualify for federal assistance.

As directed by the Board, we met with health care and social service providers to design an integrated system that would allow for centralized and seamless medical and social services. It became clear that we are providing different, fragmented services to similar populations of indigent individuals. This is not only confusing and complicated for our clients; it is expensive and duplicative for the providers. In re-designing our delivery model, the goals were clear: expand capacity, improve care for the entire family, improve community health outcomes, and reduce overall costs. The new healthcare delivery system is a collaborative of 25 community medical and human services partners – each of whom brings much-needed specialty services, established workforce, resources and client base to our current healthcare program. The Pinellas County Health Collaborative, as we call it, is an integrated patient-focused medical home model targeted to low-income families with children living at or below 150% of the Federal Poverty Level. This new system will provide a broader range of medical and social services to a greater number of clients at a lower cost than if we each continue to serve them individually.

The Health Collaborative takes a holistic approach to care and provides wrap-around social and medical services for the entire family in a virtually connected campus setting. At the core of our delivery system is a centralized, electronic enrollment process, which will allow our partners to enroll a family in the Health Collaborative and screen them for eligibility for other social service programs. Client data will be shared on a provider network to ensure the highest quality of care and to reduce costly duplications in services. Our “one-stop” shops – modern, multifunctional centers with convenient hours - will focus on primary care and social services specifically tailored to a family’s needs. Disease case managers will work closely with families to ensure that they stay on track with their medical plans and social service case managers will assist families with obtaining additional resources to address the various adverse outcomes of poverty.

Our new healthcare delivery system, combined with our on-going efforts to obtain designation as a (330e) Federally Qualified Health Center, will allow us to improve primary care, reduce hospitalization and non-emergency use of the ER, expand the number of clients we serve, and increase our access to quality physicians and facilities. Designation as a Federally Qualified Health Center will also allow us to draw down higher Medicaid reimbursement payments from the federal government which will pay for much of the total cost of care - reducing the need for county resources to sustain the program. We expect that, beginning in 2014, our combined efforts of a system re-design, strategic collaborative partnership, and Federally Qualified Health Center status will reduce financial burden of the county by at least \$6 million over a 5 year period.

In November 2011, the Centers for Medicaid and Medicare Innovation announced a \$1 billion grant funding opportunity. The *Healthcare Innovation Challenge* will provide up to \$30 million in grant funding over 3 years to healthcare providers who demonstrate and implement a new healthcare delivery system that will improve health, improve care, and reduce costs. This is an exceptional funding opportunity that will help finance the critical technology components that are needed to create our shared data network, build/modernize facilities, develop training curriculums for new community health workers, and partner with medical providers to deliver quality care. In addition, being selected as a grant recipient will show that Pinellas County is prepared to successfully implement health care reforms, absorb the new patient population, and attract additional financial leveraging opportunities in the future.

The *Healthcare Innovation Challenge* grant application is due on January 27, 2012 and award announcements are expected on March 30, 2012. This grant is a unique opportunity to receive federal dollars to support essential components of our delivery system through the start of the *Affordable Care Act*, thereby reducing the need for county general fund money to support the transition. The Department of Health and Human Services is seeking approval from the Board of County Commissioners to apply for this grant and move forward with our re-design of the indigent health care system.

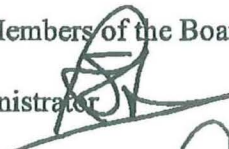
The strength of our citizens is directly related to the strength of our county. Reducing poverty and its adverse outcomes is a common goal that every organization shares and something that can be achieved only through innovation and collaboration. I strongly believe that our new approach to care will improve health outcomes, re-vitalize neighborhoods, and empower our clients with the tools necessary for self-sufficiency.


Attached is a list of our committed partners, along with a breakdown of their current expenditures on indigent care and their anticipated role in the new delivery system. I look forward to discussing our proposal with you and our County Commissioners in greater detail in the coming weeks.

COMMISSION AGENDA:

1.24.12 #186.

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

THRU: Robert S. LaSala, County Administrator 

FROM: Carl Harness, Assistant County Administrator 

SUBJECT: Approval to apply for a Center for Medicare and Medicaid Services – *Health Care Innovation Challenge Grant*

DATE: January 24, 2012

RECOMMENDED ACTION:

I RECOMMEND THAT THE BOARD OF COUNTY COMMISSIONERS (BOARD) APPROVE HEALTH AND HUMAN SERVICES APPLICATION FOR THE CENTER FOR MEDICARE AND MEDICAID SERVICES – HEALTH CARE INNOVATION CHALLENGE GRANT.

SUMMARY EXPLANATION/BACKGROUND:

Health and Human Services is requesting the Board of County Commissioners' approval to apply for a Center for Medicare and Medicaid Services – *Health Care Innovation Challenge Grant* that will enable the County to receive up to \$30,000,000 to facilitate an improved Pinellas County Health Care Delivery System.

Following our presentation in August 2011, on the health care reforms and financial impact of the *Patient Protection and Affordable Care Act*, and at the direction of the Board of County Commissioners, the Department of Health and Human Services embarked on a plan to collaborate with community partners, re-design our current county healthcare delivery system, identify new funding streams to decrease the financial responsibility of the county to pay for indigent care, and prepare for the implementation of the *Affordable Care Act*.

As directed by the Board, we met with health care and social service providers to design an integrated system that would allow for centralized and seamless medical and social services. It became clear that we are providing different, fragmented services to similar populations of indigent individuals. This is not only confusing and complicated for our clients; it is expensive and duplicative for the providers. The new healthcare delivery system is a collaborative of over 20 community health care and human services partners – each of whom brings much-needed specialty services, established workforce and resources. The Pinellas County Health Collaborative, as we call it, is an integrated patient-focused medical home model targeted to low-income adults and families with children living at or below 150% of the Federal Poverty Level. This new system will provide a broader range of medical and social services to a greater number of clients at a lower cost than if we each continue to serve them individually.

One mechanism that could be used to build this system is through the *Health Care Innovation Challenge grant*. The grant will provide up to \$30 million in grant funding over 3 years to healthcare providers who demonstrate and implement a new healthcare delivery system that will improve health, improve care, and reduce costs. This is an exceptional funding opportunity that will help finance the critical technology components that are needed to create our shared data network, modernize facilities, develop training curriculums for new community health workers, and partner with medical providers to deliver quality care. In addition, being selected as a grant recipient will show that Pinellas County is prepared to successfully implement health care reforms, absorb the new patient population, and attract additional financial leveraging opportunities in the future.

The *Healthcare Innovation Challenge* grant application is due on January 27, 2012 and award announcements are expected on March 30, 2012. This grant is a unique opportunity to receive federal dollars to support essential components of our delivery system through the start of the *Affordable Care Act*, thus reducing the need for county general fund dollars to support the transition. The Department of Health and Human Services is seeking approval from the Board of County Commissioners to apply for this grant and move forward with our re-design of the indigent health care system.

FISCAL IMPACT/COST/REVENUE/SUMMARY:

The total budget for the project is \$30M. The number of projected clients is approximately 50,000 – 75,000. The projected total cost of savings is still being determined. The grant dollars will be used to fund: an integrated technology component (One-E Application implementation, Biometrics Patient/Client Identification System, Social Services Information Exchange, Integration with Regional Health Information Organization); several positions including a Project Director, Program Analysts, and (30) Community Health Workers; stipends for Community Health Worker curriculum students; workforce training; and will provide staff support to existing community programs working within the project providing behavioral health and substance abuse treatment specific services.

EXHIBITS/ATTACHMENTS ATTACHED:

Attached is a list of our committed partners along with a breakdown of their current expenditures on indigent care and their anticipated role in the new delivery system, Notice of Intent to Apply (NOI), Office of Management and Budget's (OMB) response to the NOI, and the grant abstract.

Pinellas County Health Collaborative
Partner Agencies

Agency	Services	Annual Budget	Amount Targeted to 150% or Below FPL
Pinellas County Health Department	The Pinellas County Health Department will expand services to fully integrate primary and behavioral health care services at all of their medical homes county-wide. The Health Department will also commit to the training of staff and adoption of technology to ensure integration is a success. Additionally, the Health Department will adopt bundled payment models as part of an integrated system that lowers total cost of care.	\$50,167,170	\$35,117,019 (70%)
Community Health Centers of Pinellas	The Community Health Centers of Pinellas will provide medical homes to the project to include fully integrated primary and behavioral health care services.	\$13,226,212	\$10,845,824 (82%)
St. Petersburg Free Clinic	The Free Clinic will provide a medical home facility for assisting low income, uninsured patients suffering from chronic diseases. The Free Clinic will also participate in the integrated system of technology and medical care.	\$533,245	\$533,245 (100%)
Pinellas County Health and Human Services	Health and Human Services will facilitate the Health Collaborative through its medical home concept. Health and Human Services Mobile Medical Unit will continue to provide primary care as a medical home to the homeless. Additionally, Health and Human Services will work toward obtaining a 330(e) federal designation in order to bill Medicaid at a higher rate, shifting the weighted expense from the County to the federal government in preparation for the Affordable Care Act in 2014.	\$44,268,400	\$44,268,400 (100%)
Health Councils	The Health Councils will provide medication support services to preventive, primary, behavioral health, and specialty care providers by integrating medication receipt data with electronic health records and by using social media to electronically distribute health promotion messages and service reminders to program clients.	\$1,446,238	\$248,800 (17.2%)

Pinellas County Health Collaborative
Partner Agencies

Agency	Services	Annual Budget	Amount Targeted to 150% or Below FPL
BEHAVIORAL HEALTH			
Directions for Mental Health	Directions for Mental Health will partner in the project by providing integrated health and primary care in innovative ways. Directions will also increase their technological capacity and diversify their health care workforce. Directions will work in conjunction with the Sheriff and Justice and Consumer Services Departments to provide to homeless individuals exiting the jail system advanced assessments for diagnosis and appropriate treatment services to reduce costs for local hospitals and ultimately the Pinellas County Health Collaborative by addressing issues before they have escalated to chronic disease status.	\$15,000,000	\$13,500,000 (90%)
Suncoast Center, Inc.	Suncoast Centers will provide emergency room triage services. Patients who come into the hospital emergency room with non-life threatening problems will be triaged by a behavioral health specialist, be assessed for physical and behavioral health needs and assessed to determine if they have a primary care doctor and/or a behavioral health care provider. Suncoast will also participate in the integrated medical home model by providing behavioral health care and will participate in the integrated technology component.	\$20,323,559	\$16,868,554 (83%)
Personal Enrichment Through Mental Health Service, Inc.	PEMHS will provide space in their facilities for integrated health care. PEMHS will also participate in the integrated technology component and assist with prevention, health education and wellness, and training for students. PEMHS will also assist in routing clients into medical homes.	\$16,413,400	<i>Not available at the time of this report.</i>

Pinellas County Health Collaborative
Partner Agencies

Agency	Services	Annual Budget	Amount Targeted to 150% or Below FPL
SUBSTANCE ABUSE TREATMENT			
Operation PAR, Inc.	Operation PAR will provide system innovations to be replicated and sustained as the new standard of treatment, (specifically targeting substance exposed newborns, preventive care and access to treatment for pregnant women who are addicted and in need of substance abuse treatment.) Operation PAR will use the evidenced based model of Screening, Brief Intervention, and Referral to Treatment (SBIRT) to better identify and engage pregnant women at community medical homes. PAR will train and prepare a diversified workforce in an integrated setting using SBIRT and Motivational Interviewing as training tools, expanding area placements for student interns seeking dual-certifications in social work or mental health and substance abuse. PAR will also use the integrated technology system and expand family-centered residential treatment to include primary health care and health education for mother and child. These steps will improve the quality of life for low-income families with children and prevent substance exposed newborns and child welfare involvement for these families.	\$26,759,856	\$5,084,373 (19%)
Westcare	Westcare will provide substance use and mental health screening, comprehensive substance abuse and mental health assessments, individual and group substance and mental health counseling, and Recovery support services.	\$6,429,291	\$6,364,998 (99%)

Pinellas County Health Collaborative
Partner Agencies

Agency	Services	Annual Budget	Amount Targeted to 150% FPL or Below
HOMELESS SERVICES			
Pinellas County Coalition for the Homeless	Pinellas County Coalition for the Homeless will provide referrals to the medical homes, serving as social media agent providing information to the public regarding the project and service provisions.	\$4,5000,000	\$4,500,000 (100%)
St. Vincent de Paul	St. Vincent de Paul will provide an integrated medical home for clients housed in their programs and make referrals into the community medical homes once clients have exited their program.	\$2,039,248	\$2,039,248 (100%)
HOSPITALS			
BayCare Health System	Baycare will provide in/out-patient services, labs, radiology, training opportunities. Additionally, Baycare will participate in the emergency room triage component, and will provide data for health indicator outcomes and health care delivery system processes.	\$3,266,489,130	\$89,614,328 (2.75%)
BayFront Medical Center	Bayfront will provide in/out-patient services, labs, radiology, training opportunities. Additionally, BayFront will participate in the emergency room triage component, and will provide data for health indicator outcomes and health care delivery system processes.	\$1,126,877,056	\$40,842,055 (3.62%)
Helen Ellis Memorial Hospital	Helen Ellis will provide in/out-patient services, labs, radiology, training opportunities. Additionally, Helen Ellis will participate in the emergency room triage component, and will provide data for health indicator outcomes and health care delivery system processes.	\$269,873,015	\$1,620,273 (.6%)
All Children's Hospital	All Children's will partner on workforce development to train residents and provide data for health indicator outcomes and health care delivery system processes.	\$779,470,957	\$19,724,996 (2.53%)

Pinellas County Health Collaborative
Partner Agencies

Agency	Services	Annual Budget	Amount Targeted to 150% FPL or Below
CHILDREN'S SERVICES			
Juvenile Welfare Board	The Juvenile Welfare Board will provide an integrated technology system that will allow for all agencies to share data and information regarding client services. Additionally, the technology will allow for an electronic billing system that will feature an universal 'credit' card for clients to use with providers that will charge against agency accounts for services as appropriate to the clients' needs.	\$59,539,165	\$35,559,368 (59.7%)
Justice & Consumer Services	Justice and Consumer Services will provide collaborations through the Justice System and promote health education and prevention within the community.	\$11,374,500	<i>Not Applicable</i>
Pinellas County School Board	Pinellas County Schools will provide space in (4) high schools for the establishment of school-based health clinics, so that students can have ready access to health services and establish a medical home, with the goal of receiving preventive services and reduce chronic health issues. Additionally, the schools will provide evening availability for adults to receive primary care expanding access to care for Pinellas County residents.	\$1,397,892,463	\$726,904,081

Pinellas County Health Collaborative
Partner Agencies

Agency	Services	Annual Budget	Amount Targeted to 150% FPL or Below
TECHNOLOGY			
211 Tampa Bay Cares	211 Tampa Bay Cares will provide improved technology capacity through 211 & TBIN interfaced with the 1-e-app technology. 211 will also provide family engagement in health, social marketing and information through calls to 211.	\$1,378,964	\$375,000
COMMUNITY SERVICES			
Community Development	Community Development will provide assistance to families in the low-income high risk areas to achieve sustainable living through decent housing, suitable living environments. Community Development will also work on increased housing/environmental safety efforts.	\$23,711,530	\$20,154,800 (85%)
TRAINING/WORKFORCE			
St. Petersburg College	St. Petersburg College will provide assistance with workforce development and deployment strategies.	\$145,000,000	<i>Not applicable</i>
Pinellas Technical Education Centers	Pinellas Technical Education Centers (P-TEC) will provide assistance with workforce development and deployment strategies.	Not available at the time of this report.	<i>Not applicable</i>
NOVA Southeastern University	NOVA will offer medical students the opportunity to student train at medical home sites through a Health Department agreement.	\$610,000,000	<i>Not applicable</i>
TOTAL AMOUNT SPENT BY PINELLAS COUNTY HEALTH COLLABORATIVE PARTNERS ON INDIVIDUALS LIVING AT OR BELOW 150% OF FEDERAL POVERTY LEVEL:			\$1,074,165,362

INTENT TO APPLY FOR A GRANT

Internal Notification Form

Send to Katherine Burbridge, AICP, Office of Management and Budget

Phone: 453-3457 e-mail: kburbridge@pinellascounty.org

Department Point of Contact Information/ Project Manager	
Name: Natalie Jackson	Date: December 19, 2011
Phone: 727-464-8416	E-mail: njackson@pinellascounty.org
Department: Health & Human Services	
Grant Funding Program and Administering Agency Information	
Funding Agency: Centers for Medicare and Medicaid Services	
Grant Funding Program Name: Health Care Innovation Challenge	
Grant Funding Type: Formula <input type="checkbox"/> Capital <input type="checkbox"/> Project x Other <input type="checkbox"/> : _____	
Does the grant require expending funds for an reimbursement award: Yes x No <input type="checkbox"/>	
Grant Funding Program Funding Cap (\$): \$30,000,000 over a 3 year time frame	
Required Match Amount and Type: N/A	
Administering Agency Contact Name: Mary Greene	
Administering Agency Phone/Fax/E-Mail: (410)-786-5239 Mary.Greene@cms.hhs.gov	
Administering Agency Address: Office of Acquisition and Grants Management, Centers for Medicare and Medicaid Services, U.S. Department of Health and Human Services, Mail Stop B3-30-03, 7500 Security Blvd, Baltimore, MD 21218	
Granting Funding Proposal Project Information	
Project Title: Pinellas County Family-Centered Health Collaborative	
Anticipated Funding Amount (\$): \$30,000,000	
Anticipated Match Amount/Match Source: N/A	
Is the proposal submitted for a different agency? No, but there are partners involved If so, what agency?	
Proposal Abstract: Pinellas County Family Centered Health Collaboration represents an improved healthcare delivery system that focuses on better health, better health care, and lower costs through expanding the medical home concept to Health Homes. The new delivery system includes increasing community partnerships targeting the family- adults and children; a centralized service enrollment through electronic interfaces; and an expanded healthcare network that includes health department clinics, school-based clinics, community college/vocational training facilities, hospital clinics, and other community collaborations such as drug treatment facilities, free clinics and volunteer services. Lower costs are represented through a diverse resource contribution strategy as well as by a community centered model that focus.	
Type of Submission and Submission Deadline	
Concept Paper Deadline (If applicable): Intent to Apply form due December 19, 2011	
Grant Application Deadline: January 27, 2012	
Source of Notification of Grant Solicitation (please check)	
Administering Agency: x	
eCivis:	<input type="checkbox"/>
Other:	<input type="checkbox"/> Please provide source:

Submit your "Intent to Apply" as early as possible.

RE: Notice of Intent to Apply

For your records:

OMB's has no objection to the department submitting a grant application to U.S. Department of Health and Human Services, Center for Medicare and Medicaid Services to partner the Pinellas County Family Centered Health Collaboration to improve the current healthcare delivery system.

- US HHS, Center for Medicare and Medicaid Services, Health Care Innovation Challenge, \$30,000,000 – A County match is not required (marked "Not Applicable on Intent to Apply"). Total project cost is \$30,000,000 over a 3 year period.

Only the Board of County Commissioners can approve this application. Please include this email when you send a copy of the completed submittal to the Agenda Coordinator. If you have any questions, please do not hesitate to contact me.

Katherine

Katherine

Katherine Burbridge, AICP, LEED AP

Pinellas County Office of Management and Budget

(727) 453-3457

kburbridge@pinellascounty.org

All government correspondence is subject to the public records law.

Pinellas County Health Collaborative
Abstract

The Pinellas County Health Collaborative aims to improve the care and health of persons with or at risk of chronic and/or behavioral illness in the target population. The target population is low-income adults, families and children under 18 living at or below 150% Federal Poverty Level (FPL), including Medicare, Medicaid and CHIP enrollees, with a disproportionate burden of mental illness, chronic disease, co-morbidities and other risk factors. The overarching project goals are to reduce behavioral health related ER utilization, improve chronic health outcomes and improve health-related quality of life for the target population.

The proposed project is an innovative bi-directional and fully integrated primary and behavioral health care service delivery and payment model implemented in collaboration with community partners. Partners began efforts to integrate primary and behavioral health care in 2010, thus, the project will build upon this experience, allowing for rapid implementation and expansion. The new system will also align with the Community-Centered Health Home model by engaging in efforts to improve community environments to improve the health and safety of individuals and the population. This delivery system takes a holistic approach using strategies including community-centered partnerships focusing on the family through community engagement, social service and faith-based agencies; centralized service enrollment through electronic interfaces; workforce training/retention; data collection; and an expanded healthcare network including school-based community clinics, community college/vocational training facilities, hospitals, community mental health/drug treatment facilities, free clinics and volunteer services. The project will be monitored using data collected from the collaborative members that will target total number of clients, outcomes, costs, efficiency/effectiveness/QI.

Meeting the goals will ensure achievement of the three-part aim of better health care, better health, and reduced costs. Better health care is addressed through integrated technology and service delivery in the medical homes, hospital emergency rooms, and by using assessment tools for early diagnosis and intervention. Better health is addressed by early detection, prevention and wellness education's positive impact on improved outcomes. Reduced costs will be addressed through improved coordination, efficiency and quality of services, a focus on prevention and a payment system designed to allow patients to receive integrated primary and behavioral health services at a single location billed at a reduced bundled rate due to economies of scope.

The total budget for the project is \$30M. The number of projected clients is approximately 50,000 – 75,000. The projected total cost of savings is still being determined. The grant dollars will be used to fund: an integrated technology component (One-E Application implementation, Biometrics Patient/Client Identification System, Social Services Information Exchange, Integration with Regional Health Information Organization); several positions including a Project Director, Program Analysts, and (30) Community Health Workers; stipends for Community Health Worker curriculum students; workforce training; and will provide staff support to existing community programs working within the project providing behavioral health and substance abuse treatment specific services.

Pinellas County

Department of Health and Human Services: Board of County Commissioners 2012 Workshop Session

Fiscal Year 2012

**Submitted by: Gwendolyn Warren
Bureau Director, Department of Health and Human Services**



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Board of County Commissioners 2012 Health and Human Services Workshop Session

As the Board of County Commissioners begins its Fiscal Year 2012 workshop sessions with county departments, the Department of Health and Human Services has prepared this document to aid the discussion. It contains the activities that have occurred within the Department since the beginning of Fiscal Year 2012 that will have the desired outcomes identified in the Board's Strategic Direction, which focuses on improving the county's quality of life. Our department has fully embraced this plan and has outlined how our initiatives tie into the Board's desired outcomes, as well as the current status of these initiatives.

Board's Desired Outcomes	Health and Human Services Initiatives	Current Status of Initiatives
Periodically review and determine whether core services align with current community needs	Identification of community unmet needs in Health and Human Services focus areas of health and economic self-sufficiency	<ul style="list-style-type: none"> Board discussion and approval of 2012 Work Plan and <i>Pathways</i> report in August 2011 Redesign of department programs to target low-income populations with identified unmet needs Programs will focus on having clients no longer qualify for county programs upon completion, as to prevent the county from incurring in additional costs
	Expand capacity and reduce cost of Health and Human Services to targeted communities	<ul style="list-style-type: none"> Development of county agency workgroup with Juvenile Welfare Board and Pinellas County Health Department to discuss community unmet needs and appropriate overarching strategies
Communicate a clearly defined set of core services	Redesign of Health and Human Services	<ul style="list-style-type: none"> Presentation of improvements to program to Board (outlined in this report)
Align budget and resources allocations with core services	Revision of Department budget to meet Board's priorities	<ul style="list-style-type: none"> Alignment of budget and resource allocation upon completion of these workshops, following Board directives
Increase citizen satisfaction with the delivery of core services	Quarterly client satisfaction surveys	<ul style="list-style-type: none"> Expansion of client surveys to better quantify citizen satisfaction on a quarterly basis
Deliver measurable savings and improved customer service from investments in technology	Implementation of CHEDAS	<ul style="list-style-type: none"> Final stage of CHEDAS implementation – full implementation by March 2012
	Purchase of Advanced Reporting Tool for CHEDAS reports	<ul style="list-style-type: none"> Board approval of Advanced Reporting Tool in December 2011 to finalize CHEDAS implementation
	Implementation of Medical Claim Management Services system	<ul style="list-style-type: none"> Currently presenting Emdeon contract to Purchasing Director for approval to implement paperless medical claims billing system that interacts with CHEDAS and OPUS
	Implementation of an electronic enrollment process	<ul style="list-style-type: none"> A centralized client eligibility determination process has been outlined that will be implemented in CHEDAS by March 2012

Board's Desired Outcomes	Health and Human Services Initiatives	Current Status of Initiatives
Utilize a data-driven approach to target opportunities for efficiencies	Redesign of Health and Human Services, including the development of appropriate outcome measures	<ul style="list-style-type: none"> Creation of Contracts, Analysis, Management and Planning Unit to expedite redesign Currently developing revised outcome measures for each program that align with approved Department strategic plan
Achieve measureable per service/per unit cost savings	Implementation of Advanced Reporting Tool to enable cost-benefit reporting through CHEDAS	<ul style="list-style-type: none"> Integration of the Advanced Reporting Tool is in the process of completion and will enable us to get reports with necessary outcomes to better identify efficiencies and cost savings by June 2012
Achieve cost savings from a collaborative work group for consolidation And Collaborate with partners to implement countywide sustainability	Collaboration with Pinellas County's One-E-App community enrollment portal	<ul style="list-style-type: none"> Discussions to participate in this initiative as a component in our "one-stop shop" service delivery model
	Leveraging community partnerships for new health care delivery system	<ul style="list-style-type: none"> Established partnerships with over 24 community agencies Pending Board approval to apply for the \$30 million <i>Center for Medicaid Services Health Care Innovation Challenge Grant</i> Discussions to integrate electronic databases to implement shared medical records (through NextGen) Expansion of 330e Federal Qualified Health Center status to bill at higher Medicaid rates
Empower employees to implement new ideas that improve service	Department meetings run by staff with quality improvement recommendations and ideas submitted to management	<ul style="list-style-type: none"> Staff identified areas for program improvement and presented management team with cost efficiencies and improved service delivery strategies Ideas presented by staff are being incorporated into program redesigns
	Changes in job classifications to promote career mobility	<ul style="list-style-type: none"> Human Resources approved the promotion of Eligibility Specialists into Case Manager 1 once all tasks are mastered (already implemented) Request for Office Support Specialist promotions to Eligibility Specialists
Increase employee satisfaction and engagement	Creation of multiple communication outlets to ensure new staff ideas are presented to management	<ul style="list-style-type: none"> Development of a monthly department newsletter to inform staff of new developments and celebrate employee accomplishments Direct access to Director and management team to enable clear communication
	Staff surveys after department meetings	<ul style="list-style-type: none"> Completion of staff surveys to ensure new developments are clearly communicated, allowing for additional improvements

For ease of review, we will discuss our initiatives below by providing a review of the intent each area serves, followed by improvement and recommendations that align with both the Board's Strategic Direction and our own departmental goals.

I. Pinellas County Health and Human Services Initiatives

While the Department of Health and Human Services has always served those most in need in Pinellas County, its current emphasis is to aid individuals in becoming fully self-sufficient and/or receive any state or federal benefits they may be entitled to. This, in turn, will eliminate their use of county programs and ensure the county does not have to incur additional costs. In order to accomplish this, the Department has identified five areas for improvement and realigned these to better meet the strategic direction of the Board of County Commissioners. These include:

- Better technological capabilities to improve community-level outcomes
- An improved health care delivery system that prepares the county for the 2014 arrival of Federal Health Care Reform under the Patient Protection and Affordable Care Act
- A diversified funding stream for the Department to reduce reliance on General Funds
- Reorganizing the Department, starting with an improved client services delivery system with a centralized intake process that reduces duplication and is cost-efficient

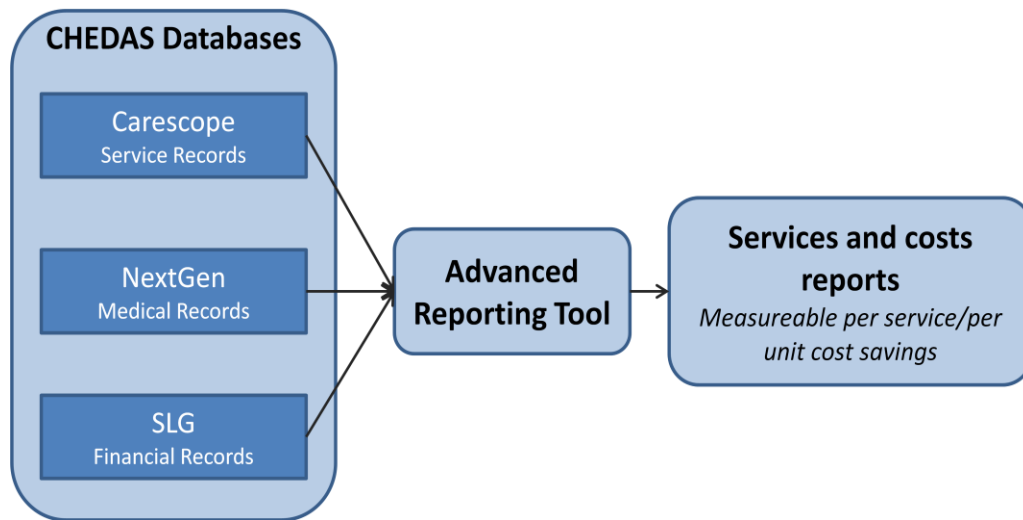
A) Improved Technological Capabilities

Our current priority is to focus on a Health and Human Services delivery system that is client-oriented, improves community health outcomes, and is cost-efficient. Full implementation of an integrated service delivery system will allow the county to collect community outcomes that demonstrate the impact access to healthcare and social services have in helping residents along a path towards better health and economic self-sufficiency. In order to do this, the Board invested in CHEDAS, a technological system that will enable Health and Human Services to *deliver measurable per service/per unit cost savings and improved customer service*.

Description: CHEDAS is composed of three distinct databases that collect all data necessary to report the quantity and cost of services delivered by the Department of Health and Human Services [Figure 1].

- **CareScope** is the service records database and provides access to service enrollment, case management, scheduling, and provider management. It also enables the Department to capture outcome measures tied to programmatic performance. This database provides a community portal which enables clients to apply for programs online and for community partners and agencies to access client information electronically.
- **NextGen** is the medical records database and also serves as a document management system, allowing the Department to become completely paperless. As we move into the development of a new community-centered health care delivery system (described in next section), this database can serve as an interface for shared medical records across multiple health agencies across the county.
- **SLG** is the financial records database, which allows for the electronic payment of all services provided by or contracted through the Department. This system enables CHEDAS billing information to be transferred electronically to the county's Oracle Financial database, creating a fluid data exchange. It also assists with monitoring department contract budget spend down rates and departmental compliance with the county purchasing ordinance.

Figure 1: CHEDAS Reporting Flow Process



While all three databases have been implemented and collect the required data to establish whether measurable savings and efficiencies are being met, the systems lacked a way to pull single reports that linked all information together. In December 2011, the Board approved the purchase of an Advanced Reporting Tool to enable Health and Human Services to run data reports that meet the Board’s desired outcomes of *utilizing data-driven approaches to target opportunities for efficiencies and achieving measurable per service/per unit cost savings*. The Advanced Reporting Tool also allows the Department to report on improved performance and outcome measures that demonstrate whether programmatic goals are being met. This will allow for better quality improvements and provide the Board with the information necessary to *periodically review and determine whether core services are in alignment with community needs*.

Features:

- Eligibility and enrollment
- Case management software
- Data collection and assessments
- Financial records
- Electronic medical records
- Comprehensive service and financial reports
- Measurable performance outcomes

Community Collaboration and Contracts: All agencies that contract with Health and Human Services will utilize CHEDAS to submit performance measures, improving the Department’s reporting capabilities.

Benefit to Pinellas County:

- Improved technological capacities
- Streamlined data collection
- Provision of community-level outcome measures
- Reduction in overhead costs
- Ability to interact with other community agency databases to share client information

Target Implementation Date: CHEDAS is currently in its last phases of implementation, with completion projected in March 2012.

B) Improved Health Care Delivery System

In anticipation of the full implementation of the Patient Protection and Affordable Care Act in 2014 and the direction of the Board, our efforts to partner with multiple community agencies include the development of an integrated health care delivery system that prepares the county for expanded Medicaid eligibility with resulting reductions in cost.

Current system: The Pinellas County Health Program was implemented at the start of fiscal year 2009 in response to the reporting limitations of WellCare, the previous health care services provider to uninsured, indigent residents. The program targets uninsured residents between the ages of 18 and 64 who are at or below 100% of the Federal Poverty Level. Pinellas County has 12 medical homes sites available through two community primary care providers, while Mobile Medical Unit clients can visit the clinic at any of the 13 strategically placed locations across the county. Medical homes focus on wellness and prevention by providing continuity of care through a team of medical providers. Preventive services represent cost-savings, as they help shift the cost away from more expensive services with lower health benefit, and cost less to deliver.

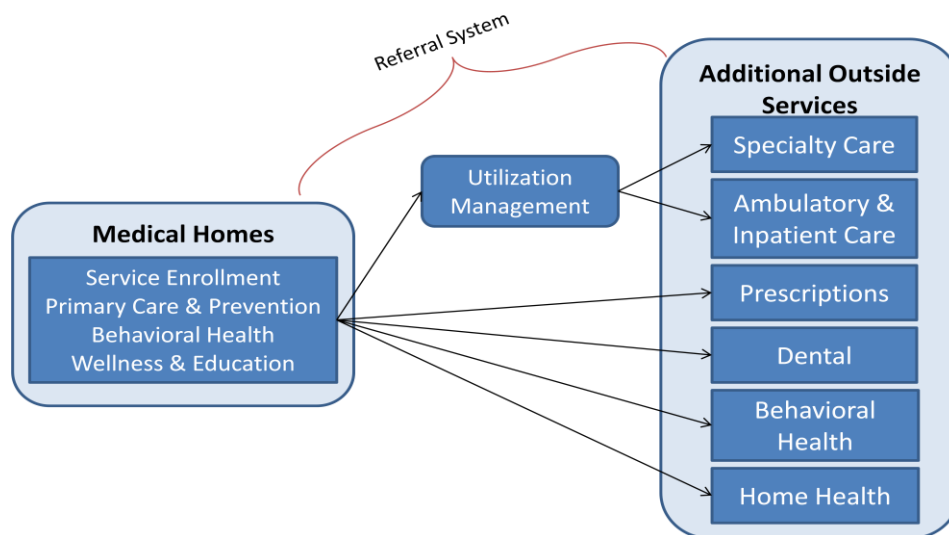
While primary care and prevention are the focus of this delivery system, the medical homes also incorporate behavioral health, wellness, and education services at the primary care sites. Additionally, clients have access to an external network of services that includes prescriptions, dental care, specialty care, ambulatory and inpatient care, off-site behavioral health care, and access to home health and durable medical equipment [Figure 2].

In an effort to ensure appropriate usage of our specialty care network and ambulatory and inpatient care usage, 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. A more detailed description of the current health program and its outcomes is available on page 21.

While the current system has been successful and cost-saving, the following limitations exist:

- Disproportionate number of residents without health care
 - 199,983 uninsured individuals in 2010
- Lack of capacity to serve the increasing number of indigent individuals requesting service
 - Indigent population of approximately 150,000
- Inadequate infrastructure and staffing resources
- Decreased impact on community health outcomes, resulting in increased medical and jail costs
- Costly access to specialized staff (specialists, hospital staff, etc.)
- Does not provide holistic services to the individual available through “one-stop” approach to Health and Human Services

**Figure 2: Current Pinellas County Health Care Delivery System
Pinellas County Health Program**



In August 2011, the Board directed staff to facilitate a series of discussions with other community health care agencies to identify efficiencies and design an improved health care delivery system in the county. Through these discussions, two areas for improvement were identified. First, there is limited or no connectivity in Pinellas County between agencies to eliminate client duplication, program hopping and excessive costs. This is partially driven by the lack of technologies that allow agencies to share information. Second, health care delivery for low-income populations in Pinellas County is designed to treat adults and children separately, instead of the family unit as a whole. Treating the family unit as a whole has been demonstrated to be more efficient and cost-effective. With this in mind, improvements to the health care delivery system are outlined below, focusing on *collaborations with partners to implement countywide sustainability*.

Improved System: The Department of Health and Human Services is committed to achieving its health care goals of increasing access to quality healthcare, 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. While we will continue operating the patient-centered medical homes, we will improve and expand services to include prevention practices that focus on improving outcomes on a community-wide and individual level. It will also link the family with social service agencies within the community to ensure any additional social and environmental factors impeding access to quality health care and better health outcomes are properly addressed.

The main tenants of this initiative include:

- A community-focused health care delivery system with multiple access points
- Improving technological capacities
- Expanding and retraining the health care workforce
- Engaging and educating the community on health outcomes
- Working with legislative bodies on issues that affect health outcomes

A community-focused health care delivery system with multiple access points. Access to health care is crucial in being able to improve community health outcomes. Therefore, we believe it is necessary to increase the number of access points to our county health care system. As previously mentioned in our August 2011 workshop with the Board, co-locating service agencies allows for families and other residents to have better access to available resources, while increasing overall service delivery in the community, eliminating unnecessary duplication among community agencies, reducing the costs of intake and administrative overhead, reducing the need for multiple service locations, creating a seamless delivery system, allowing for the measurement of community impact, eliminating program hopping, and simplifying client navigation. Co-location can be virtual (through the implementation of improved technologies that share enrollment and client information) or physical (through infrastructure that allows multiple agencies to be housed in the same location). The following local agencies have already agreed to partner with the county and participate in the new health care delivery system by implementing either virtual or physical “one-stop shops” as an attempt to co-locate service agencies:

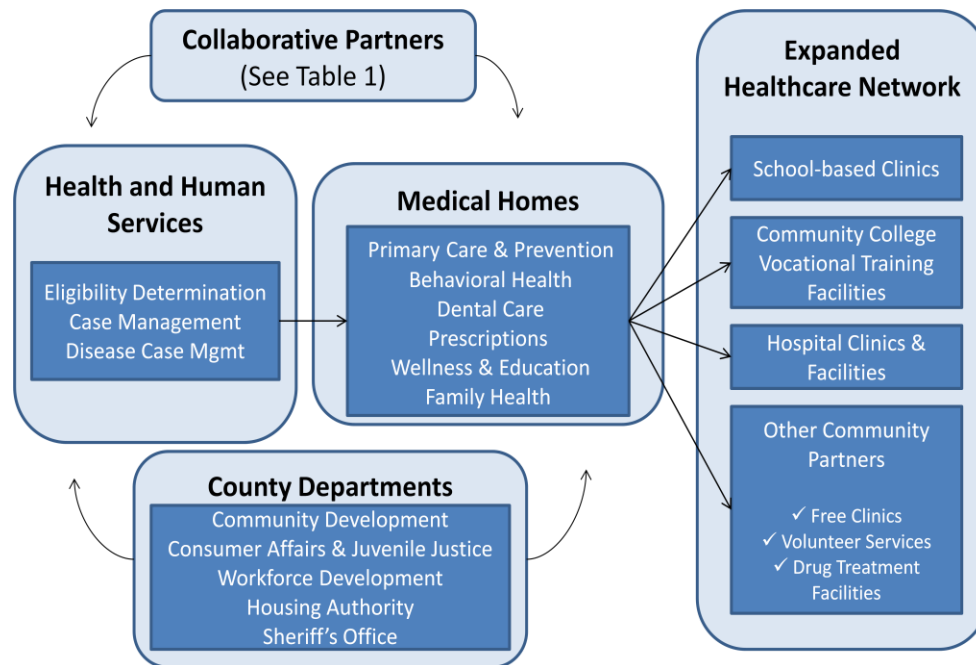
Table 1: Community Partnerships within the Pinellas County Health Collaborative

Department of Health and Human Services	Suncoast Center, Inc.	Baycare Health System
Pinellas County Health Department	Health and Human Services Coordinating Council	Bayfront Medical Center
Juvenile Welfare Board	Personal Enrichment Through Mental Health Services, Inc. (PEHMS)	Helen Ellis Memorial Hospital
Directions for Mental Health	Operation PAR, Inc.	All Children’s Hospital
Community Health Centers of Pinellas	Westcare	Justice and Consumer Services
St. Petersburg Free Clinic	Pinellas County Coalition for the Homeless	Pinellas County School Board
Health Councils	St. Vincent de Paul	211 Tampa Bay Cares
Community Development	St. Petersburg College	Pinellas Technical Education Centers
NOVA Southeastern University	Sheriff’s Office	

Outside of the medical homes, the improved system will provide an expanded health care network in order to provide access to primary care during evenings and weekends. This will ensure that additional family health needs are met, while providing avenues that prevent non-emergent emergency room visits. This network will include multiple primary care clinics and drug treatment facilities. Again, all facilities will serve as entry points, facilitating access into the system and using technology for “behind the scenes” billing through the use of scannable health care cards. Pinellas County public school clinics currently provide basic primary care and health education to students during the day and will be accessible to parents during evening hours. This will enable the family unit to access primary care services at locations utilized daily. Twenty-four hour hospital clinics and facilities will also provide primary care and divert eligible patients that can be treated at the clinics from the emergency room. State-of-the-art community college vocational training clinics will serve as both primary care and community health worker training facilities. The St. Petersburg Free Clinic will provide additional primary and urgent care with extended

evening hours. Finally, drug treatment facilities will allow clients with substance abuse problems to access quality care that meets their needs [Figure 3].

**Figure 3: New Pinellas County Health Care Delivery System
Pinellas County Health Collaborative**



Improving technological capacities. In order for the new health care delivery system to be successful, a more effective and efficient system-wide technological system must be developed. 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. First, a community-wide eligibility determination system must be developed, which has already begun through the county’s One-E-App initiative. One-E-App will serve as a common enrollment portal for multiple county programs, reducing overhead and administrative costs, simplifying client navigation, and reducing 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, family illness patterns, and diagnosis times. This can be accomplished utilizing CHEDAS’ NextGen database to serve as an interface for shared medical records across all participating health agencies.

In addition to sharing data, improved technological capabilities will allow for the multiple agencies participating in this health care delivery system to provide access to the entire family unit at one location and dealing with bill payments “behind the scenes”.

Expanding and retraining the health care workforce. In order to improve health disparities, it is essential to have a health care workforce that is culturally competent. First, agencies will participate in 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.

It is also important to further train current and future community health care workforce to ensure sustainable community health outcomes. Medical homes will also serve as practicum training sites for psychiatric nurse practitioners with the College of Nursing at the University of South Florida and observation sites for local Family Practice and Pediatric residency programs. Directions for Mental Health will continue to serve as a Post-Graduate Year 3 and 4 outpatient training site for the new Nova Southeastern University College of Osteopathic Medicine psychiatry residency program under this new model.

Finally, the system will also identify and train new individuals within the community to become community health workers through the development of a certificate program in partnership with St. Petersburg College. Community health workers will receive basic training in primary and behavioral health to serve as care coordinators and liaisons between the community and the health and social services system to facilitate access to services and improve quality and cultural competencies. 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.

Engaging and educating the community on health outcomes. A culturally diverse health education campaign is necessary to empower individuals to change their health behaviors. The health education component will be led by the Health and Human Services and the Pinellas County Health Department in conjunction with all other partnering agencies. It will utilize techniques in social marketing and health communications and be driven by leading public health theories. The campaign will utilize social media, television, radio, texts, internet, and print advertisements (flyers, brochures, bus stop ads). This will be done in conjunction with Pinellas County's Communications Department, as well as at all partner agencies throughout the community. All visual advertisements will have multiple racial and ethnic backgrounds represented to tailor messages to our target populations. They will also be available in multiple languages.

Another way to ensure community engagement in health will be through the deployment of community health workers in multiple settings. Each patient or family will have an assigned community health worker who has a unique understanding of their community. This will be coupled with the active participation of community members whom have personally benefited from improved health and how they achieved it.

Benefit to Pinellas County: Strategic partnerships will allow us to:

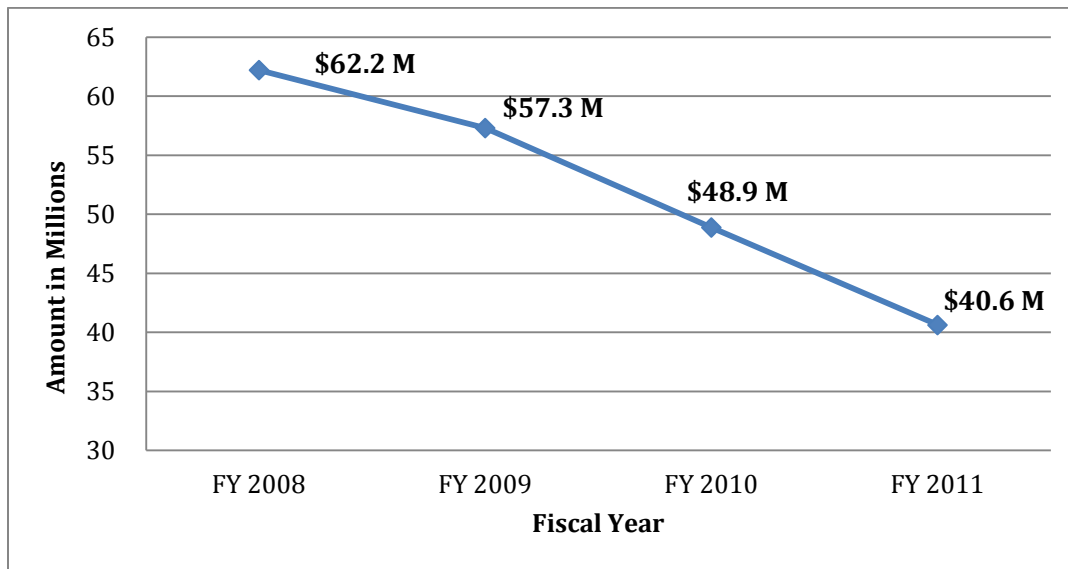
- Leverage a higher federal reimbursement rate
- Offset the cost of care
- Utilize already existing modern health clinics and trained staff
- Increase variety of health services offered
- Expand access to quality healthcare
- Offset the impact of inadequate transportation

Target Implementation Date: It is anticipated that the Pinellas County Health Collaborative will be fully implemented by October 2012.

C) Diversified Funding Stream

The economic downturn has resulted in a 56% decrease in Health and Human Services program funding over the past four years, although service delivery needs have increased [Figure 4]. Thus, we 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, Health and Human Services has begun this effort, which includes developing an Indigent Health Trust, aggressively seeking and applying for grant opportunities, expanding our 330e Federally Qualified Health Center designation, and leveraging resources from community partnerships.

Figure 4: Health and Human Services Budget, Fiscal Years 2008 to 2011



Indigent Health Trust: On September 15, 2011, the Board established the Pinellas County Trust Account as a means to accept contributions to support medical services provided through the Pinellas County Health Program. The funds deposited into the trust account will remain under control of the County and are restricted solely for the purpose of providing medical care for our low-income uninsured citizens. The initial monies deposited into the trust account currently total \$10.6 million and come from:

- The leveraged funds received by the hospitals in previous years from participation with the County in the Medicaid Buy-Back and Low Income Pool programs. Previously, hospital partners were holding these funds in trust for payment of eligible bills incurred by the Pinellas County Health Program. To date, Bayfront Medical Center, BayCare Health System and Helen Ellis Memorial Hospital have transferred the total \$9.1 million they were holding into the trust account. HCA Hospitals and Palms of Pasadena Hospital are also holding funds received in previous years and have been asked to transfer these dollars to the trust account, which would amount to an additional \$2.1 million.
- Bayfront Medical Center's initial \$1.5 million contribution as a part of the Services Agreement they signed to help fund additional Pinellas County Health Program expenses. Additional contributions totaling \$6.1 million are expected in fiscal year 2012.

Grant Opportunities: Since October 2011, we have worked on three grant applications that could secure the county a total of up to \$35.5 million, and continue to seek additional federal grant opportunities. We will receive award notifications for these between April and May 2012.

- The *Health Resources and Services Administration Capital Development-Immediate Facility Improvements Grant* would secure \$500,000 in non-clinical exterior renovations to the Health and Human Services St. Petersburg office location, which has not been renovated since its purchase in 1987.
- The *Health Resources and Services Administration Capital Development Grant* would secure another \$5 million to increase access to care for Pinellas County homeless individuals by providing a medical clinic at Safe Harbor, as well as expanding the Mobile Medical Unit's ability to treat more clients.
- The *Center for Medicaid Services Health Care Innovation Challenge Grant* would provide up to \$30 million dollars over a three year period to implement the community-centered health care delivery system, eliminating county-wide service duplication.

Federally Qualified Health Center Designation Expansion: Additionally, we have the opportunity of expanding our Federally Qualified Health Center designation from a 330h into a 330e. Federally Qualified Health Centers are governed by the Health Centers Consolidation Act of 1996. 330e Federally Qualified Health Center can apply for additional grant opportunities to help fund building and equipment costs, managed care networks, and practice management networks. These grants can also help pay for the costs of operations, homeless health care, and public housing residents. Additionally, a 330e designation will allow the Pinellas County Health Collaborative bill at a higher Medicaid reimbursement rate for services, decreasing its dependency on county General Funds. We are in the process of working with the law department, who is assisting us with our application. The minimum steps in this process are outlined below:

- Establishment of a Federally Qualified Health Center generally requires the creation of a governing board composed of at least 50% consumers of the health center services. An exception to this general requirement is made though where a public entity operates the health center.
- If Pinellas County creates a public board to operate a health center, a separate "consumer" board must also be created. The consumer board will be responsible for setting policy, while the public board will make all fiscal and personnel decisions.
- The two boards will enter into a Memorandum of Understanding that will clarify their distinct responsibilities. After setting up this structure, the dual boards will be allowed to apply for grants as one unit.

As we continue, we will update the Board on the status of this endeavor through regular reports.

Leveraging Community Partnerships: Partnering with other county agencies to deliver improved health and human services to the community is crucial in cost-savings initiatives that eliminate unnecessary duplication. As previously outlined on Table 1, we are actively working to realign relationships with multiple county agencies, having already gained the support of 25 agencies for the Pinellas County Health Collaborative. Continuing these efforts with other agencies will enable Pinellas County Health and Human

Services clients to receive services in a faster, more efficient way. In addition to the partnerships created by the Pinellas County Health Collaborative:

- Representatives from the Juvenile Welfare Board, Health and Human Services, the Early Learning Coalition, Pinellas County Health Department, and the Health and Human Services Coordinating Council formed a committee in early 2011 to determine if a common eligibility process could be created for families in need of services to increase cost-savings and program access. The committee decided to pilot a project to consolidate the eligibility determination process for Health and Human Services' Family Homelessness Prevention program and the Early Learning Coalition's subsidized child care School Readiness program. This was done to assess the advantages and disadvantages of consolidating eligibility determination processes and the feasibility of extending the pilot throughout Pinellas County. The pilot was completed in December 2011 and results are currently being analyzed by the Juvenile Welfare Board.
- Discussions between Health and Human Services, Juvenile Welfare Board, Directions Mental Health, and the Pinellas County Health Department have begun to discuss the co-location of services in the community. Community health outcomes increase multi-fold when community delivery systems that provide social services are implemented, mainly because individuals can get all their needs taken care of in one place. It becomes laborious and cumbersome when individuals need to access services in silos, rather than being able to enroll into all services they qualify for at one location. Co-locating service agencies will allow for families and other residents to have better access to available resources, while increasing overall service delivery in the community. This reduces costs of intake and administrative overhead, creates a seamless delivery system, allows for the measurement of community impact, and simplifies navigation. Co-locating services also allows for the implementation of centralized eligibility determination, eliminating unnecessary duplication among community agencies. While the design of the Pinellas County Health Collaborative has already begun, creating an expanded Health and Human Services delivery system will include additional partnerships. Designing this system will be enabled by advanced technologies being implemented, such as CHEDAS and One-E-App.

Benefits to Pinellas County:

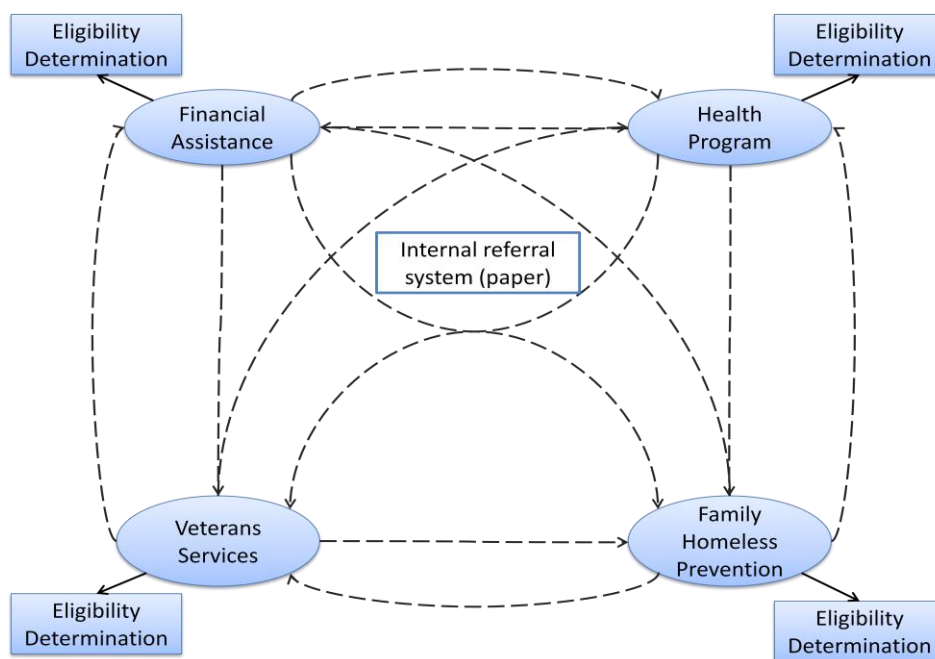
- Increased citizen satisfaction with the delivery of core services
- Achievement of cost savings from a collaborative work group for consolidation
- Partner collaborations to implement countywide sustainability
- Elimination of duplicate services
- Expansion of available resources beyond allocated General Funds

D) Departmental Reorganization

The process of restructuring the Department of Health and Human Services is crucial in being able to provide quality services to county residents. We are focused on increasing available resources to strengthen staffing capabilities, empower staff, streamline service delivery and eliminate duplication in this system.

Improved Client Service Delivery System: Currently, clients seeking aid through the county's Department of Health and Human Services enroll into each qualifying program independently, with an internal referral system implemented in order to receive multiple services. This creates a multi-faceted service delivery system that is cumbersome to navigate [Figure 5].

Figure 5: Previous Client Service Flow Process for main programs managed by Pinellas County's Department of Health and Human Services



In order to improve this system and better align it with the Board's desire to *deliver measurable savings and improved customer service from investments in technology and increase citizen satisfaction with the delivery of core services*, staff has developed a centralized client eligibility determination process to maximize access to quality community services. This simplified process allows for clients to navigate the department more effectively, linking them to all services they qualify for in order to decrease the time it takes them to achieve better health and economic self-sufficiency.

Part of this initial reorganization phase included realigning staff responsibilities in order to improve service delivery. We will have staff with the same positions managed under one supervisor and new training opportunities available to expand technological and community resources knowledge. Additionally, management has been working with Human Resources to secure job classifications with career mobility. We have successfully implemented the promotion of Eligibility Specialists into Case

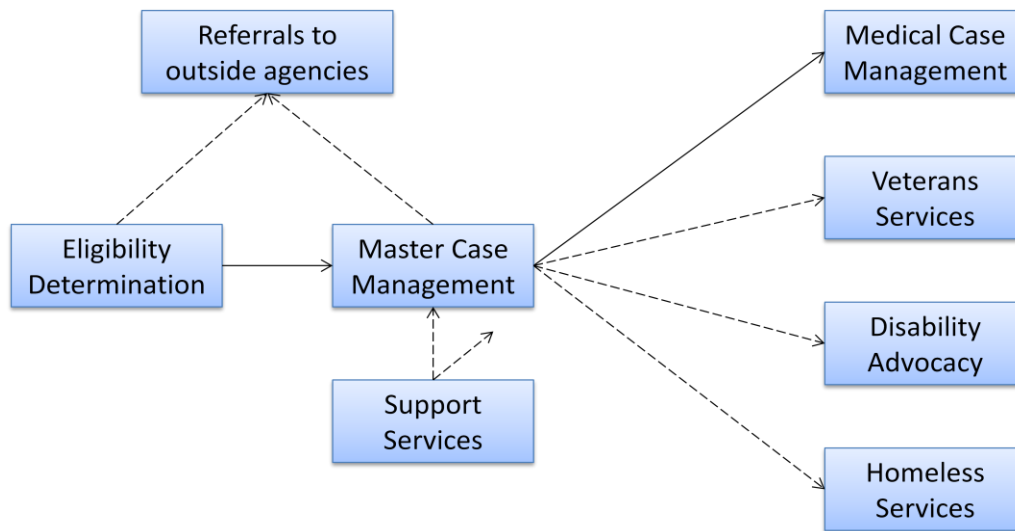
Manager 1 once all tasks are mastered and are currently discussing the promotion of Office Support Specialists into Eligibility Specialists. These administrative changes will lead to the Board's desired outcome of *increased employee satisfaction and engagement* and enables case managers to better tend to individual client needs.

The new client service delivery process has the following staff and responsibilities:

- **Eligibility Specialists** will assist with client enrollment process.
- **Master Case Managers** will identify client needs, complete a financial assessment, and develop a client service plan.
- Specialized staff (**Medical Case Managers, Disability Advocates, Veterans Services Officers, and Homelessness Specialists**) will provide program-specific services to enrolled clients.
- **Support Specialists** will ensure clients' structural and environmental needs are readily available and administered (such as access to bus passes, rent/utilities vouchers, etc.)

The new eligibility determination process [Figure 6] allows for faster enrollment, as one application with simplified eligibility criteria is utilized. This application will reduce client burden by being accessible electronically on our website, allowing for self-certification, using technology to verify eligibility criteria, and having eligibility determined within 48 hours. Clients must also complete a self-assessment that allows them to identify their goals and their barriers to those goals. Once a client is deemed eligible or potentially eligible for services, they are assigned a master case manager to work with in a holistic manner. The master case manager will then discuss their self-assessment and identify their specific needs. As we see it, clients that are otherwise deemed eligible for services but are pending providing support documentation after their application is submitted should be able to see a master case manager. This *increases citizen satisfaction with the delivery of core services*. However, no cash assistance may be disbursed prior to final eligibility determination. Furthermore, if client is not eligible for services, they will be referred to appropriate community agencies that can assist with any needs that have been identified in the client self-assessment process. Clients complete a financial assessment with their master case manager and be enrolled into the appropriate programs for which they qualify. The next chapter identifies all the programs and contracts managed by Health and Human Services and provides our recommendations on how these can be improved to better meet the Board's strategic direction.

Figure 6: New Client Service Flow Process for main programs managed by Pinellas County's Department of Health and Human Services



Staff empowerment: In addition, management has already begun *empowering employees to implement new ideas that improve service*. In our October 2011 department meeting, staff was assigned to identify areas for improvement for every department program and presented the management team with solutions. The management team then met with staff to respond to their ideas and discuss which could be feasibly incorporated into the new service delivery model. This quality improvement process will continue as the reorganization moves forward.

We have implemented staff task forces to ensure everyone is engaged in the reorganization process. Assigned staff will aid in the design and implementation of program procedures, assessments, tools, and any other necessary input throughout the reorganization. This will ensure that all employees are aware of upcoming changes and empowered to assist in the process.

Planning/Contracts Administration: In order to complete the reorganization, a new unit was created to assist in this endeavor. The Contracts, Analysis, Management and Planning Unit (CAMP) is responsible for contract development and management, planning, research, performance and outcomes measures, data analysis, grant writing, and quality assurance and improvement.

Next Steps:

- Development of procedures for new eligibility process
 - Delineation of specific tasks
 - Development of tools necessary for process
- Completion of application and assessments
 - Final documents given to assigned task forces to make final revisions
- Preparation of CHEDAS to align with this phase of the centralized eligibility process
- Implementation of quality improvement recommendations that management believe complement the new system

Benefits to Pinellas County:

- Increased citizen satisfaction with the delivery of core services
- Increased employee satisfaction and engagement
- More efficient process that relies on technology
 - Online application
 - Use of electronic databases to verify eligibility criteria
- Work environment that allows staff to achieve personal goals and objectives
 - Training provided to expand technological and community resources knowledge
 - Opportunities for career mobility

Target Implementation Date: Completion of the departmental reorganization is anticipated by October 2012.

Chapter Summary

Improving technology, redesigning the health care delivery system, diversifying funding sources, and reorganizing the Department of Health and Human Services are all critical. Consistent with the Board's strategic direction, the following outcome areas will be met with the implementation of these initiatives:

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	☑

Moving forward, we will be reviewing all core program areas to ensure that these also meet the Board's directives. The next chapter focuses on how Health and Human Services intends to review its programs in order to better align them with the above scorecard. It also outlines the department's budget for the last two fiscal years.

II. Improving the Department of Health and Human Services' Programs

In order to implement the initiatives outlined in Chapter I, the Department has begun realigning its current programs and services to better meet the Board's strategic direction. For ease of reading, a scorecard with the top programmatic outcomes the Board desires to achieve has been created, with programs being rated accordingly. This scorecard reflects the status of the program upon finalization of both CHEDAS (our technological system) and the departmental reorganization. In some cases, further recommendations to the Board are provided to ensure the program meets its target outcomes in the best possible way.

The following section will consist of the departmental budget, followed by each program operated.

Health Care Program General Fund Budget: \$15,969,540

Health Programs	FY10	FY11	FY12
Primary Care – Medical Homes	4,750,000	5,060,000	5,060,000
Mobile Medical Unit	903,880	860,770	844,970
Behavioral Health	0	1,000,000	1,000,000
Dental	350,000	350,000	350,000
Pharmacy	4,800,000	5,425,800	5,425,800
Mednet	265,000	265,000	265,000
Specialty Care	3,200,000	5,735,000	6,500,000
Inpatient and Ambulatory Care	3,000,000	3,000,000	3,000,000
Durable Medical Equipment & Home Health	650,000	550,000	550,000
Total Health Programs	17,918,880	22,246,570	22,995,770

Financial Assistance Program Budget: \$5,932,600

Financial Assistance Programs	FY10	FY11	FY12
Financial Assistance and Homeless Prevention	5,407,530	4,262,530	4,131,550
Veterans Services	543,540	511,010	490,070
Emergency Home Energy Assist for Elderly	150,000	150,000	465,490
Indigent Burials and Cremation Program	280,000	280,000	345,490
Summer Foods Program	500,000	500,000	500,000
Total Financial Assistance Programs	6,881,070	5,703,540	5,932,600

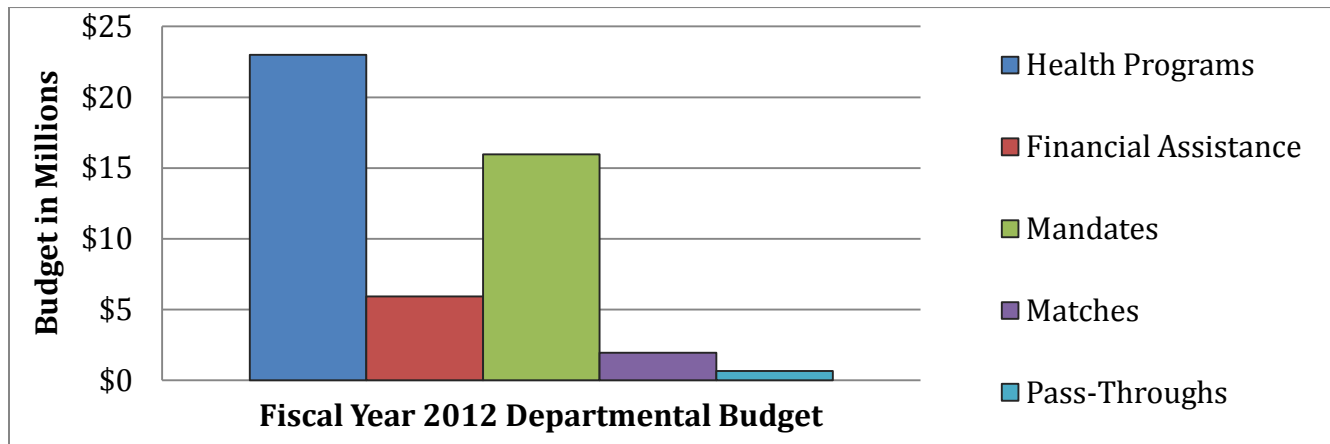
Budget for Mandates, Matches and Pass-Through Programs

Mandated Programs	FY10	FY11	FY12
Local Medicaid Matching Funds *	11,457,775	16,250,000	13,000,000
Local Mental Health Matching Funds	2,174,710	2,174,710	2,174,710
Indigent Burials and Cremation Program	280,000	280,000	345,490
Healthcare Responsibility Act	450,000	450,000	450,000
Total Mandated Programs	14,452,485	19,154,710	15,970,200

*Actual Cost

Matched Programs	FY10	FY11	FY12
Pinellas County Coalition for the Homeless	72,000	69,800	69,800
Community Funded Programs (Social Action Funding)	415,000	200,000	200,000
211 Tampa Bay Cares	375,000	375,000	375,000
Pinellas Hope, Catholic Charities	500,000	500,000	500,000
Permanent/Supportive Housing Project	437,650	317,480	317,480
HHS Coordinating Council	125,100	125,100	125,100
Homeless Shelter Beds	371,220	371,220	371,220
Total Match Programs	2,295,975	1,958,600	1,958,600

Pass - Through Programs	FY10	FY11	FY12
Homeless Street Outreach	300,000	300,000	300,000
Homeless Initiative Funding	200,000	200,000	200,000
Daystar, Inc. Support	15,000	15,000	15,000
Victims of Domestic Violence	139,000	139,000	139,000
Total Pass- Through Programs	645,000	645,000	645,000



A) Department Programs

The county operates a total of eight programs that provide services to low-income populations needing help to achieve a higher level of self-sufficiency and/or need access to quality healthcare:

- Health Programs
 - Pinellas County Health Program
 - Mobile Medical Unit
- Financial Assistance Programs
 - Financial Assistance 3-Track Program
 - Family Homelessness Prevention Program
 - Emergency Home Energy Assistance for the Elderly Program
- Veteran Services
- Indigent Burial and Cremation Program
- Summer Foods Program

The following pages provide a summary of each program, the community need for these services, intended outcomes and performance measures for fiscal years 2010 and 2011, benefits to the county, and our recommendations for each program moving forward with the Board's strategic direction. We also briefly describe the activities performed by our Financial Accounting and Data Systems unit.

Health Program: Overall Description

Prior to October 2008, the Department of Health and Human Services provided Pinellas County's uninsured indigent residents health care services through WellCare, a managed care company. Instead of focusing its efforts on wellness and prevention, Wellcare emphasized on treating those who were very sick and required extensive inpatient and specialty care. Additionally, WellCare was unable to provide the outcomes data necessary for the program's evaluative component to aid with decision-making and resource allocation processes. In response to these limitations, the Board directed the implementation of the Pinellas County Health Program at the start of fiscal year 2009. The program is based on the patient-centered medical home model, which has shown to be cost-effective and adopted nationwide. In recent years, more than 7,600 clinicians and 1,500 sites have been recognized as patient-centered medical homes, with the vast majority achieving recognition by the National Committee for Quality Assurance in 2010. Additionally, 44 states have either passed laws or begun initiatives related to this model. Medical homes focus on wellness and prevention by providing continuity of care through a team of medical providers.

Community Unmet Need: Over 20% of the population in Pinellas County is uninsured, while approximately 200,000 people living at or below 100% of the Federal Poverty Level. Another 10.3% is unemployed. Access to health care is crucial among populations dealing with unemployment and homelessness. Furthermore, chronic conditions that are not controlled – such as diabetes or hypertension – may become exacerbated, leading to emergency room and inpatient hospital visits that are unaffordable and undermine continuity of care. Ultimately, these are financed by other taxpayers in the community and directly affect the quality of life for all residents.

Target Population: Indigent county residents between the ages of 18 and 64

Eligibility Criteria:

- Pinellas County resident
- U.S. citizen
- Living at or below 100% Federal Poverty Level
- Not eligible for other medical coverage programs

Services Provided:

- Primary care - Medical Homes
- Mobile Medical Unit
- Behavioral health
- Dental care
- Pharmacy
 - MedNet Program
- Specialty care
- Inpatient and ambulatory surgical care
- Durable medical equipment and home health
- Case management

Total Program Budget Fiscal Year 2011: \$22,246,570

Intended Programmatic Outcomes:

- Improve quality of life for low-income, uninsured county residents
- Reduce non-emergent use of the emergency department
- Reduce cost of care for low-income, uninsured county residents

Performance Measures:

- Annual number of clients enrolled in the program
- Average annual cost per client
- Client satisfaction with program

Contracts: All services provided within the program are conducted through community partner contracts with two local entities to provide primary care services, 88 specialty care provider groups comprising over 288 physicians, 22 ancillary services providers, one provider for home health care and durable medical equipment, one behavioral health care provider, five dentists and one oral surgeon. These are further discussed on pages 22 to 28.

Benefit to Pinellas County: Studies demonstrate community health is compromised when a substantial portion of the population has limited access to care. The burden of disease related to the poorer health of the uninsured can affect those insured in many ways, such as communicable disease can spread from unvaccinated or ill individuals; overuse of emergency rooms by the uninsured can lead to diminished capacity in these facilities; and the costs of hospital services provided to treat uninsured populations' aggravated chronic conditions are ultimately passed on to others in the community.

Alignment to the Board's Strategic Outcomes upon Implementing Technology and Reorganization:

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 measurable per service/per unit cost savings	☑
• Increase employee satisfaction and engagement	☑
• Achieve cost-savings from collaborative workgroup for consolidation	☑

Recommendations: The Pinellas County Health Program has managed to decrease costs to \$1,442 per client – an astonishing improvement when compared to Wellcare's 2008 approximate cost per client of \$5,927. We recommend expanding the overall health care service delivery model into the Pinellas County. While the overall scoring sheet shows meeting all outcomes, a specific breakdown by service provider is outlined below.

Pinellas County Health Program: Primary Care (Medical Homes)

Pinellas County has 12 medical homes sites available through two community primary care providers – the Pinellas County Health Department and the Community Health Centers of Pinellas. Clients are able to receive a multitude of services at one location based on their specific needs.

Community Unmet Need: Pinellas County often ranks poorer than the State of Florida and the United States in leading health indicators for diabetes, obesity, cardiovascular, and other chronic diseases. Some rankings – especially for the underserved populations – are in the national “severe” benchmark category. The medically unserved and underserved populations contribute significantly to these rankings. Minorities – particularly African Americans – are disproportionately represented. Clients in our medical program have even higher rates of chronic diseases, some up to three times higher. Prevalent chronic diseases include obesity (61%), diabetes (44%), and hypertension (35%).

Services Provided:

- Primary care
- Prevention and Wellness
- Health education
- Laboratory services and radiology
- Case management and disease case management
- Prescriptions (discussed below)
- Behavioral health (discussed below)

Total Program Budget Fiscal Year 2011: \$5,060,000

Performance Measures:

- Percent of clients with chronic diseases
- Average annual number of visits per client

Pinellas County Health Program Primary Care Activity

	FY 10	FY 11
Total Number of Clients Served	12,534	12,084
Total Cost of Program	\$4,750,000	\$5,060,000
Average Cost Per Client	\$379	\$419

Benefit to Pinellas County: Medical homes focus on wellness and prevention by providing continuity of care through a team of medical providers. 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%. This translates to reduced future medical costs.

Alignment to the Board's Strategic Outcomes upon Implementing Technology and Reorganization:

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	☑

Recommendations: No recommendations at this time.

Pinellas County Health Program: Mobile Medical Unit

The Mobile Medical Unit is a full service health center that has provided primary health care for the homeless population of Pinellas County since 1988. The Mobile Medical Unit is a Federally Qualified Health Center funded in part by the Health Resources and Services Administration through the Bureau of Primary Health Care. 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. Clients served through the Mobile Medical Unit can visit the clinic at any of the 13 strategically placed locations across the county.

Community Unmet Need: Over 20% of the population of Pinellas County is uninsured. In January 2011, the Pinellas County Point in Time count identified 5,887 homeless individuals residing in the county. This translates to more than 22,000 incidents of homelessness during 2011 in Pinellas County, as people go in and out of homelessness for the most part over the course of 12 months.

Target Population: Homeless county residents

Eligibility Criteria:

- Pinellas County resident
- Homeless individual
- Living at or below 150% Federal Poverty Level
- Not eligible for other medical coverage programs

Services Provided: Same services provided by the Pinellas County Health Program

- Primary care
- Behavioral health
- Dental care
- Pharmacy
- Specialty care
- Inpatient and ambulatory surgical care
- Durable medical equipment and home health
- Case management

Total Program Budget Fiscal Year 2011: \$860,770

Intended Programmatic Outcome(s):

- To reduce the use of emergency rooms at local hospitals, by providing access to high quality and comprehensive primary and preventive health care for people who are low income, uninsured, or face other obstacles to getting health care.

Performance Measures:

- The Bureau of Primary Health Care uses a consistent set of measurements for all 330h grantees. Required areas relative to the Mobile Medical Unit focuses on prevention and treatment of basic health care issues such as hypertension, body mass index, and diabetes.
- Internally, staff reviews for the Mobile Medical Unit using the same measurements as the Pinellas County Health Program.

Pinellas County Health Program Mobile Medical Unit Activity

	FY 10	FY 11
Total Number of Clients Served	3,272	3,624
Total Cost of Program	\$903,880	\$860,770
Average Cost Per Client	\$276	\$238

Community Collaboration and Contracts for Services: Homeless Leadership Network; Bureau of Primary Care, St. Vincent De Paul (St. Pete & Clearwater) Salvation Army One Stop, Salvation Army Adult Rehabilitation Center, Pinellas Hope, Haven of Rest, Everybody's Tabernacle, West Care Residential, King of Peace Metropolitan Community, Peace Memorial Presbyterian Church, Touched by an Angel, and Safe Harbor.

Benefit to Pinellas County: The Mobile Medical Unit provides a unique opportunity to give health care to homeless individuals in areas they access frequently. Additionally, by securing grants through the Health Resources and Services Administration, it diversifies the Department's funding stream.

Alignment to the Board's Strategic Outcomes upon Implementing Technology and Reorganization:

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 measurable per service/per unit cost savings	☑
• Increase employee satisfaction and engagement	☑
• Achieve cost-savings from collaborative workgroup for consolidation	☑

Recommendations: As mentioned in the previous chapters, we recommend expanding the Mobile Medical Unit's Federal Qualified Health Center designation from a 330h to a 330e, as to secure a higher Medicaid reimbursement rate for services provided through the Pinellas County Health Collaborative.

Pinellas County Health Program: Behavioral Health Care

Clients who need mental health or substance abuse treatment beyond their medical home capabilities are eligible to receive behavioral health care services through the Pinellas County Health Program's contracted provider, Directions for Mental Health, Inc.

Community Unmet Need: The National Council for Community Behavioral Health Care's 2009 study indicated that 73% of uninsured Floridians in need of behavioral health care did not receive services. Meanwhile, over 20% of the population in Pinellas County is uninsured. Providing behavioral health services to clients is crucial in the medical home model, especially when delivering care to populations dealing with the stresses and hardships of homelessness, unemployment, and chronic diseases. These situations can also trigger stress-related illnesses, including depression, anxiety, and other mental health disorders. Additionally, it can exacerbate chronic conditions, such as heart disease and obesity.

Services Provided:

- Outpatient behavioral health treatment
- Adult and intensive case management
- Recovery services
- Outreach activities

Total Program Budget Fiscal Year 2011: \$1,000,000

Performance Measures:

- Improved mental and physical health outcomes as measured by established assessments
 - Assessments include baseline data of personal/family history of diabetes, hypertension, cardiovascular disease, substance use/abuse, tobacco use, medications
- Annually, fasting blood sugar levels will be checked; if diabetic, checked more frequently as clinically indicated

Pinellas County Health Program Behavioral Health Activity

	FY 11*
Total Number of Clients Served	1,710
Total Cost of Program	\$1,000,000
Average Cost Per Client	\$585

*Since contract implementation in February 2011

Benefit to Pinellas County: By integrating behavioral health care into the medical homes, it is easier to diagnose and treat conditions early on. Earlier interventions minimize more costly hospitalizations and emergency room visits.

Alignment to the Board's Strategic Outcomes upon Implementing Technology and Reorganization:

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	☑
• Achieve cost-savings from collaborative workgroup for consolidation	☑

Recommendations: We will be seeking additional grant opportunities to expand this program due to increased number of homeless individuals who present with behavioral health issues.

Pinellas County Health Program: Dental Care

The health program provides clients with basic dental care through contracts with Gulfcoast Dental Outreach, the Pinellas County Health Department, four community dentists, and one oral surgeon. Since 2008, budget constraints have limited dental services to relief-of-pain only. During the summer of 2011, a trial run of added preventive and restorative dental care was offered at the Pinellas County Health Department, with continuing efforts focusing on providing dental care to those with diabetes and/or cardiovascular diseases.

Community Unmet Need: Good oral health is essential to overall health. Lack of dental care is the key contributor to oral health problems, with low-income and minorities facing particular barriers to care. Roughly 40% of low-income individuals lack access to dental care. Poor oral health results in chronic, low level inflammation, which is a common link to both cardiovascular disease and diabetes. Left untreated, periodontal disease develops, resulting in worsening glycemic control in people with diabetes, as well as an increased risk for diabetic complications such as coronary artery disease, renal disease, and increased death. Similar problems exist for clients at risk for or already diagnosed with cardiovascular disease.

Services Provided:

- Relief of pain
- Tooth removal
- Oral surgeon services in case of dental trauma or life threatening injuries

Total Program Budget Fiscal Year 2011: \$350,000

Performance Measures:

- Total number of annual dental extractions
- Total number of clients receiving dental extractions

Pinellas County Health Program Dental Care Activity

	FY 10	FY 11
Total Number of Clients Served	1,376	1,169
Total Cost of Program	\$350,000	\$350,000
Average Cost Per Client	\$254	\$299

Benefit to Pinellas County: In Pinellas County, dental issues (usually pain) are among the top ten reasons people go to the emergency room. When clients are treated by local dentists, they can receive care in a more economical manner.

Alignment to the Board's Strategic Outcomes upon Implementing Technology and Reorganization:

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

Recommendations: We intend on identifying resources to expand preventive care for dentistry through grand opportunities and expanding efficiencies. Our agency's goal is to move people into economic self sufficiency; a smile that shows confidence and character impacts an individual's ability to seek employment.

Pinellas County Health Program: Pharmacy

Pharmacy services are provided at no cost to Pinellas County Health Program clients through a contract with Sweetbay Pharmacy, allowing clients to obtain their medications at multiple Pinellas County locations. Prescription coverage is limited to medications listed on the pharmacy formulary, with a maximum of 10 prescriptions per month, with a 90 day supply.

Community Unmet Need: Prior to the implementation of the Pinellas County Health Program, controlled substances and muscle relaxant prescriptions ranked near the top, far above medications for cardiovascular, diabetes and respiratory diseases. Since changing from Wellcare, this distribution has changed to more closely parallel our clients' chronic illnesses, while still assuring coverage for acute pain and cancer.

Total Program Budget Fiscal Year 2011: \$5,425,800

Pinellas County Health Program Pharmacy Activity

	FY 10	FY 11
Total Number of Clients Served	8,448	8,037
Total Cost of Program	\$4,800,000	\$5,425,800
Average Cost Per Client	\$568	\$675

Community Collaboration: In addition to providing clients with medicines on our formulary, the Suncoast Health Council MedNet Program – which is funded by the county – also provides access to prescription medications for uninsured adults with chronic health conditions. Health and Human Services allocates a total of **\$265,000** of General Fund dollars to this program. Providers and clients are expected to utilize pharmaceutical corporate Prescription Assistance Programs as coordinated through the MedNet Compassionate Drug Assistance Program for prescriptions not covered by the Pinellas County Health Program's pharmacy formulary. The medical home is responsible for facilitating the Prescription Assistance Program process, with medications provided to clients at no cost. In 2011, 35% of MedNet Program participants were enrolled in the Pinellas County Health Program, saving the county approximately \$3.2 million in prescriptions.

Performance Measures:

- Monitor utilization of formulary drugs to assure that costs are within expected ranges.
- Achieve highest utilization of generic drugs so as to minimize overall costs.

Benefit to Pinellas County: Monitoring the utilization of drugs that are formulary and using generics when possible assure that costs are within expected ranges. Additionally, medications are received through the MedNet Program at no additional costs. These mechanisms help the county achieve cost-savings.

Alignment to the Board's Strategic Outcomes upon Implementing Technology and Reorganization:

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	☑
• Achieve cost-savings from collaborative workgroup for consolidation	☑

Recommendations: No recommendations at this time.

Pinellas County Health Program: Specialty Care

Clients who need care beyond their medical home are eligible to receive specialty care services through the Pinellas County Health Program's network of specialty physicians. Currently have 88 specialty care contracts with community providers – totaling 288 specialty care physicians in the areas mentioned below.

Services Provided: Allergy/Immunology, Cardiology, Cardiovascular and Thoracic Surgery, Dermatology, Endocrinology, Gastroenterology, General Surgery, Gynecology, Hematology/Oncology, Infectious Diseases, Nephrology, Neurology, Neurosurgery, Ophthalmology, Orthopedics, Otolaryngology, Physical Medicine Rehabilitation, Podiatry, Pulmonology, Radiation Oncology, Radiology, Rheumatology, Urology, and Vascular Surgery.

Total Program Budget Fiscal Year 2011: \$5,735,000

Performance Measures:

- Total clients receiving specialty care services, by specialty
- Total specialty care encounters, by specialty

Pinellas County Health Program Specialty Care Activity		
	FY 10	FY 11
Total Number of Clients Served	4,699	4,675
Total Cost of Specialty Care	\$3,200,000	\$5,735,000
Average Cost Per Client	\$681	\$1,227

Benefit to Pinellas County: Utilizing our specialty care network reduces the use of emergency rooms at local hospitals, by providing client with access to high quality and comprehensive specialty care. The provision of specialty care addresses many of these conditions before they become more serious and more costly.

Alignment to the Board's Strategic Outcomes upon Implementing Technology and Reorganization:

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 measurable per service/per unit cost savings	☑
• Achieve cost-savings from collaborative workgroup for consolidation	☑

Recommendations: This component is currently under review. We are looking at improved cost reduction methods for specialty care, including the profile of clients eligible for services, as well as increasing the number of general practitioners at the medical homes as to provide a wider access of care.

Pinellas County Health Program: Utilization Management

In an effort to establish quality control mechanisms that are cost-saving, the Utilization Management team was implemented in 2009. Utilization Management evaluates the medical necessity, appropriateness, and efficiency of the use of health care services by reviewing requests and claims for specialty care services. This team is overseen and monitored by the Pinellas County Health Program's Medical Director, and they utilize nationally vetted best practices criteria and Pinellas County Health program guidelines, providing authorizations for services that meet these criteria. Historically, this service has been provided by a contract with Pinellas County Health Department staff.

Intended Programmatic Outcome:

- Serve as specialty care referral clearing house for the Pinellas County Health Program
- Reduce specialty care service costs

Performance Measures:

- Specialty care referrals
- Turnaround of responses notifying medical homes of requests approved/denied
- Percentage of approved and denied referrals

Pinellas County Health Program Utilization Management Activity

	FY 10	FY 11
Total Number of Service Referrals	29,246	37,376
Total Cost of Contract	\$675,920	\$675,920
Average Cost per Referral	\$23	\$18

Contracts: Health and Human Services currently contracts with the Pinellas County Health Department to provide Utilization Management services. However, the Pinellas County Health Department also provides primary care services through the medical homes, which can be perceived as a conflict of interest.

Benefit to Pinellas County: The Utilization Management team ensures cost savings by reviewing specialty care referrals before approving services. This has potentially saved the county approximately \$4.2 million in specialty care costs.

Alignment to the Board's Strategic Outcomes upon Implementing Technology and Reorganization:

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	☑

Recommendations: We are currently exploring avenues to provide Utilization Management services by directly hiring staff to review specialty care referrals, as to avoid the appearance of conflict of interest due to their presence in both providing primary care services as well as reviewing all specialty care requests. We additionally intend on purchasing evidence-based nationally recognized software programs (for example, INTERQUAL) and their associated costs instead of creating a Request-for-Proposals.

Pinellas County Health Program: Inpatient and Ambulatory Care

Clients enrolled in our Pinellas County Health Program also receive inpatient and ambulatory surgical care as needed. Our local hospital partners – including Bayfront Medical Center, Baycare Health System, and Helen Ellis - represent six area hospitals and hospital-based ambulatory surgical centers throughout Pinellas County. While Hospital Corporation of America (HCA) also provided care during fiscal years 2010 and 2011, the hospital no longer wishes to partner with the Pinellas County Health Program. Currently, the hospitals receive and share \$3 million and have agreed to continue serving clients even after their contracted dollars are depleted. An additional 22 ancillary care contracts cover the costs of any ancillary services tied to ambulatory or inpatient services provided to clients who are admitted for inpatient stays in Pinellas County hospitals (radiology, pathology, anesthesia, and hospitalists). These ancillary services also get approved by Utilization Management.

Community Unmet Need: In 2009, 35% of all emergency room encounters for partnering hospitals (including HCA) were among self-payers, most of which are uninsured individuals. Offering inpatient and ambulatory care to clients within the Pinellas County Health Program can limit the amount of uninsured individuals that go to the emergency department for non-emergent care.

Services Provided:

- Inpatient care
- Ambulatory surgical care
- Other procedures done in a day hospital facility

Total Program Budget Fiscal Year 2011: \$3,000,000

Intended Programmatic Outcome:

- Increase access to quality health care for uninsured, low-income county residents
- Reduce non-emergent utilization of emergency department

Performance Measures:

- Client use of approved inpatient and ambulatory care services
- Client use of emergency rooms
- Estimated Medicaid reimbursement rate for services provided, as an approximation to service costs

Pinellas County Health Program Inpatient and Ambulatory Care Activity*

	FY 10	FY 11**
Total Number of Clients Served	1,267	1,032
Total Cost of Program	\$3,000,000	\$3,000,000
Average Cost Per Client	\$2,368	\$2,907

*Totals include total clients served at HCA

**As of March 31st, 2011

Benefit to Pinellas County: Earlier interventions minimize more costly hospitalizations and emergency room visits. The county is currently collecting necessary data to evaluate whether program participation has led to a reduction in non-emergent emergency room utilization. This report is anticipated to be available by April 2012, for it requires data standardization, the establishment of baseline and comparison data, an analysis of reduction, and classifying the urgency in utilization.

Alignment to the Board's Strategic Outcomes upon Implementing Technology and Reorganization:

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	☑
• Achieve cost-savings from collaborative workgroup for consolidation	☑

Recommendations: No recommendations at this time.

Pinellas County Health Program: Durable Medical Equipment and Home Health

Clients who meet criteria for enrollment in Pinellas County Health Program may receive Home Health Care services upon discharge from a hospital, as well as durable medical equipment ordered by the medical provider. This is orchestrated by a contract with BayCare Home Care.

Services Provided:

- Limited Home Health services and provision of Durable Medical Equipment
 - Examples include: crutches, wheel chairs, oxygen, in-home wound care, in-home intravenous therapy, physical and speech therapy.

Total Program Budget Fiscal Year 2011: \$550,000

Intended Programmatic Outcome:

- Reduce length of inpatient stay at hospital facilities
- Reduce cost of inpatient stay
- Reduce hospital re-admissions

Performance Measures:

- Total clients receiving durable medical equipment and/or home health care upon discharge
- Average length of stay prior to discharge
- Average cost per client

Pinellas County Health Program Durable Medical Equipment and Home Health Activity

	FY 10	FY 11
Total Number of Clients Served	485	489
Total Cost of Program	\$650,000	\$550,000
Average Cost Per Client	\$1,340	\$1,125

Benefit to Pinellas County: Arranging home care or medical equipment needs reduces overall length of stay in the hospital and is a more economical method to continue to treat these clients. It also can reduce the hospital re-admissions.

Alignment to the Board's Strategic Outcomes upon Implementing Technology and Reorganization:

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	☑
• Achieve cost-savings from collaborative workgroup for consolidation	☑

Recommendations: No recommendations at this time.

Financial Assistance Division: Overall Description

The Financial Assistance Division provides services to low-income individuals and families to help them become economically self-sufficient. Short-term financial assistance is provided through the Financial Assistance 3 Track Program and the Family Homelessness Prevention Program. Additionally, the Emergency Home Energy Assistance for the Elderly Program provides financial assistance to low-income seniors experiencing a home energy emergency. These programs provide temporary assistance to ease clients' financial crisis – ultimately reducing their dependency on government services.

Community Unmet Need: According to the 2010 Census, there are 120,000 people living at or below the poverty level in Pinellas County. Many of these individuals need short-term financial assistance to prevent them from becoming homeless or help obtaining benefits if they are permanently disabled and cannot work.

Target Population: Indigent county residents between the ages of 18 and 64 (with exception of elderly program)

Eligibility Criteria:

- U.S. citizen
- Pinellas County resident
- Living at or below 100% of the Federal Poverty Level
- Adult between the ages of 18 and 64

Services Provided:

- Cash subsidies to assist with rent, mortgage, utilities, or groceries.
- Housing search assistance.
- Habitability and lead-based paint housing inspections.
- Assistance with applying for and obtaining Social Security Insurance and Social Security Disability Insurance.
- Comprehensive case management and coordination of community referrals and resources.

Total Program Budget Fiscal Year 2011: \$4,412,530

Intended Programmatic Outcomes:

- To improve the quality of life and promote self-sufficiency among low-income or disabled residents.

Benefit to Pinellas County: Providing temporary cash subsidies to prevent low-income families from becoming homeless and helping them reach self-sufficiency ultimately reduces their dependency on government services. Preventing individuals and families from becoming homeless decreases the strain on local emergency shelters and resources and allows shelter providers to serve families with greater needs. Assisting disabled individuals with applying for and obtaining Supplemental Security Income or Social Security Disability Insurance increases the number of available dollars that enter the county and generate taxable revenues.

Alignment to the Board's Strategic Outcomes upon Implementing Technology and Reorganization:

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	☑

The following section outlines each financial assistance program in detail, with appropriate outcomes and recommendations.

Financial Assistance 3-Track Program

The Financial Assistance 3-Track program provides assistance with housing and basic needs to single adults who are unable to work due to an illness or disability. Currently, the program assists only clients who are permanently disabled and in pursuit of Social Security Disability Insurance and/or Supplemental Security Income (previously known as Track 3 clients) for up to 24 months. Prior to October 2011, two additional tracks existed: Track 1, which provided up to 3 months of financial assistance for clients with acute conditions who were expected to recover quickly; and Track 2, which provided up to 9 months of assistance for clients with chronic, non-disabling conditions who were expected to be able to return to work after vocational training. Enrollment in tracks 1 and 2 was suspended in October 2011 because the majority of clients enrolled in these tracks timed out of the program before they could secure income or stable housing. The time limit of these tracks did not allow enough time for the participants to get well, go to training, complete job search, and secure an income.

Community Unmet Need: According to the 2010 Census, there are 120,000 people living at or below the poverty level in Pinellas County. Many of these individuals need short-term financial assistance to prevent them from becoming homeless or help obtaining benefits if they are permanently disabled and cannot work.

Target Population: Single, disabled adults between the ages of 18-64

Eligibility Criteria:

- Pinellas County resident
- Be permanently disabled and unable to work due to an illness or medical condition
- Have income less than \$450 a month
- Own assets less than \$500
- Must pass drug test

Services Provided:

- Up to \$450 a month for help with rent, mortgage payments, utilities and food
- Assistance in applying for/obtaining Social Security Disability and Supplemental Security Income (SSI) benefits
- Financial planning classes

Total Program Budget Fiscal Year 2011: \$3,647,825

Intended Programmatic Outcome:

- Promote self-sufficiency among disabled residents by assisting them in pursuing Social Security Disability Insurance and/or Supplemental Security Income

Performance Measures:

- Percentage of clients approved for Social Security Disability Insurance and/or Supplemental Security Income benefits.

Financial Assistance Program Activity*

	FY 10	FY 11
Total Number of Clients Served	3,135	1,897
Total Cost of Services	\$5,407,530	\$3,647,825
Average Cost Per Client	\$1,725	\$1,923

*3-track program still implemented.

Community Collaboration and Contracts for Services: The Financial Assistance program contracts with Industrial Medical Associates to provide a consultative exam and a drug screening test to evaluate the client's ability to participate in work-related activities. Staff plays an active role in the Pinellas County Coalition for the Homeless and the Homeless Leadership Board. The Department of Health and Human Services coordinates the Human Services Coalition quarterly meetings.

Benefit to Pinellas County: The Financial Assistance program assists disabled residents in obtaining federal disability benefits, thereby reducing their dependence on county resources, for clients receiving disability benefits no longer qualify for the county's health program. Additionally, Track 3 has allowed the county to recover over \$1.4 million in Social Security Disability Insurance and Supplemental Security Income reimbursements. It also assists disabled residents maintain housing while application for Supplemental Security Income or Social Security Disability is pending. Additionally, the county is reimbursed for Financial Assistance benefits that were issued while the disability claim was pending once the client is approved.

Alignment to the Board's Strategic Outcomes upon Implementing Technology and Reorganization:

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	☑

Recommendations: Due to its success, Track 3 will continue, since 80% of all clients received their Supplemental Security Income or Social Security Disability during fiscal year 2011. Moving forward, the department intends to revisit Track 2 (the vocational track) by working with community partners like PTEC and the Department of Vocational Rehabilitation to accept referrals for clients who already enrolled or enrolling in school/vocational training, are motivated to achieve self-sufficiency, and capable of achieving self-sufficiency within a reasonable timeframe. Finally, we recommend Track 1 stay closed, as its intent does not fit into the Health and Human Services' strategic plan.

Family Homelessness Prevention Program

The Family Homelessness Prevention Program provides housing stabilization services, including rent and utility assistance, to families with minor children who are at imminent risk of becoming homeless. In addition, clients who are approved for financial assistance also receive 3 months of case management services to assist them in remaining stably housed. The maximum amount of assistance is 3 months or \$3000, whichever comes first. Once the family is determined eligible for assistance, they will receive 3 months of case management services. Families can qualify for assistance from the Family Homelessness Prevention Program once every 3 years.

Community Unmet Need: Decreases the strain on family emergency shelters by preventing clients from becoming homeless. Assists at-risk families with maintaining their housing or moving to other housing if at imminent risk of losing housing due to eviction, housing has been condemned, doubled-up or have severe housing cost burden.

Target Population: Families with minor children who are at imminent risk of becoming homeless

Eligibility Criteria:

- Pinellas County resident
- Household must consist of a family with minor children or a pregnant woman in her third trimester
- Living at or below 50% of Area Median Income and fall within asset guidelines
- Household must be at imminent risk of homelessness for one of the following reasons:
 - Being evicted because of executed foreclosure of rental housing or applicant owned property;
 - Living in housing that has been condemned by housing officials and is no longer considered meant for human habitation
 - Living in a hotel or motel
 - Being evicted from a private dwelling due to a recent, verifiable reduction or loss of income
 - Being evicted from a private dwelling due to a recent, legitimate, verifiably paid and unforeseen expense
 - Moving into affordable housing due to eviction from housing with a severe cost burden (greater than 50% of income for housing costs)
 - Moving into independent housing from being doubled up with another family
- Have no other housing options or other resources/support networks
- Have a plan to remain stably housed within 3 months of receiving assistance

Services Provided:

- Case management
- Financial assistance for rent, utilities, and deposits
- Inspections on rental properties if the family is moving

Total Program Budget Fiscal Year 2011: \$614,705

Intended Programmatic Outcomes: To help reduce occurrences of family homelessness in Pinellas County by assisting families who are at risk of becoming homeless remain stably housed.

Performance Measures: The percentage of clients who remain stably housed 3 months, 6 months, and 1 year after services were received.

Family Homelessness Prevention Program Activity

	FY 11*
Total Clients Served	337
Total Benefit Distributed	\$614,705
Average Benefit Amount Per Client	\$1,823

*Family Homelessness Prevention Program was implemented on 2/21/11.

Community Collaboration and Contracts for Services: Pinellas County Coalition for the Homeless, the Homeless Leadership Board, and the Low-Income Housing Leadership Network. McCright & Associates perform lead and habitability inspections when clients are moving into a new rental property.

Benefit to Pinellas County: According to the National Alliance to End Homelessness, families often become homeless due to an “unforeseen financial challenge”. The Family Homelessness Prevention Program offers assistance to families during this time so that an unexpected expense or temporary loss of income does not escalate into homelessness. Preventing homelessness from occurring when possible decreases the strain on local emergency shelters and resources, allowing them to serve families with greater needs.

Alignment to the Board’s Strategic Outcomes upon Implementing Technology and Reorganization:

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	☑

Recommendations: While our department is committed to help reduce homelessness in Pinellas County, its current focus is on targeting the increased numbers of homeless families with children due to the economic recession. We are currently implementing changes to our Family Homeless Prevention Program to better address the needs of homeless families. Among these changes is targeting the enrollment of highly motivated, employed individuals with a desire to transition from homelessness into economic self-sufficiency. We additionally want these individuals to remain permanently housed after they exit the program. We recommend tailor service delivery to specific client needs, instead of standard services. Finally, master case managers will develop a family service plan and work with families through the provision of financial coaching and tailored needs assessments, so that they increase their level of self

sufficiency within 18 months. The clients will also have a monthly savings requirement that will be equal to the amount of rental subsidy the family is receiving from Health and Human Services. The savings requirement begins on day 1 of the program. During the first 6 months, Health and Human Services pays 100% of the rent and the family saves the equivalent every month. After 6 months, the rental subsidy will decrease and the family will have to contribute the remainder of the rent. Health and Human Services' contributions will decline gradually until the family is paying 100% of the rent.

Elderly Home Energy Assistance for the Elderly Program

The Emergency Home Energy Assistance for the Elderly Program provides financial assistance to low-income seniors experiencing a home energy emergency. Payments are for home heating or cooling and other emergency energy-related costs during the heating (October to March) and cooling (April to September) seasons. The funding for this program originates with the U.S. Department of Health and Human Services, in partnership with the State of Florida Department of Elder Affairs, and administered through the Area Agency on Aging of Pasco-Pinellas, which contracts locally with Pinellas County Department of Health and Human Services to provide this service.

Community Unmet Need: Assists low-income seniors with their heating and cooling costs. Program enables low-income seniors to remain in their homes by providing assistance with their energy needs.

Target Population: Low-income seniors, age 60 and older

Eligibility Criteria:

- Pinellas County resident
- Household must have a heating or cooling emergency
- Household must have at least one individual age 60 or older in the home
- Be at or below 150% of the Federal Poverty Level

Services Provided:

- Heating and cooling assistance during the season
- Vouchers to purchase blankets, portable heaters and fans
- Pay for repairs to existing heating or cooling equipment or for reconnection fees

Total Program Budget Fiscal Year 2011: \$465,490

Intended Programmatic Outcomes:

- Enable low-income seniors to remain in their homes by assisting with their heating and cooling costs
- Maximize the number of low-income seniors that can be assisted with these funds

Performance Measures:

- The staff reviews the total number of elderly clients who receive heating and cooling services and keeps track each client from year to year.

Emergency Home Energy Assistance for the Elderly Program Activity

	FY 10	FY 11
Total Number of Clients Served	1,117	933
Total Benefit Distributed	\$150,000	\$465,490
Average Benefit Amount Per Client	\$134	\$499

*Estimate: Households include duplication, as they may receive service in each season.

Community Collaboration and Contracts for Services: This program is federally funded by the U.S. Department of Health and Human Services in partnership with the State of Florida Department of Elder Affairs and administered locally through the Area Agency on Aging of Pasco-Pinellas. Pinellas County has a cost reimbursement agreement and a business associate agreement with the Area Agency on Aging of Pasco-Pinellas to provide this service to the low-income senior population in Pinellas County.

Benefit to Pinellas County: Vulnerable, low-income Pinellas County seniors benefit from receiving energy assistance and avoiding the harmful effects of having their utilities disconnected. Assistance enables many at-risk seniors to remain in their homes.

Alignment to the Board's Strategic Outcomes:

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

Recommendations: Although this program provides a needed service in Pinellas County, it does not align with the target population of the other programs administered by the Department. This is the only program that Health and Human Services administers that targets the senior population. There are other agencies in the community that work specifically with this population and could benefit from adding this program to their repertoire of services. Furthermore, the increased number of citizens requesting aid in this program well exceeds our capacity. We are recommending that we work with the Area Agency on Aging to transition this program to a more appropriate agency.

Veterans Services

Pinellas County Veterans Services assists veterans and their families in obtaining veterans benefits, services and information from the U.S. Department of Veterans Affairs. It provides assistance to veterans in Pinellas County – the 3rd highest veteran population in Florida at nearly 100,000 – as well as their spouses/surviving spouses, dependent children, and parents.

Community Unmet Need: The county has the 3rd highest population of veterans in Florida, at nearly 100,000 as well as their spouses/surviving spouses, dependent children, and parents.

Target Population/Eligibility Criteria: Pinellas County Veterans and their dependents and/or survivors

Services Provided:

- Information/advocacy on full range of Veterans Affairs benefits, including Veterans Affairs compensation, pension, death benefits, insurance, health care and others.
- Information/advocacy for numerous other benefits and services available that mainly emphasize providing financial and/or medical aid to disabled or indigent veterans.

Total Program Budget Fiscal Year 2011: \$511,010

Intended Programmatic Outcomes:

- Obtain benefits/services for eligible clients
- Maximize federal Veterans Affairs dollars paid to Pinellas County residents

Performance Measures:

- Comparative data on revenue generated through our claims service assistance
- Total revenue for our veterans/other claimants
- Total processed claims actions

Veterans Services Activity

	FY 10	FY 11
Total Number Claims Actions	7,285	7118
Total Cost of Program	\$543,540	\$511,010
Average Cost Per Client	\$75	\$72

Benefit to Pinellas County: Approximately \$15 million in new Veterans Affairs revenue was secured for Pinellas County in 2011.

Alignment to the Board's Strategic Outcomes:

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

Recommendations: Our department is committed to help reduce homelessness in Pinellas County. With an increasing number of homeless Veterans in the county, the Department is shifting its service delivery to include homeless Veterans and help them secure their benefits. Services will continue to be offered to all Veterans, but increased outreach and visibility will go towards homeless Veterans.

Indigent Burial and Cremation Program

The Indigent Burial and Cremation Program is a state mandated program that requires Florida counties to make appropriate arrangements for the disposition of indigent and unclaimed citizens. This service is provided through a contract with A Life Tribute Funeral Care.

Community Unmet Need: State mandate to provide disposition of remains services for indigent and unclaimed citizens.

Target Population: Indigent and unclaimed bodies

Eligibility Criteria: As required by Chapter 245 of the Florida Statutes, Pinellas County must assume financial responsibility for the disposition of any unclaimed or indigent bodies that have expired in Pinellas County. The following criteria must be met:

- A body is considered to be unclaimed when there is no legally responsible relative or when no other person (e.g. relative, friend, organization) has accepted financial responsibility for the body
- The indigent criteria is met if a deceased and the immediate family members do not have sufficient resources to provide for a cremation and no one has assumed financial responsibility for disposition of the body

Services Provided:

- Payment for the cremation of indigent and unclaimed bodies and for the scattering of the cremated remains
- Payment for removal fees and transportation to the nearest National Cemetery for honorably discharged veterans

Total Program Budget Fiscal Year 2011: \$280,000

Intended Programmatic Outcome:

- To provide appropriate disposition of indigent and unclaimed bodies in accordance with Chapter 245 of Florida Statutes.

Performance Measures:

- Ensure program complies with Florida Statutes and ensure services are provided timely and in a dignified manner.

Indigent Burial and Cremations Program Activity

	FY 10	FY 11
Total Number of Clients Served	759	710
Total Cost of Program	280,000	\$280,000
Average Cost Per Client	\$369	\$394

Contracts: A contract with A Life Tribute Funeral Care to provide indigent burial/cremation services and an agreement with St. Petersburg College Funeral Services Program for embalming of bodies that will be

buried in the National Cemetery. A program agreement with the Anatomical Board for unclaimed bodies that are in suitable condition for teaching and research purposes throughout state universities.

Benefit to Pinellas County: Ensures that all persons who expire in Pinellas County are handled in a dignified manner.

Alignment to the Board's Strategic Outcomes Upon Implementing Technology and Reorganization:

Strategic Outcomes	Status
• Increase citizen satisfaction with the delivery of services	<input type="checkbox"/>
• Deliver measurable savings and improved customer service from investments in technology	<input type="checkbox"/>
• Utilize a data-driven approach to target opportunities for efficiencies	<input type="checkbox"/>
• Achieve measureable per service/per unit cost savings	<input type="checkbox"/>
• Increase employee satisfaction and engagement	<input type="checkbox"/>
• Achieve cost-savings from collaborative workgroup for consolidation	<input type="checkbox"/>

Recommendation: While this program has been implemented to comply with Florida Statute 406.50, it does not align with the mission of Health and Human Services. It is recommended that this program be transferred to the Medical Examiner's office, as they already work with this target population.

Summer Food Service Program

The Summer Food Service Program is a federal nutrition program that local non-profits and schools use to make sure kids in their communities don't go hungry during the summer. It provides free, nutritionally balanced meals that meet USDA guidelines to low income children at eligible sites within Pinellas County during the summer months when school is not in session.

Community Unmet Need: Many low-income families rely on free or reduced-price lunches to feed their children during the school day. In the summer, with school out of session, there isn't an opportunity to ensure that the children are being fed and oftentimes, not enough money to provide these meals at home. In 1975, The United States Department of Agriculture created the Summer Food Service Program to ensure that these low-income children are getting the nutrition they need when school is out.

Target Population: States approve meal sites as open, enrolled, or camp sites:

- Open sites operate in low-income areas where at least half of the children come from families with incomes at or below 185 percent of the Federal poverty level, making them eligible for free and reduced-price school meals. Meals are served free to any child at the open site.
- Enrolled sites provide free meals to children enrolled in an activity program at the site where at least half of them are eligible for free and reduced-price meals.
- Camps may also participate in the program. They receive payments only for the meals served to children who are eligible for free and reduced-price meals.

Eligibility Criteria:

- School sites qualify by having more than 50% of their students eligible for the Free and Reduced School Lunch Program during the school year.
- Non-school sites qualify by having a nearby non-participating school with 50% or more of its students eligible for free or reduced priced lunch or by using the U.S. Census Data to verify if the site is located in an area where average incomes are at or below 185% of the Federal Poverty Level.
- Children 18 and younger may receive free lunches and snacks through summer meal sites.
- Meals and snacks are also available to persons with disabilities over the age of 18 who participate in school programs for people who are mentally or physically disabled.

Services Provided:

- Lunch and an afternoon snack are provided to each child daily at eligible sites

Intended Programmatic Outcome:

- To feed as many children at as many eligible sites in Pinellas County as possible.

Performance Measures:

- The number of nutritious meals provided to low-income children of Pinellas County.

Total Program Budget Fiscal Year 2011: \$500,000

- The State Department of Education reimburses providers \$2.98 per lunch for food costs and 26 cents per lunch for administrative/delivery costs, for a total reimbursement of \$3.24 per lunch.

- The Department of Education reimburses providers 69 cents per snack for food costs and 7 cents per snack administrative/delivery costs, for a total reimbursement of 76 cents per snack.
- Unspent funds are rolled over to the next fiscal year

Summer Food Service Program Activity

	FY 10	FY 11
Total Number of Children Served	107,800	101,819
Total Number of Sites	58	62
Total number of snacks served	100,005	102,055
Total number of lunches served	107,654	99,122
Total days of operation	40	40
Average cost per lunch	\$2.70	\$2.75
Average cost per snack	\$.67	\$.68

Contracts: Health and Human Services staff often goes out to the community to speak on the Summer Food Service Program and encourage participation from community groups. The State contracts with a marketing company to advertise for the program in an effort to locate new sites and new children.

Benefit to Pinellas County:

- Provides nutritional continuity to children throughout the summer months.
- Eases the burden on low-income families of having to provide lunches and snacks every day during the summer when these meals would've otherwise been provided at school.
- Strengthens the educational, developmental, and recreational activities of not-for-profit summer programs.
- Brings federal dollars to local economies to meet the needs of hungry children.
- Children return from the summer well-nourished and ready to learn.

Alignment to the Board's Strategic Outcomes upon Implementing Technology and Reorganization:

Strategic Outcomes	Status
• Increase citizen satisfaction with the delivery of services	<input checked="" type="checkbox"/>
• Deliver measurable savings and improved customer service from investments in technology	<input checked="" type="checkbox"/>
• Utilize a data-driven approach to target opportunities for efficiencies	<input type="checkbox"/>
• Achieve measureable per service/per unit cost savings	<input checked="" type="checkbox"/>
• Increase employee satisfaction and engagement	<input type="checkbox"/>
• Achieve cost-savings from collaborative workgroup for consolidation	<input type="checkbox"/>

Recommendations: While this program has been run by the Department of Health and Human Services for over 20 years, we do not believe it aligns with the mission of the organization. Currently, the Department contracts school staff to run the program during the summer months. We recommend it is transitioned to the public school system, which already runs a similar school lunch program during the school year and has the appropriate staff to do so.

B) Mandated Programs

There are only four State mandated programs the Department currently runs. These account for 36% of the Health and Human Services budget.

- Local Medicaid Matching Funds
- Local Mental Health Matching Funds
- Disposition of Indigent and Unclaimed Bodies (Indigent Burial and Cremations Program)
- Health Care Responsibility Act

Local Medicaid Matching Funds

Florida Statute: 409.915

“... (1) (a) For both health maintenance members and fee-for-service beneficiaries, payments for inpatient hospitalization in excess of 10 days, but not in excess of 45 days, with the exception of pregnant women and children whose income is in excess of the federal poverty level and who do not participate in the Medicaid medically needy program, and for adult lung transplant services. (b) For both health maintenance members and fee-for-service beneficiaries, payments for nursing home or intermediate facilities care in excess of \$170 per month, with the exception of skilled nursing care for children under age 21. (2) A county’s participation must be 35 percent of the total cost, or the applicable discounted cost paid by the state for Medicaid recipients enrolled in health maintenance organizations or prepaid health plans, of providing the items listed in subsection (1), except that the payments for items listed in paragraph (1)(b) may not exceed \$55 per month per person. (3) Each county shall set aside sufficient funds to pay for items of care and service provided to the county’s eligible recipients for which county contributions are required, regardless of where in the state the care or service is rendered...”

Total Fiscal Year 2011 Budget: \$16,250,000

This program accounts for the county mandated share of matching funds for State Managed Healthcare, which provides inpatient hospitalization services and nursing home services. The county is billed by the State for Medicaid and the Department of Health and Human Services reviews the bills for patients that are not county residents. The any bills for non-county residents are rejected. Pinellas County pays the State 35% of the total cost for inpatient hospital care for days 11 through 45, as well as \$55 per month/per person for nursing home care. This amount may increase in the future since the current amount has not increased for decades. Current services are at the minimum mandated level.

Recommendation: Continue funding, per state mandate.

Local Mental Health Matching Funds

Florida Statute: 394.76

“(9)(a) State funds for community alcohol and mental health services shall be matched by local matching funds as provided in paragraph (3)(b) [...All other contracted community alcohol and mental health services and programs, except as identified in s. 394.457(3), shall require local participation on a 75-to-25 state-to-local ratio]. The governing bodies within a district or subdistrict shall be required to participate in the funding of alcohol and mental health services under the jurisdiction of such governing bodies. The amount of the participation shall be at least that amount which, when added to other available local matching funds, is necessary to match state funds.

Total Fiscal Year 2011 Budget: \$2,174,710

This program accounts for the county mandated share of matching funds for state contracted local mental health service providers treating the severely persistent mentally ill. The county directly contracts with local mental health service providers and is responsible for providing matching funds to the eligible state funded programs on a state-to-local ratio of 75:25, to the extent that other local funds are not provided. Current services are at the minimum mandated level.

Recommendation: Continue funding, per state mandate.

Disposition of Indigent and Unclaimed Bodies

Florida Statute: 406.50

“All public officers, agents, or employees of every county, city, village, town, or municipality and every person in charge of any prison, morgue, hospital, funeral parlor, or mortuary and all other persons coming into possession, charge, or control of any dead human body or remains which are unclaimed or which are required to be buried or cremated at public expense are hereby required to notify, immediately, the anatomical board, whenever any such body, bodies, or remains come into its possession, charge, or control. Notification of the anatomical board is not required if the death was caused by crushing injury, the deceased had a contagious disease, an autopsy was required to determine cause of death, the body was in a state of severe decomposition, or a family member objects to use of the body for medical education and research.”

Total Fiscal Year 2011 Budget: \$280,000

The county contracts with a local funeral home and a transportation service provider for embalming and funeral care services including cremation, and veteran burials. The county is responsible for performing background checks on the deceased to inform family members and ensure eligibility for the program. Current services are at the minimum mandated level.

Recommendation: While this program has been implemented to comply with Florida Statute 406.50, it does not align with the mission of Health and Human Services. It is recommended that this program be transferred to the Medical Examiner’s office, as they already work with this target population.

Health Care Responsibility Act

Florida Statute: 154.306

“Ultimate financial responsibility for treatment received at a participating hospital or a regional referral hospital by a qualified indigent patient who is a certified resident of a county in the State of Florida, but is not a resident of the county in which the participating hospital or regional referral hospital is located, is the obligation of the county of which the qualified indigent patient is a resident. Each county shall reimburse participating hospitals or regional referral hospitals as provided for in this part, and shall provide or arrange for indigent eligibility determination procedures and resident certification determination procedures as provided for in rules developed to implement this part. The agency, or any county determining eligibility of a qualified indigent, shall provide to the county of residence, upon request, a copy of any documents, forms, or other information, as determined by rule, which may be used in making an eligibility determination.”

Total Fiscal Year 2011 Budget: \$450,000

The county is invoiced for emergency health care services by out of county hospitals and is responsible for paying inpatient hospital Medicaid rates for the services provided. The county is responsible for ensuring that the individual is a county resident and meets program eligibility requirements. Current services are at the minimum mandated level.

Recommendation: Continue funding, per state mandate.

C) Matches

The programs listed below have historically been funded based on the presumption of a mandated state Statute or County Ordinance; however, in review of our available recourses, no such legislature has been found to substantiate mandated funding. Currently, we are seeking more information from program sources to better ascertain under what provisions these programs were developed and under what basis funding was allocated. We will provide this information in another report.

Pinellas County Coalition for the Homeless

Total Fiscal Year 2011 Budget: \$69,800

The Pinellas County Coalition for the Homeless is a non-profit organization that works to coordinate services for the homeless population, educate and train the community about homelessness, coordinates the annual Point-in-Time Homeless Survey, serves as the lead agency for the U.S. Department of Housing and Urban Development's Continuum of Care funding, as well as the State of Florida homeless funding programs. In January 2012, the Pinellas County Coalition for the Homeless merged with the newly created Homeless Leadership Board. This board is comprised of elected officials and community leaders. The new Homeless Leadership Board will assume the duties previously performed by the Pinellas County Coalition for the Homeless and will work to develop local solutions to homelessness in Pinellas County.

Community Funded Programs (Social Action Funding)

Total Fiscal Year 2011 Budget: \$200,000

The Social Action Funding Program provides funding to private non-profit agencies serving the health, economic, or social well being of the adult population in Pinellas County. Funding is provided annually on a competitive basis. On August 23, 2011 the Board of County Commissioners designated the following priority areas for funding during fiscal year 2012: food and nutrition, health, legal assistance for homeless prevention, and one-time technology cost for implementation of the Tampa Bay Information Network. The Board is scheduled to approve the Social Action Funding recommendations at their January 24, 2012 meeting.

2-1-1 Tampa Bay Cares

Total Fiscal Year 2011 Budget: \$375,000

2-1-1 provides 24-hour access to crisis intervention, counseling, information and referral services on community human services, mental health and substance abuse programs. 2-1-1 also coordinates the County's Homeless Management Information System which is an important key in determining the unmet needs of the homeless and is required in order to receive Federal HUD funding.

Pinellas County provides funding to 2-1-1 Tampa Bay Cares, Inc. for support of 2-1-1 call center staff who are qualified to address issues and inform callers about available community resources, human services, financial assistance, medical and behavioral healthcare, substance abuse programs and volunteer opportunities. Funding is also provided to enhance coordination and integration of the capacity of 2-1-1's

unique information system and data base resources to support the County's role on the Health and Human Services Coordinating Council and its efforts to improve the efficiency and the effectiveness of the funding and delivery of community services.

Pinellas Hope, Catholic Charities

Total Fiscal Year 2011 Budget: \$500,000

Pinellas Hope is a program operated by Catholic Charities DOSP, Inc. that began as a pilot project to address the problem of increased population of homeless persons in Pinellas County during the winter months of the year. Pinellas Hope continues to provide temporary housing, employment opportunities and homeless services to homeless Pinellas County residents.

Permanent/Supportive Housing Project (Boley Housing Project)

Total Fiscal Year 2011 Budget: \$317,480

The funding for Boley's supportive housing is to assist Boley Centers, Inc. in the maintenance of its Grove Park Village project, which will provide permanent affordable housing assistance to the chronically homeless population in Pinellas County. Boley provides assistance to the mentally impaired homeless population by providing them with housing and access to support services such as medical care, vocational training and job placement, as well as linkage to other community services. The Agency is currently funded primarily through a United States Department of Housing and Urban Development, and needs local match funds in order to maintain these programs for the mentally impaired homeless. These transitional and permanent supported housing projects are consistent with the affordable housing strategies as outlined in "Opening Doors of Opportunity", a Ten Year Plan to End Homelessness in Pinellas County".

Health and Human Services Coordinating Council

Total Fiscal Year 2011 Budget: \$125,100

On February 14, 2005 the Board of County Commissioners approved the establishment of the Health and Human Services Coordinating Council. This council works to coordinate the planning and funding of the county's health and human services system to more efficiently meet the needs of our citizens. It is composed of a policy board, an administrative forum, and public management networks. Funding is provided by Pinellas County and the Juvenile Welfare Board.

Homeless Shelter Beds (St. Pete/St. Vincent de Paul)

Total Fiscal Year 2011 Budget: \$137,220

Shelter beds for homeless adults are utilized as the primary source of shelter/housing for the clients encountered by the Pinellas County Homeless Street Outreach program. The homeless street outreach

program consists of teams working with homeless citizens living in the Cities of St. Petersburg, Pinellas Park, and in Lealman and the unincorporated areas of Pinellas County. The outreach teams will attempt to engage and link hard to reach homeless citizens with needed shelter and supportive programs. Shelter for the clients encountered by the street outreach teams will be a key component of the program.

D) Pass-Through Programs

The following programs are services the Board previously identified as needed in the community and identified an outside legally constituted agency to provide them. They are funded through this department.

Homeless Street Outreach Program

Total Fiscal Year 2011 Budget: \$300,000

The program provides outreach to the street homeless population. The goal is to connect people living on the streets to appropriate programs and services that can assist them in getting off the streets and back to self-sufficiency. Referrals are made for shelter/housing, health/behavioral health services, ID, transportation, financial assistance, and other needed services. There are five street outreach teams serving the target areas of St. Petersburg, Clearwater, Pinellas Park, Tarpon Springs, Lealman as well as other areas in the county that have a high concentration of street homeless. Each team consists of a law enforcement officer paired with a street outreach social worker.

Homeless Initiative Funding Program

Total Fiscal Year 2011 Budget: \$200,000

The Homeless Initiative program assists local social service agencies that focus on providing services to or assisting the homeless in Pinellas County. There are 10 social service agencies receiving Homeless Initiative program funding.

Daystar Life Center

Total Fiscal Year 2011 Budget: \$15,000

Daystar Life Center currently maintains a Traveler's Aide Emergency Assistance Program for individuals residing in Pinellas County. This program assists homeless individuals and families who find themselves displaced in Pinellas County to return to destinations that previously provided stability in a safe and supportive environment, and provides other essential support services to assist these individuals in regaining stability. Pinellas County assists Daystar Life Center by matching the cost of maintaining the Traveler's Aide Program, which provides enhanced delivery of human services for county residents.

Victims of Domestic Violence

Total Fiscal Year 2011 Budget: \$139,000

The County provides funding for to two agencies that provide counseling and support services for victims of domestic violence. Those agencies are Community Action Stops Abuse, Inc. and Religious Community Services, Inc. The goals of both agencies are to improve the living situation of homeless persons by providing emergency shelter and supportive services and assisting them in obtaining and sustaining permanent housing.

MEMORANDUM

To: John Woodruff, Budget Director, Office of Management and Budget

From: Gwendolyn Warren, Bureau Director, Department of Health and Human Services

Distribution: Carl Harness, Assistant County Administrator, County Administration
Cliff Smith, Assistant Director, Health and Human Services
Clark R. Scott, Financial Manager, Health and Human Services

Subject: 2013 Transmittal Memorandum

Date: March 28, 2012

This memorandum will serve as a formal transmission the FY2013 Budget as directed by Office of Management and Budget. It is recommended that increases to the FY2013 budget be held to a 1.3% inflation factor. We do not recommend any further reductions for this fiscal year.

Reconciliation of the FY12 budget projection to 99% of the current budget

FY12 budget as adopted (GF only)	\$42,744,730
Amendment to increase Social Action Funding	\$160,000
Amendment for Health Facilities Authority	\$10,000
FY12 budget as adjusted	\$42,914,730
FY12 budget projection	\$42,479,715
Difference	\$435,015
Percentage	98.98%

Reconciliation of the FY13 budget forecast to the non-personnel budget target

FY13 budget (GF only)	\$43,894,917
Less Personal Services	\$5,712,407
Less Medicaid Mandate	\$13,000,000
FY13 budget as adjusted	\$25,182,510
FY13 non-personnel target HHS	\$25,182,510
FY13 Medicaid target HHS	\$13,000,000
Difference	\$0

As we outline our rationale for this recommendation, we refer to the 2010 Census, which indicates that 916,542 individuals live in Pinellas County. The Centers for Disease Control and Prevention's most recent 2010 statistic indicates that 11.4% of the county's population is uninsured, which means that there are now 104,486 uninsured individuals in Pinellas County who are in need of assistance. In addition, unemployment rates within the county have risen in the past decade, going from 4.3% in 2000 to 11.4% in 2010 (Florida Office of Economic Opportunity). The demand for services has increased, whereas our financial resources are continuing to decrease.

In order to deliver quality services, the Department has identified five areas for improvement and realigned these to better meet the strategic direction of the Board of County Commissioners.

- Create a collaborative health care delivery system
- Increase technological capabilities to improve community-level outcomes
- Manage a diversified funding stream for the Department to reduce reliance on General Funds
- Implement One Stop Centers in target communities
- Reorganize the Department, starting with an improved client services delivery system with a centralized intake process that reduces duplication and is cost-efficient

Increases to Existing Revenue Sources, Reductions in Costs, New Revenue Ideas and Alternative Program Delivery Options

In August 2011, the Board directed staff to facilitate a series of discussions with other community health care agencies to identify efficiencies and design an improved health care delivery system in the county. Through these discussions, two areas for improvement were identified. First, there is limited or no connectivity in Pinellas County between agencies to eliminate client duplication, program hopping and excessive costs. This is partially driven by the lack of technologies that allow agencies to share information. Second, health care delivery for low-income populations in Pinellas County is designed to treat adults and children separately, instead of the family unit as a whole. Treating the family unit as a whole has been demonstrated to be more efficient and cost-effective. With this in mind, improvements to the health care delivery system are outlined below, focusing on collaborations with partners to implement countywide sustainability.

The Department of Health and Human Services is committed to achieving its health care goals of increasing access to quality healthcare, 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. While we will continue operating the patient-centered medical homes, we will improve and expand services to include prevention practices that focus on improving outcomes on a community-wide and individual level. It will also link the family with social service agencies within the community to ensure any additional social and environmental factors impeding access to quality health care and better health outcomes are properly addressed.

The main tenants of this initiative include:

- A community-focused health care delivery system with multiple access points
- Improving technological capacities
- Expanding and retraining the health care workforce
- Engaging and educating the community on health outcomes
- Working with legislative bodies on issues that affect health outcomes

Expanding strategic partnerships will allow us to:

- Leverage a higher federal reimbursement rate
- Offset the cost of care
- Utilize already existing modern health clinics and trained staff
- Increase variety of health services offered
- Expand access to quality healthcare
- Offset the impact of inadequate transportation

Additional Cost Saving Ideas

The effects of the economic recession have been hard-felt in Pinellas County, which has resulted in budget cuts across the board. The Department of Health and Human Services' overall budget has suffered a 35% decrease (a 56% decrease in our core services) in the past four years, with allocated funds reduced by \$21.6 million, although service delivery needs have increased.

Therefore, we 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, Health and Human Services has begun this effort, which includes developing an Indigent Health Trust, aggressively seeking and applying for grant opportunities, expanding our 330e Federally Qualified Health Center designation, and leveraging resources from community partnerships.

In addition, we have developed an alternative Medicaid funding mechanism to leverage additional dollars that fund services offered through the medical homes.

Grant Opportunities: Since October 2011, we have worked on three grant applications that could secure the county a total of up to \$35.5 million, and continue to seek additional federal grant opportunities. We will receive award notifications for these between April and May 2012.

- The *Health Resources and Services Administration Capital Development-Immediate Facility Improvements Grant* would secure \$500,000 in non-clinical exterior renovations to the Health and Human Services St. Petersburg office location, which has not been renovated since its purchase in 1987.
- The *Health Resources and Services Administration Capital Development Grant* would secure another \$5 million to increase access to care for Pinellas County homeless individuals by providing a medical clinic at Safe Harbor, as well as expanding the Mobile Medical Unit's ability to treat more clients.
- The *Center for Medicaid Services Health Care Innovation Challenge Grant* would provide up to \$30 million dollars over a three year period to implement the community-centered health care delivery system, eliminating county-wide service duplication.

Departmental Reorganization

During the January 26, 2012 workshop session, we presented our recommendation for the departmental reorganization. The process of restructuring the Department of Health and Human Services is crucial in being able to provide quality services to county residents. We communicated that we are focused on increasing available resources to strengthen staffing capacities, empowering staff, streamlining service delivery and eliminating duplication in the system. Therefore, an integrated Health and Human Services delivery system will help guide residents along a path toward economic self-sufficiency and improved health outcomes, thereby focusing on client oriented and cost effective delivery systems. The benefits of the departmental reorganization will provide a more efficient process that relies on technology to simplify eligibility and access to services and creates a work environment that allows staff to achieve personal goals and objectives.

Identifying Core Mission and Programs

The Department of Health and Human Services has fully embraced the strategic direction of the Board of County Commissioners and has re-aligned our programs and initiatives to promote better health and economic self-sufficiency. This, in turn, will reduce the dependency on county programs and reduce the burden on the county general fund.

Programmatic Recommendations

Our goal is to ensure that the Department of Health and Human Services aligns its programs and services with the strategic direction of the Board of County Commissioners. As part of workshop session submission in January to the Board of County Commissioners, we recommended the following program changes:

- Modify the Financial Assistance 3-Track Program
 - Close the Track 1 and 2 portion of the program
 - Continue the Track 3 portion, and increase collaboration with the medical homes
- Family Homeless Prevention
- Currently developing a new program to assist employed, homeless families find appropriate housing
- Summer Food Program – facilitate the transfer of the program to a more appropriate agency
- Veterans Services – Increase outreach efforts and services for homeless veterans
- Emergency Home Energy Assistance for the Elderly Program – Identify and transfer this program to a more appropriate organization to administer services
- Indigent Burial and Cremation Program – recommend transfer of this program to a more suitable department within the County

The changes to the above programs will improve the efficiency of our department, reduce costly and unnecessary service duplication and support the health and success of our clients.

Improving technology, implementing a collaborative health care delivery system, diversifying funding sources, and building community one-stop shops will improve the health and economic self-sufficiency of our county. Consistent with the Board's strategic direction, our programmatic recommendations will be implemented in the coming fiscal year. Moving forward, we will continue to review all core program areas to ensure that all programs meet the Board's directives.

Attachments:

Department of Health and Human Services Work Plan Fiscal Year 2012
Department of Health and Human Services Workshop Session dated January 26, 2012
Department of Health and Human Services Organizational Chart
Department of Health and Human Services Performance Measures



**Pinellas County Board of
County Commissioners 2012
Workshop Session:
The Economic Impact of
Poverty**

May 17

2012

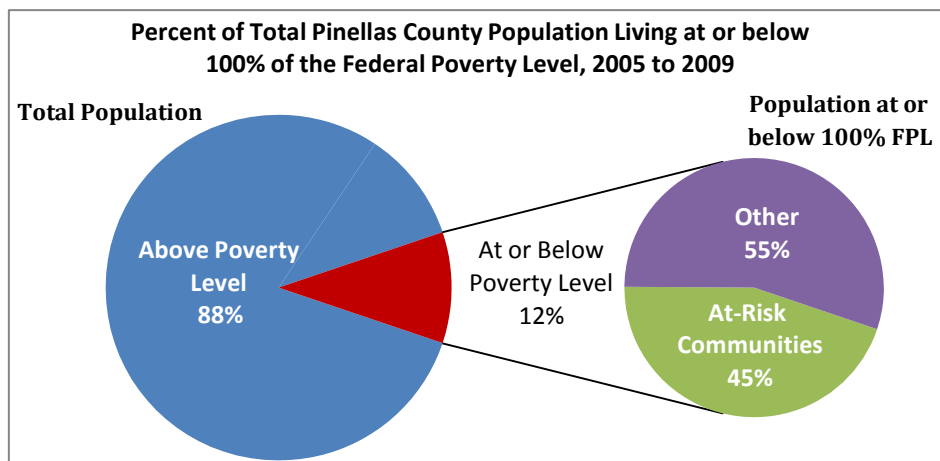
Participating Departments:

*Health and Human Services
Justice and Consumer Services
Community Development
Economic Development
Code Enforcement
Planning*

Executive Summary

The Pinellas County Board of County Commissioners has developed a new strategic vision that aims to improve the quality of life for Pinellas County residents. The groundwork to address this vision was undertaken by county departments (Health and Human Services, Justice and Consumer Services, Community Development, Economic Development, Code Enforcement, and Planning) through a series of workshops that provided an avenue for these departments to reassess their core services to ensure they align with the Board's Strategic Direction. In an effort to review and determine whether the core services provided by these departments align with current community needs, this workgroup took an economic approach to identify which constituents are the greatest users of county resources, recognizing limitations in available funds and the complexity of issues our communities face. **The economic approach entailed two phases: identifying specific zones within Pinellas County that have high concentrations of poverty and small return to our tax base and outlining specific suggestions on strategic initiatives that align with the Board's Strategic Direction and will impact overall community outcomes without incurring in additional costs.**

The first phase focused on identifying the areas within our community that have high concentrations of poverty, their geographies, demographics, and economic impact on the County. This approach was taken because 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. Poverty also affects the economic prosperity of a community, since conditions associated with poverty can limit an individual's ability to develop the skills, knowledge, and habits necessary to fully participate in the workforce. While there is no one cause for poverty, communities exhibiting high poverty rates also have disparities in social and environmental determinants that lead to poor outcomes. **After examining the entire County, five at-risk communities were identified to have 16% or more of their population living at or below 100% of the Federal Poverty Level (FPL). The low-income individuals residing within these zones account for approximately 45% of the County's total low-income population.** Not only have these zones presented in poverty beyond the most recent economic downturn, but these areas are also showing signs of growth, exemplifying how concentration of poverty affects nearby communities.



Pinellas County At-Risk Communities
East Tarpon Springs
North Greenwood
Highpoint
Lealman Corridor
South Saint Petersburg

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 leads

to lower graduation rates and a reduced participation in the labor market. **Our analysis of these communities indicates that these areas are responsible for up to 57% of all arrested adults and 59% of all arrested youths during fiscal year 2011, approximately \$254.6 million annually in lost wages due to adults that dropped out of high school, 40% of all foreclosures in 2009, and a 16% unemployment rate in 2009.** Furthermore, housing available at affordable rates for the low-income population is clustered within or near the five at-risk communities, forcing individuals searching for affordable housing to reside in communities with limited access to food and health care, in addition to long commutes if they have a job that requires them to travel and they rely on public transportation. These individuals also have poorer health outcomes than the general population, with the total hospital costs of Medicaid beneficiaries and the uninsured exceeding \$1.9 billion from October 2010 to September 2011. Even if only 25% of the utilization came from low-income individuals residing in these zones, that would still account for \$120.5 million in emergency room cost and \$359.4 million in inpatient costs attributed to Medicaid beneficiaries and the uninsured.

One conclusion to be drawn is that current efforts through departmental programs and services need to be re-tuned with greater efficiencies to not only maximize dollars and see a value-added return but to also realize improved quality of life for all Pinellas County residents. **While we understand that low-income individuals reside within all parts of Pinellas County, it is only in areas with high concentrations of poverty that one can see social patterns and costs associated with poverty.** 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, risk of homelessness, increased arrests and recidivism rates, and a lower lifetime monetary contribution to society.

The second part of our economic approach addresses the workgroup's proposals to meet the Board's strategic outcomes:

- increasing citizen satisfaction with the delivery of services
- delivering measureable savings and improved customer service from investments in technology
- utilizing a data driven approach to target opportunities for efficiencies
- achieving measureable per service/per unit cost savings
- achieving cost savings from collaborative workgroup for consolidation
- enhancing public safety and reducing victimization

We believe that in order for the county to see a reduction in service costs associated with at-risk communities, departments must re-align their core services and work collectively rather than independently. By doing so, Pinellas County will be able to increase its return on investment (in terms of a highly skilled workforce, greater number of high school graduates, decreased crime rates, and increased property values) improve community outcomes and overall quality of life – ultimately reducing the need for government support services in these neighborhoods and freeing up resources to be used countywide.

The strategic initiatives are vital strategies to bend the cost curve of expenditure for these at-risk neighborhoods. The initiatives focus on collaboration, co-location, investments in technology, data-driven decision making and preventive services – allowing families to have greater access to support services.

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I. Reducing Disparities and Increasing Cost-Savings in Pinellas County

The Board of County Commissioners has developed a new strategic vision that aims to improve the quality of life for Pinellas County residents. In order to transition into this new strategic vision, county departments participated in a series of workshops to reassess their core services and ensure they align with the Board's Strategic Direction. Following these workshop discussions, departments were directed to work in small workgroups to (1) establish, define, and focus on a core set of services; (2) maximize and improve the service delivery level of core services; (3) improve efficiency of operations; (4) increase community partnership through leadership and improved communication; and (5) establish a high performing workforce.

Vision – Improve the Quality of Life

- 25 = 1, Municipalities and County working together
- Inclusive community of engaged citizens
- Aligned economic and education community
- Revitalized and redeveloped communities
- Protect and promote our region's unique natural resources

Board Strategic Direction

Establish, Define, and Focus on a core set of services

Maximize and Improve the service delivery level of core services

Improve Efficiency of operations

Increase Community Partnership through leadership and improved communication

High Performing Workforce

In an effort to review and determine whether the core services provided align with current community needs, this workgroup took an economic approach to identify which constituents are the greatest users of county resources, recognizing limitations in available funds and the complexity of issues our communities face. In doing so, we identified specific zones within Pinellas County that have high concentrations of poverty and small return to our tax base. We also identified that working in silos has become problematic for the County, spreading our resources thin while working independently to serve the same low-income populations. In order for the County to see a reduction in costs associated with the low-income population served, departments and services must realign their strategic initiatives to work collectively rather than independently. Therefore, the following document explores the economic effects of poverty and outlines specific suggestions on strategic initiatives that align with the Board's strategic direction and will impact overall community outcomes without incurring in additional costs.

In order to make Pinellas County an attractive place to live and work, our population needs to be educated, financially secure and healthy enough to contribute. However, Pinellas County has specific underserved communities that drive service delivery costs, with little financial return. While these communities have lower educational attainment and lower wages than the rest of the County, they have high rates of incarceration and experience greater risks of homelessness. **This has impacted the distribution of General Fund dollars, with funds utilized for the Justice System growing while funds for Social Services are dwindling (Figure 1 and Table 1).**

Figure 1: General Fund Distribution, FY 2007 to 2011

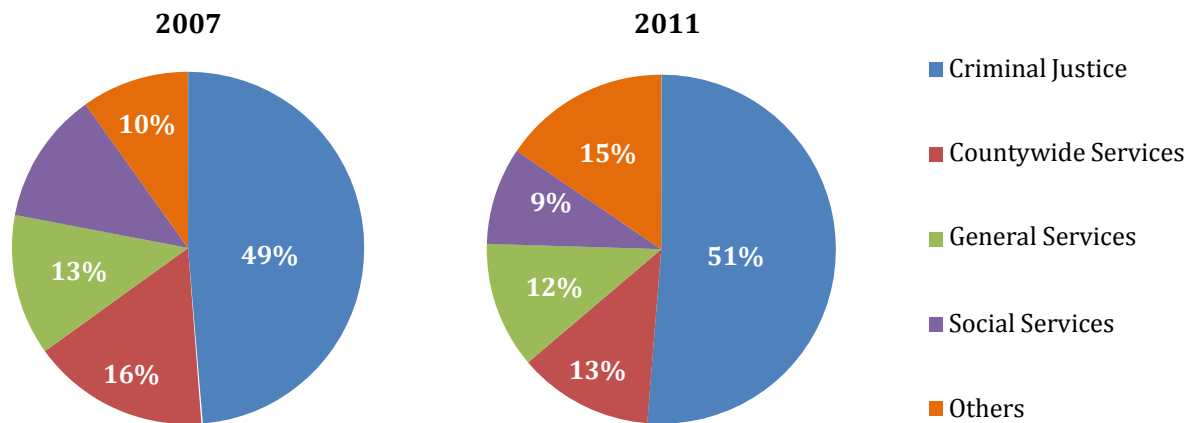


Table 1: General Fund Distribution, FY 2007 to 2011

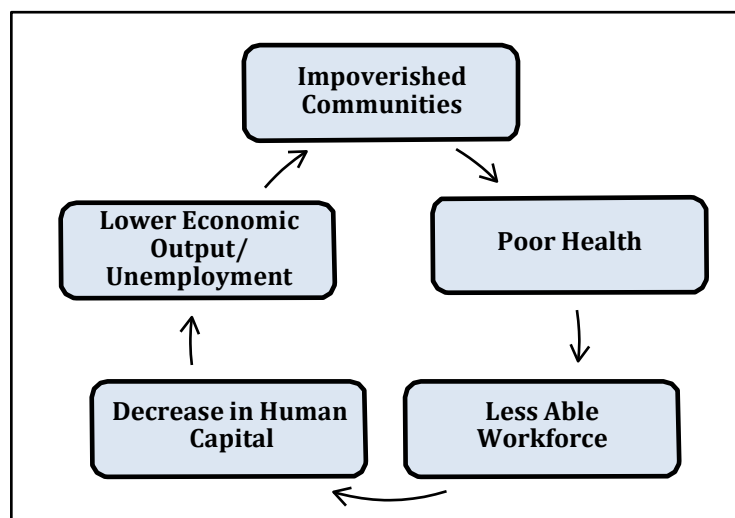
	2007	2011	Percent Change
Criminal Justice (Public Safety, Sheriff, Justice & Consumer Services, etc.)	\$308,753,250	\$249,223,970	19% ↓
Countywide Services (Emergency Management, Parks & Conservation, etc.)	\$104,110,920	\$60,794,280	42% ↓
General Services (Administrative Costs, Communications, BTS, etc.)	\$82,225,400	\$56,815,910	31% ↓
Social Services (Health & Human Services)	\$76,945,410	\$43,844,330	43% ↓
Other Constitutionals & Independent Agencies	\$62,638,540	\$75,239,590	20% ↑
Total Approved Budget	\$634,673,520	\$485,918,080	23% ↓

*The above calculations do not include General Fund reserves

Economic Impact of Poverty

Poverty affects the economic prosperity of a community, for conditions associated with poverty can limit an individual's ability to develop the skills, knowledge, and habits necessary to fully participate in the workforce. 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 leads 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 in the community.** This, in turn, results in unemployment, increasing the number of individuals living in poverty.

Figure 2: Impact of Poverty



Studies indicate that there is a correlation between childhood poverty and the experience of poverty later in life. Young children living in poverty are more likely to have cognitive, behavioral, and socio-emotional difficulties, as well as completing fewer years of school and experiencing more years of unemployment throughout their lifetime. **Research attributes an estimated national annual economic cost of \$500 billion due to the costs of high crime rates, poor health, and forgone earnings and productivity associated with adults who grew up in poor households.** High costs of poverty to the United States suggest that the investment of significant resources in poverty reduction might be more socially cost-effective over time (The Economic Costs of Poverty in the United States, 2007).

In order to improve the quality of life for all those residing in Pinellas County, it is essential to identify the areas within our community that have high concentrations of poverty. This will allow for targeted service delivery that focuses on improving the poor outcomes these areas face that increase County costs. The following sections delve into these at-risk communities, providing an in-depth view of the issues impacting those residents and their quality of life, and how they impact Pinellas County as a whole.

Pinellas County's At-Risk Communities

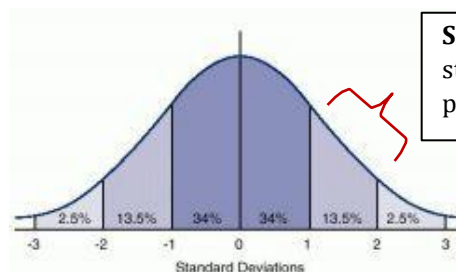
In an effort to provide the Board with the most conservative and accurate data available on these communities, two different data sets were utilized to report demographic statistics. The majority of the information contained in this report comes from the U.S. Census Bureau's American Community Survey (ACS) 2005-09 5-year estimates, since the Decennial Census has been pared down considerably and no longer includes many socioeconomic variables, such as income, used to compute poverty rates. These 5-year estimates continuously monitor social and economic trends, providing information down to the census tract level. Additional county-level demographics come from the U.S. Census Bureau's 2011 population estimates, which are derived from both the 2010 Decennial Census and ACS 5-year estimates.

According to the U.S. Census Bureau's estimates, Pinellas County had a population of 920,326 in 2011. It is predominately White, non-Hispanic (77%), with a median age of 45.7 and a median household income of \$43,882. There are an estimated 410,190 households in the county, with an average household size of 2.19. The majority of households are formed by married couples with no children (51%), with another 23% being married couples with children. This can be attributed to the older age at which young adults are marrying and deciding to have children, retirees that have decided to reside in the county, or older children moving out for college or other reasons.

Pinellas County 2011 Population Estimates	
Total Population	920,326
Median Age	45.7
Race/Ethnicity	
White	77%
African American	10%
Hispanic/Latino	8%
Asian	3%
Other	2%
Gender	
Male	52%
Female	48%
Total Households	410,190
Average Household Size	2.19
Median Household Income	\$43,882

Recently, the Pinellas County Department of Health and Human Services reported that the poverty rate for Pinellas County in 2010 was 14.3%. However, when looking at smaller geographies and populations, it is necessary to use 5-year estimates because only they allow us to examine data at the census tract level. With this in mind, we utilized the 2005 to 2009 5-year estimates, which reported a poverty rate of 11.6% in the County during that time frame, providing a more conservative poverty rate for the areas we are analyzing. **While approximately 11.6% of Pinellas County's total population was living in poverty between 2005 and 2009, there are five at-risk communities within the county that have higher concentrations of poverty and a different demographic composition. These five areas had 16% or more of their population living at or below 100% of the Federal Poverty Level and include East Tarpon Springs, North Greenwood, Highpoint, Lealman Corridor, and South St. Petersburg (Figures 3 & 4).** Areas with at least 16% of the population living in poverty were selected as at-risk communities because they are at least one standard deviation above the average rate in Pinellas County.

Average Percent of Individuals Living in Poverty
within Census Tracts = 11.6%



Selected census tracts: At least one standard deviation above the average percent of the poverty in Pinellas County.

An estimated 45% (approximately 47,662 individuals) of Pinellas County's total low-income population lives within the identified at-risk communities (Figure 5). While this is only about 5% of Pinellas County's total population, these zones have the greatest impact on County resources. Figures 3 and 4 illustrate how these at-risk communities have increased in size from 2000 to 2009. This exemplifies how concentration of poverty affects nearby communities and how important it is to invest in these zones to improve socioeconomic conditions that would impact Pinellas County as a whole. **It is important to note that communities identified as at-risk have exhibited inequities when compared to other parts of Pinellas County for decades, not just since the economic recession.**

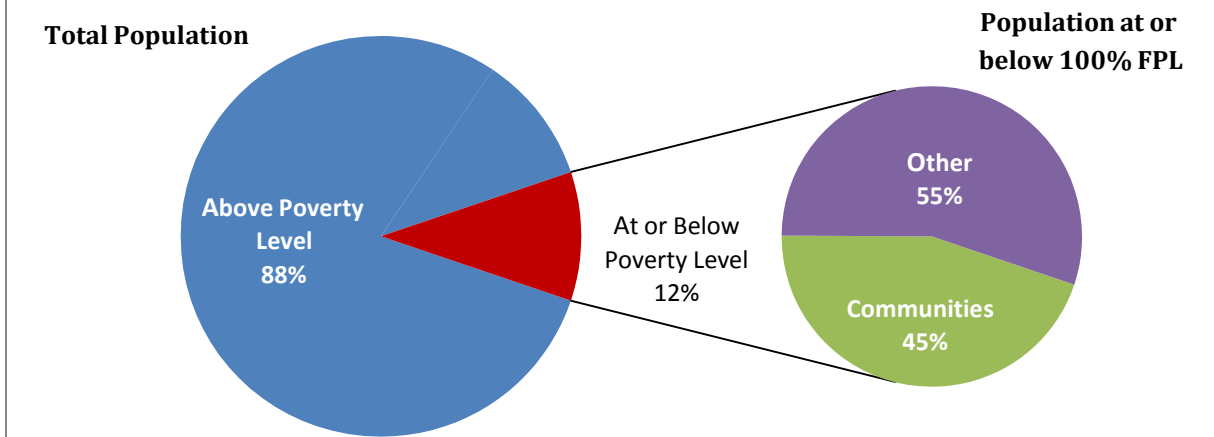
Figure 3: Pinellas County At-Risk Communities by Census Tract, 2000



Figure 4: Pinellas County At-Risk Communities by Census Tract, 2005 to 2009



Figure 5: Percent of Total Pinellas County Population Living At or Below 100% of the Federal Poverty Level, 2005 to 2009



Pinellas County's At-Risk Communities (cont.)

The following section zooms into each at-risk community and describes their demographic breakdown. Within each map, we are focusing the discussion on the zones where 16% or more of the population live at or below 100% of the Federal Poverty Level (orange and red in the legend). In order to describe all at-risk communities in detail, we have identified the ZIP codes and census tracts they cover. Whenever available, demographic data and other indicators are reported by census tract, allowing for a more in-depth analysis of the at-risk communities because census tracts cover a more specific geography. Other data is only provided by ZIP code, which covers a broader area in the zones and may include data of adjacent neighborhoods with lower poverty rates.

Figure 6: Zone 1 At-Risk Communities

Zone 1: East Tarpon Springs

East Tarpon Springs encompasses two census tracts found within a portion of ZIP code 34689. This zone has an estimated population of 8,534, with approximately 20% living 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. The average household size in this ZIP code is 2.3.

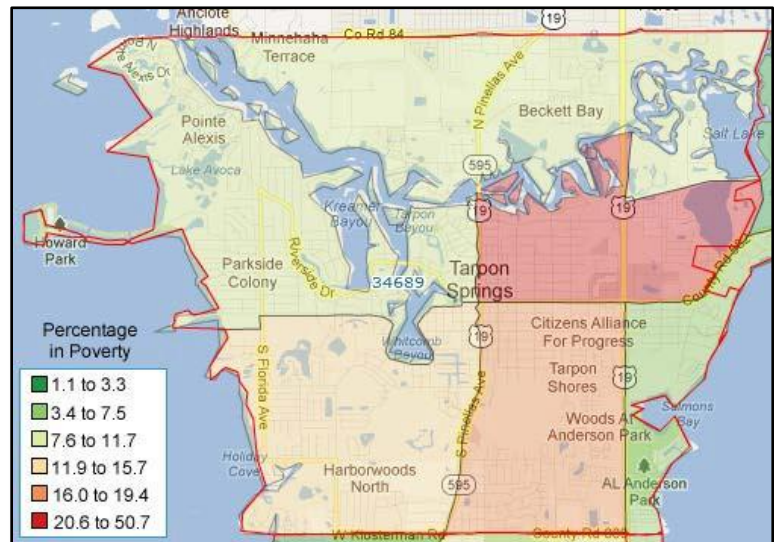


Figure 7: Zone 4 At-Risk Communities



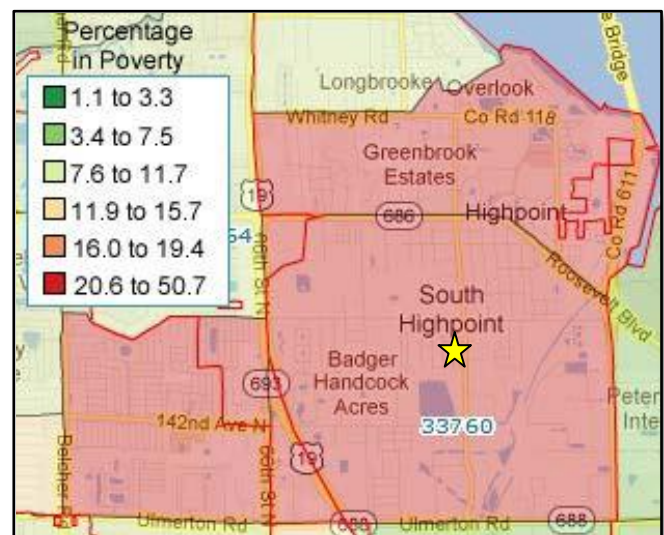
Zone 2: North Greenwood

North Greenwood is the second largest at-risk community, encompassing 11 census tracts that fall within ZIP codes 33755 and 33756 (overlapping slightly with peripheral ZIP codes). This zone has an estimated population of 55,221, with approximately 25% living at or below 100% of the Federal Poverty Level. However, when you look at specific neighborhoods within the zone, **census tract 262 (yellow star on map) has 51% of people living in poverty, the largest amount in Pinellas County.** Census tracts 258, 255.04, and 263 also have very high levels of poverty (29%, 27%, and 26% respectively). The low-income population in this zone is 53% White, 25% African American, 15% Hispanic, and 7% of another race. The average household size in these ZIP codes is 2.42.

Figure 8: Zone 3 At-Risk Communities

Zone 3: Highpoint

Highpoint encompasses three census tracts that fall within ZIP code 33760, with a small portion falling on the periphery of ZIP code 33771. This zone has an estimated population of 20,192, with approximately 27% living at or below 100% of the Federal Poverty Level. Census tract 245.03 has even higher poverty rates, with 33% of its residents living in poverty (yellow star on map). The low-income population in this zone is 47% White, 36% Hispanic, 9% African American, and 8% of another race. The average household size in this ZIP code is 2.82.



Zone 4: Lealman Corridor

Lealman Corridor encompasses seven census tracts that fall within ZIP codes 33702, 33709, 33714, and 33781. While it is a broader zone than the other at-risk communities, it was selected because there is a significant cluster of impoverished individuals within this area that are on the verge of getting worse. Additionally, this zone's poverty clusters have grown since 2000 (Figures 3 and 4). The poverty clusters in this zone have an estimated population of 42,355, with approximately 19% living at or below 100% of the Federal Poverty Level. The low-income population in this zone is 73% White, 11% African American, 8% Hispanic, and 8% of another race. The average household size in these ZIP codes is 2.26.

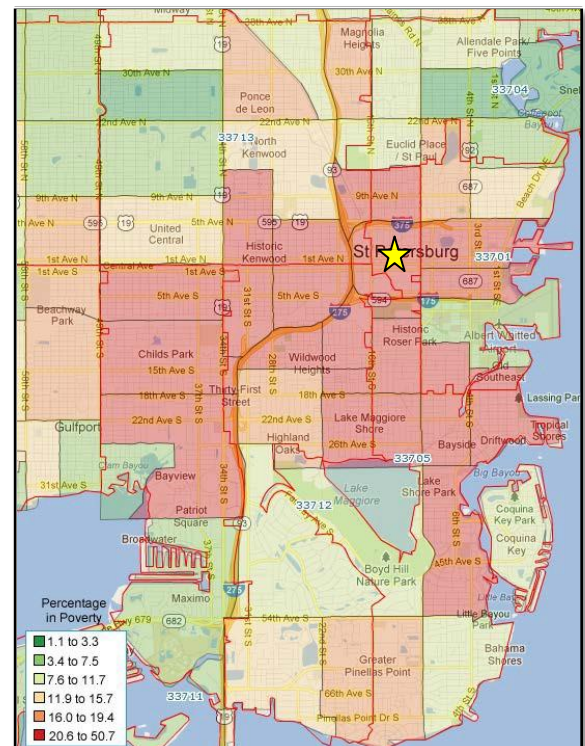
Figure 9: Zone 4 At-Risk Communities



Figure 10: Zone 5 At-Risk Communities

Zone 5: South St. Petersburg

South St. Petersburg is the largest at-risk community, encompassing 21 census tracts that fall within ZIP codes 33701, 33705, 33711, 33712, and 33713. This zone has an estimated population of 74,275, with approximately 25% living at or below 100% of the Federal Poverty Level. Within this zone, **census tract 216 (yellow star on map) has 48% of people living in poverty, the second largest amount in Pinellas County.** This specific pocket lies a few blocks away from the Department of Health and Human Services' St. Petersburg office on 1st Avenue North, where the largest numbers of homeless individuals in the county are located. Surrounding census tracts also have high poverty levels (20% and above). The low-income population in this zone is 63% African American, 27% White, 5% Hispanic, and 5% of another race. The average household size in these ZIP codes is 2.41.



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 following section illustrates how the five at-risk communities within the county suffer from insufficient transportation and access to food and healthcare, poorer health, lower educational attainment, increased crime rates, higher unemployment, and inadequate and insufficient housing – and the resulting costs to government and the community associated with these inequities.

Insufficient Transportation

Access to services is critical among populations with limited resources. Many times, individuals living in at-risk communities 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. **Within our at-risk communities, 11% of households do not have a vehicle available, while 41% have only one vehicle (U.S. Census Bureau's 2011 estimates).** 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 has multiple bus routes throughout the County, most run on main roads and only provide one to three accessible routes within the at-risk communities (with the exception of Zones 4 and 5). **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.** These factors contribute to long travel times when individuals are trying to access services across the county. For example, a client residing on or near 301 Disston Ave in Tarpon Springs needing to see a case manager at the Department of Health and Human Services' Clearwater office (14 miles away) must travel close to 1.5 hours each way and transfer once in order to reach the Clearwater location. Furthermore, with one-way cash fares costing \$2.00 – or \$3.00 if riding an express line – individuals spend between \$4 and \$6 round-trip on any given day. **For a person riding the bus three times a week, it totals between \$48 and \$72 a month on one-way fares – up to 8% of the net monthly earnings for an individual living exactly at 100% of the Federal Poverty Level.**

Figure 11: Bus Route for Zone 1 Resident visiting Health and Human Services Clearwater Office



Limited Access to Food

Limited transportation within at-risk communities forces individuals and families to travel extra distances in order to access supermarkets or grocery stores. Many times, they are forced to purchase food at local convenience stores or gas stations because of proximity. The options at these locations are much more limited and unhealthy, contributing to obesity, diabetes and other illnesses that are prevalent in these areas. **Figure 12 highlights 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 (U.S. Department of Agriculture, 2006).** These areas overlap with Zone 2, 3, 4 and 5. Given that these are the same areas where residents lack a reliable method of transportation, many of these individuals must utilize the bus system in order to purchase their weekly groceries.

**Figure 12: Pinellas County Areas
(in orange) with Low Access to Food**



Insufficient Access to Health Care

Access to health care is also crucial in improving the health outcomes of a community. A key aspect of this is having health insurance available in order to access 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 December 31st, 2011, 162,474 Pinellas County residents were enrolled in Medicaid, accounting for 18% of the estimated 2011 population (University of South Florida's Policy and Services Research Data Center). Forty-six percent of Medicaid enrollees in the county resided within our at-risk communities, 51% of which were children.**

Not all low-income individuals are eligible for Florida Medicaid, such as single or childless adults between the ages of 18 to 64. These individuals may qualify for our Pinellas County Health Program, which served approximately 15,700 uninsured, low-income individuals during fiscal year 2011. By providing primary and preventive care through a medical home setting, the Pinellas County Health Program has managed to decrease costs to \$1,442 per client – an astonishing improvement when compared to Wellcare's 2008 approximate cost per client of \$5,927. However, this is only a fraction of the uninsured population within Pinellas County. Recently, the Pinellas County Department of Health and Human Services utilized the Centers for Disease Control and Prevention's most recent 2010 Behavioral Risk Factor Surveillance System statistics which indicate that 11.4% of the county's population is uninsured (approximately 104,486 uninsured individuals). Even if we strive to target 30% of this population (31,346 individuals), we currently lack infrastructure, capacity, and funding to do so.

Figure 13: Overlap of Pinellas County At-Risk Zones with Health Professional Shortage Areas

Although having health insurance is critical in accessing health care for these populations, it is also necessary to have multiple access points across the County that accept Medicaid and/or Pinellas County Health Program clients in order to ensure they can receive care at an accessible location. **While Pinellas County ranks highly in clinical care (3rd out of 67 Florida counties) and availability of primary care physicians (829:1, exceeding the national benchmark of 631:1), this is not true for the indigent populations residing within the at-risk communities (County Health Rankings, 2012).** The U.S. Health Resources and Services Administration (HRSA) has designated specific areas within the county as "health professional shortage areas", for they have a shortage of primary medical care, dental or mental health providers. These areas overlap with our at-risk communities, as can be seen in Figure 13. Increasing our presence through the establishment of one-stop shops that offer initial medical care is crucial in order to improve access for these communities, which is just one of the strategic initiatives presented by Health and



Human Services in collaboration with over 20 community agencies participating in the Health Care Collaborative.

It has been documented that individuals with limited access to health care utilize the emergency room for primary care. The Center for Disease Control and Prevention's National Center for Health Statistics reported that, in 2007, approximately one in five persons in the United 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.** 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 between October 2010 and September 2011 for Medicaid, self-payers, and other patients paid for by state or local government was \$3,178 – totaling \$482.2 million in emergency room visits that did not result in hospital admissions (Agency for Healthcare Administration – FloridaHealthFinder.gov). **This accounts for 42% of all emergency room costs and 52% of all emergency room visits that did not result in hospital admissions (Table 2).** While the county does not directly pay for emergency room visits, any visits by Medicaid enrollees that led to an inpatient stay longer than 11 days are partially the county's responsibility (described below). Additionally, these costs are passed on and contribute to the higher health care costs for individuals with health insurance.

**Table 2: Emergency Room Visits and Costs at County Hospitals
between October 2010 and September 2011**

	ER Visits		ER Costs		Average Cost/Visit
	Total	Percent	Total	Percent	
All payer types	289,811	100%	\$1,153,978,781	100%	\$3,982
Medicaid Only (includes KidCare)	82,756	29%	\$244,012,030	21%	\$2,949
Uninsured Only (Self-payer & Other State/Local)	68,977	24%	\$238,143,552	21%	\$3,453

The Agency for Healthcare Administration includes any emergency room visits that resulted in an inpatient stay as a part of the overall inpatient care visits. Between October 2010 and September 2011, Medicaid patients accounted for 27,995 hospitalizations at a cost of \$1.1 billion – 16% of all inpatient costs for County hospitals (Agency for Healthcare Administration – FloridaHealthFinder.gov). While the average length of stay was 5.1 days, sicker patients tend to stay in hospitals longer because of the severity of their diseases. It is important to find ways to contain these costs, for the County is responsible for 35% of a Medicaid patient's hospital bill from days 11 through 45. In Fiscal Year 2011, this accounted for \$12.5 million of the Department of Health and Human Services' budget. Meanwhile, self-payers and other patients paid for by state or local government totaled 9,187 inpatient hospitalizations, averaged 3.9 hospital stay days and cost \$338 million, accounting for 5% of all inpatient costs for County hospitals. Some County hospitals have been previously reimbursed for a portion of these costs through Low Income Pool mechanisms, as well as by contracting services and facilities for members of the Pinellas County Health Program. However, due to current Medicaid changes (such as the signing of Medicaid bill HB 5301),

the ability of the County to assist local hospitals in leveraging additional funds to compensate for indigent care may be in jeopardy.

Table 3: Hospitalizations and Costs at County Hospitals between October 2010 and September 2011

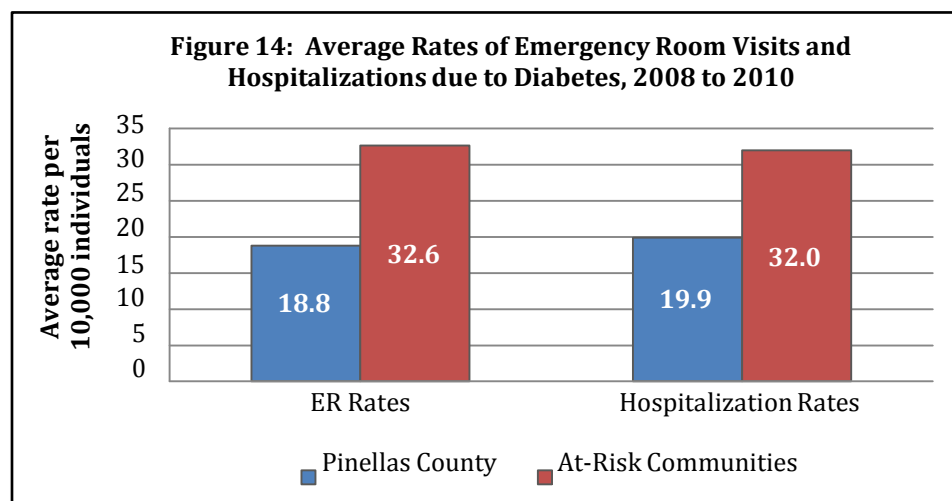
	Hospitalizations		Average Length of Stay	Hospitalization Costs		Average Cost/Visit
	Total	Percent		Total	Percent	
All payer types	147,446	100%	5.1	\$6,718,942,619	100%	\$45,569
Medicaid Only (includes KidCare)	27,995	19%	5.1	\$1,099,673,515	16%	\$39,281
Uninsured Only (Self-payer & Other State/Local)	9,187	6%	3.9	\$337,993,685	5%	\$36,790

While we cannot report exactly how many of these encounters were due to visits by individuals residing in one of the five at-risk communities, we do know 47% of the low-income population in Pinellas County resides there. **Even if only 25% of the utilization came from low-income individuals residing in these zones, that would still account for \$120.5 million in emergency room cost and \$359.4 million in inpatient costs attributed to Medicaid beneficiaries and the uninsured.**

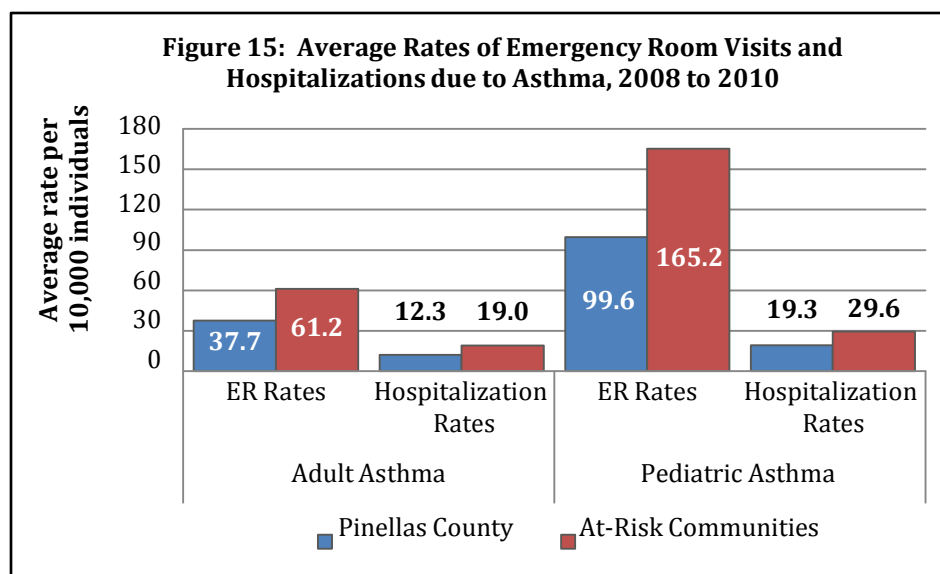
Poorer Health

Persons living in poverty are more likely to suffer from poor health, affecting the overall quality of life and well-being of a community. Poorer health outcomes translate into dollars lost in a community due to loss in productivity, unemployment, and shorter life expectancy. For example, research from the Robert Wood Johnson Foundation indicates that adults living in poverty can expect to live at least six and a half years less than those with high income. Individuals with limited resources not only utilize the emergency room for primary care, but also have higher rates of chronic disease. As described in the previous section, emergency room visits may lead to inpatient stays, costing additional dollars to the County. Individuals residing within our at-risk communities exhibited higher rates of emergency room visits and hospital admissions due to chronic illnesses than the general Pinellas County population from 2008 to 2010 (Figures 14 to 16, Healthy Tampa Bay):

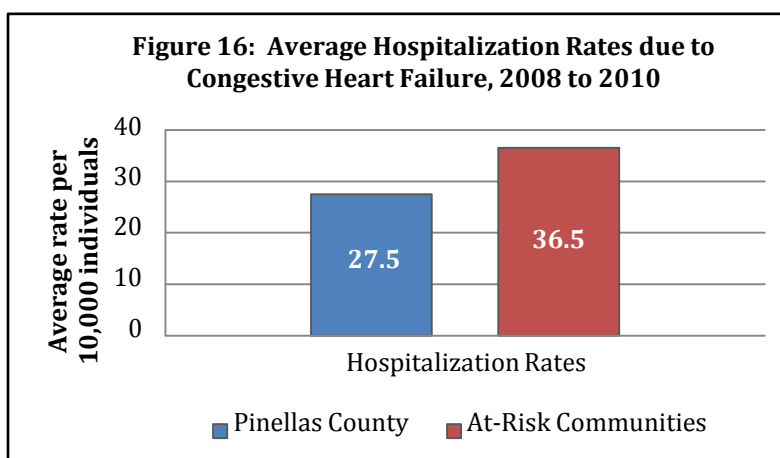
- Emergency room rates due to diabetes were 42% higher for those residing within at-risk communities than the general population, while hospitalizations were 38% higher.



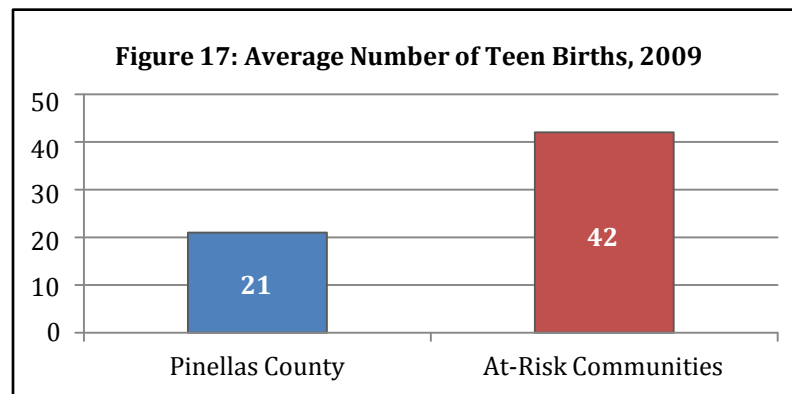
- Emergency room rates due to adult asthma were 38% higher for those residing within at-risk communities than the general population, while those for pediatric asthma were 40% higher than the general population. In both cases, hospitalizations due to asthma were 35% higher than the general population. These higher rates are not surprising, given the well-documented link between pediatric asthma and environmental stressors, such as poor housing with mold or rodent infestations.



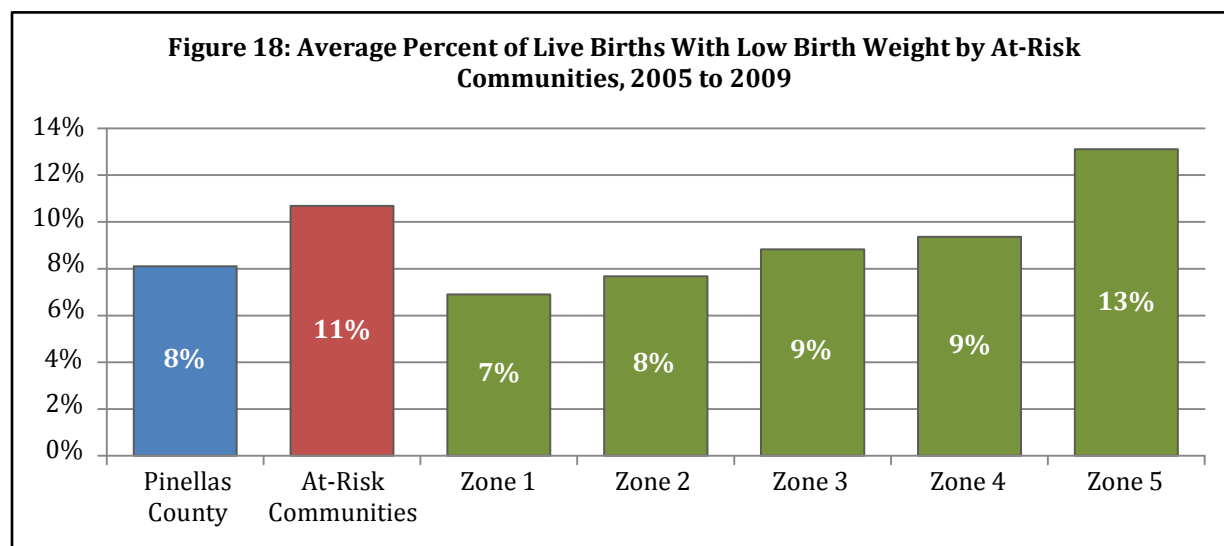
- Hospitalization rates due to congestive heart failure were 25% higher for those residing within at-risk communities than the general population.



Maternal and infant health is another important community indicator, for it impacts the physical, mental, emotional, and socioeconomic health of women and their families. Maternal age at giving birth is a key factor in determining well-being of both mother and child. Infants born to teen mothers are more likely to have a lower birth weight, be born prematurely, and die in their infancy (Childtrends, 2011). Meanwhile, teen mothers tend to have behavioral and academic problems, putting their children at significantly greater risk of poor educational outcomes when compared to children born to older mothers. In 2009, the average number of teen birth in at-risk communities was twice as high as in Pinellas County (Figure 17 – Florida Department of Children and Families, 2009) (Juvenile Welfare Board).

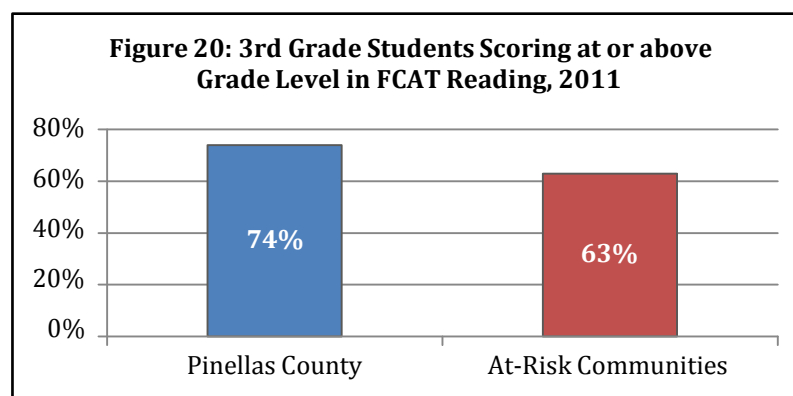
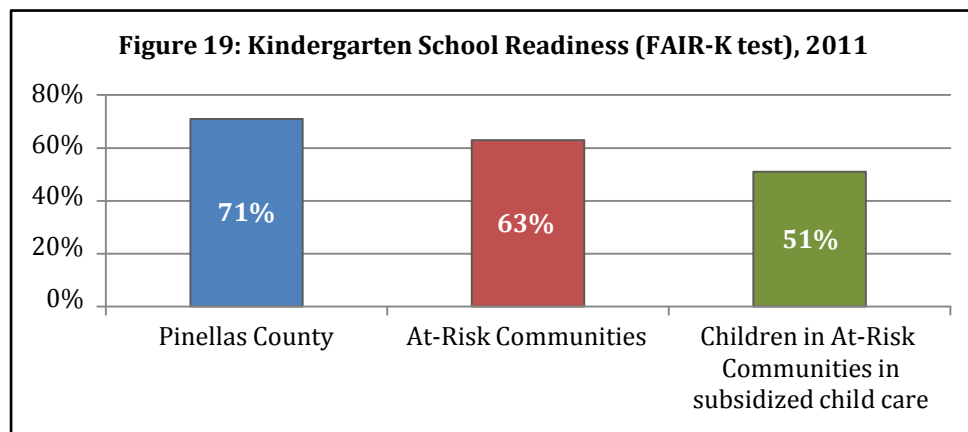


Infant low birth weight is another indicator of poor community health outcomes, such as long-term maternal malnutrition, poor health, and poor health care during pregnancy. Risk factors for mothers that may contribute to infant low birth weight include poor nutrition, chronic health problems (such as diabetes and heart disease), insufficient prenatal care, drug addiction, and alcohol abuse. Smoking, lead exposure, and other types of air pollutions are additional environmental risk factors that also contribute to infant low birth weight. Low birth weight babies are at a higher risk of newborn complications, fetal and perinatal mortality and morbidity, inhibited growth and cognitive development, and chronic diseases later in life. As a whole, average low birth weight rates for at-risk communities between 2005 and 2009 were slightly higher than the County's general population (11% vs. 8%, respectively) (Figure 18 – American Community Survey). Zone 5 (South St. Petersburg) has the highest average rate, at 13%.

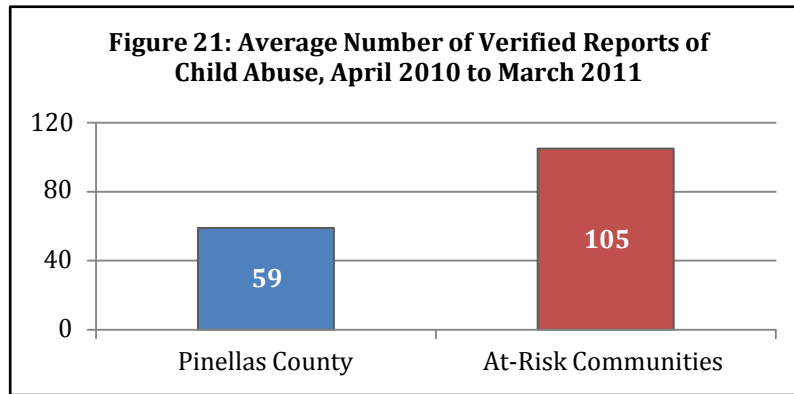


Lower Educational Attainment

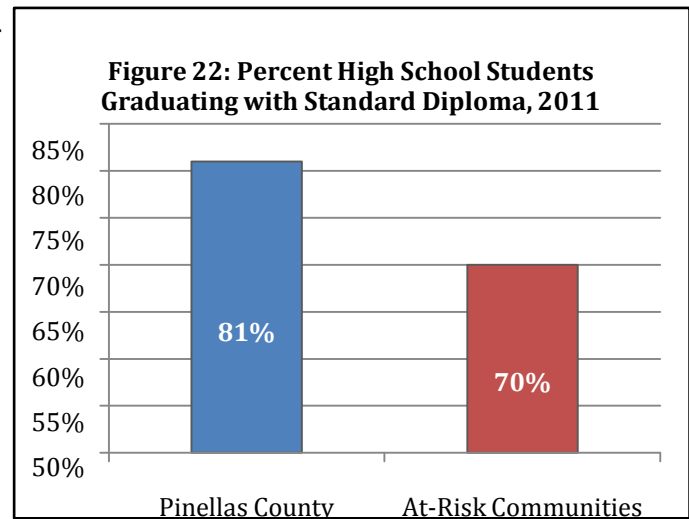
Poverty is linked to lower educational attainment within a community and affects individuals from early childhood. Children living in poverty are much more likely to lack the resources which contribute to successful educational outcomes. In addition, they are more likely to live in neighborhoods that have limited resources and low-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 communities were ready for school during the same timeframe;** specifically, only 51% of low-income kindergarteners living in these at-risk communities who participated in subsidized child care were ready for school. Meanwhile, the Florida Comprehensive Assessment Test (FCAT) is another standardized test administered to students in grades 3 through 11 to measure student progress in reading, math, science and writing. Again, only 63% of third graders residing within at-risk communities performed at or above grade level, compared to 74% in Pinellas County (Figures 19 and 20 – Pinellas County Schools, Department of Research and Accountability, 2011) (Juvenile Welfare Board). 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.



Child maltreatment is another factor that is detrimental to child development and learning. Child maltreatment has a negative impact on the victimized child's school performance, educational attainment and subsequent lifetime economic opportunities. In Pinellas County, there were an average 59 verified reports of child abuse between April 2010 and March 2011. However, the average verified reports of child abuse within the at-risk communities were 105 – almost double the amount of the general population (Figure 21 – Florida Department of Children and Families, 2010) (Juvenile Welfare Board).



Low-income children are also at a greater risk of not completing high school, limiting future employment opportunities that translate into lower wages. **A high school dropout earns about \$260,000 less over a lifetime than a high school graduate, paying about \$60,000 less in taxes** (Rouse, 2005). In 2011, approximately 70% of high school students residing in the ZIP codes that encompass our at-risk communities graduated with a standard diploma, as opposed to 81% in the rest of Pinellas County (Figure 22 – Pinellas County Schools, Department of Research and Accountability, 2011) (Juvenile Welfare Board). Assuming the demographic breakdown



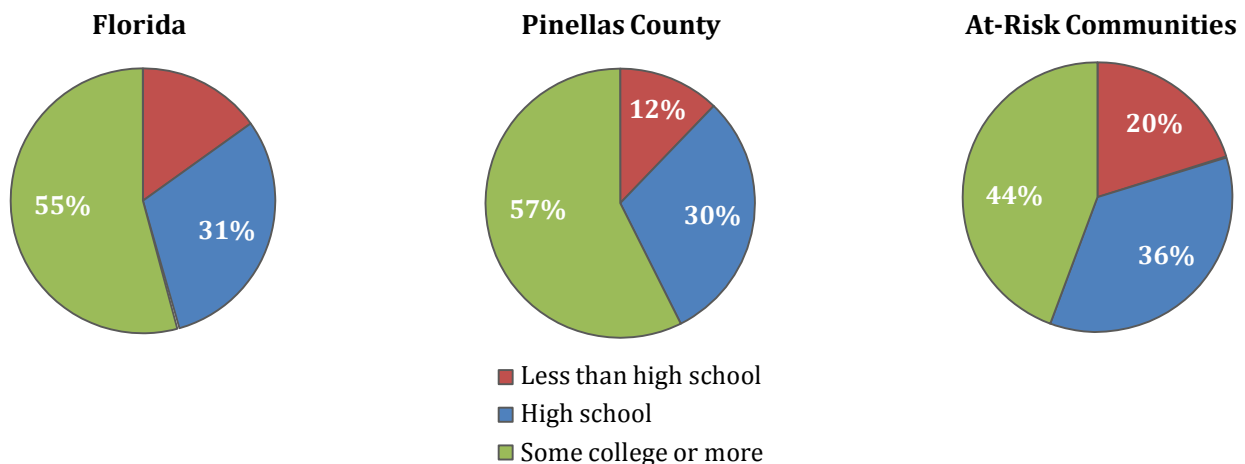
for the entire population residing within our at-risk communities holds true among high school students that reside in the same areas, we have provided a sample scenario to demonstrate potential lost wages among students that did not graduate with a standard diploma (Table 4). Taking into consideration that the total 12th grade public school student membership in Pinellas County during 2011 was 7,405 (Pinellas County Schools – Department of Research and Accountability, 2011) and that 22% of the total Pinellas County population lives within these at-risk communities, we extrapolated that approximately 1,629 students reside within these communities. Given that 30% of students did not graduate with a standard diploma, this would account for approximately 489 students. Finally, assuming these students do not get their high school diploma before the age of 25, and taking into account that a high school dropout earned an average \$7,840 less than a high school graduate in 2009 (U.S. Department of Education, 2011), this could translate into \$3.8 million dollars in lost wages in one year once these individuals reach adulthood.

Table 4: Sample Scenario Depicting Potential Lost Wages Among Students that did not Graduate with a Standard Diploma and are Employed by the Age of 25

12 th grade public school student membership in Pinellas County during 2011:	7,405
Percent of Pinellas County's population residing within at-risk community zones:	x 22%
Assuming same population distribution, extrapolated students residing in zones:	1629
Assuming the same graduation rate as other Pinellas County students (81%):	x 11%
Extrapolated students residing in zones that did not graduate with standard diploma:	489
Assuming students do not get a diploma before age 25 and all work, average yearly loss in earnings:	x \$7,840
Potential lost wages in one year once these children reach adulthood:	\$3,836,228

As mentioned above, lower educational attainment is associated with higher unemployment rates and lower wages. When compared to the state average, Pinellas County has an overall lower percent of adults whose highest education level is less than high school (12% Pinellas vs. 15% Florida). However, approximately 20% of the adults living in at-risk communities did not complete high school, indicating lower educational attainment than the general population (Figure 23) (American Community Survey, 2005 to 2009). Given that a high school dropout earned an average \$7,840 less than a high school graduate in 2009 (U.S. Department of Education, 2011) and an estimated 21,371 individuals living in these at-risk communities have less than high school completed, this could translate into approximately \$167.6 million in lost wages within our at-risk communities in one year alone among adults above the age of 25.

Figure 23: Highest Educational Attainment for Adults 25 or Older in Pinellas County, 2005 to 2009



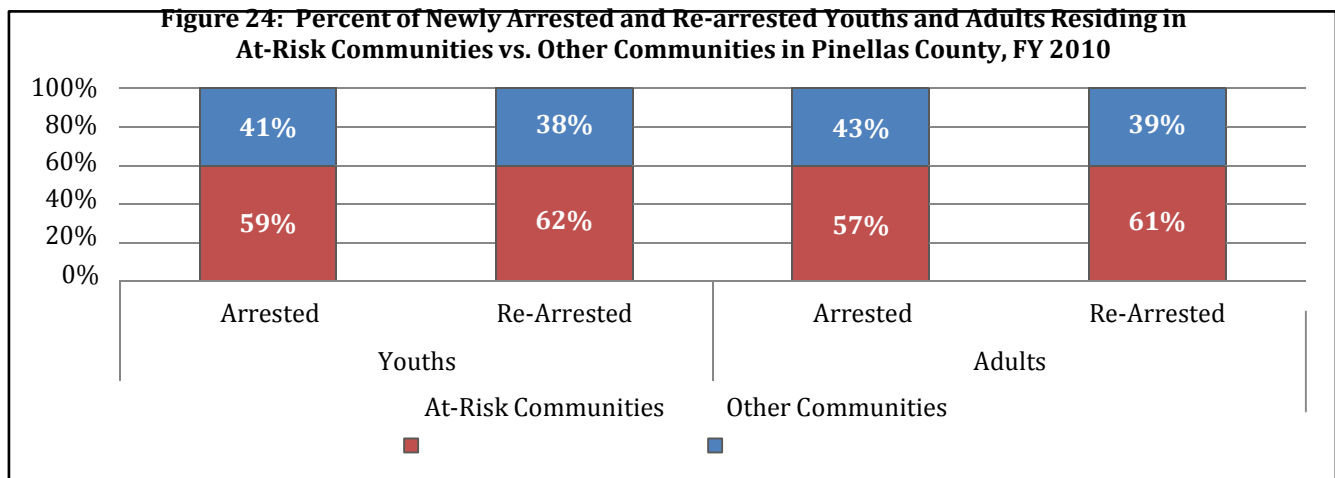
Increased Crime Rates

Lack of resources within communities has a direct effect on public safety. For example, individuals living in areas of concentrated poverty with low housing values and high school graduation rates are at increased risk of death from homicide (Robert Wood Johnson Foundation, 2011). Higher exposure to alcohol or drugs, community deterioration, incarceration and re-entry, and other inequities all increase the likelihood of crime in at-risk communities (Prevention Institute's Urban Networks to Increase Thriving Youth, 2011). **In Pinellas County, 59% of all arrested and 62% of all re-arrested youths during fiscal year 2010 resided within our at-risk communities (Figure 24), with most residing within Zone 5, which**

accounted for 27% of all arrested and 30% of all re-arrested in Pinellas County during the same time period (Table 5). Similar figures can be seen with arrested adults, where 57% of all arrests and 61% of all re-arrests occurred among adults residing within our at-risk zones (Table 5). The Alliance for Excellent Education indicates that high school dropouts are 3.5 times more likely than graduates to be arrested in their lifetime. Meanwhile, high school dropouts account for 75% of state prison inmates (Harlow, 2003). Assuming numbers are consistent among our population, approximately 10,609 arrested adults residing in at-risk communities in Pinellas County are high school dropouts, translating into \$83.2 million in lost wages in one year – assuming they exit the system and become employed. **According to additional figures provided by the Department of Justice and Consumer Services, 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.**

Table 5: Newly Arrested and Re-arrested Youths and Adults Residing in At-Risk Communities vs. Other Communities in Pinellas County, FY 2010

	Youths				Adults			
	Arrested		Re-arrested		Arrested		Re-arrested	
	Total	Percent	Total	Percent	Total	Percent	Total	Percent
Zone 1	73	2%	31	2%	584	2%	292	2%
Zone 2	348	11%	149	11%	2,494	10%	1,328	11%
Zone 3	183	6%	76	6%	1,289	5%	638	5%
Zone 4	426	13%	175	13%	3,298	13%	1,698	14%
Zone 5	899	27%	421	30%	6,480	26%	3,646	29%
Total At-Risk Communities	1,929	59%	852	62%	14,145	57%	7,602	61%
Total Other Communities	1,365	41%	529	38%	10,542	43%	4,882	39%
Total Pinellas County	3,294	100%	1,381	100%	24,687	100%	12,484	100%



High Unemployment

Unemployment rates within Pinellas County have skyrocketed since the economic recession, rising from 3.9% in 2007 to 11% in 2009 (American Community Survey). However, when you compare the unemployment rates within at-risk communities to the rest of Pinellas County's population during the same timeframe, these account for a larger portion of unemployment rates (Figure 25). **In 2009, the unemployment rate for at-risk communities was 15.9%, while all other areas were only 9.7% (Figure 26).** Specific zones had even higher rates, with Zone 5 (South Saint Petersburg) exhibiting the highest rates at 19.6% (Figure 27).

It is important to understand that unemployment rates significantly understate the number of individuals without a job: they are only based on recently unemployed individuals eligible to collect unemployment benefits and those actively searching for a job. Unemployment rates do not include individuals that have exhausted their unemployment benefits, given up searching, are underemployed, or have never entered the job market.

Figure 25: Pinellas County Unemployment Rates by Census Tract, 2009



Figure 26: Pinellas County Unemployment Rate Trends, 2007 to 2009

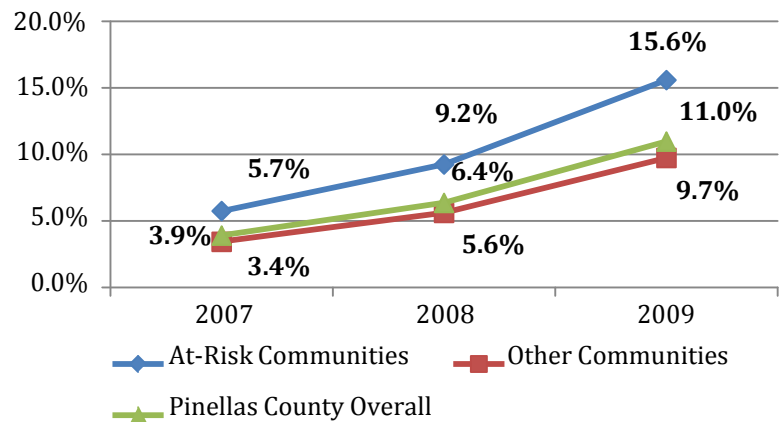
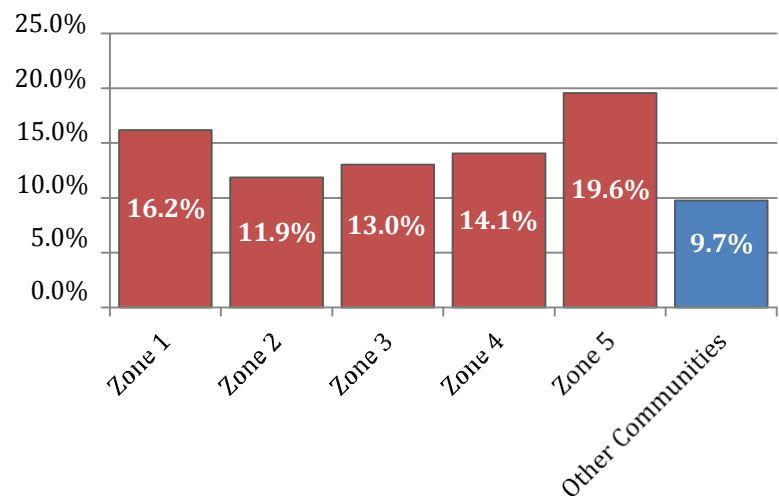


Figure 27: Pinellas County Unemployment Rates for 2009 by Zone



Inadequate and Insufficient Housing

The availability of safe and affordable housing is crucial in order 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. In order to inject dollars into the community, individuals should be able to afford housing and still have enough income left over for other nondiscretionary spending. However, recent data from the National Low Income Housing Coalition indicates that in 2012, **a family in Florida without a housing subsidy has to make \$18.56 an hour (\$41,574.40 annually) to afford a two-bedroom unit at the fair market rent (Table 6). This would require an individual earning minimum wage in Florida to work 97 hours a week to meet fair market rent prices.** While the estimated median annual income for Pinellas County in 2011 was above the fair market rent (\$43,882), individuals living in poverty have much lower income levels, making housing unaffordable.

Table 6: 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
2011 Pinellas County Median Annual Income		\$43,882	\$13,164.60	\$1,097.05
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

Low wages and unemployment have also affected foreclosure rates in the county, with 40% of all foreclosures in 2009 having occurred within ZIP codes that cover our at-risk communities (Figure 28). The increased number of foreclosures within our at-risk communities has put many community members in the need to rent housing. Even then, rent must be affordable. Using the information on Table 6, which indicates that a low-income family of three that uses only 30% of their monthly income on rent should pay no more than \$477 for a two-bedroom unit, a search for the availability of housing properties with rent ranging from \$0 to \$500 a month in Pinellas County was conducted at FloridaHousingSearch.org on April 3rd, 2012. Results indicated that only 30 properties in the County had one-bedroom units available; only 2 of these properties had two-bedroom units available at this price range. With the average number of units per listed property at 3.2, this indicates that approximately 102 units were available. However, 279 individuals sought properties accepting Section 8 Housing that day, with another 7 individuals seeking properties that accept vouchers from the Pinellas County Department of Health and Human Services. These results indicate a lack in availability of affordable housing within the County in just one day. Table 7 further demonstrates a dearth in available housing by presenting all available properties and units on April 3rd vs. total properties and units on the Florida Housing Search database, which is available to the public. Furthermore, these properties all fall within or near the five at-risk communities, forcing individuals searching for affordable housing to reside in communities with limited access to food

and health care, in addition to long commutes if they have a job that requires them to travel and they rely on public transportation.

Figure 28: Pinellas County Foreclosure Rates by Census Tract, 2009

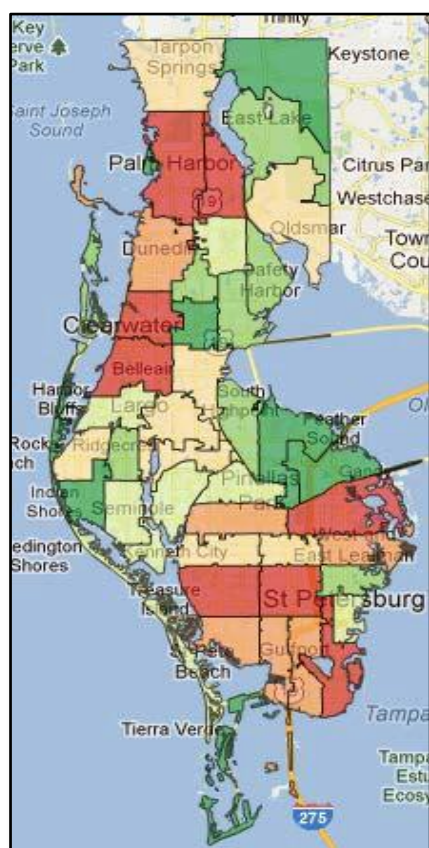


Table 7: Availability of Affordable Housing in Pinellas County on the Florida Housing Search Database on April 3rd, 2012 (Maximum rent based on 30% of income earned for individuals living at 100% FPL)

Maximum Rent on Database	In Database			
	Available Properties	Available Units*	Total Properties	Total Units*
\$300	3	9	16	48
\$400	7	21	16	48
\$500	42	126	258	774
\$600	109	327	701	2,103
\$700	220	660	1,493	4,479
\$800	346	1,038	2,496	7,488
Total available within affordable range**	727	2,181	4,980	14,940

*Extrapolated based on 3.2 units per property.

**Using 30% of household income for rent; based on earnings at 100% of the Federal Poverty Level for household sizes 1 to 6. However, properties may not include enough bedrooms per unit for listed prices.

The increased number of foreclosures within our at-risk communities coupled with low income wages that make it difficult to afford unsubsidized rent puts many community members at the risk of becoming homeless. 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. For example, the cost of an emergency shelter bed funded by the U.S. Department of Housing and Urban Development's Emergency Shelter Grants program is approximately \$8,067 more than the average annual cost of a federal housing subsidy. Meanwhile, the average cost per first time homeless family in an emergency shelter is between \$1,391 and \$3,698 per month (U.S. Department of Housing and Urban Development).

In an attempt to calculate the estimated cost of homelessness in Pinellas County, we examined metropolitan areas that have performed analyses on the cost of homelessness with similar a climate than Florida, which contributes to homeless individuals relocating into these zones during winter months. We also ensured cost of living was comparable from these cities to cities in Florida, such as Miami, which also has a high incidence of homelessness. Thus, we identified Los Angeles as a comparable community, due to its warm weather, virtually identical cost of living when compared to Miami (2011 Urban Consumer Price Index), and comprehensive study that accounted for differences within the homeless population and its

associated costs (Los Angeles Homeless Services Authority). We performed a cost of living adjustment to the 2009 average monthly cost of a homeless person in Los Angeles to calculate the cost to Pinellas County in 2011 (a 3.9% increase in Los Angeles from 2009 to 2011, comparison of the CPI index from Los Angeles to Miami, and a 13.9% decrease from Miami to Tampa in 2011). Pinellas County's 2011 Point-in-Time counts indicated that on the night of January 23rd, 2011, 5,887 men, women, and children were homeless. Assuming this number was consistent throughout the year (no newly homeless individuals in a 12-month period), and given that the average cost per month of a homeless person in Pinellas County in 2011 after cost adjustments was \$2,529, this would translate into \$178.7 million annually after cost of living adjustments. If we utilize the projections reported by the Pinellas County Coalition for the Homeless, which estimate 22,000 individuals were homeless at some point during 2011, and assume each individual is homeless for no more than 3 months during that timeframe, this would translate into \$166.9 million annually. While these numbers are representative of the entire homeless population in Pinellas County, the majority of homeless shelters are located within or near these at-risk communities.

Impact of At-Risk Communities 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, risk of homelessness, increased arrests and recidivism rates, and a lower lifetime monetary contribution to society. **Table 8 highlights the potential annual lost revenue in Pinellas County discussed in the previous sections, which total over \$2.3 billion.** Spending dollars on these issues also affects taxpaying county residents from benefiting from their economic contributions on other countywide services.

Table 8: Summary of Discussed Potential Costs and Lost Revenues

Emergency Room costs for Medicaid and Uninsured:	\$482.2 million
Inpatient costs for Medicaid and Uninsured:	\$1.4 billion
Potential lost wages for students not graduating with standard diploma:	\$3.8 million
Lost wages for adults with less than high school completed:	\$167.6 million
Lost wages among arrested adults that are high school dropouts:	\$83.2 million
Cost of homeless individuals:	\$178.7 million
Estimated Total:	\$2.3 billion

In order for Pinellas County to achieve its vision of improving quality of life, it is necessary to invest in creating healthy environments and prosperous communities. The following chapter discusses the strategic initiatives this workgroup has developed to meet the Board's Strategic Direction and enhance service delivery in a collaborative manner.

Economic Impact Highlights

Impact of Poverty

- Costs associated with poverty are elevated due to an increased risk of adverse outcomes such as poor health, low productivity, and increased crime in unsafe neighborhoods which leads to lower graduation rates and a reduced participation in the labor market.
- Research attributes an estimated annual economic cost of \$500 billion dollars due to the costs of high crime rates, poor health, and forgone earnings and productivity associated with adults who grew up in poor households.
- Pinellas County has specific underserved communities that drive service delivery costs, with little financial return.
- Direct impact in the distribution of General Fund dollars from 2007 to 2011:
 - Allocation of funds for Justice Services increased from 49% to 51%.
 - Allocation of funds for Social Services decreased from 12% to 9%.
 - Allocation of funds for Countywide Services decreased from 16% to 13%.

Poverty in Pinellas County

- In order to improve the quality of life for all those residing in Pinellas County, it is essential to identify the areas within our community that have high concentrations of poverty.
 - This will allow for targeted service delivery that focuses on improving the poor outcomes these areas face that increase County costs.
- While approximately 11.6% of Pinellas County's total population was living in poverty between 2005 and 2009, there are five at-risk communities within the county that have 16% or more of their population living at or below 100% of the Federal Poverty Level (FPL):
 - Zone 1 - East Tarpon Springs: ~20% of population living at or below 100% FPL.
 - Zone 2 - North Greenwood: ~25% of population living at or below 100% FPL.
 - Zone 3 - Highpoint: ~27% of population living at or below 100% FPL.
 - Zone 4 - Lealman Corridor: ~19% of population living at or below 100% FPL.
 - Zone 5 - South St. Petersburg: ~25% of population living at or below 100% FPL.
- An estimated 45% (approximately 47,662 individuals) of Pinellas County's total low-income population lives within the identified at-risk communities.
- At-risk communities have exhibited inequities when compared to other parts of Pinellas County for decades, not just since the economic recession.

Economic Impact within At-Risk Communities

Insufficient Transportation

- Individuals in at-risk communities have a heavy reliance on public transportation, which does not always have a bus stop nearby their home or destination.
- 11% of households do not have a vehicle available, while 41% have only one vehicle.
- Long travel times when individuals are trying to access services across the county. An individual travelling from Tarpon Springs to Clearwater (14 miles away) must travel close to 1.5 hours each way and transfer once.
- A person riding the bus three times a week spends between \$48 (regular fare) and \$72 (express buses) a month on one-way fares – up to 8% of the net monthly earnings for an individual living exactly at 100% FPL.

Limited Food Access

- Limited transportation within at-risk communities forces individuals and families to travel extra distances in order to access supermarkets or grocery stores.
- Areas within Pinellas County that have low access to food overlap with Zones 2, 3, 4, and 5.

Insufficient Access to Healthcare

- In 2011, 46% of Medicaid enrollees in the County resided within our at-risk communities (~75,062), 51% of which were children.
- In 2010, approximately 11.4% of the county's population was uninsured (~104,486 individuals).
- Areas within the county with a shortage of primary medical care, dental or mental health providers overlap with all five at-risk communities.
- The total cost of emergency room visits at County hospitals between October 2010 and September 2011 for Medicaid beneficiaries and the uninsured was \$482.2 million – 42% of all costs and 52% of all emergency room visits that did not result in hospital admissions.
- The total cost of inpatient hospitalizations at County hospitals between October 2010 and September 2011 for Medicaid beneficiaries was \$1.1 billion – 16% of all costs and 19% of all hospitalizations.
- The total cost of inpatient visits at County hospitals between October 2010 and September 2011 for the uninsured was \$338 million – 5% of all inpatient costs and 6% of all hospitalizations.
- Even if only 25% of the utilization came from low-income individuals residing in these zones, that would still account for \$120.5 million in emergency room cost and \$359.4 million in inpatient costs attributed to Medicaid beneficiaries and the uninsured.

Poorer Health

- Poorer health outcomes translate into dollars lost in a community due to loss in productivity, unemployment, and shorter life expectancy. Adults living in poverty can expect to live at least six and a half years less than those with high income.
- Between 2008 and 2010, average emergency room rates due to diabetes were 42% higher for those residing within at-risk communities than the general population, while average hospitalizations were 38% higher.
- Between 2008 and 2010, average emergency room rates due to adult asthma were 38% higher for those residing within at-risk communities than the general population, while those for pediatric asthma were 40% higher than the general population. In both cases, average hospitalizations due to asthma were 35% higher than the general population.
- Between 2008 and 2010, average hospitalization rates due to congestive heart failure were 25% higher for those residing within at-risk communities than the general population.
- Between 2005 and 2009, average low birth weight rates were slightly higher than the County's general population (11% vs. 8%). Zone 5 has the highest average rate, at 13%.

Lower Educational Attainment

- Neighborhoods with concentrated poverty impede children from socializing, having positive role models, and other factors crucial for healthy child development.
- School readiness serves as a predictor for detrimental outcomes, such as grade repetition and dropping out of school. In 2011, only 63% of kindergarteners living within at-risk communities were ready for school, while only 51% of those in subsidized childcare were ready.
- Low-income children are also at a greater risk of not completing high school, limiting future employment opportunities that translate into lower wages.
- A high school dropout earns about \$260,000 less over a lifetime than a high school graduate, paying about \$60,000 less in taxes.
- In 2009, high school dropouts earned an average \$7,840 less than high school graduates in the U.S.
- In 2011, approximately 70% of high school students residing in at-risk communities graduated with a standard diploma. This could translate into \$3.8 million dollars in lost wages in one year once these individuals reach adulthood, assuming they do not get a high school diploma before the age of 25.
- Between 2005 and 2009, approximately 21,371 individuals (20%) of the adults living in at-risk communities did not complete high school. This could translate into approximately \$167.6 million in lost wages within our at-risk communities in one year alone among adults above the age of 25.

Increased Crime Rates

- High school dropouts are 3.5 times more likely than graduates to be arrested in their lifetime.

- In fiscal year 2010, 59% of all arrested and 62% of all re-arrested youths resided within at-risk communities. Similarly, 57% of all arrested and 61% of all re-arrested adults resided within at-risk communities.
- High school dropouts account for 75% of state prison inmates, indicating that approximately 10,609 arrested adults residing in at-risk communities in Pinellas County are high school dropouts. This translates into approximately \$83.2 million in lost wages in one year – assuming they exit the system and become employed.
- There is likelihood that approximately 70% of recidivist youths in Pinellas County will be arrested as adults.

High Unemployment

- In 2009, the unemployment rate for at-risk communities was 16%, while all other areas were only 10%. Zone 5 exhibited the highest rates, at 20%.

Inadequate and Insufficient Housing

- The availability of safe and affordable housing is crucial in order to improve outcomes for those living in poverty.
- In 2009, 40% of all foreclosures occurred within at-risk communities.
- The increased number of foreclosures within our at-risk communities has put many community members in the need to rent housing.
- The percent of income spent on housing is the leading indicator of housing affordability in the United States. Households paying over 30% of their income in housing costs are considered cost burdened.
- In 2012, a family in Florida without a housing subsidy has to make \$18.56 an hour (\$41,574.40 annually) to afford a two-bedroom unit at the fair market rent while not spending more than 30% of their household income. This would require an individual earning minimum wage in Florida to work 97 hours a week to meet fair market rent prices.
- While the estimated median annual income for Pinellas County in 2011 was above the fair market rent (\$43,882), individuals living in poverty have much lower income levels, making housing unaffordable.
- A family of three living at exactly 100% FPL earns \$19,090 annually and would only be able to spend \$477.25 a month on rent in order to not be considered cost burden.
- A search conducted at FloridaHousingSearch.org for the availability of housing properties in Pinellas County with rent up to \$500 a month (consistent with a family of three spending 30% of household income on housing costs) indicated that approximately 102 units were available on April 3rd, 2012. Meanwhile, 279 individuals sought properties accepting Section 8 Housing and another 7 individuals sought properties that accept Health and Human Services vouchers. These results indicate a lack in availability of affordable housing within the County in just one day.

- Sought properties all fall within or near the five at-risk communities, forcing individuals searching for affordable housing to reside in communities with limited access to food and health care, in addition to long commutes if they have a job that requires them to travel and they rely on public transportation.
- High foreclosure rates and low income wages that make it difficult to afford unsubsidized rent puts many community members at the risk of becoming homeless.
- The cost of homelessness can be quite high for taxpayers, including hospitalization, medical treatment, incarceration, police intervention, and emergency shelter expenses.
- The cost of an emergency shelter bed funded by the U.S. Department of Housing and Urban Development's Emergency Shelter Grants program is approximately \$8,067 more than the average annual cost of a federal housing subsidy.
- The average cost per first time homeless family in an emergency shelter is between \$1,391 and \$3,698 per month.
- Pinellas County's 2011 Point-in-Time counts indicated that on the night of January 23rd, 2011, 5,887 men, women, and children were homeless. Assuming this number was consistent throughout the year (no newly homeless individuals in a 12-month period), this would translate into \$178.7 million annually.
- If we utilize the projections reported by the Pinellas County Coalition for the Homeless, which estimate 22,000 individuals were homeless at some point during 2011, and assume each individual is homeless for no more than 3 months during that timeframe, this would translate into \$166.9 million annually.

Bottom Line: The potential annual lost revenue in Pinellas County due to at-risk communities discussed above exceeds \$2.3 billion.

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II. A New Approach: Strategic Alignment across Agencies

In an effort to review and determine whether the core services provided by county agencies align with the Board of County Commissioners' Strategic Direction, this workgroup identified specific zones within Pinellas County that have high concentrations of poverty and small return to our tax base. Upon analyzing these zones and their potential loss in revenues over a one-year period, we are proposing new strategies to deliver services that focus on performance-driven outcomes. We believe that in order for the county to see a reduction in costs associated with the low-income population served, departments and services must realign their strategic initiatives to ensure actions work collectively. By doing so, Pinellas County would be able to lower the amount of resources spent on the low income population and increase its return on investment, improving community outcomes and overall quality of life.

Aligning Efforts through Strategic Initiatives

Our community is at a tipping point; by shifting the way services are currently delivered in Pinellas County, we would be able to achieve better outcomes without requesting additional dollars to do so. Our research on other communities in the United States indicates that success can be achieved through transparency, education, outcome measures and legislation. While this workgroup has provided the Board with specific interdepartmental strategic initiatives that will produce desired outcomes in a separate document, the following are the guiding principles behind these suggestions:

A) Collaborating interdepartmentally and externally

County departments and other local agencies currently invest their dollars on similar initiatives and populations. However, these services are not all connected, costing the county additional dollars while leaving gaps in the community. By collaborating on the same areas and developing services that complement each other, improved service quality can be achieved while reducing associated costs. Similarly, aligning strategies with other local community agencies will allow for improved access and streamlined service delivery without investing in additional dollars. An example of this are the improvements being made to the County's healthcare delivery system, which has over \$1 billion dollars in available health care resources for all of the county's low-income population (see chart on page 42). By aligning the strategic initiatives of these agencies to focus on collaborating and co-locating services, we would be able to eliminate duplication and increase the quality of healthcare provided without increasing appropriated funds. Utilizing the same approach across all core areas the Board wishes to focus on, Pinellas County would be able to redistribute dollars within the community and improve service quality for all.

B) Co-locating services

As previously expressed by the Department of Health and Human Services, co-locating service agencies allows for families and other residents to have better access to available resources, while increasing overall service delivery in the community. This workgroup believes co-locating services is key to obtaining improved outcomes without incurring additional costs.

The first step in co-locating services is a "virtual co-location" through the implementation of improved technologies that share enrollment and client information. This will allow for multiple services to be accessible by residents within the first year of reorganizing agencies. The integration of these technologies has already begun through initiatives such as One-E-App and Health and Human Services' CHEDAS system. Improved technological capabilities will also allow for the multiple agencies to provide access to the entire

family unit at one location and dealing with bill payments “behind the scenes”. Following virtual co-location of services will be physically co-locating services through infrastructure that allows multiple agencies to be housed in the same location. Current and new facilities will be utilized to house multiple agency services, such as health and behavioral health care, workforce development, and other social services necessary to improve our client’s quality of life.

C) Shifting focus to prevention

Preventive services are cost-saving and have significant, long-lasting gains. For example, incarcerating children costs 20 times more than enrolling them in pre-school (\$88,000 a year per incarcerated child versus \$4,212 per child enrolled in a Pre-K program – Juvenile Welfare Board). Additionally, 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 strategic initiatives proposed by the Departments of Health & Human Services and Justice & Consumer Services shift system focus to 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. Some of these initiatives have already begun, as is the case with the improvements to the integrated health care delivery system spearheaded by Health and Human Services, the Health Department, and the Juvenile Welfare Board, which has over 25 community partners involved in delivering care to Pinellas County’s low-income population, as well as juvenile justice reforms to reduce detention use spearheaded by Justice and Consumer Services.

While the Board does not control all entities involved in providing services to the communities in need within Pinellas County, they do have the ability to establish policies and ordinances that assist their implementation. This, combined with the power to engage cities and other boards in discussions to align community efforts strategically, will ensure that Pinellas County becomes a healthier community for all its constituents – regardless of where they live.

Strategic Initiatives: Health and Human Services

Health and Human Services is committed to improving health outcomes and self-sufficiency for all residents in Pinellas County. Recognizing that targeted and collaborative efforts are needed in certain communities, the proposed strategic initiatives focus on community partnerships, integrated family services and a prevention-first model. Investments in technology will allow us to connect to our partner providers, share data to improve service delivery and develop performance outcomes. Concentrations of poverty have an adverse economic impact on communities – decreasing human capital and utilizing resources that could've otherwise been spent on countywide services. Integrated community centers – where families can come for primary care, childcare, educational seminars, skills training, recreation and government services – are integral in improving the lives of county residents.

INITIATIVE: Department Re-Organization and Community Partnerships			
LEAD DEPARTMENT: Health and Human Services			
Is it:	Ongoing: X	New: X	Collaborative: X
Board of County Commissioners' Strategic Outcomes			Status
• Increase citizen satisfaction with the delivery of services			☑
• Deliver measureable 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			☑
DESCRIPTION/PURPOSE OF INITIATIVE:			
<p>Department Re-organization is a critical component of identifying and focusing on a core set of quality services. We are focused on increasing available resources to improve services, streamline service delivery, and strengthen staffing capabilities. As part of the initial re-organization, the Department has improved its service delivery system to create a centralized client eligibility determination process. This simplified process allows for clients to navigate the Department more effectively and link to outside agencies for additional services. In addition, the Department has begun to re-align staff responsibilities with our core services in order to improve service delivery. Staff with similar positions will be under one supervisor and there will be more integration of social and health services. New training opportunities will expand technological and community resource knowledge and will allow our case managers to develop care plans tailored to individual clients' needs.</p> <p>The Department of Health and Human Services is committed to achieving its health care goals of increasing access to quality healthcare, improving the health outcomes of low-income/high-risk individuals and reducing health disparities in target communities. To assist in the realization of these goals, the Department has begun to form closer partnerships with agencies such as the Juvenile Welfare Board, and the Pinellas County Health Department to improve and expand services to include prevention practices that focus on improving outcomes at the individual and community-wide levels. Together, the agencies will embark on cost-saving initiatives that improve services and eliminate unnecessary duplication. For the first time, adults and children will be treated as a family unit at the same location and will be linked to social service agencies within the community for wrap-around care. Treating the family as a holistic unit has been demonstrated to be more efficient and cost effective and when paired with appropriate community supports and education, can improve health outcomes for every member of the family.</p> <p>Partnering with other entities to increase access to care and to deliver improved health and human services to the community is crucial to cost-savings initiatives that eliminate unnecessary duplication. The Department of Health and Human Services is actively working to realign relationships with multiple county agencies, having already gained the support of 25 agencies for the Pinellas County Health Collaborative. Continuing these efforts with other agencies will enable Pinellas County Health and Human Services clients to receive services in a faster, more efficient way. To better focus resources, the Department of Health and Human Services, the Juvenile Welfare Board and the Pinellas County Health Department have identified the target communities within Pinellas that could benefit from integrated services and targeted resources and have asked the Administrative Forum of the Health and Human Services Coordinating Council to also target resources to these at-risk communities.</p> <p>Community health outcomes increase multi-fold when coordinated community delivery systems that provide social services are implemented, mainly because individuals can get all their needs taken care of in one place. It becomes laborious and cumbersome when individuals need to access services in silos, rather than being able to enroll into all services they qualify for at one location. Co-locating service agencies will</p>			

allow for families and other residents to have better access to available resources, while increasing overall service delivery in the community. This reduces costs of intake and administrative overhead, creates a seamless delivery system, allows for the measurement of community impact, and simplifies navigation. Co-locating services also allows for the implementation of centralized eligibility determination, eliminating unnecessary duplication among community agencies. The initial phase of the co-location includes staff from Health and Human Services, the Health Department, and Workforce Development at Health Department clinics in Tarpon Springs and the new Mid-County Center on Ulmerton Road. Health and Human Services will also remain in their client services offices in Clearwater and St. Petersburg, as these offices are close to existing Health Department facilities.



The Department of Health and Human Services is actively looking for administrative office space close to the Juvenile Welfare Board in mid-county. It is important for the continuity of collaborative projects that the administrative staff of the Department work in close proximity to the Executive Staff of the Juvenile Welfare Board. This proximity will allow for greater planning, data management, and opportunities for additional partnerships. Re-locating the Department's administrative staff will also allow for more convenient access to staff throughout the county.

TARGET OF INITIATIVE:

Low-income county residents in the communities of: East Tarpon Springs, North Greenwood, Highpoint, Lealman Corridor, and South St. Petersburg

CHALLENGES/ISSUES ADDRESSED BY THIS INITIATIVE:

- Data management
- Performance Measurement
- Community partnerships
- Integrated Technology

- Service Delivery

KEY STRATEGIES:

- Integration of Technology
- Development of data-driven performance measures
- Maintenance of Pinellas Indicators
- Integration of Services
- Co-location of staff

IMPACTS/OUTCOMES/RESULTS:

- Increased citizen satisfaction with the delivery of core services
- Achievement of cost savings from a collaborative work group for consolidation
- Partner collaborations to implement countywide sustainability
- Elimination of duplicate services
- Expansion of available resources beyond allocated General Funds

ESTIMATED COST: All costs will be paid for within current budget allocations.

LEAD DEPARTMENT(S): Health and Human Services, Juvenile Welfare Board, Pinellas County Health Department, behavioral health providers

Juvenile Welfare Board



The Children's Services Council
of Pinellas County

14155 58th Street North
Suite 100
Clearwater, FL 33760

Board Members

Elise Minkoff, Board Chair
Gubernatorial Appointee

Maria Edmonds, Vice Chair
Gubernatorial Appointee

James Sewell, Ph.D. , Secretary
Gubernatorial Appointee

Brian J. Aungst, Jr.
Gubernatorial Appointee

The Honorable Bob Dillinger
Public Defender

The Honorable Raymond Gross
Sixth Judicial Court

The Honorable Bernie McCabe
State Attorney

Raymond H. Neri
Gubernatorial Appointee

Angela H. Rouson
Gubernatorial Appointee

The Honorable Karen Seel
Pinellas County Commissioner

John Stewart, Ed.D.
Pinellas County Schools
Superintendent

D. Gay Lancaster
Executive Director

Phone: (727) 547-5600
Fax: (727) 530-7416
Website: JWBPinellas.org
Data Site: AboutPinellasKids.org



WHY PINELLAS COUNTY AND JWB ARE UNITING AS A COLLABORATIVE TEAM

The complexity of public issues, the austere economic climate and the desire for accountability has led many agencies to look outside their own boundaries when there is a need to sustain, improve, or implement initiatives. These challenges have spurred governments at all levels to discover that collaborative engagement can translate into more effective outcomes, better public policy and a better use of community and government resources. At its heart, collaboration comes from an agreement that there is something important to be accomplished that cannot, and perhaps should not, be attempted alone.

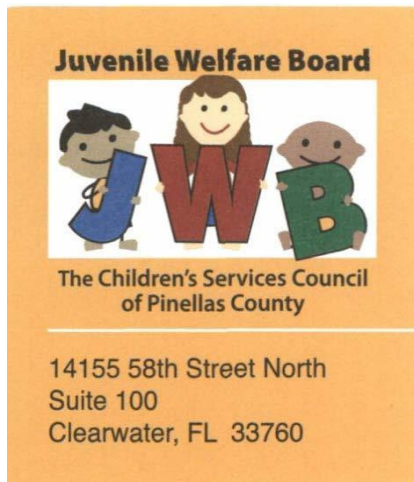
Pinellas County and JWB looked to this philosophy and have concluded that JWB's expertise in children's issues, along with its funding of interventions for at-risk children 0-17, would complement the County's supports for adults with families. Promoting a better community for Pinellas citizens throughout their lifespan is a shared vision best achieved through working together to accomplish this common goal.

THE JUVENILE WELFARE BOARD AND ITS COMMITMENT TO CHILD WELL-BEING

The Juvenile Welfare Board was created in 1946 in response to the lack of resources for at-risk children and their families in Pinellas County. Over the years, JWB's mission has been to support the healthy development of vulnerable children and their families in Pinellas County. Through its funding, JWB supports services which prevent children from experiencing the negative impacts frequently associated with an unstable family which often results in abuse and neglect, delinquent behavior and poor school performance. These services are meant to support the child in developing toward a productive adulthood, reduce the victimization of citizens, and minimize an even greater outlay of public funding.

In early 2008, the Florida Cabinet for Children and Youth set a goal in their strategic plan to promote increased efficiency and improved service delivery by all governmental agencies which provide services for children and their families in Florida.

Measuring progress toward these goals could be achieved through a shared and cohesive vision for child and youth outcomes across state agencies, departments and programs.



The Children's Cabinet chose indicators which were in alignment with the Cabinet's Strategic Plan, and whose results had the ability to provide useful and helpful insight to the Cabinet as well as the public. The final selection of the Cabinet's priority measures of child well-being was adopted by the JWB Board of Directors in December 2010, where they continue to guide the Agency's policy and investments.

- I. Every Florida Child is Healthy
- II. Every Florida child is ready to learn and succeed
- III. Every Florida child lives in a stable and nurturing family
- IV. Every Florida child lives in a safe and supportive community

These measures help demonstrate JWB's commitment to all children, but the three focus areas for the community's most at-risk children are school readiness, school success, and preventing abuse/neglect. As a result, a significant investment is devoted to increasing the readiness of children entering school by helping them and engaging their parents to build the skills needed to be ready to learn, and stay engaged with their academic experience so they are more likely to graduate.

Research findings indicate that such interventions have the greatest impact for the least cost early in life, which guided JWB's decision to shape its investment to focus heavily on youth 0-8 years of age. Beyond the social benefits of quality interventions, there are also strong economic arguments for investing in increasing the number of young people who make a successful transition to young adulthood. It has always been JWB's desire to fund an array of interventions to support at-risk children and their families; however, JWB recognizes it is imperative to fund programs which provide positive, sustainable social outcomes, in balance with an economic return on investment that is satisfactory to the public. JWB accomplishes this in two ways: by compiling data which provides the Agency with in-depth analysis of the most critically at-risk neighborhoods which facilitates directing funding and interventions to bridge the gap for children who reside where opportunities to be successful are minimal. Secondly, return on investment is supported by consistently delivering verified impacts through careful monitoring of evidence-based programs, regularly conveying research findings to the Board, and pinpointing the benefits of specific services. Dedication to this path leads to knowledge which allows JWB to say we are funding the right intervention at the right time, for the best possible outcomes for the children we serve.

JWB believes that working in tandem with the County will enhance the foundation of a shared vision, maximize existing resources, and demonstrate accountability with regard to return on investment. The collaboration between the two entities optimizes the potential to have a full range of services to call upon for clients with complex needs, and to bring about a community which provides each of its citizens the supports and opportunities to experience an optimal quality of life.



PINELLAS COUNTY HEALTH DEPARTMENT

The Pinellas County Health Department is one of 67 county health departments operating under the auspices of the Florida Department of Health. Since 1936, the Pinellas County Health Department has responded to the needs of the community by providing access to a continuum of culturally competent services for persons of all ages regardless of ability to pay. The Pinellas County Health Department provides a range of services— from promoting healthy lifestyles, to protecting the health of our residents through immunizations and disease investigation, to serving as the provider of last resort for certain services such as primary and dental care. The mission of the Pinellas County Health Department is to promote, protect and improve the health of all people in Pinellas County by:

- Monitoring and preventing the spread of communicable disease
- Preparing and responding to emergencies affecting the public's health
- Facilitating coordination among community health care providers
- Providing care as a last resort
- Conducting environmental health activities that have a direct impact on public health
- Planning and developing policy in support of community and individual health

The strategic focus areas of the Pinellas County Health Department include prevention, access to health care, disaster preparedness and organizational excellence. These strategic focus areas help our organization concentrate activities in areas critical to achieving our vision of a healthier future for the people of Pinellas County.

PINELLAS COUNTY AND PINELLAS COUNTY HEALTH DEPARTMENT COLLABORATION

The recent economic downturn has presented unique challenges to our Health Department. While the demand for our services is increasing, the revenue streams we rely on have been decreasing. This necessitates that we continually assess the value and impact of services, find new approaches for carrying out our work, identify new resources, maximize efficiencies and strengthen our collaborations. We recognize that we are not alone in working to assure the health of the public; public health is most successful when communities are working together and partnerships are strong.

The Pinellas County Department of Health and Human Services and Pinellas County Health Department have a longstanding history of collaborating to improve health outcomes in Pinellas County. The Pinellas County Health Department strongly supports strengthening this collaboration and further integration of the County's health care delivery system through co-location of services. Collaboration and co-location of services will increase access, improve quality and ultimately reduce cost of services. The Pinellas County Health Department is fully committed to serving our community's families through integrated primary and behavioral health services to improve community health outcomes.

INITIATIVE: Pinellas County Health Collaborative

LEAD DEPARTMENT: Health and Human Services

Is it:

Ongoing:

New: X

Collaborative: X

Board of County Commissioners' Strategic Outcomes

Status

- Increase citizen satisfaction with the delivery of services ☒
- Deliver measureable 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 ☒

DESCRIPTION/PURPOSE OF INITIATIVE:

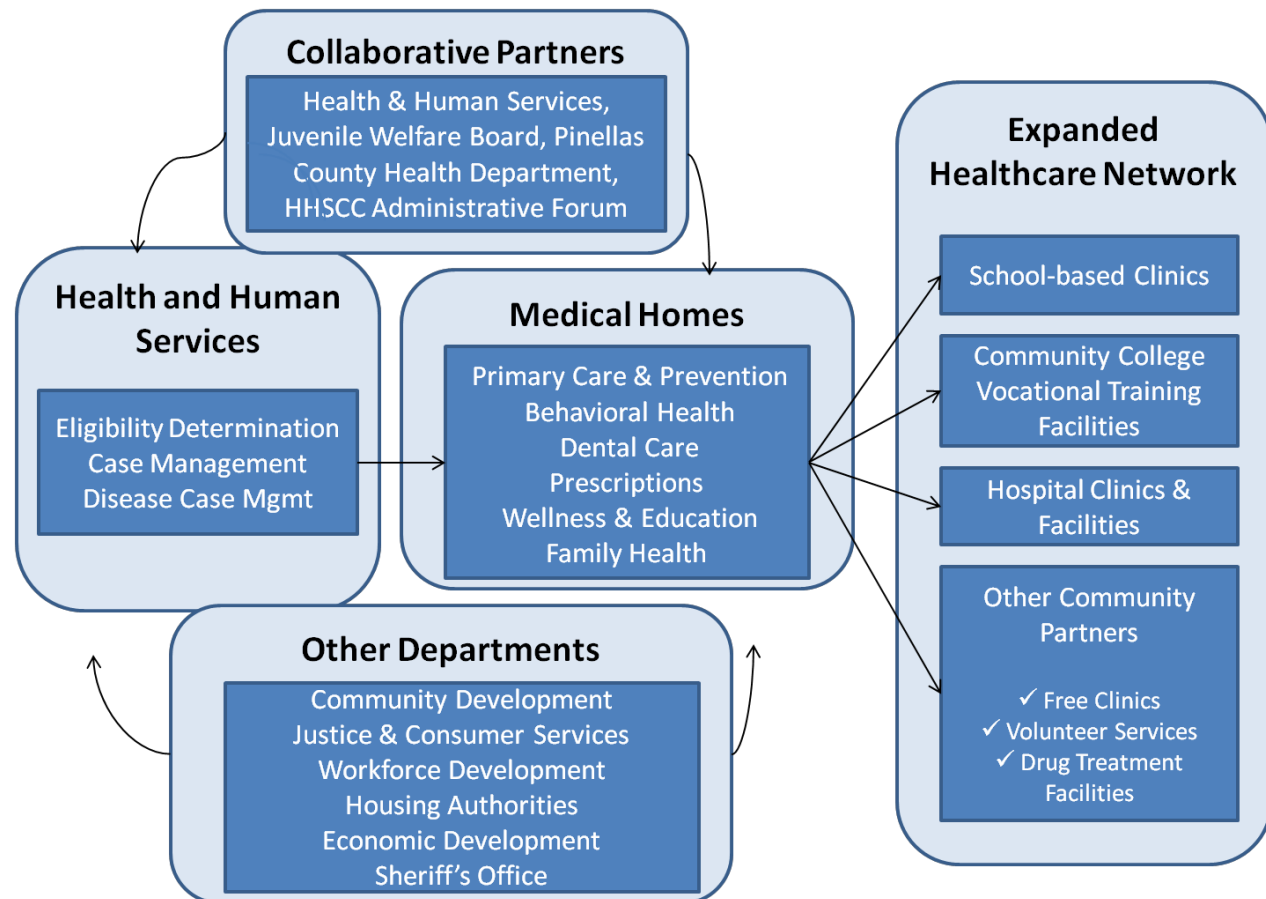
At the direction of the Board of County Commissioners, the Department of Health and Human Services embarked on a plan to collaborate with community partners, re-design our current county health care delivery system, identify new funding streams to decrease the responsibility of the county to pay for care, and prepare for the full funding and implementation of federal and state health care reform.

The collaborative effort – known as the Pinellas County Health Collaborative – is an integrated, family-focused health care delivery system comprised of 25 community partners from both the medical and social service sectors. At the core of the Collaborative is the leadership team comprised of Health and Human Services, Juvenile Welfare Board, and the Health Department. The three agencies have formed a partnership to identify the target communities in need of services, connect providers through integrated services and data management, and achieve the desired outcomes. The new system will allow for centralized and seamless medical and social services while also expanding capacity, improving care for the entire family unit, improving community health outcomes, and reducing costs.

The Health Collaborative takes a holistic approach to care and provides wrap-around social and medical services for the entire family in a virtually connected campus setting. At the core of our delivery system is a centralized, electronic enrollment process, which will allow our partners to enroll a family in the Health Collaborative and screen them for eligibility for other social service programs. Client data will be shared on a provider network to ensure the highest quality of care, reduce costly duplications in services, and handle billing behind-the-scenes. Our “one-stop” shops – modern, multifunctional centers with convenient hours - will focus on primary care and social services specifically tailored to a family's needs. Disease case managers will work closely with families to ensure that they stay on track with their medical plans and social service case managers will assist families with obtaining additional resources to address the various adverse outcomes of poverty while also leveraging community resources and reducing cost redundancies. This delivery system takes a holistic approach using strategies including community-centered partnerships, focusing on the family through community engagement, social service and faith-based agencies; centralized service enrollment through electronic interfaces; workforce training/retention; data collection; and an expanded healthcare network including school-based community clinics, community college/vocational training facilities, hospitals, community mental health/drug treatment facilities, free clinics and volunteer services.

The Health Collaborative will allow for a fully integrated primary and behavioral health care delivery system at medical homes. In addition to primary care, mental health and substance abuse screening, assessment and treatment will be accessible at a single location. Unique services to ensure true integration of care include conjoint consultation, telemedicine, on-demand behavioral health and medication consultation, interdisciplinary case management and case conferences. Disease case managers will provide patient education, medication management and monitoring and community health advocates will provide reinforcement of this education during phone calls and home visits to help ensure care plan compliance.

Other services available onsite, through outreach, or by referral include case management; individual and group therapy; health education; nutrition counseling; labs; pharmacy; dental; provider education; specialty care; inpatient care; home health; and ER triage. PCHC will also link patients with community social service agencies to ensure any additional social and environmental factors impeding access to quality health care and better health outcomes are properly addressed.



The improved community outcomes include:

1. **Expanded access:** We currently have 12 medical homes throughout Pinellas County. Through our collaborative, we expect to consolidate resources and operate 8 medical homes plus 4 school-based clinics (2 in St. Petersburg, 1 in Gulfport, and 1 in Tarpon Springs) that will have primary care integrated on-site in identified high risk communities. Expansion will include evening and weekend hours to help ensure comprehensive services are available when and where patients need them to help reduce non-emergent ER use. Expansion will also allow patients to access health services closer to home, reducing the need to travel far distances by public transportation, keeping families together for their care and allowing a collaborative care team to address intergenerational health risks to improve chronic health outcomes.
2. **Patient/family engagement in health:** To ensure patient/family engagement in health, the Pinellas County Health Collaborative will use team-based care that includes a provider, nurse or licensed clinical social worker, disease case manager and community health advocate. Together, the collaborative care team will engage the patient/family in making behavioral and lifestyle changes to improve physical health outcomes.

3. **Early intervention and Substance Abuse Treatment:** All participants will receive appropriate care through the implementation of a standardized screening and referral process for primary and behavioral health needs irrespective of point of entry. Patient activation measure and behavioral health screenings will be completed at initial contact and will be utilized to develop the patient/family care plan. All patients will be assigned a collaborative care team that also includes a behavioral health clinician and substance abuse counselor (if appropriate.) Suncoast Center, Inc will deploy Behavioral Health Specialists in community ERs and crisis stabilization units at peak times to work with hospital staff to identify patients presenting with non-life threatening problems. Behavioral Health Specialists will provide patient education on appropriate ER use and referral and linkage services for those lacking insurance and/or a health home to prevent further ER non-emergent use, thereby reducing cost of care.
4. **Improved coordination and reporting:** The University of South Florida's Florida Mental Health Institute will assist in the development of a disease registry to manage both physical and mental health outcomes for populations with mental health conditions. The registry will be used by health home partners for patient primary and behavioral health care management and for program evaluation. The high quality data available through the registry will improve efficiency and health outcomes and ultimately lower service costs for the target population. Directions for Mental Health will implement telemedicine technologies at selected locations to increase ease and speed of access to services, from direct service to informal case consultation, to improve health and reduce costs associated with patient and/or provider travel.
5. **Diversified workforce:** Existing primary and behavioral health care providers and current Health and Human Services staff will be cross-trained through on-site trainings at health homes, web-based training on integration models and continuing education through St. Petersburg College. Medical homes will serve as training sites for medical and other health professional students and residents through existing contracts between partners and local medical schools, colleges and universities. Community health advocates and volunteers will be trained to be a new part of the patients' collaborative care team through development of a certificate program in partnership with St. Petersburg College.
6. **Continuing Education:** The Health Collaborative will work to transform the health care workforce in Pinellas County by implementing a 3-pronged workforce plan that updates the skills of existing health professionals, develops the skills of future health professionals and trains new types of workers to enhance care delivery and expand the use of team-based care.
 - To update skills of existing health professionals, The Health Collaborative will employ strategies that include initial orientation and training, updating and expanding continuing education and cross-training of health professionals. Initial orientation and training will include web-based training on primary and behavioral health integration available from the AIMS Center IMPACT site. Hands-on training will be available to providers at partner health homes, where a primary care physician or nurse practitioner can shadow a psychiatric clinician, and vice versa, in the course of a normal outpatient workday.
 - Continuing Education will be comprised of intensive, brief training programs connected to integration of primary and behavioral health care. Health and Human Services will contract with St. Petersburg College to develop and implement online continuing education courses targeting nurses and mental health professionals including licensed clinical social workers, licensed marriage and family counselors and licensed mental health counselors who work in partner health homes and community-based organizations. The courses will teach professionals the core principals of an effective integrated primary and behavioral care system and how to build on established patient-provider relationships to engage and support patients and their families in treatments for chronic disease and behavioral illness utilizing collaborative care teams comprised of professionals with complementary skills.

- The Health Collaborative will work with local colleges and universities to train students and residents to develop the skills of the future health care workforce. Directions has already provided such services for the past decade as a practicum training site for psychiatric nurse practitioners with the College of Nursing at the University of South Florida and is also a committed partner as an outpatient training site for the new Nova Southeastern University College of Osteopathic Medicine psychiatry residency that commences in July 2012. Similarly, the Health Department has longstanding agreements with Nova Southeastern University College of Osteopathic Medicine, University of South Florida Morsani College of Medicine and Lake Erie College of Osteopathic Medicine to serve as a training site for medical students doing residencies in internal medicine and women's health. Students and residents will receive hands-on training on the integrated care model as part of the collaborative care team during rotations at health homes. Health and Human Services will also partner with All Children's Hospital, Johns Hopkins Medicine to train their current clinical staff and pediatric medical residents using curriculum standards to include primary and behavioral health care integration.
- To identify and train new types of workers (Community Health Advocates) to enhance care delivery and expand the use of collaborative team-based care, Health and Human Services will work with St. Petersburg College to develop a 240 hour, six-week classroom based CHA certificate program to train non-degreed health care workers on the integrated primary and behavioral health care model. The program's primary learning objective is to work closely with the patient's primary provider as a member of the collaborative care team to help engage and support patients and their families in making behavioral and lifestyle changes to improve physical and mental health outcomes. Students will learn how to provide basic patient education and techniques to reinforce the patient care plan through support and linkage services that remove barriers for treatment and compliance. Once trained, Community Health Advocates will be hired to serve as family-based advocates in the communities they are from. They will work with patients and the collaborative care team to facilitate access to services, ease the pathway for patient treatment, remove barriers to compliance and inform the care team when untreated chronic disease and/or behavioral illness symptoms are observed.

In the current economic climate, it is difficult to finance resource intensive initiatives. It is important that we identify additional funding opportunities to offset the cost of care. The goal is to develop a health care delivery system that is self-funded and sustainable – allowing for general fund dollars to be spent on other services countywide. Our new healthcare delivery system will allow us to improve primary care, reduce hospitalization and non-emergency use of the ER, expand the number of clients we serve, and increase our access to quality physicians and facilities. Expansion to a 330(e) Federally Qualified Health Center will allow us to serve private pay and Medicaid clients and therefore draw down reimbursement payments from the government and private insurance companies. These reimbursements will pay for much of the total cost of care - reducing the need for county resources to sustain the program.

Additionally, a 330(e) designation will better position us to seek grant opportunities to help fund operations. We will also seek to leverage additional resources and community partnerships in order to provide a full spectrum of services to meet the community's needs and supplement the Department's General Fund allocation. This past fiscal year, the Department applied for three grant applications that totaled over \$30 million. We will continue to seek grant opportunities in the public and private sectors and leverage our community partnerships to improve our service delivery and reduce costs. We expect that, beginning in 2014 and coupled with federal health care reform, our combined efforts of a system re-design, strategic collaborative partnerships, increased grant seeking efforts, and 330(e) designation will reduce financial burden of the county by at least \$5-6 million over a 5 year period.

TARGET OF INITIATIVE: Uninsured county residents living at or below 100% of the Federal Poverty Level

CHALLENGES/ISSUES ADDRESSED BY THIS INITIATIVE:

- Lack of capacity to serve the amount of people in need of care

- Costly service duplication
- Inadequate infrastructure and staffing resources
- Costly access to specialized care
- Limited integrated care
- Limited connectivity between providers
- Health outcomes in target communities
- Treating adults and children in two separate health systems

KEY STRATEGIES:

- Reduced ER use among uninsured for primary care
- Collaboration with community partners
- Integrated care
- Preventive health care delivery system with multiple access points
- Improved technological capacities to connect providers and eliminate costly duplication
- Leveraging financial resources
- Re-training the workforce
- Engaging and Educating the community on health outcomes

IMPACTS/OUTCOMES/RESULTS:

- Increased capacity and improved client navigation
- Seamless network of providers
- Reduced cost of care
- Expanded services and continuity of care
- Improved health outcomes in target communities
- Expanding skills of current county employees
- Prepare county for state and federal health care reform

ESTIMATED COST: All costs will be paid for within current budget allocations.

LEAD DEPARTMENT(s): Health and Human Services, Pinellas County Health Department, Juvenile Welfare Board

KEY PARTNERS: Directions for Mental Health, Community Health Centers of Pinellas, St. Petersburg Free Clinic, Clearwater Free Clinic, The Health Councils, Suncoast Center, Inc., Operation PAR, Westcare, PEMHS, Bayfront Health System, Helen Ellis Memorial Hospital, All-Children's Hospital, Early Learning Coalition, University of South Florida, Tampa Bay 2-1-1, Pinellas County Department of Justice and Consumer Services, Homeless Leadership Board, Pinellas County Sheriff's Office, Pinellas County Department of Community Development, Housing Authorities, Society of St. Vincent de Paul, NOVA Southeastern University, St. Petersburg College, Pinellas Technical Education Center, Pinellas County Schools

Cost of Caring for the Uninsured

Agency Name	Description	Total Budget	Budget Targeted to 100% FPL	Percent of Total Budget
Pinellas County Health Department	Primary Care and Health Education	\$45,167,170	\$35,117,019	78%
Community Health Centers of Pinellas	Primary Care	\$13,226,212	\$10,845,824	82%
St. Petersburg Free Clinic	Primary Care	\$533,245	\$533,245	100%
Clearwater Free Clinic	Primary Care	<i>Not available at time of report</i>	<i>Not available at time of report</i>	100%
Pinellas County Health and Human Services	Primary Care	\$44,268,400	\$44,268,400	100%
The Health Councils, Inc.	Health Education	\$1,446,238	\$248,800	17%
Directions for Mental Health, Inc.	Behavioral Health	\$15,000,000	\$13,500,000	90%
Suncoast Center, Inc.	Behavioral Health	\$20,323,559	\$16,868,554	83%
Personal Enrichment Through Mental Health Services, Inc.	Behavioral Health	\$16,800,400	\$13,944,000	83%
Operation PAR	Substance Abuse	\$26,759,856	\$5,084,373	19%
Westcare	Substance Abuse	\$6,429,291	\$6,364,998	99%
St. Vincent de Paul	Primary Care for Homeless	\$2,039,248	\$2,039,248	100%
Homeless Leadership Board	Marketing and Outreach	\$4,500,000	\$4,500,000	100%
BayCare Health System	Hospital System	\$3,266,489,130	\$89,614,328	3%
BayFront Medical Center	Hospital System	\$1,126,877,056	\$40,842,055	4%
Helen Ellis Memorial Hospital	Hospital System	\$269,873,015	\$1,620,273	1%
All Children's Hospital	Hospital System	\$779,470,957	\$19,724,996	3%
Juvenile Welfare Board	Children's Services	\$59,539,165	\$35,559,368	60%
Justice & Consumer Services	Community Services	\$11,374,550	<i>Not applicable</i>	N/A
Community Development	Community Services	\$23,711,530	\$20,154,800	85%
Sherriff's Office	Community Services	\$220,540,850	<i>Not applicable</i>	N/A
Pinellas County School Board	Education	\$1,397,892,463	\$726,904,081	52%
2-1-1 Tampa Bay Cares	Database	\$1,378,964	\$375,000	27%
St. Petersburg College	Education & Workforce Development	\$145,000,000	<i>Not applicable</i>	N/A
Pinellas Technical Education Centers	Education & Workforce Development	<i>Not available at time of report</i>	<i>Not applicable</i>	N/A
NOVA Southeastern University	Education & Workforce Development	\$610,000,000	<i>Not applicable</i>	N/A
University of South Florida	Education & Workforce Development	<i>Not available at time of report</i>	<i>Not applicable</i>	N/A
Total Expenditures on Target Population:			\$1,088,109,362	

INITIATIVE: Improved Technological Capabilities

LEAD DEPARTMENT: Health and Human Services

Is it: Ongoing:

New: X

Collaborative: X

Board of County Commissioners' Strategic Outcomes

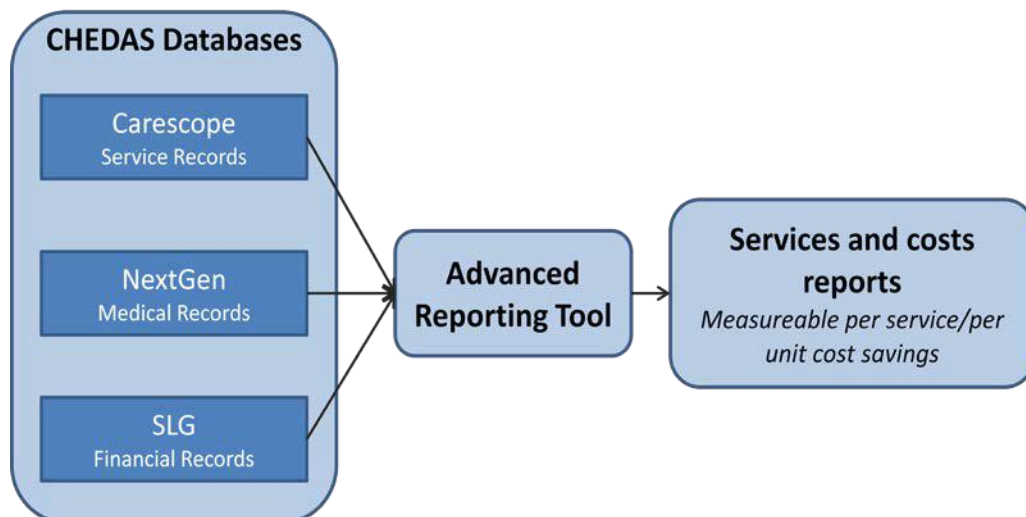
Status

- Increase citizen satisfaction with the delivery of services ☒
- Deliver measureable 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 ☒

DESCRIPTION/PURPOSE OF INITIATIVE:

Full implementation of an integrated service delivery system will allow the county to collect and measure community outcomes that demonstrate the impact our programs have on the health and self-sufficiency of our clients and the communities in which they reside.

To assist with this effort, the Board invested in CHEDAS, a technological system to collect and report on the quantity, quality, and cost of our programs. CHEDAS is composed of three distinct databases: CareScope, NextGen, and SLG. CareScope is a service records database that allows for service enrollment, case management, scheduling, and provider management. CareScope also provides a community portal where clients can apply for programs online and for partner agencies to access client information electronically. NextGen is a medical records database that will enable the Department to become entirely paperless. NextGen also serves as an interface for shared medical records. SLG is a financial records database that allows for the electronic payment of all services. SLG enables CHEDAS billing information to be transferred electronically to the county's Oracle Financial database and assists with monitoring Department spending rates. In December 2011, the Board approved the purchase of an Advanced Reporting Tool to enable Health and Human Services to report on improved performance and outcome measures that demonstrate whether programmatic goals are being met and identify areas for efficiencies. This will allow for better quality improvements and provide the Board with the information necessary to periodically review and determine whether core services are in alignment with community needs. CHEDAS was designed to allow for connectivity with our community partners. As the Department rolls out its live applications of the program, we are continuing connectivity discussions with our partner agencies. The Juvenile Welfare Board is exploring the possibility of utilizing CHEDAS for their records management. This will allow for a truly expanded and shared client database.



Under the stewardship of the Health and Human Services Coordinating Council, the Department of Health and Human Services and the Juvenile Welfare Board jointly sponsored the purchase of the One E-App system. One-e-App is a web-based system designed to screen and enroll applicants in multiple publicly funded programs through a single application. One E-App streamlines the application process through one electronic application that collects and stores information, screens and delivers data electronically, and helps families connect to needed services. One-e-App increases the approval rate for a broad range of federal, state, and local programs by improving the quality of the applications submitted and simplifies annual renewals by eliminating or reducing the need to re-submit verification documents. It also allows for client referral from various access points in a family-centered health care delivery system and links providers for seamless, behind-the-scenes billing and data management. The initial phase of the One E-App program will include the Department of Health and Human Services, the Juvenile Welfare Board, the Pinellas County Health Department, Suncoast Center, Inc, Directions for Mental Health, The Early Learning Coalition, and 2-1-1 Tampa Bay Cares. After the initial phase is complete, we will begin discussion on how to integrate other Pinellas County Health Collaborative partners in to One E-App.

The information collected from CHEDAS, One E-App, and provider databases will be linked to local information exchanges and a Regional Health Information Organization (RHIO) to provide data sharing for behavioral health providers, health care and social service agencies. A RHIO is a multi-stakeholder organization that allows for the integration and information exchange among stakeholders of a healthcare system. The RHIO will enable health information exchanges to provide the capability to electronically move clinical information between disparate healthcare information systems while maintaining the meaning of the information being exchanged. The goal of the RHIO is to facilitate access to and retrieval of clinical data to provide safer, timelier, efficient, effective, equitable, patient-centered care.



The Health and Human Services Coordinating Council maintains Pinellas Indicators – a comprehensive set of community indicators and data visualization tools. Pinellas Indicators is a flexible, module-based reporting solution for viewing and downloading geographic statistics for Pinellas County. This tool allows for intra-County quality-of-life comparisons by Census Tract or ZIP Code, as well as comparisons between Pinellas County and other counties in Florida and examines trends over time. Achieving community-wide impact in one or more of the desired results demands the coordinated efforts of all members of the community. Pinellas Indicators provides the Department of Health and Human Services timely access to statistics and visualization tools to help facilitate these efforts.

TARGET OF INITIATIVE:

- Streamline data collection
- Enhance performance measures
- Reduce service duplication
- Link provider records to reduce overall costs

CHALLENGES/ISSUES ADDRESSED BY THIS INITIATIVE:

- Eligibility and Enrollment
- Case Management
- Data Collection and Assessment
- Financial Records
- Electronic Medical Records
- Comprehensive Reporting
- Measureable Performance Outcomes

KEY STRATEGIES:

- CHEDAS
- One E-App
- Pinellas Indicators
- Regional Health Information Organization

IMPACTS/OUTCOMES/RESULTS:

- Streamlined data collection
- Integrated data management system
- Community-level outcome measures
- Reduced costs
- Interaction with other agency databases

ESTIMATED COST: All costs will be paid for within current budget allocations.

LEAD DEPARTMENT(S): Health and Human Services

KEY PARTNERS: Juvenile Welfare Board, Pinellas County Health Department, Suncoast Center, Inc., Tampa Bay 2-1-1, Early Learning Coalition, Directions for Mental Health

INITIATIVE: Homeless Services

LEAD DEPARTMENT: Health and Human Services

Is it: Ongoing:

New: X

Collaborative: X

Board of County Commissioners' Strategic Outcomes

Status

- Increase citizen satisfaction with the delivery of services ☒
- Deliver measureable 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 ☒

DESCRIPTION/PURPOSE OF INITIATIVE:

In 2010, the yearly projected homeless count for Pinellas County was 22,000. This included sheltered and unsheltered individuals, chronic homeless, those who are institutionalized, and those at-risk of becoming homeless. The 2011 Homeless Point-In-Time Survey counted nearly 6,000 people, comprised of both individuals and families in Pinellas County on any one night. Of these, 785 were unsheltered homeless (including a significant number of individuals who reported being homeless when they arrived in Pinellas County) and many U.S. armed services veterans. The sheltered count consisted of 1,712 individuals from 58 TBIN participating shelters and 338 individuals from 20 non-participating shelters. Individuals in shelters were more likely to be veterans. They also appeared more likely to be receiving financial benefits.

Both sheltered and unsheltered homeless individuals report experiencing challenges associated with disability and financial concerns. Homeless individuals need a point of contact where their needs can be identified and necessary services provided. It appears those in shelters may have been better able to access these supports, whether via the shelters or elsewhere. These differences suggest that establishing a point of contact to identify needs and provide necessary services is an essential step toward preventing homelessness, or rapidly re-housing those who become homeless.

While the primary reason cited for homelessness is lack of a job or money, unsheltered homeless individuals report experiencing a range of physical and mental health conditions that may impede their ability to obtain employment. Matching these individuals with necessary physical and mental health treatment should be a priority.

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 have been families with children. There is a critical lack of units and services for families with children. Dealing with families is important since the children are innocent victims, and if not helped now, will most likely overly rely on government services later – or worse, end up homeless themselves. Resources need to be identified to identify or develop appropriate and affordable stable housing for families with children.

Currently, there are very few forms of formal agency-to-agency connectivity and, with the exception of TBIN, there is no functional accountability between individual service providers and an overall “system” of care. Service providers need formal, direct and strategic connectivity to an overall service system of care and formal inter-agency connectivity to other community partners. Master Case Managers are needed to work one-on-one with homeless individuals and families to create an action plan, locate and secure adequate housing, advocate on their behalf, and monitor a client’s progress with his or her plan.

Pinellas County has more service providers than most communities, but for the most part these services are not coordinated. There is a wide variety of homeless service providers scattered throughout the County; however, these service providers are not formally and strategically integrated, especially at the tactical level. This results in mis-prioritized funding and lacks strategic engagement. The county – with support from the local communities – needs to develop an integrated shelter system with wrap-around social and medical services (and appropriate transportation connections) where every provider shares the same vision, policies, procedures, and desired outcomes.

Jail Diversion and Community Re-entry programs with appropriate behavioral health, substance abuse, and workforce development services must be created. This population has specific needs and requires intensive case management to help with their re-integration to society. On the other hand, the newly homeless, and those at-risk of homelessness, have different needs and should not be housed in the same facilities.

Recommended Strategies:

Going forward the Department of Health and Human Services recommends the following strategies for addressing homelessness in Pinellas County:

- The Health and Human Services Department will take a leadership role in developing a strategic system-wide approach to addressing homelessness in Pinellas County. Strategies will be developed in coordination with the Juvenile Welfare Board, the Homeless Leadership Network, the cities and other homeless services providers. Programs, services and allocation of resources will be developed based on outcomes with strategic objectives.
- The Health and Human Services Department will function as an entry portal into the homeless service delivery system for homeless families and people who are permanently disabled. An interface between CHEDAS, One E-App and TBIN will be established to develop an integrated common eligibility/centralized intake and service delivery system.
- Target Families with Children, who are homeless or at-risk of becoming homeless. Provide intensive case management to help families achieve true economic self-sufficiency. Services provided will include financial assistance with basic living expenses-rent, utilities, food, and transportation. Medical care, child care and vocational training will be offered to those in need of these services. Families will be assigned a master case manager who will work closely with the family to develop an individualized plan for achieving self-sufficiency. Clients may self-refer or be referred by other homeless and human services providers. Families in shelters who have started a job and/or have other means of maintaining self-sufficiency and are ready for graduation from the shelter will also be accepted into the program.
- Utilize the Mobile Medical Unit as a portal of entry for the homeless population into the health care system. The mobile medical unit will continue to visit locations that have high concentrations of homeless people, e.g., shelters, soup kitchens, homeless one-stop centers, etc. Patients will be treated, stabilized and transitioned into one of the Pinellas County Health Program medical homes in the community.
- Utilize the ACTS facility in Tarpon Springs to treat homeless individuals in need of intensive long-term substance abuse services. Presently the ACTS facility is operating at half capacity due to funding limitations. The Health and Human Services Department will work with Justice Coordination and Consumer Services to develop a coordinated plan for diverting/ transferring people with significant substance abuse issues from jail, Safe Harbor, Pinellas Hope, etc. to the ACTS facility. Partnerships with other community agencies that have expertise in this area will be sought to develop a coordinated system of care for this population. Additional grant funding will be sought to help offset these treatment costs.

- Work to improve the transportation system to enable homeless families and individuals to better access services, commute to and from work, keep their medical appointments, etc. Partnerships with PSTA and other providers of transportation to the low-income population will be developed to accomplish this goal.

TARGET OF INITIATIVE:

- Homeless and at-risk individuals and families with children.

CHALLENGES/ISSUES ADDRESSED BY THIS INITIATIVE:

- Chronic Homelessness
- Homeless Veterans
- Community partnerships
- Jail Diversion
- Re-entry
- Homeless Families with Children
- Adequate, Safe, and Affordable Housing
- Mental Health/Substance Abuse Treatment
- Employment

KEY STRATEGIES:

- Reduce street homelessness
- Reduce homelessness among families with children
- Provide solutions and services for long-term economic self-sufficiency
- Provide adequate, safe, and affordable housing options

IMPACTS/OUTCOMES/RESULTS:

- Safe, adequate, and affordable housing
- Critical social and medical services
- Community-level outcome measures
- Collaboration with community partners
- Long-term economic self-sufficiency

ESTIMATED COSTS: All costs will be paid for within current budget allocations.

LEAD DEPARTMENT: Health and Human Services

KEY PARTNERS: Juvenile Welfare Board, Pinellas County Health Department, Homeless Leadership Network, Pinellas County Schools, 2-1-1 Tampa Bay Cares, Catholic Charities, All Housing Authorities in Pinellas County, Pinellas County Sheriff, Operation PAR, Inc., Directions for Mental Health, Suncoast Center for Community Mental Health, Local municipalities, Boley, Inc., Religious Community Services, YWCA of Tampa Bay, Homeless Emergency Project, ACTS, WestCare

INITIATIVE: Expansion of the Volunteer Dental Network

LEAD DEPARTMENT: Health and Human Services

Is it: Ongoing: X

New: X

Collaborative: X

Board of County Commissioners' Strategic Outcomes

Status

- Increase citizen satisfaction with the delivery of services ☒
- Deliver measureable 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 ☒

DESCRIPTION/PURPOSE OF INITIATIVE:

Since 2008, budget constraints have eliminated comprehensive or preventive dental coverage. The annual budgeted allocation of \$350,000 does allow for emergency extractions for pain relief due to dental trauma or life threatening issues. Clients need not be enrolled in the Pinellas County Health Program to receive relief of pain care. Four community dentists, one oral surgeon, and the Pinellas County Health Department currently participate in the dental program.

From July 1, 2011 to September 30, 2011 a trial run adding preventive and restorative dental care at the Health Department was conducted to determine the potential impact of this change in services. The agreed upon rate was \$70 per encounter, based on discussions with Primary Care Access Network (PCAN) of Orlando. During the trial run, the Health Department provided services that supported not only Relief of Pain but Limited Preventive Services and Limited Comprehensive Services including:

- **Preventive treatment:** exams, x-rays, oral cancer screening, cleanings, fluoride varnish and oral health education.
- **Comprehensive treatment:** basic restorations (fillings), minor endodontic for the relief of pain.
- **Emergency care:** prescription, extractions, incisions and drainage.

Data from the trial run revealed that clients had not received basic dental care for years. Therefore, two encounters were often needed just to complete "gross debridement" before any dental caries issues can be addressed. The first encounter typically included x-rays and a dental care plan in addition to cleaning, but most clients required three or four encounters to address their current dental needs. This service level quickly utilized most available resources. Recognizing that the need is far greater than the available budget, we modified the preventive care priority to two of the major chronic diseases represented in our population: diabetes and cardiovascular disease.

Good oral health benefits everyone, but poor oral health exacts a greater impact for individuals with chronic diseases, especially those with cardiovascular and/or diabetes. Current literature from the American Journal of Cardiology, American Academy of Periodontology, American Diabetes Association and others suggests that managing and improving oral health status may reduce the risk factors and/or complications from those two highly prevalent diseases, which are leading killers of adults. Poor oral health results in chronic, low level inflammation, which contributes to cardiovascular disease and further complicates diabetic conditions. Left untreated, periodontal disease develops, resulting in worsening glycemic control in people with diabetes as well as an increased risk for diabetic complications such as coronary artery disease, renal disease, and increased mortality. Similar problems exist for clients at risk for or already diagnosed with cardiovascular disease.

Since October 2011, we have continued to provide preventive dental care to clients with cardiovascular

disease and/or diabetes as well as relief-of-pain for all county health program clients on an emergency basis. Health and Human Services agrees with the Board of County Commissioners that good oral health is an important component in improving a person's quality of life. At our Department workshop in January 2012, we agreed to look in to options for the county to support preventive dental care for all uninsured residents without further straining financial resources.

Since our workshop, staff has been actively engaged with the Pinellas Oral Health Coalition – a collaborative network of individuals and organizations from health professions in government agencies, academia, private industry, dental societies, non-profits, and advocacy groups to address the oral health needs in the community. The Oral Health Coalition's mission is to positively impact the lives of Pinellas County residents by connecting the community with resources to increase access to care, improve oral health education, promote preventive medicine, and increase public awareness through local advocacy. The Oral Health Coalition works with various partners throughout the county to identify the oral health needs of the community and identify resources to meet those needs.

Through our work with the Oral Health Coalition, we have recognized that there is a great need for primary dental services in the community, but a small number of dentists who are currently volunteering their services. Health and Human Services has taken a facilitative role in the group – working with not-for-profit providers and dental associations to identify ways to recruit and retain volunteer dentists and increase access points for clients. We will continue to work with the Coalition and identify resources to support their efforts through outreach, marketing, or support services. We expect to have formal recommendations on how to utilize our resources in the most strategic manner for the Board to consider during the Fiscal Year 2013-2014 budget hearings.

TARGET OF INITIATIVE: Uninsured county residents age 18-65

CHALLENGES/ISSUES ADDRESSED BY THIS INITIATIVE:

- Comprehensive preventive dental services that is accessible and affordable.

KEY STRATEGIES:

- Expand network of volunteer providers
- Increase number of clinic sites for dental care
- Provide patient navigators to reduce the no-show rate
- Provide education alongside primary dental care to improve patient outcomes

IMPACTS/OUTCOMES/RESULTS:

- Improved oral health
- Community education
- County-wide volunteer network

ESTIMATED COST: All costs will be paid for within current budget allocations.

LEAD DEPARTMENT: Health and Human Services

KEY PARTNERS: Pinellas County Health Department, Community Health Centers of Pinellas, St. Petersburg Free Clinic, Clearwater Free Clinic, Gulfcoast Dental Outreach, MORE HEALTH, Inc., University of Florida Dental School, Healthy Start Coalition of Pinellas, Coordinated Childcare of Pinellas, UPARC, Early Learning Coalition, University of Tampa, Tampa Bay Health Coalition, Health and Human Services Coordinating Council, All-Children's Hospital, St. Petersburg College

Strategic Initiatives: Justice and Consumer Services

Justice and Consumer Services strives for an efficient, cost-effective justice system that is accessible and responsive to the citizens of Pinellas County. Achieving operational efficiencies, ensuring availability of programs and capacity, and monitoring trends are critical to an effective justice system. Additionally, collaborating on reducing crime, recidivism, and victimization in the community are important factors in protecting citizens while helping to also lessen the capacity demands and cost of the justice system. The initiatives proposed by JCS target these areas through juvenile justice reform, system collaboration, education and prevention activities, preventing victimization, stabilizing ex-offenders, reducing substance abuse, promoting data driven decisions, and collaborating on program availability. Through these efforts, actions can address immediate trends and concerns while resulting in lasting impacts to communities and system costs.

INITIATIVE: Enhance data driven decision making and operations

LEAD DEPARTMENT: Justice and Consumer Services

Is it: Ongoing: X

New: X

Collaborative: X

Board of County Commissioners' Strategic Outcomes

Status

- Increase citizen satisfaction with the delivery of services ☒
- Deliver measureable 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 ☒

DESCRIPTION/PURPOSE OF INITIATIVE:

Integration of disparate data sets remains critical to reducing crime and victimization, breaking the cycle on recidivism, and making sound operational decisions.

Within criminal justice, law enforcement agencies traditionally have separate data systems and dispatch system requiring extra efforts to effectively share needed data. For example, cross-agency crime mapping, pawn records, and intelligence files help to solve crime if shared in a timely manner. Pinellas has continued this effort over the years with strong partnerships at the agency level. Analysis of jail and court records is also vital to understanding patterns, emerging public safety concerns, and operational efficiencies. The traditional Pinellas Criminal Justice Information System, while consolidated, was not designed for data mining and analysis. A new system is currently underway within the Justice ccms project.

At another level, cross-system data sharing is critical to establishing effective programs and operations. Without this level of analysis and data driven decisions, systems often push costs back and forth without truly solving the underlying causes. Pinellas has led in this regard with the Data Collaborative, established in 1999. Some study examples include adult recidivism, frequent flyers across systems, and juvenile cross-system involvement. Much has been done and analyses have proven useful, however, more work is needed into the future. At this time, the project is moving towards expanded data usage, program measurement, cross-system indicators, and expanded data acquisition. Homeless data and school data are just two examples of areas that have been pursued over the past few years with barriers remaining.

The next areas being planned include intelligent, data driven alerts for mental health and homeless bookings and linking jail medical data with health and human services and health department data for better community transition.

Each of these areas are critical to future efficiencies and with decision making and coordination across justice stakeholders. This initiative fosters collaborative efforts among state and local agencies, criminal justice and social service agencies, and government and providers agencies. It helps to address system decisions to benefit citizens through reducing victimization, planning effective enforcement to reduce crime, information system trends and processes to adjust services to meet needs, provides for cost-effective system operations.

Data Collaborative Study Example:

Cross System Interactions



- Five Years: Age 26-35, Three Systems
- Baker Act, State Mental Health, Pinellas Jail
- Well over 341 Days in jail during timeframe
- Difficulties:
 - Job, Housing, Mental Health, Substance Abuse, Physical Health

TARGET OF INITIATIVE: This initiative targets citizens and stakeholders through reduced crime and victimization, better community planning for stability, effective system decisions, cost effective operation.

CHALLENGES/ISSUES ADDRESSED BY THIS INITIATIVE: Information sharing and cross-jurisdictional information analysis. Data-driven system planning and decisions.

KEY STRATEGIES:

- Champion law enforcement information sharing and successful policing methods using technology and data-driven decisions (pawn, crime mapping, etc)
- Perform various analyses of Programs, Trends, and System Issues
- Generate annual justice system reports and indicators
- Design 'dashboard' trend and indicator reports within new Justice ccms project to help ongoing operational planning
- Perform ongoing system budget analyses
- Coordinate intelligent decision and alert systems through automated cross-system data analysis (ie: homeless arrest alerts, mental health arrest alerts to diversion and service staff, and triage alerts)
- Facilitate data collaborative analyses and cross-system reports
- Educate cross-system stakeholders on study availability to improve targeted approach to programs and solutions
- Facilitate cross-system data sharing in coordination with Health and Human Services
- Explore integration of jail medical data with Health and Human Services CHEDAS system to improve community transition

IMPACTS/OUTCOMES/RESULTS:

- Solve crimes with technology to reduce victimization
- Understanding of trends and system interaction

- Plan resources to effectively deal with emerging concerns
- More stable community
- More effective system design

ESTIMATED COST: All costs will be paid for within current budget allocations.

KEY PARTNERS: Justice system stakeholders, Health and Human Services, local law enforcement agencies, various data partners

INITIATIVE: Coordinate and expand local efforts on Justice Juvenile System Reform

LEAD DEPARTMENT: Justice and Consumer Services

Is it: Ongoing: X

New: X

Collaborative: X

Board of County Commissioners' Strategic Outcomes

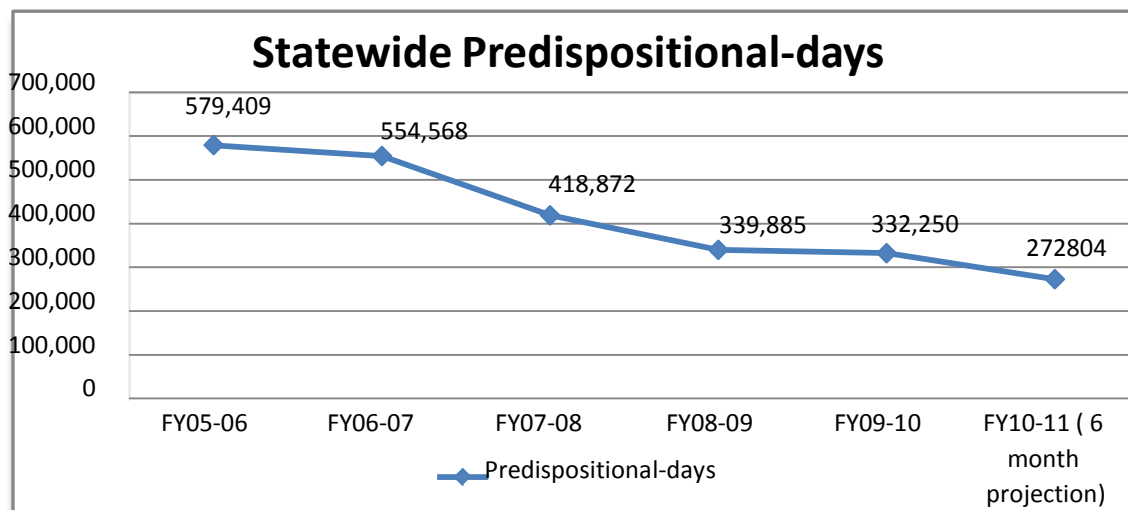
Status

- Increase citizen satisfaction with the delivery of services ☒
- Deliver measureable 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 ☒
- Achieve cost-savings from collaborative workgroup for consolidation ☒
- Enhance Public Safety and Reduce Victimization ☒

DESCRIPTION/PURPOSE OF INITIATIVE:

Under Chapter 985 F.S., counties are mandated to fund the cost of predispositional detention for youth. The cost to Pinellas County has typically been between \$5 million and \$6 million. As a mandated cost, Pinellas County regularly disputes billing accuracies and has received approximately \$2.9 million in reimbursements over time. Unfortunately, the initial state billing model was designed to ensure sustainability of detention capacity with little to no incentive for local investment in youth programs. This model becomes detrimental to youth by absorbing funds that could otherwise help with needed prevention and stabilization.


In order to better address costs and youth needs within Pinellas, juvenile justice reform is essential. Changes in the billing model, the use of detention, strong collaboration, strategic investments, and connection to needed services are each critical to save on system costs while preventing deeper system involvement by youth. Promising activities have been underway and opportunities exist to build upon and further current successes. Pinellas bed days are currently estimated at 16,000 annually, down from nearly 32,000. At the same time, statewide, predispositional bed days are down nearly 300,000 days.



In FY12, DJJ's budget was reduced by \$30 million with a portion reduced from the County trust fund costs and providing some initial billing relief totaling close to \$1 million for Pinellas County. Additionally, Pinellas County's disputes and reconciliations received in FY12 total roughly \$770,000. With the current savings, and with the number of detention days down dramatically, we are faced with opportunities to pursue true reform before the detention population trends change. A small reinvestment of a portion of the dispute savings could help to further cost reduction while preventing future system involvement for many youth.


Justice and Consumer Services has been coordinating on recent efforts to address billing concerns and collaboration with the state. A system mapping session and collaborative lab session were held to further planning and partnerships. Justice and Consumer Services is participating in state workgroups addressing billing and has met with Secretary Walters on several occasions to discuss reforms. Electronic monitoring has begun as a state and local collaboration with eleven (11) concurrent youth on monitors as of April 2012. Pinellas was selected by the State as the initial Georgetown Project to enhance local programs and several other positive steps are moving forward.

In order to achieve the most appropriate use of the juvenile justice system, reforms must address violations of probation, failure to appear, truancy, gang involvement, prevention, dependency crossover youth, youth aging out of foster care, youth of incarcerated parents, at-risk populations within target areas, and other efforts. As an example, a recent report from the Regional Anti-gang Task Force shows 27 distinct gangs in Pinellas County with 885 gang-affiliated persons in 2011. (down from 943 in 2010). This is a huge hurdle that can often lead youth in the wrong direction.



REGION 4 / TAMPA BAY COUNTIES

COUNTY	# OF DOCUMENTED GANGS
CITRUS	7
HARDEE	0
HERNANDO	20
HILLSBOROUGH	194
PASCO	35
PINELLAS	27
POLK	26
SUMTER	34
MANATEE	20
TOTAL	R4-343 / TBC-296



REGION 4 / TAMPA BAY COUNTIES
DOCUMENTED GANG-AFFILIATED PERSONS

COUNTY	2010	2011
CITRUS	47	70
HARDEE	180	0
HERNANDO	2496	216
HILLSBOROUGH	6,976	4,228
PASCO	420	241
PINELLAS	943	885
POLK	1,805	1,643
SUMTER	361	410
MANATEE	1,200	1,060
TOTAL Region 4	10,981	7,693
Tampa Bay Counties	13,822	6,630

All of these efforts require strong leadership at both the state and local level. Pinellas County must help provide this leadership and direction for system reforms while developing structures to allow sustainable collaboration between the State and County. Justice and Consumer Services is cautiously optimistic about the collaborative efforts. This effort is highly dependent on long term DJJ actions, future rewrite of F.S.985 which JCS will participate in, and a better understanding of local jurisdiction needs by the State agency.

TARGET OF INITIATIVE: Juveniles involved in the justice system, families of juveniles, communities, justice system stakeholders

CHALLENGES/ISSUES ADDRESSED BY THIS INITIATIVE:

The initiative will work to address the:

- Needs of youth
- Proper use of detention
- Cross-over dependency youth
- Connection to services
- Community engagement
- Youth aging out of foster care
- State and local planning/collaboration
- Reduction of gang involvement
- Cost of juvenile justice mandate

KEY STRATEGIES:

Justice and Consumer Services:

- Facilitate system planning efforts across state/county, across systems, across programs
- Participate in State billing, boards and councils, and statute rewrite workgroups
- Collaborate on alternatives with Florida DJJ such as electronic monitoring, failure to appear call systems, etc.

- Establish Collaboration Team for cross-system participation and input
- Perform follow-up on system mapping, collaborative lab, and juvenile cross-system study
- Actively support and participate in Georgetown Juvenile Justice System Improvement project
- Pursue designation as an Annie E Casey Foundation JDAI site (Juvenile Detention Alternatives Initiative) to improve youth outcomes and further system reform
- Continue to dispute billing models and provide reforms for more constructive processes to benefit state and county funding and initiatives
- Invest small portion of FY12 juvenile justice dispute savings in targeted system reform and further cost savings activities.
 - Fund dedicated Juvenile Justice Analyst to actively monitor, analyze, and manage juvenile justice collaboration and reform efforts within Pinellas County
 - Expand use of electronic monitoring with services to reduce predispositional detention days and seek additional billing impact

Health and Human Services:

- Establish coordinated youth services for prevention prior to system involvement
- Establish services for families and diverted low level youth
- Coordinate youth services with JWB
- Aid in developing service bridge necessary for stabilizing aging out youth
- Participate in youth collaboration team meetings

Community Development:

- Assist JCS in engaging communities on juvenile justice alternatives such as restorative justice and gang prevention (ie: repair the harm done through their actions)
- Assist with planning for housing needs of foster youth aging out of the system in order to prevent justice system involvement
- Participate in youth collaboration team meetings

IMPACTS/OUTCOMES/RESULTS:

- Further coordination on changes to detrimental state billing model
- Connect youth with needed services
- Avoid future adult system involvement
- Reduce unnecessary use of detention for juvenile
- Reduce costs associated with the cost share mandate

ESTIMATED COST: All costs will be paid for within current budget allocations.

KEY PARTNERS: Sixth Judicial Circuit Court, State Attorney, Public Defender, Pinellas County Sheriff's Office, Municipal law enforcement, Health and Human Services, Community Development, Community programs/services/groups, State Juvenile Justice, Juvenile Welfare Board, Board of County Commissioners, and various others.

INITIATIVE: Address impacts of prescription and synthetic substance abuse within the community

LEAD DEPARTMENT: Justice and Consumer Services

Is it: Ongoing: X

New: X

Collaborative: X

Board of County Commissioners' Strategic Outcomes

Status

- | | |
|--|-------------------------------------|
| • Increase citizen satisfaction with the delivery of services | <input checked="" type="checkbox"/> |
| • Deliver measureable savings and improved customer service from investments in technology | <input checked="" type="checkbox"/> |
| • Utilize a data-driven approach to target opportunities for efficiencies | <input checked="" type="checkbox"/> |
| • Achieve measureable per service/per unit cost savings | <input checked="" type="checkbox"/> |
| • Achieve cost-savings from collaborative workgroup for consolidation | <input checked="" type="checkbox"/> |
| • Enhance Public Safety and Reduce Victimization | <input checked="" type="checkbox"/> |

DESCRIPTION/PURPOSE OF INITIATIVE:

Justice and Consumer Services has actively been pursuing collaborations to address the crisis of prescription drug abuse in the community. More recently, the department has begun collaborating on solutions to the growing threat of synthetic drugs. In both instances local business are responsible for the distribution of the substances with the medical community prescribing opiates and with convenience stores carrying synthetic "incense" that is "not for human consumption". While many of the current synthetic items have been included in a recent ban as of April 2012, continued changes in base formulas create concerns over future synthetic sales and accompanying drug paraphernalia.

Both areas require the Department to work with businesses, stakeholders, and the community to reduce impacts. Justice and Consumer Services is expanding its collaboration with Health and Human Services and Community Development for the outreach needed within the community. Parents must be knowledgeable in order to prevent opportunities for abuse. This is an important next step to the current efforts underway.

TARGET OF INITIATIVE: Communities, youth, parents, industry to prevent abuse of prescriptions and synthetic drugs.

CHALLENGES/ISSUES ADDRESSED BY THIS INITIATIVE:

- Pinellas statistics lead the state in deaths from oxycodone, alprazolam, (Xanax), methadone, hydrocodone, morphine, and diazepam (valium).
- Pinellas saw 249 prescription-related deaths in 2010, up from 218 in 2009.
- Drug addicted newborns have increased by almost 600% since 2005.
- In 2010, UCR shows 8,525 drug related arrests in Pinellas County.
- From December 2010 to September 2011, 229 youth were removed from their home due to prescription drug abuse in the home.
- From January 2011 to October 2011, Pinellas EMS has had 2,055 reports with overdoses
- From July 2010 to June 2011, 1,507 individuals were treated for prescription drugs from Pinellas/Pasco (1157 specifically treated for oxycodone) according to Central Florida Behavioral Health Data, 71 being children
- 14 out of 18 convenience stores visited had substantial quantities of synthetic "incense" on the shelves for sale, with 10 of 18 having open sales of drug paraphernalia

KEY STRATEGIES:

Justice and Consumer Services:

- Regulate access to substance of abuse as appropriate
- Develop and adapt enforcement strategies in coordination with local stakeholders
- Further local stakeholder collaboration on issues surrounding problem
- Provide presentations and educational opportunities to targeted communities

Health & Human Services:

- Ensure access and availability of supportive and treatment services
- Aid in dissemination of information

Community Development:

- Coordinate community-based forums to inform and strategize with community leaders to reduce substance abuse

IMPACTS/OUTCOMES/RESULTS:

- Reduced Substance Abuse
- Reduced Deaths

ESTIMATED COST: All costs will be paid for within current budget allocations.

KEY PARTNERS: Justice and Consumer Services, Health and Human Services, Community Development, Code Enforcement, Economic Development, Other Key System Stakeholders

INITIATIVE: Explore and Define Models and Cross-system collaborations to reduce future jail capacity demands

LEAD DEPARTMENT: Justice and Consumer Services

Is it: **Ongoing:** X **New:** X **Collaborative:** X

Board of County Commissioners' Strategic Outcomes		Status
• Increase citizen satisfaction with the delivery of services		<input checked="" type="checkbox"/>
• Deliver measureable savings and improved customer service from investments in technology		<input checked="" type="checkbox"/>
• Utilize a data-driven approach to target opportunities for efficiencies		<input checked="" type="checkbox"/>
• Achieve measureable per service/per unit cost savings		<input checked="" type="checkbox"/>
• Achieve cost-savings from collaborative workgroup for consolidation		<input checked="" type="checkbox"/>
• Enhance Public Safety and Reduce Victimization		<input checked="" type="checkbox"/>

DESCRIPTION/PURPOSE OF INITIATIVE:

The Pinellas County jail received 49,826 bookings in 2010. Of these bookings, research shows that a high percentage of these individuals have significant mental health, physical health, and substance abuse concerns that play a role in their arrest. Many are low level, nonviolent offenders which could benefit greatly from effective diversion strategies and/or alternatives to incarceration. Additionally, these populations often make up the bulk of the ongoing revolving door arrestees that utilize the highest amount of system resources. More recent concerns over the involvement of returning veterans in the justice system has sparked a need to review this population to prevent continued arrests, additional court cases, and jail capacity impacts. Along with the diversion and alternatives to incarceration, effective reentry planning is a critical component for helping with the transition to the community. Currently, 3100 clients have been receiving direct reentry services with 7,663 reentry plans completed. There remains a need to help continue to close this gap to keep individuals moving forward productively and stabile.

Through various local analyses and studies, Pinellas County Justice and Consumer Services found that:

- During a 10 year period, at least 25.2% of individuals involved in the adult justice system had also been involved in the State substance and mental health system with 7.7% having a dual diagnosis.
- At least 370 inmates in jail during February 2006 had previously received a diagnosis of severe persistent mental illness at some point prior to incarceration
- A repeat arrest review over approximately 3 years found that 448 individuals had 3 or more transient-related arrests each accounting for a total of 12,051 jail bed days, or 33 full jail beds(not including of the individuals arrested 1 or 2 times during same period)
- One individual topped 200 transient-related arrests from 1981 through 2008 with an additional 15 arrests in 2009/2010. The most recent arrest for FTA Open container at age 68.
- In one five year data review, an individual between the ages of 26-35, spent 341 days in jail with 6 arrests, was baker acted 4 times, and received some level of mental health services on 2 additional occasions.
- From May 2011 through early March 2012, the jail received 1,307 individual veterans on 1,736 separate arrests (117 Air Force, 1 Air Force Reserve, 635 Army, 2 Army National Guard, 1 Army Reserve, 25 Coast Guard, 223 Marines, 25 National Guard, and 278 Navy)

When looking at the jail population, 3% are sentenced misdemeanants and 4% pretrial misdemeanants totaling roughly 210 to 220 individuals. Of the remaining population, 63% are pretrial felons and 16% sentenced felons. While felons, many would qualify as being non-violent offenders. When incarcerated, individuals can often become more system involved and more likely for future arrests. Spending a month in jail can become a barrier in itself if it causes a loss of housing, employment, family impacts, etc. Properly assessing an individual's risk for placement into a range of possible alternatives can help to break the potential cycle and can avoid the creation of new barriers.

Additionally, assessing individuals on exit from the jail is critical to determining what individual needs are. Circumstances change, and an individual could have easily lost their housing, their job, or could face other new challenges. Something as simple as reintegrating with family after being away can cause added obstacles.

In 2008, to reduce future jail demands, Kimme and Associates recommended triaging and stabilizing chronic populations, connecting individuals to services, enhancing the range of alternative sentencing options, and implementing expanded reentry services. This became a key part of the recommended strategy for long term jail population management. As evidenced above, there is a critical need for this component to be defined and for the system to examine its potential impacts. This initiative is seeking to explore and define a Pinellas County model for future consideration.

TARGET OF INITIATIVE:

- Avoidance of increased future jail capacity
- Diversion and stabilization of criminal justice involved individuals with *mental health, substance abuse, homelessness, and medical barriers*
- Diversion and stabilization of criminal justice involved *veterans*.
- Use of alternatives for *low level and/or non-violent offenders*
- Use of alternatives for *substance abuse*
- Reentry planning and assistance for *ex-offenders returning from jail, juvenile detention, and prison*

CHALLENGES/ISSUES ADDRESSED BY THIS INITIATIVE:

- More appropriate placement of individuals with mental health, substance abuse, and medical concerns, homeless, and veterans returning from conflict, each with significant service needs that can become barriers to stabilization when not met.
- Ensuring availability of alternatives for use when appropriate
- Reduce impact of incarceration that can often lead to less stable individuals for reintegration into a community due to loss of housing, loss of employment, impacts to income, family impacts, and many other issues.
- Reentry planning for ex-offenders

KEY STRATEGIES:

Explore and define justice system diversion and stabilization models to reduce future jail capacity demands

- Review jail population, existing studies, and system planning efforts
- Review existing best practices such as the Allegheny model in Pennsylvania, Hillsborough's Criminal Registration/Reentry program, Lee County's Triage Center, Colorado's Rocky Mountain Reentry Center, and other.
- Develop Collaborative working group to review all data and information and to define working model.
- Hold collaborative lab to help define the system model.
- Explore completing an adult justice system mapping project to better understand key system flows and gaps
- Document expected flow of the proposed model along with expected impacts, costs, and benefits.
- Coordinate with Health and Human Services on possible service solutions and models for diverted individuals.
- Coordinate with Community Development on housing solutions
- Explore funding opportunities

Explore alternatives to incarceration opportunities to reduce jail capacity demands

- Explore and gather documentation on best practice models
- Review jail population, existing studies, and system planning efforts

- Review existing best practices such as the Escambia County Road Prison and community corrections models.
- Review the existing misdemeanor probation model for use and improvements
- Develop Collaborative working group to review all data and information and to define possible opportunities.
- Hold collaborative lab to help define the opportunities and fully examine impacts.
- Document recommendations with description, cost, and impacts defined for delivery to the Public Safety Coordinating Council and review by the Board of County Commissioners.
- Coordinate with Health and Human Services on services and models
- Coordinate with Community Development on housing solutions
- Explore funding opportunities

Explore Community Reintegration for All Pinellas Ex-offenders

- Analyze jail population and trends for informed decision making
- Explore development of reentry infrastructure to inform cross-system actions
- Explore self help processes
- Gather information and prepare plan
- Coordinate with Health and Human Services to explore options for reentry assessment of offenders leaving the jail to ensure proper Connection to Services
- Coordinate with Health and Human services to review capacity and responsive program access to ex-offenders
- Coordinate with Health and Human services to help with temporary housing
- Coordinate with Community Development Help with coordinating a plan for housing necessary to address population needs



IMPACTS/OUTCOMES/RESULTS:

- Reduced future jail capacity demands.
- Align individuals with more appropriate services for stabilization
- Utilize lower cost options as appropriate

ESTIMATED COST: All costs will be paid for within current budget allocations.

KEY PARTNERS: Justice and Consumer Services, Health and Human Services, Community Development, Code Enforcement, Economic Development, Pinellas Ex-Offender Reentry Coalition, Other Key System Stakeholders

INITIATIVE: Facilitate Efforts to Reduce Crime, Victimization, and Loss within Targeted Communities

LEAD DEPARTMENT: Justice and Consumer Services

Is it: Ongoing: X

New: X

Collaborative: X

Board of County Commissioners' Strategic Outcomes

Status

- | | |
|--|-------------------------------------|
| • Increase citizen satisfaction with the delivery of services | <input checked="" type="checkbox"/> |
| • Deliver measureable savings and improved customer service from investments in technology | <input checked="" type="checkbox"/> |
| • Utilize a data-driven approach to target opportunities for efficiencies | <input checked="" type="checkbox"/> |
| • Achieve measureable per service/per unit cost savings | <input checked="" type="checkbox"/> |
| • Achieve cost-savings from collaborative workgroup for consolidation | <input checked="" type="checkbox"/> |
| • Enhance Public Safety and Reduce Victimization | <input checked="" type="checkbox"/> |

DESCRIPTION/PURPOSE OF INITIATIVE:

Justice and Consumer Services pursues a range of activities to help enhance public safety and reduce victimization within the community. Through justice system efforts to reduce crime and recidivism, enforcement of consumer protection concerns, investigation of complaints, prosecution of criminal consumer complaints, and consumer education, the department seeks to reduce victimization and avoid greater impacts to the justice system.

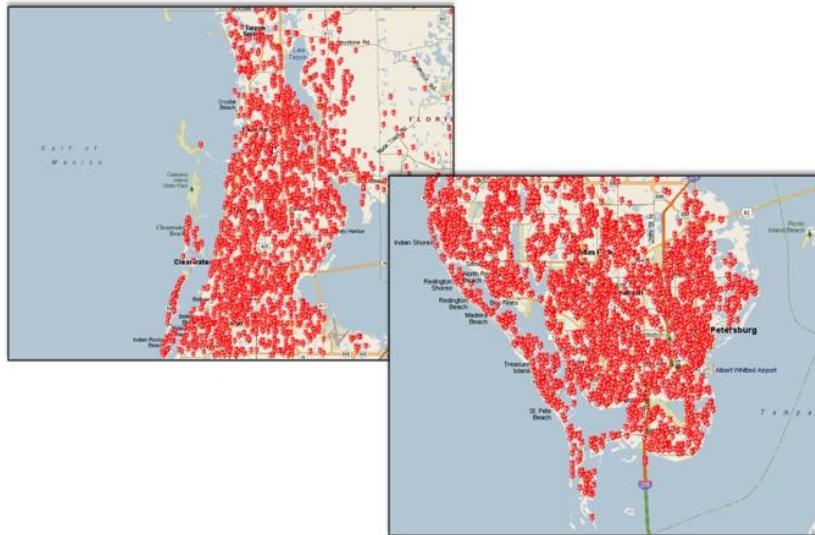
This initiative will collaborate on the target areas by addressing the trends and impacts that contribute to financial loss and instability within the community. Many consumer scams target low income, financially desperate, and elderly populations with losses that can leave victims vulnerable to, and in some cases, can even result in the loss of a home.

A few examples of factors impacting neighborhood decline that have detrimental costs to communities, families and government include

- Recidivism (loss of income, loss of stability, financial impact from fines imposed, stress on family unit, victimization in community)
- Truancy (crime rate, lack of skills for employment, graduation rate, income potential.)
- Declining Neighborhood (exacerbated by foreclosure fraud, refinance scams, etc. leading to further decline in property values)
- Fraud and Predatory Lending in At-Risk Neighborhoods (instability in home ownership)
- Employment Scams (financial loss)
- Credit repair and Loan Scams (financial loss)
- Improper towing and gate fees (financial loss)
- Growing telemarketing concerns (significant potential for financial loss)
- Debt collection (stress, pressure, health concerns)
- Unlicensed or incomplete work (financial loss, destruction of property)
- Addiction and substance abuse fueled by prescriptions, synthetics, and drug paraphernalia

Through targeted efforts including education, financial preparation, regulatory enforcement, investigation of scams, reduction of recidivism, etc, communities have a better chance at maintaining stability and reducing decline.

Citizens Filing Consumer Complaints with JCS (cont.)



September 2006 through October 2011. (61 months)

TARGET OF INITIATIVE:

This effort targets

- Local consumers to reduce victimization and loss
- Businesses to reduce consumer concerns
- Ex-offenders to reduce crime and recidivism
- Local agencies to coordinate on information and trends

CHALLENGES/ISSUES ADDRESSED BY THIS INITIATIVE:

- Consumer concerns often affect the stabilization of communities. Low income, financially struggling and elderly populations frequently fall victim to emerging concerns through desperation and pressure tactics. Scams that impact home ownership, jobs, credit, purchases can prey on individuals simply trying to remain financially stable. Additionally, consumer concerns can impact areas affecting tourism through vacation scams, timeshare sales, and other issues.
- Targeted prevention, education, and regulation of prescription drugs, synthetics, drug paraphernalia, towing, moving, and other areas leading to addiction and financial loss.
- For ex-offenders, the department actively works towards reducing the barriers to reintegration into the community to prevent instability leading to recidivism, crime, and victimization.
- Analysis of trends and emerging concerns

KEY STRATEGIES:

Justice and Consumer Services:

- Perform crime mapping and analysis to address emerging areas of concern
- Assessment of community resources and crime prevention campaigns
- Prevent consumer victimization from scams affecting jobs, housing, medical, and financial issues for low income and senior populations leading to economic instability. (job scams, foreclosure fraud, credit repair, front-fee loan and services, home improvement, etc)
- Perform outreach through presentations, press releases, media interviews, material distribution
- Enhance education of local law enforcement on identification of scams and fraud through Consumer Protection training at Allstate Center and as resource to answer questions.
- Investigate suspicious signs, ads, and activity to reduce local impacts
- Investigate Consumer Complaints

- Perform stings and regulatory inspections on consumer issues
- Coordinate with local, state and federal agencies to share intel, design effective strategies, and address emerging and current concerns
- Pursue partnerships to address increased telemarketing issues
- Address addiction concerns stemming from the prescription drug epidemic
- Address access to drug paraphernalia by minors through enforcement of advertisements and sales
- Reconstitute the Drug Paraphernalia Task Force and Collaborate on Enforcement of Drug Paraphernalia Ordinance
- Pursue action plan on growth of synthetic Cannabinoids and Bath Salts abuse
- Reduce Court case impacts through successful complaint outcomes

Health and Human Services:

- Provide assistance in disseminating information through clients and programs.

Community Development:

- Facilitate community forums to help JCS educate the public, prevent scams, and learn of emerging concerns

IMPACTS/OUTCOMES/RESULTS:

This initiative coordinates a series of strategies in targeted communities to reduce crime, victimization, and loss. Through prevention, education, and enforcement activities The Department facilitates trainings, event participation, media, and 40 to 50 presentations per year. Efforts help to reduce Court impacts through successful complaint outcomes and avoiding Court filing. In addition, the Department has coordinated on various collaborative efforts to further reentry planning and to connect ex-offenders with community-based services. Recent reentry client totaled 3100 with 7663 plans.

ESTIMATED COST: All costs will be paid for within current budget allocations.

KEY PARTNERS:

Sixth Judicial Circuit Court, State Attorney, Public Defender, Pinellas County Sheriff's Office, Municipal law enforcement, Misdemeanor Probation(Salvation Army), Health and Human Services, Community Development, Medical Examiner, Community programs/services/groups, State Department of Corrections, Federal Trade Commission, Florida Department of Agriculture, Florida Attorney General, Federal Bureau of Investigation, etc.

INITIATIVE: Pursue efficient, cost effective, and collaborative justice system operations

LEAD DEPARTMENT: Justice and Consumer Services

Is it: Ongoing: X

New:

Collaborative: X

Board of County Commissioners' Strategic Outcomes

Status

- Increase citizen satisfaction with the delivery of services ☒
- Deliver measureable 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 ☒
- Achieve cost-savings from collaborative workgroup for consolidation ☒
- Enhance Public Safety and Reduce Victimization ☒

DESCRIPTION/PURPOSE OF INITIATIVE:

Justice and Consumer Service monitors and coordinates on Justice System Operations to aid stakeholders in maintaining efficient and effective operations. Various decisions made across-system can have a ripple effect within the justice system. Each stakeholder has the ability to directly impact the operations of another. The impacts can result in increases in bookings, social concerns entering the justice system, case timing impacts, scheduling impacts, transport impacts, jail population impacts, program impacts, increases in recidivism, impacts to civil actions, and many other concerns that can act to slow and artificially backlog the justice system. These concerns can spill over into the community with greater parental absences, increases in delinquency, impacts to economic stability, potential crime and victimization, etc. This initiative addresses impacts and trends as they emerge to maintain a stable, informed justice system that collaborates and adjusts to situations.

This initiative is directed at programs, processes, policies, analyses, and collaboration required for the justice system to maintain efficiency and effectiveness. Examples of system performance include:

- Jail bookings in 2010: 49,826
- Jail releases in 2010: 50,089
- Average Daily Bookings: 137
- Average Daily Population in 2010: 3,187 (in 2007 had peaks near 3,700)
- Average Length of Stay in 2010: 23 days
- Number of Reentry Clients by end of 2011: 3,100 with 7,663 plans created
- New Jail Diversion Mental Health Clients in 2011: 481
- Active Misdemeanor Probation Clients in December 2011: 3009
- Drug Court Clients in FY11: 1,053 with 2,024 Drug Tests, 840 Groups, 5,586 days residential treatment
- Turning Point Homeless Inebriate Receiving in FY11: 1,320
- Pinellas Circuit and County Court Filings in 2010: 233,503 cases

In 2008, Pinellas County conducted a Justice System Process Study to better understand driving system impacts and reduce future jail demands. The study was a success and several recommendations were made to reduce future jail capacity demands. This initiative monitors and pursues the implementation of justice system process study recommendations as a strategy for long-term reduction in jail bed construction and new jail operational costs. The Study was conducted by Kimme and Associates at the recommendation of the Public Safety Coordinating Council and approval of the Board of County Commissioners. Following jail population growth from 943 in 1982 to 3,592 in 2007, a 281% increase, initial rate projections of future jail capacity topped 7000 with \$560 million in new jail construction possible by 2030. Phase A on the construction accounted for \$225 million in new construction alone. Based on the implementation of the justice study recommendations, the future jail projection within the Master Plan were revised downward with a substantial construction and operational cost avoidance.

Managing these recommendations remains an important component of the County's future jail capacity.

TARGET OF INITIATIVE: Justice stakeholder collaboration, citizens involved in the justice system, communities with absent and returning ex-offenders, mentally ill, homeless, citizens requiring access to justice system services.

CHALLENGES/ISSUES ADDRESSED BY THIS INITIATIVE: This initiative addresses the County funded justice system mandates, sufficient jail space planning, program planning to affect future space needs, system 'volume', information analysis and sharing, data-driven planning and decisions, establishing relationships for diversion and service planning, prioritization, etc.

KEY STRATEGIES:

Enhance Efficient and Effective Justice System Operations

- Coordinate on effective local law enforcement strategies (ie: who goes to jail, use of notice to appear, CIT trained for mental health identification, etc)
- Improve citizen access to justice services
- Enhance system-wide communication and collaboration
- Ensure efficient Court case processing standards
- Ensure contracts, agreements, and infrastructure are in place for effective justice system service delivery
- Pursue system resources for effective and efficient system operation.
- Address complex system problems, processes and policies
- Monitor indicators and trends in order to continuously improve system outcomes
- Facilitate ongoing system planning efforts and develop justice system strategic plan

Facilitate collaboration and effective resource planning within the Justice System

- Reduce the "Cost of Ownership" of Justice System through effective coordination and management of mandates and programs (Article V, Jail, Juvenile Justice, etc)
- Maximize collection and oversight of Court system fees
- Impact jail population growth and management to ensure sufficient jail space
- Facilitate Public Safety Coordinating Council under Chapter 951.26 F.S.
- Ensure necessary programs are available within justice system (diversion, alternative, and reentry programs, etc)
- Ensure the "Right Mix" of System Resources through regular review and tracking
- Reduce Recidivism through effective assessment and reentry strategies
- Reduce and eliminate barriers/gaps to success to reduce 'revolving door' justice services
- Ensure Cross system mapping, coordination, and collaboration with community stakeholders
- Establish data-driven solutions to manage system costs and trends

Pursue Implementation of the Justice System Process Study Recommendations to Reduce Future System Costs

- Reduce Jail Admissions /Decrease Average Length of Stay in the Jail
 - Crisis Intervention Center/Triage Center/Reentry Center
 - Transitional Housing and Stabilization until connected to services
 - Use of pretrial release options with actuarial risk assessment
 - Reduce time to case disposition
 - Expand pretrial diversion of mentally ill and substance abusing offenders
 - Expand drug court operations
 - Risk based placement into non-jail options
 - Assessments for placement to in-jail programs
 - Staff secure residential programs to selected low-risk inmates
 - Expand continuum of in jail programs
 - Establish jail reentry planning system

- Monitor justice system policies and staffing
- Targeted resources to aid in case processing/case teams
- Monitor Justice System performance and share information for decisions
 - Develop goals and indicators
 - Justice and Consumer Services analyzes, prepares and circulates indicators reports



IMPACTS/OUTCOMES/RESULTS:

Overall

- Improved justice system access
- Stable and predictable justice system resources
- Availability of quality diversion, alternatives to incarceration, and reentry to help with stable reintegration into communities
- Effective justice system results (ie: quicker in/out, better connection to resources, chance for greater stability and successful outcomes)
- Strong collaborative planning and stakeholders with shared goals
- Potential for cost avoidance and savings in justice system operations
- Sufficient future jail space
- Cost effective system and program planning to impact future system populations
- Diversion of low level and nonviolent offenders
- Consensus on system actions and plans
- Ongoing information sharing and data-driven decisions

Justice Study Implementation

- Reduced long-term jail capacity demand will lead to substantial cost avoidance. A consultant review in 2008 estimated future jail capacity reduction of roughly 1800 beds from the projected total. In the Phase A Jail Master Plan, the savings were estimated at \$75,000,000 to \$95,000,000 in housing costs and roughly \$12,500,000 annually in new staffing costs.

ESTIMATED COST: All costs will be paid for within current budget allocations.

KEY PARTNERS: Sixth Judicial Circuit Court, State Attorney, Public Defender, Pinellas County Sheriff's Office, Municipal law enforcement, Misdemeanor Probation(Salvation Army), Health and Human Services, Community Development, Medical Examiner, Community programs/services/groups, State Department of Corrections, State Juvenile Justice, Juvenile Welfare Board, Board of County Commissioners, Pinellas Economic Development, Pinellas Real Estate Management, and various others.

Strategic Initiatives: Community Development

The initiatives proposed by the Community Development Department target opportunities to more effectively leverage entitlement and competitive Federal, State and local grants for community development and housing activities that support community redevelopment and neighborhood revitalization efforts in several of the At-Risk Communities identified in this Strategic Planning Report. Through these efforts, actions can positively impact safe, sanitary and affordable housing for seniors and families with children; safe streets and sidewalks; adequate potable water, sanitary sewer and storm water drainage; compliance with building, development and zoning/land-use codes, ordinances and regulations; crime prevention; prevention of littering and illegal dumping; proper disposal of unwanted bulk-items (i.e. appliances, garbage, medicine, tires), household electronics and household chemicals; disaster preparedness and disaster recovery; youth development and school-readiness; neighborhood schools; housing information and financial literacy; citizen outreach and engagement; education and empowerment for neighborhood leaders; and well-designed and functional community facilities such as parks and active recreation, Neighborhood Family Centers, day care centers, senior centers and health centers.

INITIATIVE: Strengthening neighborhoods through arresting the decline of property values in targeted communities

LEAD DEPARTMENT: Community Development

Is it: Ongoing: X

New: X

Collaborative: X

Board of County Commissioners' Strategic Outcomes

Status

- | | |
|--|---|
| • Increase citizen satisfaction with the delivery of services | ☑ |
| • Deliver measureable 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 | ☑ |
| • Achieve cost-savings from collaborative workgroup for consolidation | ☑ |

DESCRIPTION/PURPOSE OF INITIATIVE: Stabilize targeted neighborhoods that have been hit hard by foreclosures and abandoned properties including neighborhoods at most risk of decline.

TARGET OF INITIATIVE: Residents of Targeted Neighborhoods or Neighborhoods Hit Hard by the Nation's Foreclosure Crisis

ISSUE(S) ADDRESSED BY THIS INITIATIVE:

- Foreclosed, vacant and abandoned properties that are having a negative impact on neighborhoods;
- Neighborhoods hit hard by foreclosures and abandoned properties or properties that are not being adequately maintained;
- Lack of affordable workforce housing;
- Neighborhood-based education and outreach on County issues of concern (i.e. hurricane preparedness, mosquito prevention, surface water quality, etc.).

KEY STRATEGIES:

Existing Strategies

- Direct available Federal grants to rescue abandoned and foreclosed properties in targeted neighborhoods and neighborhoods at most risk of decline; including:
 - Federal Neighborhood Stabilization Program 1 & 3 (NSP1 & NSP3) funding in the At-Risk Community defined as the Lealman Corridor, specifically including Central and East Lealman in unincorporated County;
 - Federal Neighborhood Stabilization Program 2 (NSP2) funding in the At-Risk Community defined as North Greenwood and other eligible census tracts in the city limits of the City of Clearwater; and
 - Federal Neighborhood Stabilization Program 2 (NSP2) funding in the At-Risk Community defined as East Tarpon, specifically including the Union Academy Neighborhood and other eligible census tracts in the city limits of the City of Tarpon Springs.
- Direct available local, State and Federal grants to preserve the existing housing stock of owner and rental housing;
- Direct available funding including Federal and State Grants for the production of affordable workforce housing;
- Leverage resources and funding opportunities by providing technical support and matching funding to private agencies and organizations seeking other funding to provide housing for low- and moderate-income persons, including persons with disabilities and special needs.
- Promote new infill housing development in targeted neighborhoods;
- Direct available Federal grants to youth development activities and anti-gang prevention efforts in selected neighborhoods;
- Direct available Federal grants to capital projects and beautification efforts in designated Target Areas;

- Direct available Federal Community Development Block Grant (CDBG) funding for demolition of dilapidated structures in targeted neighborhoods, including Central Lealman (maximum amount available due to Federal regulations is approximately \$20,000 annually);
- Maintain partnerships with key stakeholders including neighborhood residents, community associations, faith-based community, Sheriff's Office, and Keep Pinellas Beautiful program.

New Strategies

- Utilize Community Development Block Grant (CDBG) to increase code enforcement efforts, including funding a proactive code enforcement officer for Central Lealman.

INTENDED RESULTS/BENEFITS:

- Safe, adequate and affordable housing;
- Collaboration with community partners;
- Preserves the positive achievements of the County's substantial economic investment in neighborhood stabilization and community revitalization;
- Provides an environment more attractive to private economic investment;
- Contributes to neighborhood stability, stewardship and quality of life;
- Preserves property values and reduces crime;
- Neighborhood residents are informed and empowered to become stewards as it relates to such topics as assisting neighbors in need, Crime Watch, surface water runoff, surface water quality, littering, landscaping choices, fertilizer use, mosquito prevention, etc.
- Citizens are engaged in enhancing the quality of life for all County residents.

NOTES/COMMENTS:

Target Areas

- Central Lealman
- Greater Ridgecrest Neighborhood Revitalization Strategy Area, including the Dansville Neighborhood Revitalization Strategy Area
- Union Academy in Tarpon Springs

ESTIMATED COST:

Community Development Block Grant (CDBG) funding:

Funding for Code Enforcement Officer: Estimated \$80,000 annually (1 FTE)

Funding for Demolition Program: Estimated \$20,000 annually

KEY PARTNERS: Neighborhood Residents; Neighborhood Associations; Community Associations; Keep Pinellas Beautiful; Community Housing Development Organizations; Department of Environment and Infrastructure; Sheriff's Office; Fire Marshals; Non-profit and For-Profit Developers, Owners & Managers of Supportive and Permanent Housing; Non-profit Agencies; Housing Finance Authority of Pinellas County; Juvenile Welfare Board; Pinellas County Housing Authority; Tarpon Springs Housing Authority; Faith-based Community; Banking and Lending Community.

INITIATIVE: Preservation of Crucial Resources			
LEAD DEPARTMENT: Community Development			
Is it:	Ongoing: X	New; X	Collaborative: X
Board of County Commissioners' Strategic Outcomes			Status
• Increase citizen satisfaction with the delivery of services			<input checked="" type="checkbox"/>
• Deliver measureable savings and improved customer service from investments in technology			<input checked="" type="checkbox"/>
• Utilize a data-driven approach to target opportunities for efficiencies			<input checked="" type="checkbox"/>
• Achieve measureable per service/per unit cost savings			<input checked="" type="checkbox"/>
• Increase employee satisfaction and engagement			<input checked="" type="checkbox"/>
• Achieve cost-savings from collaborative workgroup for consolidation			<input checked="" type="checkbox"/>
DESCRIPTION/PURPOSE OF INITIATIVE: Preserve and maintain safe, stable and attractive neighborhoods and places that preserve and reinforce the livability, character and history of Pinellas County.			
TARGET OF INITIATIVE: Residents of Targeted Neighborhoods and Surrounding Neighborhoods			
ISSUE(S) ADDRESSED BY THIS INITIATIVE:			
<ul style="list-style-type: none"> • Preservation of the existing housing stock; • Lack of affordable workforce housing; • Stabilization and enhancement of neighborhoods where the existing, affordable housing stock is in need of repair; • Stabilization and enhancement of residential neighborhoods and commercial neighborhoods in Community Redevelopment Areas where infrastructure is failing or reaching the end of its economic life span; • Seek to reverse the cycle of economic disinvestment by the private sector; • Neighborhood-based education and outreach on County issues of concern (i.e. hurricane preparedness, mosquito prevention, surface water quality, etc.). 			
KEY STRATEGIES:			
Existing Strategies			
<ul style="list-style-type: none"> • Identify and assess the infrastructure needs of Target Area neighborhoods and provide for improvements needed to maintain their economic viability; including a commitment to identify and seek the financial resources needed, in addition to Community Development Block Grant (CDBG) funds; • Direct available Federal grants to capital projects and beautification efforts in designated Target Areas. • Direct available local, State and Federal grants to preserve the existing housing stock of owner and rental housing; • Collaborate with County departments that are seeking to educate neighborhood residents on topics such as assisting neighbors in need, Crime Watch, dumping, littering, landscaping choices, mosquito prevention, rabies prevention, etc. as a component of the citizen participation requirements associated with CDBG-funded improvements in the County's Target Areas; • Maintain partnerships with key stakeholders including neighborhood residents, community associations, faith-based community, Sheriff's Office, and Keep Pinellas Beautiful program. 			
New Strategies			
<ul style="list-style-type: none"> • Identify and assess the infrastructure needs in the Central Lealman Target Area and provide for improvements needed to maintain the economic viability of the neighborhood; including a commitment to identify and seek the financial resources, in addition to Community Development Block Grant (CDBG) funds, needed to construct multi-year, phased comprehensive infrastructure 			

improvements (streets, storm drainage, sanitary sewer & potable water improvements, sidewalks, fire hydrants);

- Expand the citizen participation requirements associated with the CDBG-funded improvements in Target Areas to include collaboration with the Department of Environment and Infrastructure on the County's surface water management initiative that seeks to educate neighborhood residents on surface water runoff, surface water quality, littering, landscaping choices, fertilizer use, etc.

INTENDED RESULTS/BENEFITS:

- Safe, adequate and affordable housing;
- Collaboration with community partners;
- Preserves the positive achievements of the County's substantial economic investment in neighborhood stabilization and community revitalization;
- Provides an environment more attractive to private economic investment;
- Contributes to neighborhood stability, stewardship and quality of life;
- Preserves property values and reduces crime;
- Neighborhood residents are informed and empowered to become stewards as it relates to such topics as assisting neighbors in need, Crime Watch, surface water runoff, surface water quality, littering, landscaping choices, fertilizer use, mosquito prevention, etc.
- Citizens are engaged in enhancing the quality of life for all County residents.

NOTES/COMMENTS:

Target Areas

- Central Lealman
- Greater Ridgecrest Neighborhood Revitalization Strategy Area, including the Dansville Neighborhood Revitalization Strategy Area
- Union Academy in Tarpon Springs

ESTIMATED COST: Projects are funded based on availability of Federal and State grants and local resources (i.e. Penny for Pinellas)

KEY PARTNERS: Neighborhood Residents; Neighborhood Associations; Community Associations; Keep Pinellas Beautiful; BDRS-Code Enforcement; Department of Environment and Infrastructure; Health and Human Services; Justice and Consumer Services; Extension; Minority and Women's Business Enterprises (MBE/WBE); Sheriff's Office; Lealman Fire Department; County's 20 Cooperating Cities; Private Sector Building Contractors.

Strategic Initiatives: Code Enforcement

An effective code enforcement program is integral to sustaining a quality built environment and maintaining the health, safety and welfare of the community. An active code enforcement presence, particularly in a community-at-risk, is an indicator to residents that their community matters. In challenging economic times, creative solutions must be sought to ensure that these communities are not left behind, and that the financial investment made by the County over the years in targeted community improvement, is not lost. Exploring innovative ways to focus resources more efficiently in the County's target areas and restore, where possible, a more proactive code enforcement presence is foundational to community improvement, and helps to foster a sense of community and pride. A unique partnership opportunity exists in this regard with the Lealman community, by targeting Community Development Block Grant dollars to support local code enforcement. But the need is greater than Lealman, and without the resources to support a comprehensive code enforcement program, the at-risk neighborhood can still teeter on the edge of decline.

INITIATIVE: Enhance Access to “Code Enforcement and Community Enhancement” Materials

LEAD DEPARTMENT: Code Enforcement

Is it: **Ongoing:** **New: X** **Collaborative: X**

Board of County Commissioners’ Strategic Outcomes

Status

- Increase citizen satisfaction with the delivery of services ☒
- Deliver measureable 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 ☒

DESCRIPTION/PURPOSE OF INITIATIVE: Develop webpage for “code enforcement and community enhancement” that facilitates access to educational materials regarding code enforcement regulations, as well as information and connections to various assistance services (e.g., trash and garbage collection options, Keep Pinellas Beautiful, non-profits for assistance, senior services, foreclosure assistance info, etc.); as resources are available also develop supporting outreach materials such as door hangers, etc.

TARGET OF INITIATIVE: Unincorporated residents, including residents who might require social services/assistance in order to comply with codes due to income, social or physical limitations.

CHALLENGES/ISSUES ADDRESSED BY THIS INITIATIVE:

- Property owners are not always aware of property maintenance regulations and requirements.
- In particular, residents in distressed communities often do not have the resources to address maintenance issues.
- Maintenance issues can deteriorate into health and safety issues.

KEY STRATEGIES:

- Coordinate with Communications on development of website
- Coordinate with HHS, Health Dept, non-profits, Sheriff, etc. to identify key contact and resource information.
- Investigate grants to pay for outreach materials for code enforcement officers, sheriff’s deputies, utilities and planning staff, etc.

IMPACTS/OUTCOMES/RESULTS:

- Can help to reduce burden on code enforcement staff by better connecting property owners with information and resources for assistance.
- Empowered neighborhoods with greater access to information they can use to identify/address blighting influences or assist neighbors in need.

KEY PARTNERS: Communications, Community Development, Health and Human Services, Justice and Consumer Services, Department of Environment and Infrastructure, etc.

Strategic Initiatives: Planning

A solid policy foundation provides continuity and consistency in direction, commitment and purpose. By State law, the County's Comprehensive Plan represents the policy of the Board of County Commissioners. It must be based on accurate data and analysis, and include opportunities for public involvement in its development. "Filling the gaps" in the Comprehensive Plan with a new Healthy Communities Element, and an updated Economic Element that places a specific focused emphasis on the County's target communities, will provide formal recognition and commitment to the value and purpose of an integrated approach to planning for a healthy community, and will enable the community to be part of the planning process.

INITIATIVE: “Fill in the Gaps” in the General Plan/Comprehensive Plan			
LEAD DEPARTMENT: Planning Department			
Is it:	Ongoing: X	New: X	Collaborative: X
Board of County Commissioners’ Strategic Outcomes			Status
• Increase citizen satisfaction with the delivery of services			☑
• Deliver measureable 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			☑
DESCRIPTION/PURPOSE OF INITIATIVE:			
<ul style="list-style-type: none"> Develop a “healthy neighborhoods” component of the comprehensive plan/general plan to provide a policy foundation (i.e., goals, objectives and policies, and supporting data and analysis), for this core service area for adoption by the BCC Develop Phase II of the Economic Element of the Comprehensive Plan 			
TARGET OF INITIATIVE: health and human services/public safety/justice and consumer services/community development/code enforcement as well as economic development/urban planning and regeneration activities focused on targeted areas			
CHALLENGES/ISSUES ADDRESSED BY THIS INITIATIVE:			
<ul style="list-style-type: none"> Lack of comprehensive/consistent/coordinated policy direction for the Healthy Communities core service area. Lack of a focused/ targeted emphasis on the unique economic challenges of distressed communities 			
KEY STRATEGIES:			
<ul style="list-style-type: none"> Develop scope of work and timeline Determine ability to hire a consultant to assist with initiative Establish multi-departmental task team to work (with consultant) on development of the new Element and Phase II of the Economic Element (to be accomplished as a model for the new General Plan format) 			
IMPACTS/OUTCOMES/RESULTS:			
<ul style="list-style-type: none"> Consistent policy direction and documented goals, responsibilities, commitments, etc. Coordinated policy direction regarding economic development activities and priorities in target areas 			
ESTIMATED COST: All costs will be paid for within current budget allocations.			
KEY PARTNERS: Health and Human Services, Justice and Consumer Services, Community Development, Code Enforcement, and Economic Development departments			

INITIATIVE: Urban Regeneration Tool Kit			
LEAD DEPARTMENT: Planning Department			
Is it:	Ongoing	New: X	Collaborative: X
Board of County Commissioners' Strategic Outcomes			Status
• Increase citizen satisfaction with the delivery of services			☑
• Deliver measureable 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			☑
DESCRIPTION/PURPOSE OF INITIATIVE: Promoting revitalization of neighborhoods in existing urban areas will be supported through the development and application of an urban regeneration “toolkit”. This initiative will identify existing and new approaches, programs, and processes that can be used by the private and public sectors to support development and investment that helps achieve healthy communities. While the urban regeneration “toolkit” will have broad applicability throughout the County, the innovations contained in the “toolkit” will be useful in helping address the challenges of the built environment occurring in target communities.			
TARGET OF INITIATIVE: The broad range of private and public sector entities (individuals, lending institutions, development companies, local governments, state agencies, private corporations, non-profit organizations, etc.) that are involved in the planning, funding, construction, management and maintenance of the built environment.			
CHALLENGES/ISSUES ADDRESSED BY THIS INITIATIVE: Pinellas County's urban growth has transitioned from “greenfield” development to infill development and redevelopment more characteristic of a mature urban county. Most of the current tools available to direct and support urban development in the County were put in place when most areas of the county were experiencing “green field” expansion into undeveloped areas. Consequently, a new “toolkit” of strategies is required to adequately address the distinct challenges and issues associated with regeneration of already developed areas of the County. These challenges are readily apparent in the target communities, and the value of an urban regeneration toolkit is most conspicuous when compared with the needs of these communities. In fact, the governing principles in the Comprehensive Plan specifically direct that, to sustain a quality urban community, <i>“As Pinellas County achieves build out and the focus shifts to infill development within existing urban areas and redevelopment, no community should be left behind economically and socially, and no neighborhood should be allowed to deteriorate.”</i>			
KEY STRATEGIES: <ul style="list-style-type: none"> • Establish a multi-departmental team to oversee development of a comprehensive urban regeneration “toolkit”. • Identify current programs, on-going initiatives, and new initiatives for inclusion in the “toolkit”. • Initiate actions at the federal, state, or local levels as necessary to establish initiatives. 			
ESTIMATED COST: All costs will be paid for within current budget allocations.			
KEY PARTNERS: Economic Development and Community Development			

Strategic Initiatives: Economic Development

One of the fastest ways out of poverty is to obtain quality employment – a job with a stable company that pays a living wage and includes basic benefits. The economic development initiatives will take existing business assistance and incentive programs and bring them to bear upon the special needs of the targeted communities.

INITIATIVE: Economic Development Incentives

LEAD DEPARTMENT: Economic Development

Is it: Ongoing: X

New: X

Collaborative; X

Board of County Commissioners' Strategic Outcomes

Status

- Increase citizen satisfaction with the delivery of services ☒
- Deliver measureable 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 ☒

DESCRIPTION/PURPOSE OF INITIATIVE:

The Pinellas County Economic Development Department would coordinate and facilitate the application of various federal, state and local incentive programs to the targeted Healthy Community areas. Many of these programs would apply to eligible businesses no matter where they locate within the County. Others are limited to previously designated areas, such as Enterprise Zones, Brownfields Areas, Foreign Trade Zones, HUBzones and the like. Still others apply somewhat more broadly to distressed urban areas in general. These incentives are primarily intended to encourage capital investment and the creation of high-quality jobs.

Qualified Target Industry Tax Refund Program (QTI)

This investment tool is available for companies that create high wage jobs in targeted, high value-added industries. This incentive returns a portion of taxes paid by the business after the company meets its job creation and wage commitments. Pre-qualified businesses receive tax refunds of \$3,000 per net new-to-Florida job. Additional "per job" bonuses are available for businesses paying 150% or more of the average annual wage or locating in Enterprise Zones or Brownfield designated areas.

Economic Development Transportation Fund

Grant Funding can be awarded to local governments in need of assistance for transportation projects that will serve as an inducement for a company's retention, expansion or relocation to Pinellas County. The Economic Development Transportation Fund is an incentive tool designed to alleviate transportation problems that adversely impact a specific company's location or expansion decision. These grants are limited to \$2 million and are awarded to the local government for public transportation facility improvements.

Incumbent Worker Training Program (IWT)

This program provides training to existing employees within Florida companies for the purpose of maintaining competitiveness in a global economy and for business retention. Training can be conducted at the business facility, the training provider's facility or a combination of sites. Open to all Florida businesses that have been in operation for at least one year, have at least one full-time employee and require training for existing employees. Businesses must provide a matching contribution to the project.

Enterprise Bonds Program

This state program offers tax-exempt, low-interest bond financing to qualified manufacturing and 501 (c) 3 non-profit organizations. This program was designed to improve low cost capital availability to Florida's growing and expanding businesses to allow them to be more competitive in the global and domestic marketplace. Loan amounts range between \$500,000 and \$1,200,000 in Pinellas County.

Industrial Revenue Bonds (IRB)

IRB's are tax-free, below-market-rate, long term financing of fixed assets for qualified manufacturing and 501 (c) 3 non-profit organizations. IRB's are issued by local governments on behalf of private companies to finance land, building and equipment. IRB's cannot be used for inventory, working capital or refinancing of existing debt. There is no minimum project size, (\$1 million is considered the minimum to be economically feasible) with a \$10 million maximum.

Quick Response Training (QRT)

This is a customer-driven training program designed as an inducement to secure new value-added businesses to Florida as well as provide existing businesses the necessary training for expansion. Customized entry-level skills training is limited to 24 months or less and can be conducted at the business' own facility, at the training provider's facility or at a combination of sites that best meets the needs of the business. Eligible projects are new or expanding/existing Florida businesses that produce exportable goods or services, create new permanent, full-time jobs and employ Florida workers who require customized entry-level skills training.

Urban Job Tax Credit

This is a tax credit incentive for new or expanding businesses creating full-time jobs located in a designated area of St. Petersburg. Companies within specified industries can receive a \$500 credit per job, which can be taken against either the state corporate income tax or the state sales and use tax.

Capital Investment Tax Credit

This is a tax credit used to attract and grow capital-intensive industries in the form of an annual credit against corporate income tax for up to 20 years in an amount equal to 5% of the eligible capital costs. Eligible costs include expenses incurred in the acquisition, construction, installation and equipping of a project. Amount of annual credit may not exceed a specific percentage of annual corporate income tax liability. Each qualified applicant must be in a designated high impact sector, create a least 100 new full-time jobs and make a cumulative investment of at least \$25 million. Qualifying companies must be pre-approved by state agencies prior to committing to a new location.

Foreign Trade Zone

This is a cost benefit program available to local companies involved in international trade. It was created to enhance U.S. production and job opportunities by deferring, reducing or eliminating payment of duties, eliminating formal customs entries, removing duty on goods processed and exported from the zone, as well as materials and parts used in production. Additional benefits include a reduction in federal excise taxes and elimination of quota restrictions.

High Impact Performance Incentive Grant (HIPI)

A negotiated incentive used to attract and grow major high-impact facilities in Florida. Pre-approved applicants must be in high-impact industry sectors, create at least 100 new full-time jobs (75 for R&D companies) in a three year period and make a cumulative investment of at least \$100 million (\$75 million for R&D companies) in a three year period. Once certified the high impact business is awarded 50% of their eligible award and the remaining balance once project goals are met.

Brownfield Redevelopment Bonus

The Bonus Tax Refund is available to encourage redevelopment and job creation within designated Brownfield areas. Pre-approved applicants receive tax refunds of up to \$2,500 per new job created in the area. The amount of the refund is equal to 20% of the average annual wage of the new jobs created. Refunds are based upon taxes paid by the business. No more than 25% of the total refund approved may be paid in any single fiscal year. The Brownfield Redevelopment Bonus may be

awarded in addition to the Qualified Target Industry Tax Refund. Qualifying companies must be pre-approved by state agencies prior to committing to a new location.

Qualified Defense Contractor Tax Refund

The Qualified Defense Contractor Tax Refund may provide up to \$5,000 in tax refunds per job created or saved in Florida through the conversion of defense jobs to civilian production, the acquisition of a new defense contract or the consolidation of a defense contract impacting Florida employment. The Governor and the Florida Legislature enacted new legislation adding contracts and subcontracts approved by the United States Department of Homeland Security as eligible under the Qualified Defense Contractors (QDC) Tax Refund program.

Enterprise Zone incentives (EZ)

Tax incentives are offered to businesses located within designated Enterprise Zones. Zones are designated within the City of St. Petersburg and the City of Clearwater. Florida offers an assortment of tax incentives to businesses that choose to create employment within an Enterprise Zone, a specific geographic area targeted for economic revitalization. These include: Jobs Tax Credit, Machinery and Equipment tax Refund, Building Materials Refund, Property Tax Credit and the Community Contribution Tax Credit Program.

U.S. SBA HUBZone

The Historically Underutilized Business Zones (HUBZone) program helps small businesses in urban and rural communities gain preferential access to federal procurement opportunities. These preferences go to small businesses that obtain HUBZone certification in part by employing staff who live in a HUBZone. The company must also maintain a "principal office" in one of these specially designated areas. The geographic designations are made by the federal government, and within Pinellas there are designated HUBZone areas in St. Petersburg, Clearwater, and Largo,

New Market Tax Credits

The New Markets Tax Credit Program (NMTC Program) was established by Congress in 2000 to spur new or increased investments into operating businesses and real estate projects located in low-income communities. The NMTC Program attracts investment capital to low-income communities by permitting individual and corporate investors to receive a tax credit against their Federal income tax return in exchange for making equity investments in specialized financial institutions called Community Development Entities (CDEs). The credit totals 39 percent of the original investment amount and is claimed over a period of seven years (five percent for each of the first three years, and six percent for each of the remaining four years). The investment in the CDE cannot be redeemed before the end of the seven-year period. Qualified census tracts are located throughout Pinellas County.

Local Government Distressed Area Matching Grant Program (LDMG)

The Local Government Distressed Area Matching Grant Program (LDMG) stimulates investment in Florida's economy by assisting Local Governments in attracting and retaining targeted businesses. Qualified applicants are Local Governments (county or municipality) who plan on offering financial assistance to a targeted business in their area. Targeted businesses must create at least 15 full-time jobs and must be new to the state, expanding its operations, or one that could leave the State without the assistance of the local and state governments. The grant award will equal \$50,000 or 50% (whichever is less) of the amount of assistance provided to a business by the local government following the commitment and payment of that assistance. Local Governments must provide unemployment and poverty rates, and other distress indicators to the Department of Economic Opportunity (DEO) regarding the area in which the business is located, and on the targeted business in which they plan on providing assistance to.

Community Redevelopment Area (CRA)

A Community Redevelopment Plan addresses the unique needs of a targeted area. The plan includes the

overall goals for redevelopment, as well as identifying projects for the area. Examples of traditional projects include: streetscapes and roadway improvements, building renovations, new building construction, flood control initiatives, water and sewer improvements, parking lots and garages, neighborhood parks, events, marketing, sidewalks and street tree plantings. The plan can also include redevelopment incentives such as grants and loans for such things as façade improvements, building demolition, building improvements and signs; the reimbursement of fees like permits, impact, and water/electric meters and/or job creation incentives.

Sales & Use Tax exemptions

These include exemptions for manufacturing machinery and equipment, electricity used in the manufacturing process, maintenance or repair of certain aircraft, pollution control abatement or monitoring, semiconductor, defense and space technology and the labor component of research and development expenditures.

Florida Venture Capital Program

Via the Florida Venture Capital Program, the Enterprise Florida-managed Florida Opportunity Fund will provide equity investments and convertible debt instruments to emerging Florida companies (or companies locating in Florida) with perceived long-term growth potential. Emphasis will be toward transactions within Florida's targeted industries. Equity investments and convertible debt instruments ranging from \$1,000,000 - \$5,000,000 will be targeted, although larger transactions will be permitted in exceptional cases. Each equity investment will require at a minimum, a matching concurrent private capital investment or other credit assistance. To achieve the required 10:1 private capital leverage ratio, the greatest emphasis will be toward transactions that provide strong private capital leveraging opportunities. Equity investments and convertible debt instruments ranging from \$1,000,000 - \$5,000,000 will be targeted, although larger transactions will be permitted in exceptional cases. Each equity investment will require at a minimum, a matching concurrent private capital investment or other credit assistance. To achieve the required 10:1 private capital leverage ratio, the greatest emphasis will be toward transactions that provide strong private capital leveraging opportunities.

Loan Guarantee Program & Loan Participation Program

The Loan Guarantee Program and Loan Participation Program are available to qualified businesses that demonstrate adequate historical and/or proposed cash flow coverage and other credit underwriting metrics. However, these transactions are undertaken to help mitigate any perceived credit weaknesses by a Partnering Lender.

Direct Loan Program

The Direct Loan Program is available to qualified businesses that demonstrate adequate historical and/or proposed cash flow coverage and other credit underwriting metrics. These transactions will assist in providing partial gap financing as needed in special cases.

504 Bridge Loan Program

The 504 Bridge Loan Program is a key sub-component to Florida's SSBCI Program. These loans will be processed by Florida First Capital Finance Corporation, working in conjunction with Enterprise Florida.

- With SBA 504 Loans, lenders are permitted to finance equipment and owner-occupied real estate purchases up to ninety-percent (90%) of the total project cost. The lender makes such a loan with the expectation that the portion above 50% will be "taken-out" by a SBA-guaranteed note. However, there is often a timing difference up to 180 days between initial closing and that take-out. The 504 Bridge Loan Program will address this timing difference. Therefore, by removing this interim 90% financing risk for lenders, the 504 Bridge Loan Program will ultimately make more capital available for Florida's small businesses.
- This particular program will be targeted for transactions ranging from \$250,000 - \$5,000,000. The maximum loan term permitted is six (6) months.

Export Loan Guarantees & Export Direct Loans

Export loan guarantees for Florida's exporting small businesses are available to assist in facilitating lower-cost export financing. Export loan guarantees will be underwritten by Florida Export Finance Corporation, working in conjunction with Enterprise Florida. An average export loan guarantee or export direct loan of \$500,000 or less is targeted, with larger transactions permitted in exceptional circumstances. The maximum term permitted is 12 months and the fee(s) are negotiable.

Florida Capital Access Program

FL-CAP is a loan portfolio insurance program that enables lenders to make "riskier" loans to small businesses by making cash contributions to a reserve fund for each enrolled CAP loan. When a loan is originated, the Borrower will contribute a percentage of the loan (between 2 - 7%) into a reserve fund held by the lender. FL-CAP will match that contribution by depositing cash into the lender-held reserve fund. Each CAP reserve fund will then be available to the lender as cash collateral to cover losses on all loans within its FL-CAP portfolio. There is a \$5,000,000 maximum loan amount, but no minimum loan amount.

TARGET OF INITIATIVE:

- Encourage relocation, expansion and retention of quality employers within the targeted geographic areas
- Encourage training and employment of residents of the targeted areas

CHALLENGES/ISSUES ADDRESSED BY THIS INITIATIVE:

- Unemployment
- Workforce Quality
- Workforce Participation

KEY STRATEGIES:

- Identification of current and potential sites for quality employers within target areas
- Retention/expansion calls on existing employers
- Increase awareness of those programs specifically targeted to distressed urban areas
- Coordination of training programs with WorkNet Pinellas
- Coordination of other programs with municipalities in appropriate areas.

IMPACTS/OUTCOMES/RESULTS:

- Improvements in workforce participation
- Increase in skill levels of residents
- Increased employment levels among residents
- Increased capital investment and resulting expansion of tax base in the community

INITIATIVE: Small Business Development Initiatives			
LEAD DEPARTMENT: Economic Development			
Is it:	Ongoing; X	New:	Collaborative: X
Board of County Commissioners' Strategic Outcomes			Status
<ul style="list-style-type: none"> • Increase citizen satisfaction with the delivery of services • Deliver measureable 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 			<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
DESCRIPTION/PURPOSE OF INITIATIVE:			
<p>Entrepreneurs and small businesses stimulate job creation, develop crucial innovations in both products and services and promote the diversification of the economic base. The Small Business Development Center (SBDC) Pinellas County Economic Development has an existing model that includes financial and managerial tools that local, state and national economic developers are partnering with to create a climate that encourages entrepreneurial and small business development. Services include:</p> <p>Personal Business Counseling: Meet with a Certified Business Analyst for free one-on-one counseling.</p> <ul style="list-style-type: none"> • SBA Counseling & Technical Assistance for business owners interested in securing financing through SBA Lending Programs • Financial Technical Assistance Services increase loan applicants' probability of securing a loan and growing their business. <ul style="list-style-type: none"> a. Pre- and post-loan closing business assistance b. Business plan development c. Assessment of the applicant's management strengths and weaknesses • Procurement Technical Assistance (PTAC) Program: One-on-one counseling sessions for Pinellas County businesses interested in selling their products and services to the government through the federal certification process. <p>Business & Education Training Courses: Sharpen business skills with classes that focus on marketing strategies, sources of financial assistance, government contracting, starting a new business, preparing business taxes, analyzing the competition and more.</p> <p>SBDC Small Business Development Programs:</p> <ul style="list-style-type: none"> • Procurement Technical Assistance (PTAC) Program: The Small Business Development Center offers a variety of introductory workshops, seminars, and tradeshow to provide our clients with the necessary tools to be competitive in the contracting arena. In addition to education and outreach, one-on-one counseling sessions are held on Thursdays to assist Pinellas County businesses interested in selling their products and services to the government with the federal certification process. • Pinellas County Small Business Enterprise Program: The SBE is a sheltered market created for qualified vendors that allows small businesses to place bids for County purchases from \$5,000 up to \$25,000. The program is non-specific to gender or race and benefits all small businesses principally located in geographical Pinellas County with sales and staffing below the established thresholds. 			

- Growth Acceleration Program (GAP): Guiding a company through a period of growth and expansion can be tricky business. GAP helps Pinellas County growing businesses develop sustainable strategies for expansion including strategic plan development, assessing and accessing capital, determining market diversification tactics, fine tuning financial practices, and capitalizing on institutional relationships.
- The Florida High Tech Corridor's Virtual Entrepreneur Center. The Center is a web portal designed to provide a robust and easy-to-use resource for local entrepreneurs to find information and services to support their new or growing business. Easily locate local, regional, state and global resources for starting, relocating, or expanding your business. Local resources are arranged geographically on the website at www.pinellas.flvec.com

TARGET OF INITIATIVE:

- Encourage relocation, expansion and retention of quality employers within the targeted geographic areas
- Encourage training and employment of residents of the targeted areas

CHALLENGES/ISSUES ADDRESSED BY THIS INITIATIVE:

- Unemployment
- Workforce Quality
- Workforce Participation

KEY STRATEGIES:


- Identification of current and potential sites for quality employers within target areas
- Retention/expansion calls on existing employers
- Increase awareness of these programs specifically targeted to distressed urban areas
- Coordination of training programs with WorkNet Pinellas


IMPACTS/OUTCOMES/RESULTS:

- Improvements in workforce participation
- Increase in skill levels of residents
- Increased employment levels among residents
- Expansion of tax base in the community

KEY PARTNERS: Florida SBDC Network, WorkNet Pinellas, City of St. Petersburg, City of Clearwater, City of Tarpon Springs, Junior Achievement, Job Corps, SPC, Florida High Tech Corridor Council and the various Chambers of Commerce.

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

THRU: Robert S. LaSala, Pinellas County Administrator 

FROM: Gwendolyn C. Warren, Bureau Director, Health and Human Services 

SUBJECT: Analysis of the *Patient Protection and Affordable Care Act*

DISTR: Assistant County Administrators
Department Directors
Appointing Authorities
Constitutional Officers
County Attorney

DATE: July 27, 2012

At your request, the Department of Health and Human Services reviewed the *Patient Protection and Affordable Care Act*, which was signed in to law by President Obama on March 23, 2010 and upheld by the Supreme Court on June 28, 2012. Simplified, the law requires most U.S. citizens and legal residents to have health insurance – whether through private-pay Health Benefit Exchanges, employee sponsored health plans, or expanded Medicaid coverage – and imposes requirements and penalties on individuals, employers, insurers, and states for failure to comply. With full implementation of the law only 18 months away, the Department of Health and Human Services took a close look at the *Patient Protection and Affordable Care Act*, the Supreme Court ruling on the constitutionality of the law, and the impact that the expansion of Medicaid will have on Pinellas County.

The *Patient Protection and Affordable Care Act* creates mandates at the individual, employer, insurance provider and publically financed program levels. At the individual level and beginning in January 2014, the law requires most citizens and legal residents to have health coverage. Health insurance could be offered through an employer, or purchased through a state-managed American Health Benefit Exchange. This new marketplace will provide individuals with information to enable them to choose among multiple plans. States will manage the plans offered through the Exchange and provide an office of health insurance consumer assistance to assist people with private insurance. The plans offered through the Exchange will be required to offer benefits that meet a minimum set of standards and at least two multi-state plans will be available to keep costs down. Insurers will offer four levels of coverage to suit a variety of income levels. In addition, premium subsidies –in the form of tax credits – will be available to families with incomes up to 400% of the Federal Poverty Level (\$92,200 for a family of four in 2012) to assist with purchasing health insurance on the Exchange. States are also given the option of creating a Basic Health Plan for uninsured individuals with incomes between 133% and 200% of the Federal Poverty Level (an income range of \$14,856 - \$22,340 for an individual in 2012) in lieu of those individuals receiving premium credits to assist with the purchase of coverage. Failure to purchase health insurance will result in a penalty, known as the "shared responsibility payment," of up to \$695 per person (or \$2,085 per family) which will be phased in over the years 2014-2016 and collected by the Internal Revenue Service through tax documents. Exceptions to the individual mandate will be given for

financial hardship and religious objections. If a state fails to create a Health Benefit Exchange, the federal government will create a federal exchange.

While there is no employer mandate, employers with 50 or more employees will be assessed a \$2,000 fee *per employee* if they do not offer coverage and have at least one employee receiving a premium credit through an Exchange. Employers with 50 or more employees that offer coverage but have at least one employee receiving premium credits through an Exchange will be required to pay \$3,000 *per employee receiving a premium credit*. Employers with more than 200 employees will be required to automatically enroll employees into health insurance plans offered by the company and offer employees an opt-out option. Employers with less than 50 employees will be exempt from these penalties and will be given the option of participating in Small Business Health Option Exchanges to purchase health coverage for their employees.

New insurance market regulations will prevent health insurance companies from denying coverage to people for any reason, including their health status and from charging certain individuals more based on their health status and gender. These new rules will also require that all new health plans provide comprehensive coverage that includes a minimum set of services, limits annual out-of-pocket expenditures, eliminates co-payments for preventive services, and does not impose annual or lifetime limits on coverage. In addition, health plan premiums will be allowed to vary based on factors such as age, geographic area, tobacco use, and family size and increases in premiums will be subject to review. Young adults will now be allowed to remain on their parents' health insurance plan until the age of 26 and states will be allowed to form health care compacts to enable insurance companies to sell identical policies in any state that participates in the compact.

The most significant changes, however, are those to publicly funded programs – primarily Medicaid and the Children's Health Insurance Program. On January 1, 2014, states are required to provide Medicaid to nearly all individuals under the age of 65 with incomes up to 133% of the Federal Poverty Level (\$14,856 for an individual and \$30,657 for a family of four in 2012.) This expansion will create a uniform minimum Medicaid eligibility threshold across states and will eliminate a limitation of the program that prohibits most adults without dependent children from enrolling in the program today. From 2014 through 2016, the federal government will finance 100% of the cost of those who become eligible for Medicaid due to the expansion. In subsequent years, the federal matching rate will decline slightly – eventually settling at 90% in 2020 and beyond. *In addition, Medicaid payments to primary care doctors and for primary care services will be increased to 100% Medicare payment rates in 2013 and 2014.* These increased payment rates will range from \$43 - \$202 depending on the number and type of procedures performed during the visit and will be entirely federally financed for those two years. It is unclear at this time what will happen to the Medicaid reimbursement rate beyond 2014.

States are required to provide the newly eligible Medicaid class “*benchmark*” benefits. The benchmark benefits have yet to be set by the Secretary of Health and Human Services, but the law requires that such packages include all “*essential benefits*,” which are the same benefits provided to individuals purchasing coverage through a Health Exchange and include: *ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health and substance use disorder services (including behavioral health treatment), prescription drugs, rehabilitative services and devices, laboratory services, preventive and wellness services, chronic disease management, and pediatric services (including oral and vision care.)* States can choose to provide additional benefits, as long as they are services that are included in the Exchange benchmark plan or could be covered under “regular” Medicaid. The following groups of beneficiaries are exempt from mandatory enrollment in benchmark coverage and instead, must be

offered the traditional, full Medicaid benefit package: people with disabilities, people eligible for both Medicaid and Medicare, the medically frail, certain low-income parents, and other special groups such as pregnant women, children in foster care, and the medically needy.

Under the health reform law, states will have considerable flexibility within federal guidelines to design Medicaid benefit packages and cost-sharing rules that are appropriate for the newly eligible adult beneficiaries. The often extensive health care needs and very low incomes of the newly eligible beneficiaries are important considerations for states to take in to account when making their design choices. The available federal funding is another important factor for states to consider. As state policymakers decide their direction regarding benefits for newly-eligible adults, two major options are available to them: provide traditional, full Medicaid packages or provide a "benchmark benefit" package with essential health benefits. It is important to note, however, that the Supreme Court decision makes the Medicaid expansion optional for states. If states do not comply with the Medicaid expansion, the Secretary of Health and Human Services may withhold *Affordable Care Act* expansion funds, but cannot withhold a state's entire Medicaid federal funds. It is unclear at this time what options states and the federal government have if a state chooses to not comply with the Medicaid expansion.

The Congressional Budget Office estimates that the *Patient Protection and Affordable Care Act* will provide coverage to an additional 32 million citizens and legal residents when fully implemented in 2019 – including 16 million newly eligible Medicaid beneficiaries. The Congressional Budget Office further estimates the cost of the coverage components to be \$938 billion over ten years. This is in addition to \$11 billion in federal funds which will be made available to expand access through community health centers and programs designed to support school-based health centers and nurse managed health clinics.

The economic impact of the health reform law to Pinellas County depends whether the Governor chooses to expand Medicaid to people living at or below 133% of the Federal Poverty Level (\$14,856 for an individual and \$30,657 for a family of four in 2012.) If the Governor chooses to expand Medicaid, we can anticipate a statewide enrollment increase of nearly 35% from 2014-2019. If Florida fully implements the *Affordable Care Act*, the federal government will fully finance care for the newly eligible Medicaid population for first two years, but will share that cost with the state in the out years. The Florida Agency for Health Care Administration currently projects a statewide cost increase of 1.9% from 2014-2019 due to the implementation of the *Affordable Care Act*. History has shown that the state will most likely pass their share of the cost of care down to the counties. This projected increase will be *in addition to* the projected cost increase of "traditional" Medicaid.

Due to the very low incomes and extensive health care needs of this at-risk population, it is essential to build a primary care network to provide preventive care, establish positive health habits, and contain costs with or without an expansion of Medicaid. By working with community partners – including the hospitals – we can build the infrastructure and connectivity needed to care for clients with multiple health conditions and help them take an active role in their health care. By focusing on integrated and collaborative primary care, we can improve patients' health status and health outcomes and reduce the possibility of unnecessary and lengthy hospitalizations, which are more costly for the County in the long-run.

An important factor of the integrated primary care network is a Federally Qualified Health Center (FQHC). If the county expands its current FQHC status from a 330(h) to a 330 (e) to cover all of our current medical homes, and the *Affordable Care Act* is fully implemented, the cost of caring for

Medicaid eligible clients will be fully reimbursed by the federal government. These reimbursements will offset the cost of care for those individuals seeking medical care without insurance – making the program self-sustaining. Even without full implementation of the *Affordable Care Act*, if we become an expanded FQHC, the federal government will still provide a high reimbursement rate for treating “traditional” Medicaid clients – which could aide in offsetting the cost of caring for the uninsured. Expanding our Federally Qualified Health Center designation will increase access points to much needed primary care, improve health outcomes and reduce unnecessary hospital stays and allow the Department to reduce its reliance on General Fund dollars to support health care delivery for the low-income population in Pinellas County.

Despite what we *do* know about the *Patient Protection and Affordable Care Act* and the impact it will undoubtedly have on health care delivery in America, there are still many unanswered questions in the wake of the Supreme Court’s decision. As we wait to see how the state of Florida will implement the new law, we are still considering questions such as “*will states decline the significant federal financing available through Medicaid expansion?*” and “*given that under the new law, most individuals with incomes below 100% of the Federal Poverty Level (\$11,170 for an individual and \$23,050 for a family of four in 2012) are ineligible for subsidies to purchase coverage in the Health Exchanges, what, if any, coverage options will be available to the potential Medicaid expansion population in states that do not comply with Medicaid expansion and how and where will the costs of their health care be absorbed?*” The Human Resources Department will provide the Board of County Commissioners a separate memorandum explaining the impact of the *Patient Protection and Affordable Care Act* on County employees. The Department of Health and Human Services staff continues to monitor issues surrounding the implementation of the *Patient Protection and Affordable Care Act* very closely and will provide the Board additional information once the Secretary of Health and Human Services and the Centers for Medicaid and Medicare Services issue guidance on the implementation of the law and once the state of Florida has made a decision about whether or not it will design a Medicaid benefits package for the newly eligible Medicaid population.

Highlights of the Patient Protection and Affordable Care Act

Impacts to the Individual:

- Beginning on January 1, 2014, most citizens and legal residents are required to have health coverage.
- If health coverage is not available through an individual's employer, he or she can purchase coverage via a state-managed Health Benefit Exchange.
- Premium subsidies (in the form of tax credits) will be available to families with incomes up to 400% of the Federal Poverty Level to assist with purchasing health insurance on the Exchange.
- States are also given the option of creating a Basic Health Plan for uninsured individuals with incomes between 133% and 200% of the Federal Poverty Level in lieu of those individuals receiving premium credits.
- Failure to purchase health insurance will result in a penalty, known as the "shared responsibility payment," of up to \$695 per person (or \$2,085 per family) which will be phased in over the years 2014-2016 and collected by the Internal Revenue Service through tax documents.

Impacts to Employers:

- Employers with 50 or more employees will be assessed a \$2,000 fee *per employee* if they do not offer coverage and have at least one employee receiving a premium credit through an Exchange.
- Employers with 50 or more employees that offer coverage but have at least one employee receiving premium credits through an Exchange will be required to pay \$3,000 *per employee receiving a premium credit*.
- Employers with less than 50 employees will be exempt from these penalties and will be given the option of participating in Small Business Health Option Exchanges to purchase health coverage for their employees.

Impact to Health Insurance Companies:

- New regulations will prevent health insurance companies from denying coverage to people for any reason, including their health status and from charging certain individuals more based on their health status and gender.
- All new health plans will have to provide comprehensive coverage that includes a minimum set of services, limits annual out-of-pocket expenditures, eliminates co-payments for preventive services, and does not impose annual or lifetime limits on coverage.
- Health plan premiums will be allowed to vary based on factors such as age, geographic area, tobacco use, and family size and increases in premiums will be subject to review.

- Young adults will be allowed to remain on their parents' health insurance plan until the age of 26.
- States will be allowed to form health care compacts to enable insurance companies to sell identical policies in any state that participates in the compact.

Impact to the states:

- On January 1, 2014, states are required to provide Medicaid to nearly all individuals under the age of 65 with incomes up to 133% of the Federal Poverty Level.
- From 2014 through 2016, the federal government will finance 100% of the cost of those who become eligible for Medicaid due to the expansion.
 - In subsequent years, the federal matching rate will decline slightly – eventually settling at 90% in 2020 and beyond.
- Medicaid payments to primary care doctors and for primary care services will be increased to 100% Medicare payment rates in 2013 and 2014 and will be entirely federally financed for those two years.
- States are required to provide the newly eligible Medicaid class “essential benefits,” which include: ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health and substance use disorder services (including behavioral health treatment), prescription drugs, rehabilitative services and devices, laboratory services, preventive and wellness services, chronic disease management, and pediatric services (including oral and vision care.)

MEMORANDUM

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

Through: Robert S. LaSala, County Administrator

From: Gwendolyn Warren, Bureau Director, Health and Human Services

Subject: Follow-Up Information from the July 17, 2012 Budget Work Session

Date: July 27, 2012

At the Budget Work Session on July 17, 2012, the Board of County Commissioners requested a recommendation from the Department of Health and Human Services on how the \$840,000 currently paid with Non-Recurring Funds to Catholic Charities for Pinellas Hope (\$500,000); mental health providers for the Homeless Street Outreach Program (\$300,000); and Westcare Florida for The Turning Point Program (\$40,000) could be incorporated into the Department's proposed Fiscal Year 2013 budget without further appropriations. The following information provides a review of budgeted programs and services, and potential options to best address this funding issue.

The Department of Health and Human Services has always served those most in need in Pinellas County. Its current core function is to aid individuals in becoming fully self-sufficient and/or receiving any state or federal benefits they may be entitled to. This, in turn, will eliminate their use of county programs. In order to accomplish this, at our January 2012 Workshop, the Department identified five areas for improvement. These areas include:

- Better technological capabilities to improve community-level outcomes
- An improved health care delivery system that prepares the County for the 2014 arrival of Federal Health Care Reform under the Patient Protection and Affordable Care Act
- A diversified funding stream for the Department to reduce reliance on General Funds
- Reorganizing the Department, starting with an improved client services delivery system with a centralized intake process that reduces duplication and is cost-efficient
- Improved programs that promote improved quality of life among Pinellas County residents

Health and Human Services Core Programs and Services

In January 2012, and at the request of the Board of County Commissioners, the Department realigned its programs and services to better meet the strategic direction of the Board. Focusing on improving the quality of life of all residents, the Department focused on services that assist individuals with becoming fully self-sufficient or receiving federal benefits/assistance. The Department of Health and Human Services assists low-income individuals in need of services to achieve a higher level of self-sufficiency and/or that need access to quality healthcare. Targeted services include the Pinellas County Health Program and homeless prevention and self-sufficiency programs.

The Pinellas County Health Program was implemented at the start of fiscal year 2009 through a medical home model. Medical homes focus on wellness and prevention by providing continuity of care through a team of medical providers. The Pinellas County Health Program provides the following services to indigent county residents: primary care, behavioral health, dental, pharmacy, specialty care, inpatient and ambulatory surgical care, durable medical equipment, case management and home health care. These unique services provided over 15,000 county residents with quality health care during Fiscal Year 2011. The total Fiscal Year 2013 Pinellas County Health Program budget is approximately \$20 million. The General Fund covers over \$12 million of this amount and the remaining \$8 million is provided through the Health Care Trust Fund. At this time, we are forecasting a \$3.8 million deficit in the Health Trust Fund portion for Fiscal Year 2013, due to limited leveraging opportunities as a result of the State Health Care Reform. In order to offset this deficit, we have previously recommended service realignments that should sustain us until the anticipated implementation of the Affordable Care Act. Services provided through the Pinellas County Health Program are a priority and we do not recommend making any further reductions to this program.

A subset of the Pinellas County Health Program, the Mobile Medical Unit is a full-service health center that has provided primary health care for the homeless population of Pinellas County since 1988. The Mobile Medical Unit is a Federally Qualified Health Center (FQHC) funded in part by a \$431,404 Federal Health Resources Services Administration grant. As a Federally Qualified Health Center, the Mobile Medical Unit provides an opportunity for the County to expand its FQHC designation from a 330 (h) to a 330 (e) – which will enable the County to utilize all of its medical homes and bill at a higher Medicaid reimbursement rate for services provided to all clients through the Pinellas County Health Program. The Fiscal Year 2012 Mobile Medical Unit budget is \$844,970, inclusive of the federal grant. The proposed Fiscal Year 2013 budget for this program remains the same. The services provided through the Mobile Medical Unit are a priority and we do not recommend making any further reductions to this program.

The Homeless Prevention and Self-Sufficiency Programs provide financial assistance to homeless families with children, disability advocacy for permanently disabled county residents, and Veterans services for veterans. The three programs provide short-term financial assistance and/or advocacy services to ease a client's financial crisis – ultimately reducing their dependency on county services and subsidies. Services for homeless families with children include housing stabilization services and financial assistance for highly motivated, working families with children with a desire to transition from homelessness into permanent housing. The Disability Advocacy Program has been reorganized to improve efficiencies and reduce costs. The program now assists only permanently disabled individuals with obtaining Supplemental Security Income or Social Security Disability Insurance. In addition, client financial support services for the Disability Advocacy Program were reduced from \$6,000 per client annually to a maximum benefit of \$2,000 per individual. The County is reimbursed for all financial assistance benefits that were issued while a disability claim was pending once a client is approved for federal benefits. Veterans Services assists veterans and their families with obtaining veterans benefits, services, and information from the U.S. Department of Veterans Affairs. In order to better meet the needs of our "traditional" veteran population and the newest class of veterans returning from overseas, the Department of Health and Human Services will incorporate Veterans Services into our Pinellas County Health Program and Homeless Prevention and Self-Sufficiency Programs and will increase our services to homeless veterans. The proposed Fiscal Year 2013 budget for the Homeless Prevention and Self-Sufficiency Programs is

\$6,322,282. Services provided through the Homeless Prevention and Self-Sufficiency Programs target those most in need in the County and are a priority. Based on community need, we do not propose making any reductions to these programs.

Department of Health and Human Services Core Programs and Services

Program	Services	FY 2012 Budget	FY 2013 Request
Pinellas County Health Program (PCHP)	Medical care for low-income uninsured citizens. Services include primary care, specialty care, dental, Rx, home health care, and in-patient and ambulatory care. Behavioral health services are outlined as a separate budget line item below.	\$12,501,390 <i>Actual expenditures total \$22,213,051. Balance of \$8,308,896 paid through the Health Care Trust Fund.</i>	\$12,721,640 <i>Projected expenditures total \$21,702,051. Approximately \$4M of the remaining Health Trust Care Fund will be utilized; we forecast a deficit of \$3.8 M when funds are depleted.</i>
Behavioral Health (PCHP component)	Behavioral health care services for PCHP clients. Provided via Directions for Mental Health, Inc. contract.	\$745,000	\$745,000
MedNet Program (PCHP component)	Program to assist PCHP patients obtain free prescription medications. Program leverages \$33 in free medications for every program dollar spent.	\$265,000	\$265,000
Mobile Medical Unit	Medical Care for the homeless population – subset of PCHP specific to homeless clients.	\$844,970 <i>HHS receives a Federal Health Resources Services Administration Grant of \$431,404 for this program.</i>	\$882,177 <i>HHS receives a Federal Health Resources Services Administration Grant of \$431,404 for this program.</i>
Homeless Prevention and Self-Sufficiency Programs	Financial assistance with housing and utilities for at-risk families with children and disabled adults. Permanently disabled adults also assisted with the application process for federal benefits (SSI and Social Security Disability).	\$6,214,660	\$6,322,282
Veterans Services Program	Assistance for eligible veterans in obtaining benefits from the Veterans Administration. Realigning program to focus to serving homeless veterans.	\$490,070	\$436,912

Mandated Programs

The Department of Health and Human Services manages several contracts for state mandated services that come directly out of the Department's budget. These dollars account for 45% of the Health and Human Services budget, or \$22,000,000. These State mandated programs include: Local Medicaid Matching Funds, Disposition of Indigent and Unclaimed Bodies, Health Care Responsibility Act, and Local Mental Health Matching Funds. Since these services are mandated by state statute, we cannot propose making any reductions to these program budgets.

Mandated Programs

Program	Services	FY 2012 Budget	FY 2013 Request
State Medicaid Mandate	State mandated matching funds for Florida Medicaid Program for in-patient and nursing home services.	\$12,000,000	\$18,300,000
State Mental Health Match	Match funding for behavioral health services. Will leverage this funding to provide services to the patients in the Pinellas County Health Program.	\$2,174,710	\$2,174,710
Health Care Responsibility Act	Emergency health care for low-income residents provided by out-of-county hospitals.	\$450,000	\$450,000
Disposition of Indigent and Unclaimed Bodies	Cremation and burial services. Plan to outsource this service to a private provider in FY 2013.	\$345,490	\$446,918

Matches, Pass-Through and Grant Funded Agencies

The Health and Human Services Department also manages contracts that are either community matches, grants or pass-through dollars allocated to outside community agencies. Funding for these programs is provided through the General Fund at the direction of the Board of County Commissioners and total \$3 million. Most of these agencies provide crucial safety-net services to low-income and/or homeless individuals. While these services are crucial to the well-being and quality of life of Pinellas County residents most in need, we believe most of the agencies have additional funding sources that would ensure their presence in the community continues to be possible should the Board decide to re-appropriate their funding. These are the lowest priority programs to the Department and are the only funding sources available to absorb the \$840,000 Non-Recurring Funds expenditure.

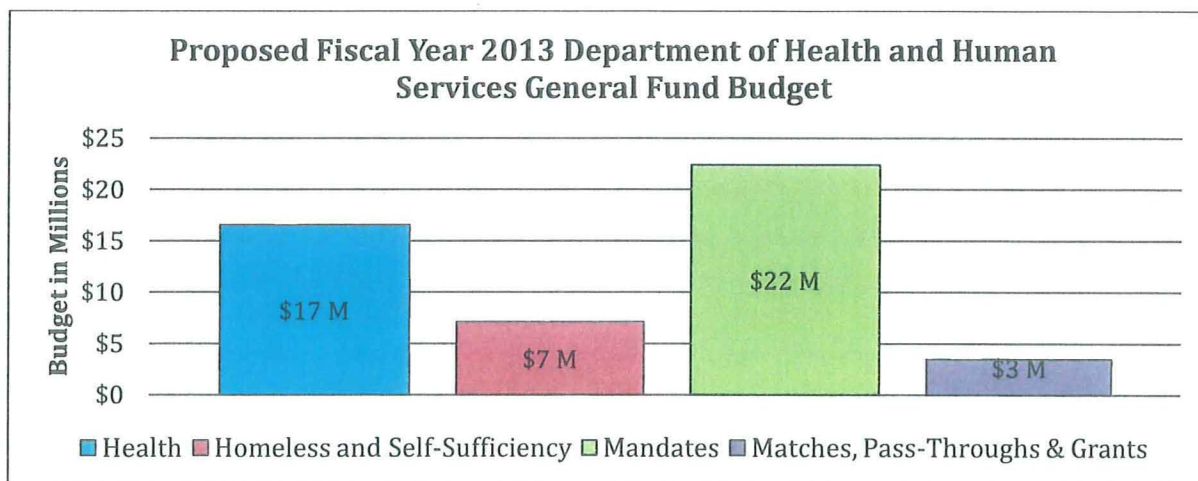
Matches, Pass-Through and Grant Funded Agencies

Agency/Initiative Funded	Agency/Initiative Purpose	Agency Budget	Program Budget	County Funding FY 12
Social Action Funding	Funding to 11 non-profit agencies serving the health, economic or social well-being of the adult population.	n/a	n/a	\$351,650 Health, food, and legal assistance for the homeless population. \$200,000 provided from the Department's budget and \$151,650 provided through General Fund monies.
Homeless Initiative Funding	Funding to eight non-profit homeless service providers.	n/a	n/a	\$200,000 Emergency shelters and TBIN licenses
Homeless Street Outreach Program	Street Outreach to place street homeless into immediate emergency shelters and provide referrals to human service agencies.	n/a	n/a	\$382,570 Funding for overnight beds and Street Outreach Team
Operation PAR, Inc.	Addiction and mental health services for children, adults and families.	\$25,709,117	\$1,981,049	\$195,000 Inpatient adult detox services
Suncoast Center, Inc.	Mental health and substance abuse services for children, adults, seniors and families.	\$19,994,295	\$395,570	\$155,570 Forensic-focused outreach (jail diversion, assessments, etc.)
Boley Centers, Inc.	Mental health treatment, residential and employment services for the mentally impaired homeless population.	\$19,036,122	\$2,307,965	\$317,480 Local match for HUD Continuum of Care
Religious Community Services: The Haven	Shelter, transitional housing, counseling and advocacy for victims of domestic violence.	\$3,495,728	\$1,719,854	\$54,210 Domestic violence Shelter
Community Action Stops Abuse (CASA), Inc.	Shelter, transitional housing, counseling and advocacy for victims of domestic violence.	\$3,352,930	\$690,887	\$84,790 Domestic violence Shelter
Summer Food Program <i>*Will not be included in the Adjusted Proposed Budget</i>	Funding for meals served during the summer-time school break. Program is 100% financed by a state/federal grant.	n/a	\$705,030	\$705,030 Funding for meals
Health and Human Services Coordinating Council	Funding for county-wide council to improve the health and human services system to better and more efficiently meet the needs of the community. The total cost of the program is shared between Health and Human Services and the Juvenile Welfare Board.	\$250,200	\$250,200	\$125,100 Administrative support
Emergency Home Energy Assistance For the Elderly <i>*Will not be included in the Adjusted Proposed Budget</i>	Funding for emergency cooling and heating assistance for elderly residents. Program is 100% financed by a grant.	n/a	n/a	\$66,918 Cooling and heating assistance

211 Tampa Bay Cares, Inc.	24 hour information and referral services; Tampa Bay Information Network (TBIN) admin, utilized by homeless and human service community providers to track services and shelter bed availability.	\$1,766,400	\$1,204,056	\$325,000 24-hour Information and Referral Program
Medical Home Initiative Matching Grants <i>*Will not be included in the Adjusted Proposed Budget</i>	Funding to match state grants to expand health care provided by Federally Qualified Health Centers	n/a	n/a	\$200,000 Leveraged funds for FQHC
Daystar Life Center	Emergency travelers' aid to homeless individuals and families who find themselves displaced in Pinellas County to return to destinations that previously provide stability in a safe and supportive environment.	\$1,127,955	\$15,000	\$15,000 Travelers' Aid Program
Homeless Leadership Board	Lead agency for the State and HUD responsible for invoicing and management of contracts, work towards preventing, reducing, and ending homelessness.	\$288,819	n/a	\$69,800 Administrative support

The Department of Health and Human Services spent the past fiscal year re-aligning its programs and services to better meet the strategic direction of the Board of County Commissioners and identifying efficiencies within our budget to reduce our dependency on General Fund dollars. The Department's proposed Fiscal Year 2013 budget provides funding for access and assistance for low-income or homeless individuals with a focus on helping these individuals become healthier, fully self-sufficient or transitioned onto federal benefits in order to decrease their dependency on county programs and subsidies.

The proposed Department Fiscal Year 2013 General Fund budget totals \$49,499,947. Of the total budget, 34% (\$17M) is allocated for the Pinellas County Health Program; 14%, (\$7M) is allocated for the Homelessness Prevention and Self-Sufficiency Programs; 45%, (\$22M) is allocated for state mandated programs; and 7%, (\$3M) is allocated for matches, pass-through, and grant funded community agencies.



Recommendation:

The majority of the community agencies funded by the Department via matches, pass-through monies, and grants provide services to low-income and/or homeless individuals. Their funding allocations have been approved over the years at the direct request of these agencies to the Board of County Commissioners and the management of those contracts has been provided by and budgeted for by the Department of Health and Human Services. The Social Action and Homeless Initiative Funding has been allocated to community agencies selected through an RFP process and the Department serves as a contract manager for those funds. The services provided through \$840,000 of Non-Recurring Funds for Pinellas Hope, Homeless Street Outreach, and Turning Point also assist street homeless individuals and provide valuable community services, but the money for these programs is not a part of the Department of Health and Human Services budget. While all of our community agencies provide needed services for low income and homeless individuals, they have been funded through different mechanisms at different times.

The disparate funding mechanisms of our community agency programs make it difficult to perform a reliable, data-driven assessment and evaluation of one program over the other. Recommendations regarding the value of one community service over another or the elimination of any of these programs in light of the current homeless crisis in Pinellas County would be premature at this time. The Department of Health and Human Services proposes that the Board of County Commissioners continue to fund the community programs via their current funding sources in Fiscal Year 2013 to allow the Department to develop the proper assessment and evaluation tools and make a formal recommendation to the Board before Fiscal Year 2014.

Achievements & Productivity Enhancements

CHEDAS

Implement Business Process Re-engineering and the Software to support it within Health and Human Services

A solution with functionality to include:

- Foundational Features
 - Client Data Management Features
 - Client Services Transactions Features
 - Ad Hoc Reporting
- Technology and Systems Integration
 - HIPAA Compliance
 - Flexible External Interfaces with Service Partners
 - Secure, robust and high performance
- Technology infrastructure

Medicaid

Pinellas County achieved a reduction in backlog Medicaid billings from \$33 million to \$15 million. We championed a change in the state-wide rule to exclude foster children from future county Medicaid billings and the implementation of improved residential validation process to audit future state Medicaid invoices.

Reorganization of the Department

To create greater efficiencies and streamlining of services by creating a service model that allows for multiple points of access to services for indigent residents, with concentration in the five high poverty zone areas. The enhanced Client Delivery System provides improved functioning that supports the strategic initiatives of The Board and goals of The Department aimed at increasing self-sufficiency and improving health outcomes for Health & Human Services clients. Additional achievements as a component to the reorganization includes expanded use of collaborations with other agencies such as WorkNet, Veterans Administration at Bay Pines, Boley Centers and several community agencies.

Disability Advocacy and Veterans Services

Program stream-lining includes a consolidation of the Disability Advocacy and Veterans Services programs. Both programs assist clients with obtaining benefits for which they may be eligible and require comparable skill sets to accomplish tasks. By consolidating these units and placing staff in key geographic (high poverty zone) areas, more staff will be able to provide services, clients will have greater access to services, and no additional dollars will be needed to provide these services.

HRSA Grant

To build a "one-stop" medical clinic for the homeless population collaborating with partners to provide varied services that include medical, dental, behavioral health,

employment, housing, and case management assistance. Services by collaborative partners will be provided at no additional cost to the County. The Department will be presenting the Board with an Operating/Business Plan for acceptance of the \$5 million capital improvement award in fiscal year 2012.

Achieve Global Trainings - Seven staff are involved in the trainings that are geared toward enhancing skills sets that go beyond technology needed for high performance organizations. Additionally, one of our management team staff will be certified as an Achieve Global trainer, 10/2/12.

- Reorganization of the Department and streamlining of services
- Medicaid Backlog Lobbying Efforts
- Contracting out of Indigent Burial
- Transferring Summer Food to the School Board
- Transferring EHEAP to Pinellas Opportunity Council
- Implementation of CHEDAS (Which should save money in the long run)
- Consolidation of Vets and Disability Advocacy Services
- Board Approval of the Health Care Collaborative
- Health Care Trust and the LIP/IGT funds.

Mandatory use of Prescription Assistance Programs

To reduce pharmacy costs by maximizing the use of no cost or low cost Prescription Assistance Programs. While generic prescriptions account for 85% of all medications written for PCHP clients, the 15% of brand name drugs incur 45% of total pharmacy costs.

Review of specialty care services

Global programmatic evaluation of the specialty care program with a focus on preventive services and primary prevention with a secondary focus on those chronic diseases resulting in the greatest impact and burden to our clients and community: cardiovascular, diabetes and respiratory.

Dental Relief of Pain

The Pinellas County Health Program medical homes have agreed to provide our clients dental relief of pain at a fixed and more cost effective rate. This reduces access to care issues such as transportation, and enhances care coordination through a unified medical record.

Emergency Home Energy Assistance Program (EHEAP)

The Emergency Home Energy Assistance Program provides financial assistance to low-income seniors experiencing a home energy emergency. Per direction from the BCC, arrangements were made with the Area Agency on Aging to transfer administration of this program to the Pinellas Opportunity Council (POC) at the conclusion of the 2011/2012 program. Effective August 1, 2012, the EHEAP Program was successfully

transferred to the Pinellas Opportunity Council. Health and Human Services staff helped train the staff at POC to ensure a smooth transition of the program.

Indigent Burial and Cremation Program

The Indigent Burial and Cremation Program is a state mandated program that requires Florida counties to make appropriate arrangements for the disposition of indigent and unclaimed citizens. Currently, the Health and Human Services Department administers the program and contracts with a private funeral services provider, A Life Tribute Funeral Care, to provide the cremation and burial services. Per direction from the BCC, the Health and Human Services Department has been working to transfer administration of this program to a more appropriate provider. To accomplish this the Health and Human Services Department has been working with the Purchasing Department to contract with a local funeral services provider to administer the program on behalf of the county. An Invitation to Bid has been issued and a provider will be selected and begin providing these services by January 1, 2013.

Summer Food Program

The Summer Food Program is a federal nutrition program that provides free nutritionally balanced meals to children from low-income families during the summer when school is not in session. For over 20 years the HHS Department administered this program. Per direction from the BCC, arrangements were made to transfer administration of the program to Pinellas County School System at the conclusion of the 2012 program. HHS staff have been meeting with school system staff to ensure a smooth transition.

Pinellas County/Early Learning Coalition Initiative

In order to better serve the families of Pinellas County, the Department of Health and Human Services entered into a partnership with the Early Learning Coalition to assist with eligibility determination for the School Readiness (subsidized child care) and Voluntary Pre-Kindergarten programs. HHS began providing these services to families effective June 4, 2012. Families may apply for these programs at one of the following HHS locations: St. Petersburg, Clearwater, Tarpon Springs and Largo. The Early Learning Coalition will be paying the staffing costs for this program.

Succession Management

Four Health and Human Services Employees- James Martin, Lynn Harper, Jana Hooper and Hazel Lane were selected for the 2012 Supervisory Level Succession Management Class. This program lasts for 2 years and affords participants the opportunity to prepare for future supervisory responsibilities through class work, networking, special assignments, and on-the-job training.

Pinellas County Health Campus Operating Plan

**Health Resources and Services
Administration Grant**

Presented By:

**Gwendolyn C. Warren, Bureau Director
Department of Health and Human Services**

September 18, 2012



Executive Summary

On May 1, 2012, the Department of Health and Human Services was awarded a \$5 million Health Resources and Services Administration capital grant to construct a facility that would increase access to health care for those most in need in Pinellas County. The new facility will be an extension of the County's Mobile Medical Unit; a Federally Qualified Health Center that currently serves the homeless population at 12 locations countywide. This free standing clinic will provide homeless families with children much needed access to health care and social support services.

The Department first requested permission to apply for the capital grant in November 2011. At the time, the Board of County Commissioners approved the application, but requested an Operating Plan that would not only detail the services to be provided at the clinic, but the on-going funding that would be required to sustain the clinic in the out-years. This Operating Plan is structured around the Department's five focus areas, which the Board approved in January 2012:

- Re-organize the Department to increase service delivery
- Help create a system-wide approach to reduce homelessness
- Strengthen community partnerships
- Improve the health care delivery system
- Enhance our technological capabilities

These focus areas are a complement to the Board's strategic direction, which instructed county departments to:

- Establish, define, and focus on a core set of services
- Maximize and improve the service delivery of core services
- Improve the efficiency of operations
- Increase community partnerships through leadership and improved communication
- Create a High Performance Workforce

Over the past fiscal year, the Department of Health and Human Services has worked to streamline our core services, improve our delivery system, enhance our technology, and work with partners to achieve measurable outcomes. With the Board's approval of our Department mission and focus areas, they reconfirmed their commitment to increasing access to quality healthcare, improving the lives of low-income and high-risk individuals and reducing disparities in target communities.

According to the National Alliance to End Homelessness, the Tampa-St. Petersburg metropolitan area has the highest rate of homelessness in the nation – 57 homeless for every 10,000 individuals. The economic recession has resulted in a loss of affordable housing and long-term employment. Families with children are the new face of homelessness, with one in every five homeless individuals being a child.

Pinellas County has more service providers than most communities, but there are very few formal forms of connectivity among providers. Service providers need a 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 – especially homeless families with children.

Another highlighted concern is the rising cost of healthcare for the homeless. The most common health problems among homeless individuals are depression, physical disabilities, chronic disease complications,

behavioral health and substance abuse. Inadequate living conditions, lack of access to quality healthcare and poor continuity of care further exacerbate those conditions. Despite Pinellas County's Mobile Medical Unit, which is able to see 2,500 homeless individuals a year at 12 locations throughout the county, it lacks a dedicated and coordinated medical and social services center that provides wrap-around services specifically tailored to homeless families with children. The \$5 million capital grant will finance the construction of a new health clinic at 14840 49th Street North – a mid county location that is easily accessible by the homeless population. This stationary medical clinic will be an extension of the Mobile Medical Unit, a Federally Qualified Health Center for the homeless. The new health clinic – the Pinellas County Health Campus – will serve as a patient-centered medical home that uniquely serves the needs of homeless individuals.

To assist with the operation of the new health clinic, the Department worked with 24 partner agencies to create a continuum of care that provided extensive and coordinated services for homeless families with children at no additional cost to the County. Of these agencies – which include community providers, municipalities, and other county departments – 16 service providers created the Operating Board of Directors to design and plan the operations of the clinic, identify resource needs, develop performance outcomes, and coordinate care. In order to properly address the multiple, simultaneous issues that are necessary to design, build, and operate the clinic within the guidelines of the federal grant, the Operating Board of Directors formed five workgroups to determine the appropriate levels of care, design the administrative and service delivery workflow processes, integrate disparate technology systems, provide for seamless data management and billing, develop performance measures, develop clients' rights and responsibilities, develop a name and logo for the clinic, and work with the Department of Health and Human Services to secure additional funding sources as needed. The Operating Board of Directors is essential to the success and sustainability of the health clinic, as each partner will provide services to clients without additional county funding.

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. The new health clinic will be modeled around the principles of the Health Collaborative. In-house services at the health clinic will include integrated primary care, preventive care and behavioral health services. Primary care will include three specialty services: women's gynecological care, pediatric services for children provided through a partnership with All-Children's Hospital and the Juvenile Welfare Board, and podiatry services for adults. Other services available on-site will include substance abuse treatment, dental care, pharmacy, and disease case management, including health education. Non-medical services will be coordinated through case managers and include referrals to services such as financial assistance, housing assistance, employment assistance as well as referrals to community partners outside of the clinic. 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 and staffed by our hospital and medical partners.

The integration and use of technology is crucial to the coordinated operations of the health clinic for it is the only way to streamline service delivery, manage client data, reduce duplications, and improve efficiency of operations. The health clinic will use three existing systems to achieve this: CHEDAS, the Tampa Bay Information Network (TBIN), and One-E-App. CHEDAS, a Commission-approved technology system maintained by the Department of Health and Human Services, will serve as the main connector of disparate

systems. CHEDAS is comprised of three databases: CareScope, NextGen, and SLG. CareScope is a service records database that allows for service enrollment, case management, and provider management and includes a community portal where clients can apply for services and providers can access and update client information electronically. NextGen is a medical records database that allows for shareable Electronic Health Records. SLG is a financial records database that allows for the electronic payment of all services. In addition to the three CHEDAS databases, the Board also approved the use of the Advance Reporting Tool which will allow the Department of Health and Human Services to monitor and report on the performance outcomes of our services. The Tampa Bay Information Network (TBIN) is a collaborative program designed to foster communication among human service providers, track trends in service delivery and provide an unduplicated count of individuals accessing services. TBIN also allows for client enrollment in programs and maintains a list of 5,000 community resources for homeless individuals, including emergency, transitional, and permanent supportive housing, including current program occupancies. Finally, One E-App is a web-based system designed to screen and enroll clients in multiple publicly funded programs, including local, state and federal programs. One E-App streamlines the screening and enrollment process and delivers data electronically to participating service providers. One E-App is an important link between TBIN, service providers, and CHEDAS.

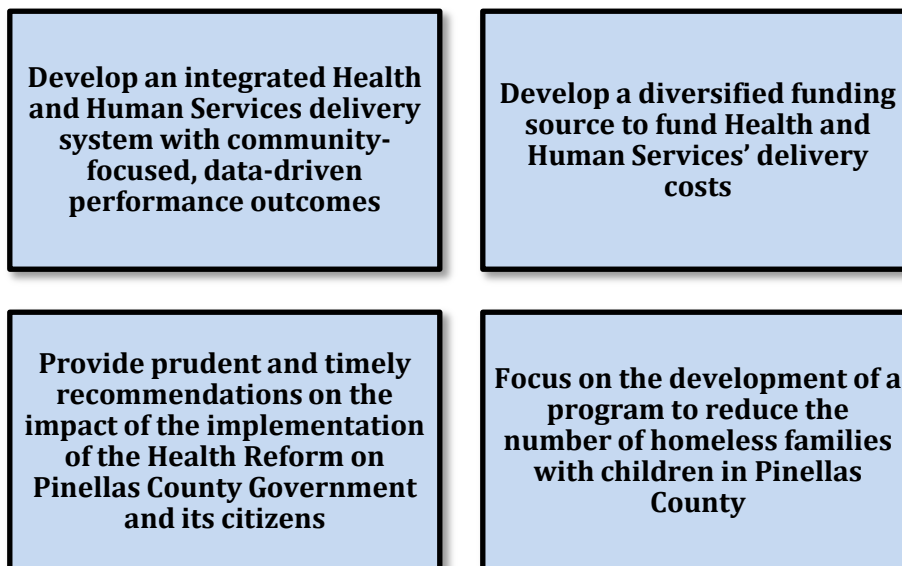
The \$5 million capital grant will finance the construction of the health clinic and provide for limited equipment. On-going operational expenses will be absorbed by the Department of Health and Human Services, through efficiencies in our Pinellas County Health Program; the building maintenance cost is being requested from the county as an in-kind contribution. Partner service providers will deliver services within their own operating budgets and will bill Medicaid for reimbursement when appropriate. When fully operational, this clinic will be the Department of Health and Human Services first fully integrated medical home and a Federally Qualified Health Center approved to serve the homeless population. The Department is currently seeking to expand its Federally Qualified Health Center designation to allow all of our medical homes to serve low-income populations and leverage our local resources. If our application is approved, expenses for low-income clients (both Medicaid and non-Medicaid eligible) will be able to be reimbursed by the federal government, allowing for the long-term sustainability of the program moving forward. The new health clinic will not only deliver one of the Department's approved initiatives and create the County's first integrated one-stop center, but will also provide much needed services for homeless families with children in need of support and assistance with transitioning back to employment and stable housing.

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I. Re-organizing the Department to Improve Service Delivery

On August 30, 2011, the Department of Health and Human Services presented the Board of County Commissioners with the *Pathways to Health and Self-Sufficiency* report, which outlined how current economic issues have further stressed our need to focus on the areas of unemployment, homelessness, and health care delivery costs. The report looked at how the prolonged recession, coupled with double-digit unemployment and other social factors, has affected many in our community and how the Department proposes to deal with the community's unmet needs, particularly in the areas of homelessness and health care. As a companion document, the Department presented its Work Plan, which outlined four departmental goals to help address the needs of the community:



Over the past fiscal year, the Department has embarked on a plan to implement each of our Work Plan goals. Specifically, and with the support of the Board of County Commissioners, the Department has launched CHEDAS, a technology system designed to collect and report on the quantity, quality, and cost of our programs. CHEDAS allows for simultaneous eligibility screening and determination, appointment scheduling, case management, electronic medical records, and seamless billing. Community portals provide for connectivity with partner agencies. The Advanced Reporting Tool will enable Health and Human Services to monitor programs, report on performance outcomes, re-align goals to meet community needs, and identify areas for efficiencies. The Department has also closely monitored federal and state health care reform in order to prepare the county for upcoming changes in healthcare coverage and funding and has pursued various grant opportunities to not only offset the cost of care, but to also enhance the services we provide to our clients.

In December 2011, the Board of County Commissioners finalized their strategic direction. With a vision of improving the quality of life of all residents, the Board 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. The Board's strategic direction is centered around five goals:



In conjunction with the Department's Work Plan, and in compliance with the Board's Strategic Direction, Health and Human Services aligned our Department goals and services to better meet the Board's desired outcomes. On January 26, 2012, the Department participated in a workshop before the Board of County Commissioners where we outlined our focus areas:



The Department's focus areas provide us with the tools necessary to achieve our Work Plan goals and implement the Board's strategic direction. The first step was to re-organize the Department to improve service delivery. The Department is currently undergoing a re-organization to better align services and staffing levels with community needs. Health and Human Services has also begun to work more closely

with community partners and other county agencies to increase access to care and improve services. By working with our community and county partners, we have been able to design a more integrated and seamless healthcare delivery system that also provides the appropriate and necessary links to social supports. The integrated service delivery model is rooted in shared technology, which links each partner behind the scenes to allow for data sharing and seamless billing. Lastly, the Department will build upon its core services and community partnerships to help create a system-wide approach to reduce homelessness.

II. Helping Create a System-Wide Approach to Reduce Homelessness

According to the National Alliance to End Homelessness, the Tampa-St. Petersburg metropolitan area has the highest rate of homelessness in the nation. 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 have been families with children. ***One in five homeless individuals in the Tampa-St. Petersburg metropolitan area is a child.*** There is a critical lack of affordable housing units and services for families with children. Assisting families with children is important since the children are innocent victims, and if not helped now, will most likely overly rely on government services later – or worse, end up homeless themselves. Resources need to be identified to identify or develop appropriate and affordable stable housing for families with children.

Both sheltered and unsheltered homeless individuals report experiencing challenges associated with disability and financial concerns. Homeless individuals need a single point of contact where their needs can be identified and necessary services provided. 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 families with children.

Homelessness and Healthcare

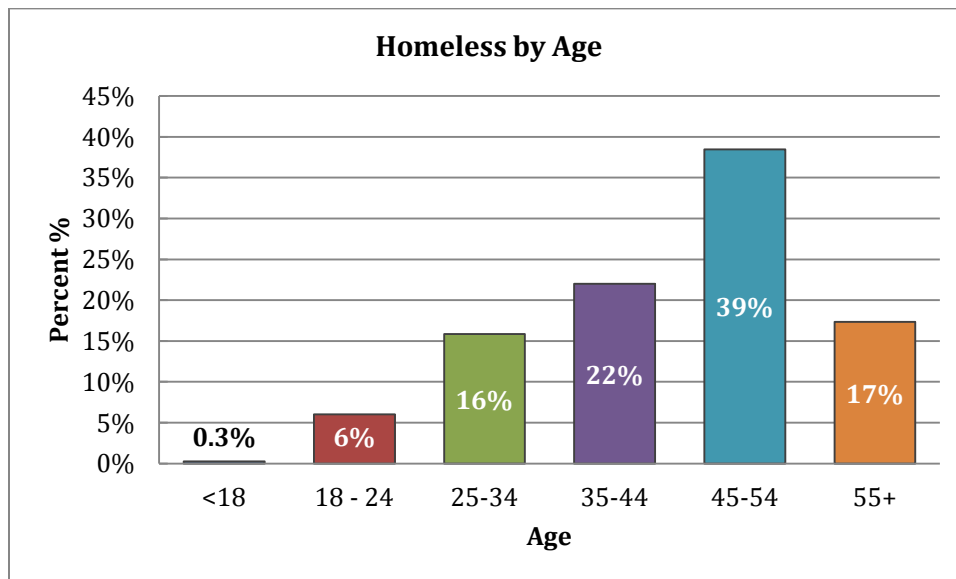
In addition to non-medical services such as job training and placement, education, child care, and housing placement and assistance, homeless families also need easily accessible health care. Among the chief issues affecting the provision of services for homeless individuals were the costs of homelessness and healthcare. In January 2011, the Pinellas County Point-in-Time Homeless Count identified 5,887 homeless individuals living on the streets or in places not suitable for long-term habitation. This point-in-time count translates into more than 22,000 incidents of homelessness throughout the year. The *Economic Impact of Poverty* report that was prepared for the Board by the Department of Health and Human Services suggests that costs related to homelessness could be between \$166.9 and \$178.7 million annually, which include hospitalization, medical treatment, incarceration, police intervention, and emergency shelter expenses.

Another highlighted concern is the rising cost of healthcare for the uninsured and Medicaid populations. These individuals have poorer health outcomes than the general population, with the total hospital costs of Medicaid beneficiaries and the uninsured exceeding \$1.9 billion from October 2010 to September 2011. While these costs represent all those in Pinellas County that are uninsured or receive Medicaid, homeless individuals fall within these numbers and face numerous health problems. The Point-in-Time survey indicated that the most common health problems among counted 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 lead to unaffordable emergency room and inpatient hospital stays. The Point-in-Time survey 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

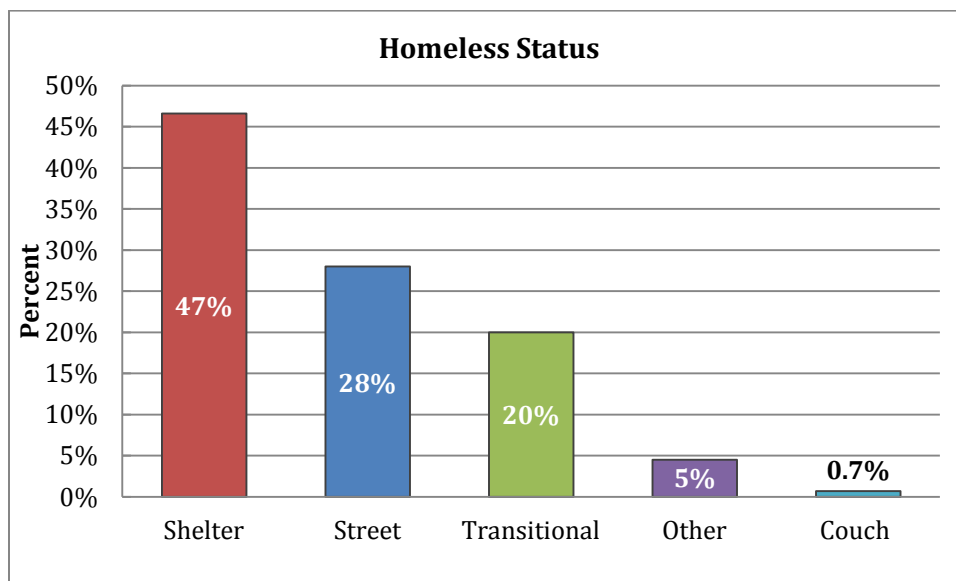
behavioral health care can compromise patient adherence to medications or physician instruction, increasing the possibility of future hospitalizations. Ultimately, these costs are financed by other taxpayers in the community and directly affect the quality of life for all residents.

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.

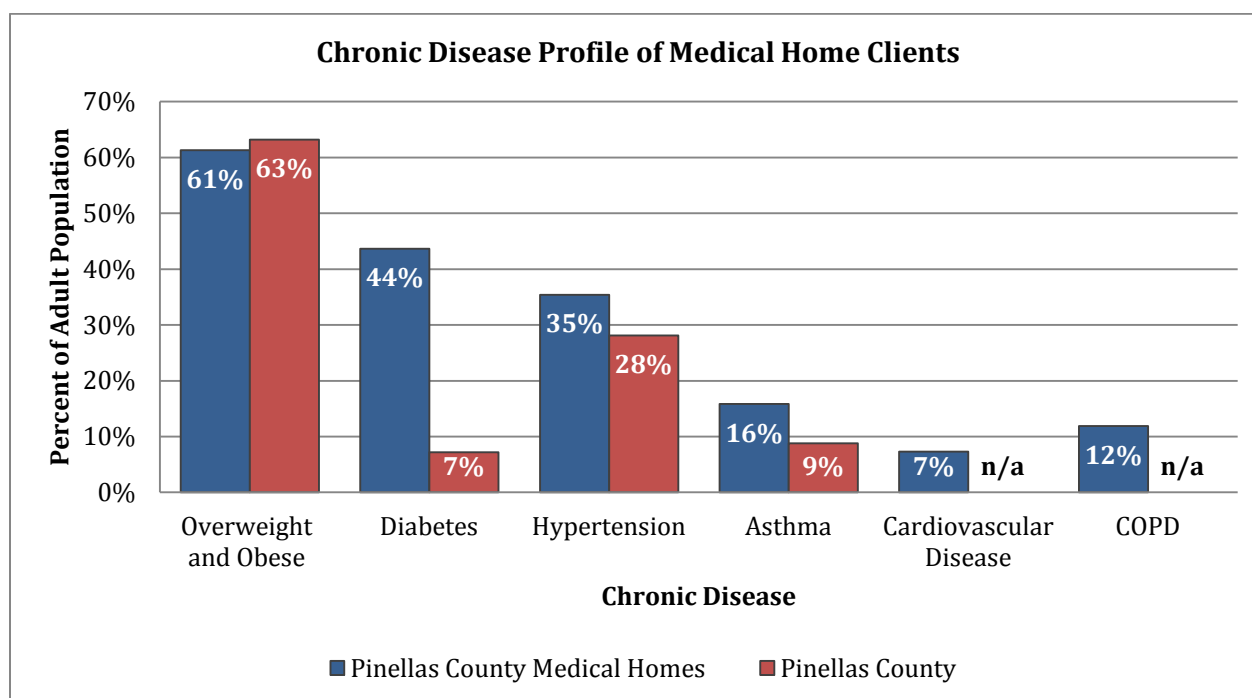
The Mobile Medical Unit clients are predominantly white (76%) males (72%) between the ages of 45 and 54 (38%.)



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.



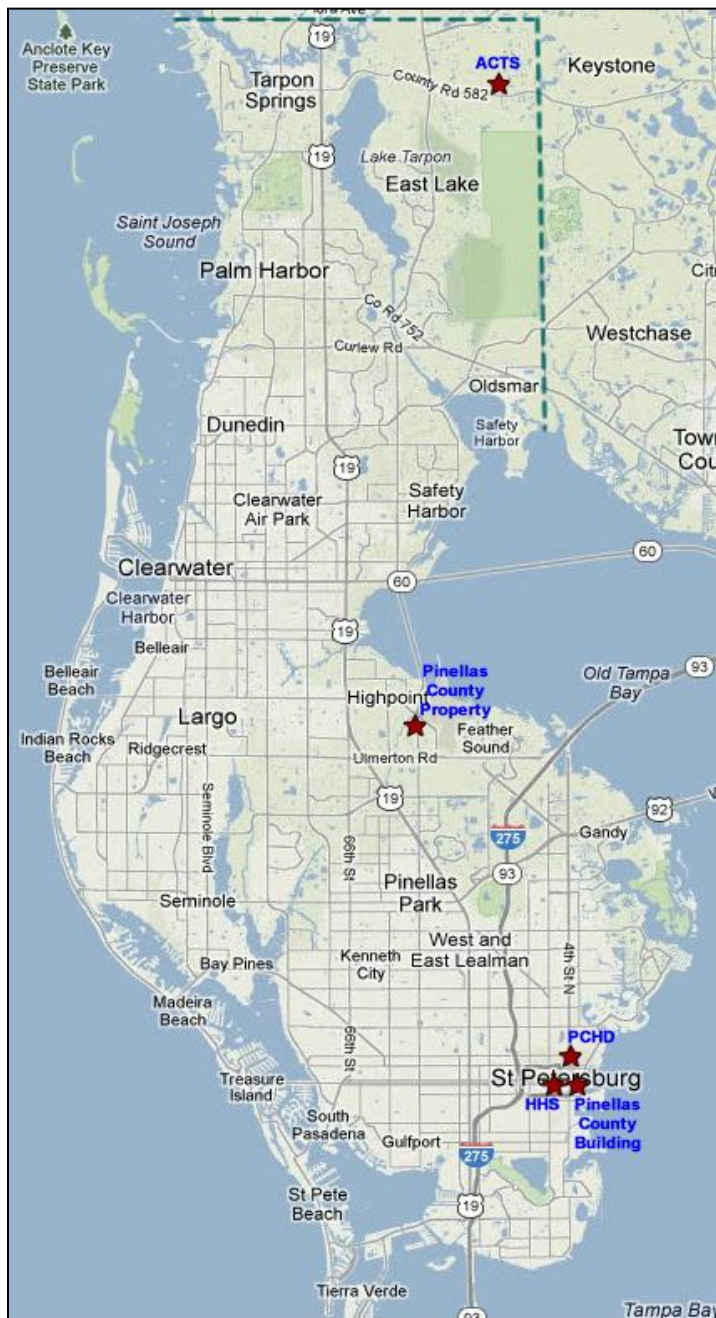
Clients in our medical program have higher rates of chronic diseases than the general population in Pinellas County, some up to three times higher. Prevalent chronic diseases include obesity (61%), diabetes (44%), and hypertension (35%). The disease diagnoses for our Mobile Medical Unit clients do not vary greatly from Pinellas County Health Plan 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.

Building a One-Stop Center for the Homeless Population

In October 2011, the Department of Health and Human Services learned of a Capital Improvement Grant through the Health Resources and Services Administration. The grant would provide up to \$5 million in federal funds to assist with the construction of a facility 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. The one-stop model would allow for collaboration and integration of a wide range of services for homeless families with children and individuals. The facility would also provide the foundation for an improved health care delivery system supported by an integrated technology model. The recommended locations for the medical facility included the following sites:



Agency for Community Treatment Services, Inc., 3575 Old Keystone Road,
Tarpon Springs

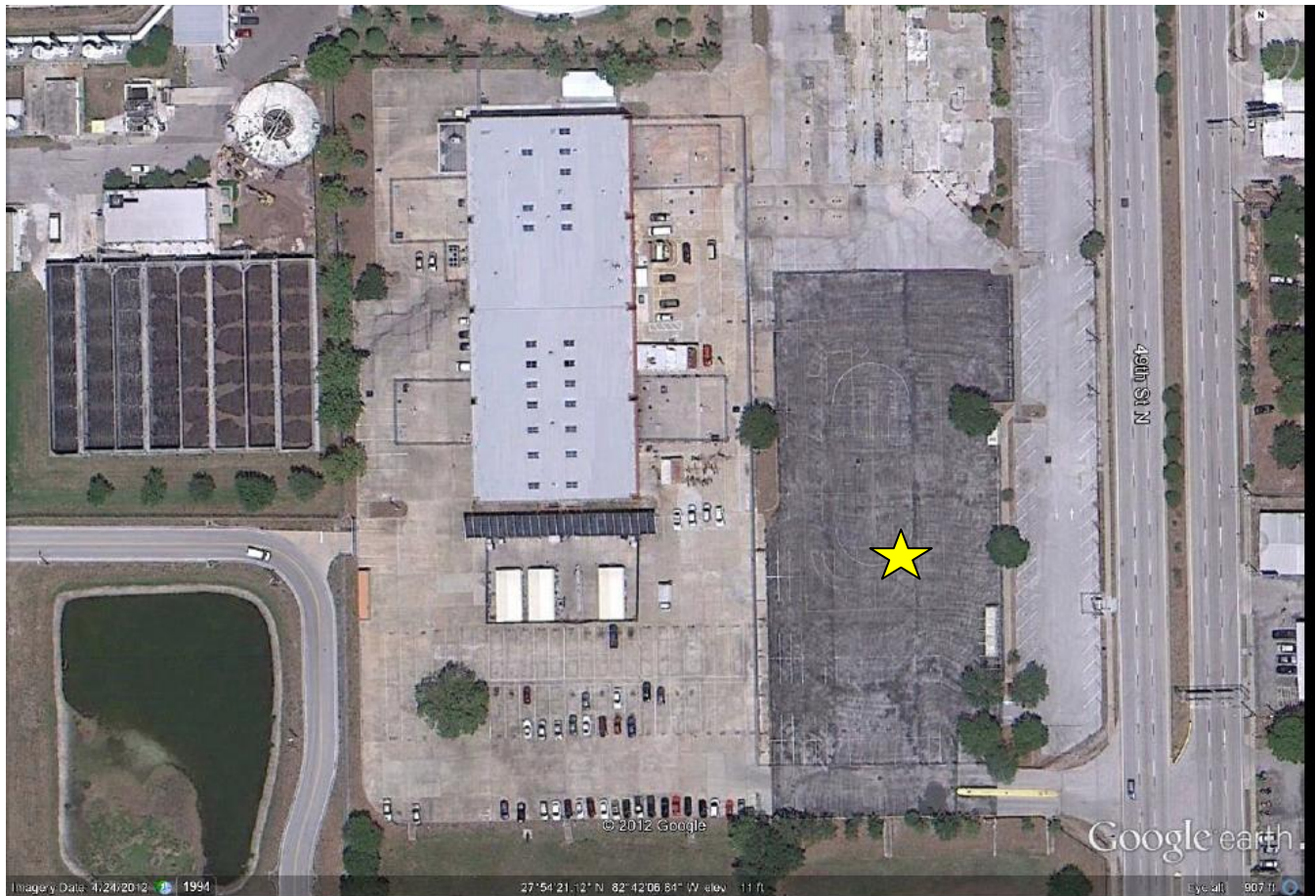
County Building, 501 1st Avenue North, St. Petersburg

Health Department, 205 MLK, Jr., St. Petersburg

Department of Health & Human Services, 647 1st Ave N, St. Petersburg

County Property, 14840 49th Street, Clearwater

After reviewing each possible location, the property at 14840 49th Street North was selected as it would provide a mid-county, easily accessible location for homeless individuals and families with children. The ACTS location was not selected due to transportation concerns surrounding its far north county location; the three St. Petersburg locations were not selected due to potential access issues for homeless individuals not living South County and the lack of available space in those facilities. As you can see from the image below, the currently vacant lot (indicated with the yellow star) is located in close proximity to Safe Harbor, just off of 49th Street North, where there is a Pinellas Suncoast Transportation Authority bus stop. The site has adequate on-site parking and access points from 49th Street in both directions.



The \$5 million grant will provide a stationary location that allows multiple agencies to deliver coordinated services and use integrated technology at one center. ***Co-locating service agencies increases access to available services and resources, increases overall service delivery in the community, eliminates unnecessary duplication among community agencies, reduces the costs of intake and administrative overhead, creates a seamless delivery system, allows for the measurement of community impact, and simplifies client navigation.*** Once the \$5 million capital development project is completed, it will serve as a complement to the Mobile Medical Unit, increasing access to care. The facility will house an array of services tailored specifically for this population and provide links to much needed support to get them off of the streets and into stable housing. These services will be provided by partner agencies at no additional costs to Pinellas County for the services provided. Furthermore, shared technology at the facility will allow for collection, evaluation and reporting on community level health data.

Our first medical one-stop facility will serve as an evidence-based model supporting full integration of services and technology. The first floor of the facility will house all core services offered through the Pinellas County Health Program and other health services such as behavioral health and substance abuse treatment. Non-medical social services from partner agencies will allow our homeless population to directly access health care and other targeted services at a centralized, mid-county facility. In addition to primary care, the facility will provide gynecological services for women, pediatric care for children through a partnership with All-Children's Hospital, and podiatry care for adults. On-site dental care, behavioral health services and substance abuse treatment will also be provided. The facility's second floor will serve as a respite unit for homeless individuals that have acute/post-acute medical illnesses that need assistance but are not ill enough to stay in a hospital. The respite wing will house 10 beds, providing homeless individuals with an opportunity to rest in a safe environment while accessing medical care and supportive services. A free standing medical respite unit is the optimum model and is an evidence-based model proven to be efficient, cost-effective, and sustainable. The health center will be open six days per week and is expected to serve 11,000 clients per year.

The new medical clinic will be modern, with clean lines and bright open spaces. The landscaping around the facility will be enhanced with trees, bushes, and plants providing a warm welcome to clients as well as open and quiet space for fresh air. The building will face 49th Street North and have a dedicated entrance and parking lot. The clinic will be separated from the Safe Harbor shelter by trees and parking lots. A window-filled atrium will let natural sunlight fill the reception area. Medical services will be located on the main floor, just past reception and separated from the waiting area and non-medical services by glass partitions. Non-medical services will be provided in dedicated offices off of the main reception area and the child care center will be staffed and glass encased to allow parents to monitor their children while at the clinic. Lockers, showers, and computer terminals will also be available on-site to the clients. The respite center will be located on the second floor of the facility and will have a dedicated entrance. The center will be staffed 24 hours a day. Windows surrounding the respite care center will allow natural light to fill the space.

The design of the facility is aimed at breaking the traditional barriers homeless individuals face when trying to access care. Homeless individuals are hesitant to access care due to many factors, including lack of transportation or perceived fear or prejudice against them. The new homeless population – families with children – is also reluctant to access services from the government out of fear that they will lose their children. Homeless clients, individuals and families alike, need a safe, clean, state-of-the-art and welcoming facility where they can feel comfortable accessing medical care and other needed support services. Homeless families in particular need a place where they can bring their children because shelters like Safe Harbor and Pinellas Hope do not allow families with children to stay there. These families not only need medical care, but also ancillary support services to transition them back to work and in to stable and affordable housing. The new medical clinic will provide a safe environment where homeless individuals and families can access much needed care in order to become self-sufficient.

The Department of Health and Human Services procured preliminary design services from an architectural firm to illustrate the proposed layout and feel of the health clinic. The initial schematics are included below:

Initial Site Plan and Exterior Renderings



Rendering of the Building Exterior – Facing 49th Street North



Rendering of the Building Interior – Lobby and Reception Area



III. Strengthening Community Partnerships

Partnering with other county agencies to deliver improved health and human services to the community is crucial in cost-savings initiatives that eliminate unnecessary duplication. To assist in the integration of health and social services, the Department has formed closer partnerships with community providers, municipalities, and other County departments to embark on cost-saving initiatives that improve services and eliminate unnecessary duplication. Together, these partners can assist the target communities within Pinellas that could benefit from integrated services and targeted resources and work together to deliver quality care to the County's most vulnerable populations.

Health Center Operating Board of Directors

A critical element to developing the new health care delivery system is the creation of a Health Care Collaborative comprised of multiple medical and social service agencies. The Department of Health and Human Services first contacted potential service partners in November 2011 to inform them about the grant opportunity, discuss the integrated one-stop model, and requested a written support statement regarding the grant application. In total, 16 agencies – including local municipalities, medical and dental providers, behavioral health and substance abuse treatment providers, hospital representatives, homeless advocates, children's services, and housing providers – provided letters of support agreeing to provide services for center clients at no cost to the County.

As part of the planning process for the grant, the Department of Health and Human Services regularly met with partnering agencies to discuss the new health center and integrated care model. Upon being awarded the grant in May, the Department met with the partnering agencies to inform them of the grant award and discuss the center's mission, purpose and services to be provided post construction. The partners were informed that Pinellas County would provide shared space at the facility in exchange for services at no additional cost to the County. The partner agencies agreed to work together to submit joint applications for public and private grant funding to assist with the operating expenses of the health center and offset the funding provided by the Board of County Commissioners. The health center would have one unified name and logo, and partners would work together as an integrated health and community services center, not individual agencies. Services would be managed by the Department of Health and Human Services through inter-local agreements with partner agencies. At the partner meeting, the Department also discussed the formation of an Operating Board of Directors, whose responsibilities would include operational planning and development, identifying specific resource needs, and coordination of services.

The Operating Board of Directors is essential to ensure the success and sustainability of the health center. In order to effectively increase community partnerships through leadership and improved communication, the Operating Board established work groups to determine the appropriate service levels needed for operations, design the administrative and service delivery workflow processes, integrate disparate technology systems via CHEDAS system and One-E-App, provide for a seamless data management and billing system, develop performance and outcome measures, develop client rights and responsibility policies, develop a name and logo for the clinic and work with the Department of Health and Human Services to seek out additional funding sources as needed. The Operating Board is comprised of 16 partner agencies – including county departments, municipalities, and service providers – and held its first meeting on June 13, 2012. Through the use of inter-local agreements, these agencies have agreed to work together to provide ancillary, specialty, and respite care for our patients at no additional cost to the county. The

Operating Board of Directors is working diligently to not only build an integrated service delivery system, but to design and implement a continuum of care that will improve the health conditions of these vulnerable clients.

Operating Board of Directors

Name	Title	Organization
Rhonda Abbott	Manager of Veteran, Social, & Homeless Services	City of St. Petersburg
Jana Balicki	Gulf Coast Florida Area Director	Westcare
Dr. Claude Dharamraj	Director	Pinellas County Health Department
Tim Burns	Director	Pinellas County Justice and Consumer Services
Dianne Clark	Chief Operating Officer	Operation PAR
Barbara Daire	President and CEO	Suncoast Center, Inc.
Ekaterini Gerakios	Community Development Coordinator	City of Clearwater
Denise Groesbeck	Executive Director	Health and Human Services Coordinating Council
Gay Lancaster	Executive Director	Juvenile Welfare Board
April Lott	President and CEO	Directions for Mental Health
Gary MacMath	President and CEO	Boley Centers
Rhonda Russick	Director of the Health Center	St. Petersburg Free Clinic
Joe Santini	Director of Business Development	Community Health Centers of Pinellas
Sarah Snyder	Executive Director	Pinellas County Homeless Leadership Board
Tom Wedekind	Executive Director	Personal Enrichment through Mental Health Services
Gwendolyn Warren	Bureau Director	Pinellas County Health and Human Services

The Operating Board has formed five workgroups and assigned each with specific tasks associated with the project. The workgroups are: design, service delivery, communications, billing, and technology. Each team has a facilitator that meets and reports regularly to the full Operating Board of Directors. Workgroup committees are chaired by members of the Operating Board of Directors and will target the following areas:

Design

- Work with the Real Estate Department and architects to ensure service delivery needs are addressed within the design of the facility pre-build.

Service Delivery

- Develop the Services Delivery System to include a program philosophy and definitive work flow of services : who will provide what service and how; referral process; client eligibility and enrollment; after-hours protocols; grievance procedures for clients; technology needs for integration of services.
- Develop policies and procedures for the facility.
- Develop implementation plan for services.
- Meet with service providers to ensure proposed service provisions are appropriate for the facility and client needs.
- Develop Risk Mitigation Strategies that address access and barriers to care.

Communications

- Develop Communications Processes to address naming the facility, mission, vision, communications strategy to support the implementation plan, community outreach and engagement, and marketing.

Billing

- Develop Billing Processes for Medicaid or self-pay with a portion of funds received to return to the facility for sustainability projects such as replacement of equipment, supplies or repairs.
- Develop an alternative funding sources plan for participating agencies, as well as additional resource needs including staffing.
- Develop a volunteer pool for components such as facility greeters or triage.

Technology

- Develop Technology Resources and mechanisms for integration with use of programs that include CHEDAS/Carescope, 1 E-App, NextGen, and TBIN/211.
- Address HIPAA, client information security, system maintenance on-going, and will be a supporting component to all other workgroups.

The workgroups will develop a series of recommendations per focus area to bring back to the full Operating Board of Directors for a vote on the most appropriate plan of action. In addition to these

workgroups, the Department of Health and Human Services will specifically be responsible for the following tasks:

- 1) Briefing and making formal recommendations to the Board of County Commissioners and providing the Board with regular updates on the progress of the health center.
- 2) Developing Inter-local Agreements for partners providing services within the facility. This will be created with the assistance of the Assistant County Attorney.
- 3) Developing Performance and Outcome Measures that will include a reporting plan for all participating agencies. Training will be provided to all partners to ensure that data entered is done so in a uniform manner.
- 4) Developing a data collection, monitoring, and reporting plan for both the facility and all HRSA grant requirements.

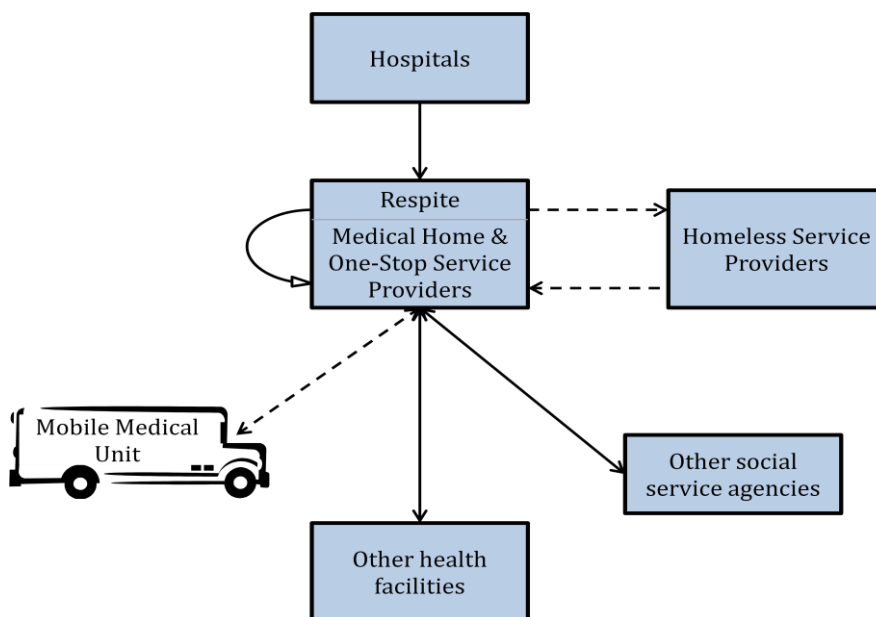
IV. Improved Healthcare Delivery System

At the direction of the Board of County Commissioners, the Department of Health and Human Services embarked on a plan to collaborate with community partners, re-design our current county health care delivery system, and identify new funding streams to decrease the responsibility of the county to pay for care. The Pinellas County Health Collaborative is an integrated, family-focused health care delivery system comprised of 25 community partners from both the medical and social service sectors that allows for centralized and seamless medical and social services, expanded capacity, improved care for the entire family unit, improved community health outcomes, and reduced costs.

Community health outcomes increase multi-fold when community delivery systems that provide social services are coordinated with access to health care, mainly because individuals can get all their needs taken care of in one place. It becomes laborious and cumbersome when individuals need to access services in silos, rather than being able to enroll into all services they qualify for at one location. Using the Health Collaborative concept, the Pinellas County Health Campus will link providers – both physically in the clinic and virtually through technology – to provide wrap-around care and services for our clients. Co-locating service agencies will allow for families and other residents to have better access to available resources, while increasing overall service delivery in the community. This reduces costs of intake and administrative overhead, creates a seamless delivery system, allows for the measurement of community impact, and simplifies navigation. Co-locating services also allows for the implementation of centralized eligibility determination, eliminating unnecessary duplication among community agencies.

The Pinellas County Health Campus will serve as a patient-centered medical home that uniquely serves the homeless population. The patient-centered medical home model includes services such as comprehensive case management, care coordination, health promotion, comprehensive transitional care, family support, and referrals to community support services.

Pinellas County Health Campus Preliminary Service Flow Chart



In-house services at the health clinic will include primary and preventive care, behavioral health and substance abuse treatment, dental care, pharmacy assistance services, housing placement services, employment assistance, and case management with assessment and referral to appropriate outside agencies. Respite care will also be provided in a dedicated wing of the facility.

Primary Care: Patient-centered medical homes focus on wellness and prevention by providing continuity of care through a team of medical providers. In addition, the medical home model helps improve patient adherence to treatment plans and medications by offering an environment that provides support and case management services, all which are necessary for the homeless population served.

The Pinellas County Health Department and the Community Health Centers of Pinellas will offer primary care, prevention and wellness, health education, laboratory services, radiology, and disease case management services at the facility. In addition, three specialized services will be available on-site:

Women's Health:

Living on the streets, in shelters, or in other places not suitable for long-term habitation do not lend themselves to proper primary and preventive care. And while limited medical services are available in free clinics and on the Mobile Medical van, full gynecological services are not. The new health clinic will provide private, dedicated clinic space for women's health. Clinical services will be provided by the Pinellas County Health Department.

Pediatric Services:

Comprehensive and routine pediatric care is important to the health and well-being of children, for it impacts their physical, mental, emotional, and social development. Homeless children exhibit signs of severe stress, fatigue, malnourishment, and trauma. It is important that they receive appropriate and regular medical services. The new health clinic will be a warm, safe, and inviting environment for homeless families with children. The Juvenile Welfare Board has committed to providing a children's safe center on-site and the Department of Health and Human Services and the Juvenile Welfare Board are in discussions with All Children's Hospital for the provision of pediatric care for the children who present to the health center.

Podiatry Services:

Street homeless individuals spend many hours walking several miles a day – often in inadequate shoes or sometimes even barefoot. The lack of shower and hygiene services available to them also makes them more prone to illness and infection. One area most prone to injury or infection for this population is their feet, since they are walking around and sleeping outside on park benches, in makeshift tents, or under bridges. Podiatry services, as well as showers and other hygiene services, will be available on-site and will be a first step in their clinical care. The Department of Health and Human Services is currently working with our community partners for the provision of podiatry services.

Behavioral Health Care and Substance Abuse Treatment: Integrating behavioral health care into the primary care delivery system is quickly becoming a standard practice at health homes across the nation. By integrating behavioral health care into the medical homes, it is easier to diagnose and treat mental

health and substance abuse conditions early on. This is extremely important in the homeless population, which has high incidences of behavioral health and substance abuse. In order to properly integrate behavioral health care, patients will be assigned a collaborative care team that also includes a behavioral health clinician and substance abuse counselor when appropriate. Unique services to ensure true integration of care include conjoint consultation, telemedicine, on-demand behavioral health and medication consultation, interdisciplinary case management and case conferences. The following agencies will be delivering behavioral health care services, including screenings, counseling, and appropriate referrals:

- Directions Mental Health
- Suncoast Centers, Inc.
- Operation PAR, Inc.
- Westcare
- Boley Centers
- Personal Enrichment Through Mental Health Services (PEHMS)

Dental Care: Lack of dental care is the key contributor to oral health problems among low-income and homeless individuals who face particular barriers to care. In addition to health issues that stem from poor oral health, it is important to provide appropriate care to homeless individuals that are trying to become self-sufficient. The self-confidence that comes from having a healthy smile is an important part of seeking employment opportunities. Therefore, members of the Operating Board of Directors are diligently working to identify the best way to incorporate dental care into the new health clinic. The Operating Board of Directors is currently discussing options for care provision, such as having volunteer providers provide services with sovereign immunity via the Pinellas County Health Department or partnering with additional agencies. The new health clinic will have a dental operatory at the facility with appropriate equipment.

Pharmacy: Currently, pharmacy services are provided at no cost to Pinellas County Health Program clients through a contract with Sweetbay Pharmacy, allowing clients to obtain their medications at multiple Pinellas County locations. Prescription coverage is limited to medications listed on the pharmacy formulary, with a maximum of 10 prescriptions per month, with a 90 day supply. The formulary list is closely monitored to assure that drug costs are within expected ranges. Additionally, medications are received through the MedNet Program, a prescription assistance program operated by Suncoast Health Councils that secures free prescription medications for county residents with chronic health conditions at no additional costs. These mechanisms help the county achieve cost-savings. Prescriptions will be provided at no cost to the clients seeking services at the health center.

Case Management: The provision of support services when delivering healthcare to the homeless population is crucial to improving their quality of life and reducing health disparities and improve health outcomes. Case management will be provided by Health and Human Services staff in coordination with the behavioral health providers. The integrated case management will be a complement to the medical services and will be coordinated with the various agencies that are working in the center. This new health center will provide office space to ensure that other social service agencies are physically located at the center in order to facilitate assessments and referrals to multiple community agencies.

Housing Assistance: A much needed service for the homeless population is housing assistance services. As stated by the National Health Care for the Homeless Council, the homeless population's average hospital

stay is almost double that of most patients nationwide. This discrepancy is mainly due to a lack of safe and appropriate discharge options, including not having a place to live. Therefore, linking these individuals with housing assistance services is a crucial component of their well being, also creating healthcare related cost savings. The Department of Health and Human Services will work with the Community Development and the Pinellas County Housing Authority to identify funds through the Affordable Housing Trust or Community Development dollars to secure adequate and affordable housing for clients seeking housing assistance services at the health clinic.

Employment Assistance: Another important component in improving the environment for the homeless population is access to WorkNet Pinellas, which will allow for these individuals to develop new skills and search for employment opportunities that will help them achieve a higher level of self-sufficiency. This, in combination with improvements to Health and Human Services' Financial Assistance program, will allow for these individuals to have access to important elements in their path to becoming healthy, self-sufficient individuals with improved quality of life.

Respite Care: The second floor of the facility will serve as a respite center for homeless individuals that have acute or post-acute medical illnesses that need assistance but are not ill enough to stay in a hospital. Respite care provides homeless individuals with an opportunity to rest in a safe environment while accessing medical care and other supportive services. Currently, there is only one other respite care facility tailored towards homeless individuals in the County, but it does not provide services beyond a dry place to sleep. Homeless individuals are three to four times more likely to die prematurely than their housed counterparts. These deaths are most highly associated with acute and chronic medical conditions that are worsened by life on the street or in shelters, which diminish the long-term effectiveness of their hospital care. Furthermore, challenges with obtaining food, clothing, shelter, and/or mental health care can compromise patient adherence to medications or physician instruction, increasing the possibility of future hospitalizations.

Homelessness intensifies health conditions, complicates treatment, and disrupts continuity of care. People experiencing homelessness have high rates of physical and mental illness, increased mortality, and frequent hospitalizations. Homeless adults are also hospitalized more frequently than those in the general population and often require longer inpatient stays. Their lack of a stable living environment diminishes the long-term effectiveness of their hospital care and makes post-hospital discharge wound care almost impossible. Challenges obtaining food, clothing, and shelter, achieving sobriety, or maintaining personal hygiene can compromise adherence to medications, physician instructions, and follow-up appointments – thus increasing the probability of future hospitalizations. Including respite care in to the medical facility will not only improve health outcomes for this population, but will also provide the appropriate links to community resources to assist them with the additional social services and support they need.

Medical respite care closes the gap between acute medical services provided in hospitals and the unstable environment of emergency shelters and the streets. Research shows that homeless patients who participate in a medical respite program are 50 percent less likely to be readmitted to a hospital after three and twelve months post-hospital discharge – avoiding costly discharge delays, reducing hospital readmissions, and generating a significant savings for hospitals. Hospital partnerships are currently being discussed in order to manage the respite care center at the Pinellas County Health Campus. Additionally,

the BayCare Home Health contract currently in place with Health and Human Services will ensure home health care and durable medical equipment are available at the respite center.

The following chart summarizes the preliminary services that are being developed for the health center. Each partner agency has agreed to focus on one or two areas and coordinate services among the other providers. The final selection of services that will be offered at the health center will be developed by the Client Services Task Group, which is being facilitated by Gwendolyn Warren, Bureau Director of the Pinellas County Department of Health and Human Services.

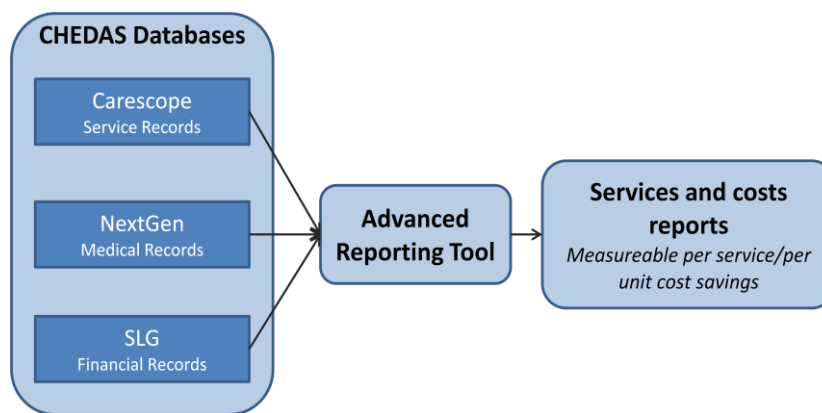
Pinellas County Health Campus Partnering Agencies: Preliminary Services Outline

Area	Agency	Specific Service Contribution
Medical	Pinellas County Health Department	Primary and preventive care, family planning services; STD screenings and treatment; immunizations; breast & cervical cancer screenings; chronic disease prevention and health promotion; Healthy Start, WIC services
	All Children's Hospital	Pediatric care
	Community Health Centers	Primary and preventive care, immunizations, chronic disease prevention and health promotion.
Behavioral Health	Directions for Living	Adult and children's psychiatry
	PEMHS	Behavioral health assessments
	Suncoast Center	Individual and group therapy
Case Management	Pinellas County Health & Human Services	Social services case management, eligibility determination, financial assistance, and administration of center.
	Westcare	Behavioral health case management
	Directions for Living	Homeless services case management
	Suncoast Center	Behavioral health case management
Dental	Pinellas County Health Department & CHC	Screenings, cleanings, fillings, extractions, sealants, and emergency dental treatment
	St. Petersburg & Clearwater Free Clinics	Basic dental services
Substance Abuse Treatment	Operation PAR	Behavioral health screenings for substance abuse and co-occurring disorders; Assessment and linkages to various levels of outpatient treatment, including individual counseling, group counseling, and intensive outpatient program
	Westcare	Substance abuse and mental health screenings; Assessment; Treatment; Individual and group counseling; Substance abuse and mental health education groups
Prescriptions	Suncoast Health Councils	Prescription Assistance Program
Respite Care	BayCare Hospital System	Respite and Follow-Up Care
Employment	WorkNet Pinellas	Job Assistance and Training
Housing	Boley Centers	Supportive housing services for those that qualify per HUD or DCF
	Pinellas Housing Authority	Application intake and eligibility services
	Community Development	Housing services and coordination of community needs
	Pinellas County Health and Human Services	Housing assistance and supportive services
	Health & Human Services Coordinating Council	Managing the implementation of the One-E App system; Reporting and data analysis
Advocacy	City of St. Petersburg	Project support
	City of Clearwater	Project support
	City of Largo	Project support
	Juvenile Welfare Board	Facility staff training regarding the process to access wrap-around services for families and children. Proposed funding a children's safe center in the facility.
	Homeless Leadership Board	Outreach; coordination of services
	Justice & Consumer Services	Jail diversion program and community re-entry transition plan

V. Enhanced Technological Capabilities

The use of technology is crucial in the implementation of the Pinellas County Health Campus, for it is the only way to streamline service delivery, reduce duplication, and improve efficiencies of operations. 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. The facility will use technology already being developed within the County in order to share information. Full integration of an integrated service delivery system will allow the county to collect and measure community outcomes that demonstrate the impact our programs have on the health and self-sufficiency of our clients and the communities in which they reside. The health clinic will use three existing systems to achieve this: CHEDAS, the Tampa Bay Information Network (TBIN), and One-E-App.

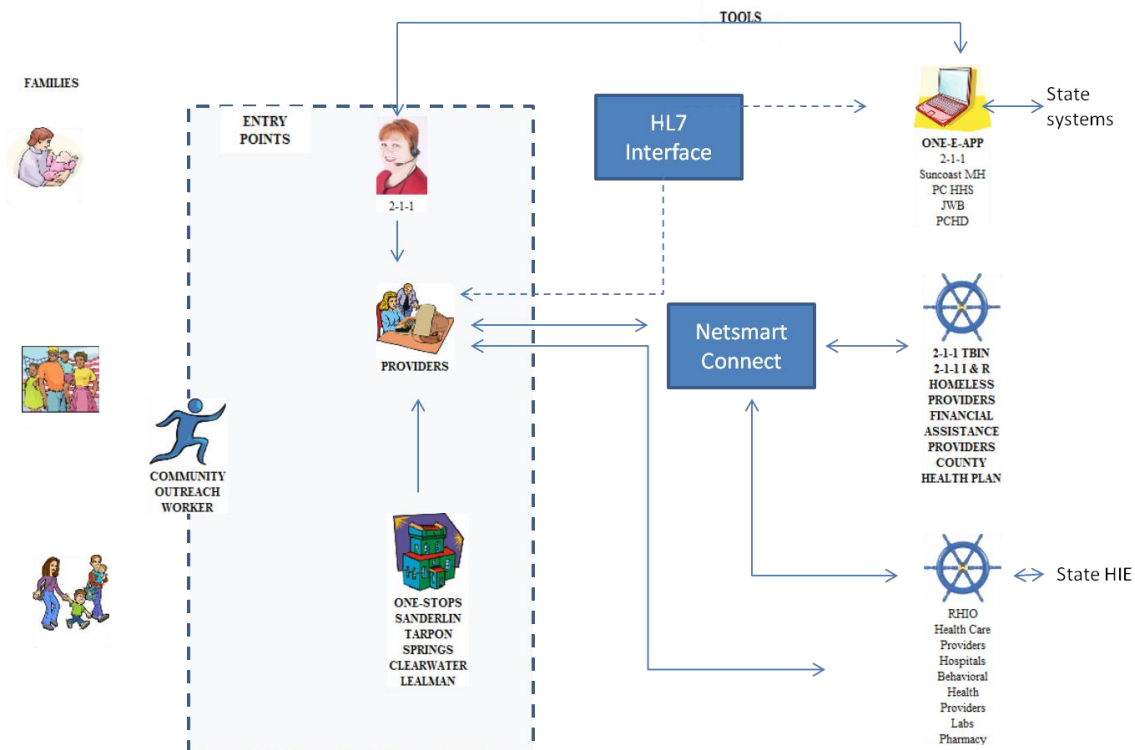
To assist with this effort, the Board of County Commissioners invested in CHEDAS, a technological system to collect and report on the quantity, quality, and cost of our programs. CHEDAS is composed of three distinct databases: CareScope, NextGen, and SLG. CareScope is a service records database that allows for service enrollment, case management, scheduling, and provider management.



CareScope also provides a community portal where clients can apply for programs online and for partner agencies to access client information electronically. NextGen is a medical records database that will enable the Department to become entirely paperless. NextGen also serves as an interface for shared medical records. SLG is a financial records database that allows for the electronic payment of all services. SLG enables CHEDAS billing information to be transferred electronically to the county's Oracle Financial database and assists with monitoring Department spending rates. In December 2011, the Board approved the purchase of an Advanced Reporting Tool to enable Health and Human Services to report on improved performance and outcome measures that demonstrate whether programmatic goals are being met and identify areas for efficiencies. This will allow for better quality improvements and provide the Board with the information necessary to periodically review and determine whether core services are in alignment with community needs. CHEDAS was designed to allow for connectivity with our community partners and every member of the Operating Board of Directors will utilize CHEDAS at their service centers and at the new clinic. Specifically, CHEDAS' NextGen database will serve as an interface for shared medical records across all participating health agencies, reducing costs related to duplicate lab work, family illness patterns, and diagnosis times. In addition, CHEDAS' Carescope database will allow for appropriate case management and referrals to outside agencies to be done in one system. CHEDAS' SLG database will allow for seamless behind-the-scenes billing and the Advanced Reporting tool will be used by Health and Human Services for annual reports regarding service delivery and performance for ongoing operations that will be provided to County Administration.

Another crucial technological component is the Tampa Bay Information Network (TBIN), a collaborative program designed to foster communication between health and human service providers, track trends in service delivery, and gain an unduplicated count of clients accessing services. TBIN is similar to a medical records system where a single client record is shared with multiple providers simultaneously. TBIN is a private internet database that is whose client data is shared and accessed by numerous health and human service providers within Pinellas County. The centralized database allows providers to manage, report, share, store and upload client data. It houses more than 5,000 community resources lists all emergency, transitional, and permanent supportive housing provider beds and their current occupancies.

The third technological component used by the health clinic will be One-E-App, a web-based system designed to screen and enroll applicants in multiple publicly funded programs through a single application. Under the stewardship of the Health and Human Services Coordinating Council, the Department of Health and Human Services and the Juvenile Welfare Board jointly sponsored the purchase of this system. One E-App streamlines the application process through one electronic application that collects and stores information, screens and delivers data electronically, and helps families connect to needed services. One-e-App increases the approval rate for a broad range of federal, state, and local programs by improving the quality of the applications submitted and simplifies annual renewals by eliminating or reducing the need to re-submit verification documents. It also allows for client referral from various access points in a family-centered health care delivery system and links providers for seamless, behind-the-scenes billing and data management. One-E-App will serve as a common enrollment portal for multiple county programs, reducing overhead and administrative costs, simplifying client navigation, and reducing service duplication.



VI. Capital Development Grant Construction Plan

The Department of Health and Human Services will enlist the assistance of Real Estate Management to design and execute a construction management plan for the facility. Realizing that this was a complicated and involved project, it was imperative that we select the most qualified Design Professional and Construction Manager. In order to ensure that the project is completed on-time and within budget, the Design Professional and Construction Manager must work together from the very beginning to ensure that the specific user requirements of the clinic are met. **Real Estate Management proposed three options for the construction management plan:**

- **Construction Manager At Risk**

The most qualified Design Professional and Construction Manager are selected and contracted in two separate, but concurrent selection procedures. The Design Professional works with the Department to understand the facility needs, design the facility, and complete the drawings with the budget and construction guidance of the Construction Manager. The Construction Manager then uses the completed drawings and competitively bids them to pre-qualified subcontractors. The Design Professional and the Construction Manager are contracted up-front to follow and maintain the County's budget throughout the entire process.

- **Design/Bid/Build**

The most qualified Design Professional is hired separately by the County to work with the Department to understand the facility needs, design the facility, and complete drawings. The Design Professional then assists the County in advertising publicly for competitive bids from Construction Managers. The lowest responsible bidder is selected by the County and contracted separately to move forward with construction. In seeking award of the contract, contractors are encouraged to submit the lowest competitive bid. To do so, they must necessarily base their prices strictly on the scope of work indicated on the drawings. Without the benefit of their input during the design phase, there may be items missing in the drawings that may have to be added to the project at additional costs through change orders after the contract is awarded.

- **Design/Build**

A highly qualified Design Professional is hired separately by the County to work with the Department to understand the facility needs and prepare a basic "Design Criteria Package" establishing the basic requirements for the design of the facility. Following completion of the Design Criteria Package, the County then advertises publicly for the selection of a combined Design/Build professional team. This team, together as a unit, completes the design, drawings, bidding, and construction of the facility in accordance with the established budget.

Given the unique needs of the facility, the federal guidelines for utilizing the grant funds, and the limited time frame, Real Estate Management advised the Department to utilize the Construction Manager at Risk option to complete the construction of the project.

With Commission approval, the construction of the health clinic will occur in four phases over the course of two years: The Pre-Design Phase, the Design Development Phase, the Construction Administration Phase and the Post-Construction Administration Phase.

Construction Phases Timeline

Time Period	Construction Phases
November 2011 to September 1, 2012	Pre-Design Phase <ul style="list-style-type: none"> • Programming Design • Conceptual Design • Schematic Design
September 1, 2012 to April 30, 2013	Design Development Phase <ul style="list-style-type: none"> • Construction Document Development • Bidding Phase • Contract Award • Negotiate Schedules • Cost Allocation
June 1, 2013 to June 1, 2014	Construction Administration Phase <ul style="list-style-type: none"> • Securing Building Permits • Contract Administration • Construction Status Reporting • On-Site Management • Project Meetings • Progress Payment Reviews
July 1, 2014	Post –Construction Administration <ul style="list-style-type: none"> • Occupancy Permit • Warranty and Maintenance Document • Project Closeout • Final Payments

A) Pre-Design Phase:

Programming Design: The project team, including facility users and collaborative agencies will outline the functional requirements of the facility and document the scope of work.

Conceptual Design: During the conceptual design phase, the project team, including facility users, forms the basis of design and room data sheets and begin the development of a facility guide.

Schematic Design: During the schematic phase, the concepts of the project are developed to the point of schematic and single line drawings.

B) Design Development Phase:

The Design Professional establishes the building's relationships, forms, size and overall appearance through further development of the floor plans, sections, elevations, typical construction details, and equipment layouts. Preliminary specifications, which identify major building materials and systems and establish quality standards, are also introduced during this phase. Building design is enriched with input from engineers and contractors. The structural system is elaborated, as are other building systems such as electrical sources and heating and cooling strategies.

Construction Document Development: During the construction documents phase, detailed design is accomplished and the contract documents are prepared for bidding. Floor plans, enlarged plans, wall sections, ceiling plans, power/communication plans, finish plans, elevations, details and written specifications are added or refined to further establish the quality levels of materials and systems required for the project. Mechanical, electrical, plumbing, fire protection and other building systems are carefully integrated. A completed set of construction documents will be finalized for the solicitation of construction bids. Upon completion of approximately 75% of the Construction Documentation phase, the drawing package, including specifications, engineering drawings and structural calculations, along with permit application fees, will be submitted to the Building Department for Building Permit review.

Bidding Phase: During the bidding phase, construction contracts are competitively bid and contractors/subcontractors are selected through an open competitive bidding process.

C) Construction Administration Phase:

Construction: During the construction phase of the project, contracts will be administered in accordance with drawings and specifications, systems and equipment will be installed and started and the facility will be built.

D) Post-Construction Administration Phase:

Post-Construction: During the post-construction phase, final steps are taken to ensure the operability and safety of the building prior to its public opening. Warranty, maintenance, and operation manuals are developed and distributed and safety checks are performed in accordance with Occupancy Permit regulations. In addition, final payments are made to close-out the project.

VII. Funding and Sustainability

Operating Expenses

Personnel	FTE	Salary	Benefits	Total Cost	Encounters
Medical Clinic / Lab / X-Ray					8,550
Family Practitioner	1	148,000	43,500	191,500	3,300
Physician Assistant PA-C	1	93,000	29,750	122,750	2,750
Nurse ARNP	1	92,000	29,500	121,500	2,500
Nurse LPN / Phlebotomist	1	50,000	19,000	69,000	
Nursing Asst C.N.A.	1	35,000	15,250	50,250	
X-ray Technician	1	45,000	17,750	62,750	
Dental Clinic					2,700
General Dentist	1	127,000	38,250	165,250	2,700
Dental Hygienist	1	42,000	17,000	59,000	
Total Personnel	8			\$842,000	11,250

Direct Charges	\$159,921
Medical Clinic / Lab / X-Ray	103,858
Dental	56,063
Indirect Charges	\$154,250
Medical Clinic / Lab / X-Ray	108,875
Dental	12,125
Administrative Services	33,250
Facility / Equipment Charges	\$400,000
Medical Clinic / Lab / X-Ray	200,000
Dental	175,000
Administrative Services	25,000
Total Costs with Facility/Equipment	\$1,556,171

Operating expenses relating to the provision of medical services will be paid through Pinellas County Health Program funds. To estimate the cost, staff researched operating expenses for regional Federally Qualified Health Centers (FQHCs), since this new clinic will be an extension of the Mobile Medical Unit, which is already an FQHC serving the homeless. The regional FQHC data, including personnel costs was compiled and the average costs are listed in the chart below. Based on our anticipated number of 11,000 encounters, we estimate that we would need 8 total medical staff. Direct charges are related to the number of encounters and staff utilized a formula to calculate the costs, staying within national guidelines. Indirect costs are not tied to encounters, and are also consistent with national guidelines. Facility and equipment charges will be set aside to purchase state-of-the-art equipment such as x-ray machines and dental operatories. The yearly estimated operating expenses for the clinic are \$1,556,171.


Identified building maintenance costs for Pinellas County are comprised of the following charges. The Department is respectfully requesting that these services be provided by the County as an in-kind contribution through the Department of Real Estate Management. After year five, the Department believes it can absorb these costs into other operating expenses.

Building Maintenance Costs

Description	Year 1	Year 2	Year 3	Year 4	Year 5
Utilities					
Energy	\$46,240.00	\$47,627.20	\$49,056.02	\$50,527.70	\$52,043.53
Water/Sewer	\$9,440.00	\$10,572.80	\$11,841.54	\$13,262.52	\$13,262.00
Trash/Waste	<u>\$2,400.00</u>	<u>\$2,448.00</u>	<u>\$2,521.44</u>	<u>\$2,597.08</u>	<u>\$2,675.00</u>
Sub-Total	\$58,080.00	\$60,648.00	\$63,418.99	\$66,387.30	\$67,980.52
Maintenance					
Infrastructure/Systems	\$25,440.00	\$42,400.00	\$43,672.00	\$44,982.16	\$46,331.62
Janitorial	\$64,800.00	\$66,744.00	\$68,746.32	\$70,808.71	\$72,932.97
Roads/Grounds	<u>\$3,600.00</u>	<u>\$3,708.00</u>	<u>\$3,819.24</u>	<u>\$3,933.82</u>	<u>\$4,051.83</u>
Sub-Total	\$93,840.00	\$112,852.00	\$116,237.56	\$119,724.69	\$123,316.43
Total	\$151,920.00	\$173,500.00	\$179,656.55	\$186,111.99	\$191,296.95

Sustainability

The \$5 million capital grant will finance the construction of the health clinic and provide for limited equipment. On-going operational expenses for the provision of primary care will be absorbed by the Department of Health and Human Services through efficiencies in our Pinellas County Health Program. When fully operational, this clinic will be the Department of Health and Human Services' first fully integrated medical home and will also be a Federally Qualified Health Center approved to serve the homeless population. The Department is currently seeking to expand its Federally Qualified Health Center designation to allow all of our medical homes to serve low-income populations and leverage our local resources. If our application is approved, expenses for low-income clients (both Medicaid and non-Medicaid eligible) will be able to be reimbursed by the federal government, allowing for the long-term sustainability of the program moving forward. Pinellas County will not be responsible for funding any agencies providing services at the Health Campus. Partner service providers will deliver services within their own operating budgets and will bill Medicaid for reimbursement when appropriate. The Operating Board of Directors will continuously work to identify additional funding opportunities such as public and private grants as well as areas where efficiencies will reduce costs while not reducing services. The initiatives of the Department, the service providers, and the Operating Board of Directors – with the support of the County – are integral to the long-term success and sustainability of the project. The new health clinic will not only deliver one of the Department's approved initiatives and create the County's first integrated one-stop center, but will also provide much needed services for homeless families with children in need of support and assistance with transitioning back to employment and stable housing.

1. DATE ISSUED: 04/19/2012		2. PROGRAM CFDA: 93.526		 U.S. Department of Health and Human Services HRSA Health Resources and Services Administration NOTICE OF AWARD AUTHORIZATION (Legislation/Regulation) Patient Protection and Affordable Care Act of 2010, Title IV, Section 4101, P.L. 111-148 Patient Protection and Affordable Care Act of 2010, Title X, Section 10503, P.L. 111-148						
3. SUPERSEDES AWARD NOTICE dated: <small>except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.</small>										
4a. AWARD NO.: 1 C8ACS23732-01-00	4b. GRANT NO.: C8ACS23732	5. FORMER GRANT NO.:								
6. PROJECT PERIOD: FROM: 05/01/2012 THROUGH: 04/30/2015										
7. BUDGET PERIOD: FROM: 05/01/2012 THROUGH: 04/30/2015										
8. TITLE OF PROJECT (OR PROGRAM): Capital Development										
9. GRANTEE NAME AND ADDRESS: Pinellas County Board of County Commissioners 2189 Cleveland St Clearwater, FL 33765-3242				10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Lynn K Kiehne Pinellas County Board of County Commissioners 2189 Cleveland Street Clearwater, FL 33765-3242						
11. APPROVED BUDGET: (Excludes Direct Assistance) <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation				12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:						
a. Salaries and Wages : \$0.00 b. Fringe Benefits : \$0.00 c. Total Personnel Costs : \$0.00 d. Consultant Costs : \$0.00 e. Equipment : \$0.00 f. Supplies : \$0.00 g. Travel : \$0.00 h. Construction/Alteration and Renovation : \$0.00 i. Other : \$5,000,000.00 j. Consortium/Contractual Costs : \$0.00 k. Trainee Related Expenses : \$0.00 l. Trainee Stipends : \$0.00 m. Trainee Tuition and Fees : \$0.00 n. Trainee Travel : \$0.00 o. TOTAL DIRECT COSTS : \$5,000,000.00 p. INDIRECT COSTS (Rate: % of S&W/TADC) : \$0.00 q. TOTAL APPROVED BUDGET : \$5,000,000.00 i. Less Non-Federal Share: \$0.00 ii. Federal Share: \$5,000,000.00				a. Authorized Financial Assistance This Period \$5,000,000.00 b. Less Unobligated Balance from Prior Budget Periods i. Additional Authority \$0.00 ii. Offset \$0.00 c. Unawarded Balance of Current Year's Funds \$0.00 d. Less Cumulative Prior Awards(s) This Budget Period \$0.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION \$5,000,000.00						
13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)										
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">YEAR</th> <th style="width: 50%;">TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;">Not applicable</td> </tr> </tbody> </table>							YEAR	TOTAL COSTS	Not applicable	
YEAR	TOTAL COSTS									
Not applicable										
14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)										
a. Amount of Direct Assistance \$0.00 b. Less Unawarded Balance of Current Year's Funds \$0.00 c. Less Cumulative Prior Awards(s) This Budget Period \$0.00 d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION \$0.00										
15. PROGRAM INCOME SUBJECT TO 45 CFR Part 74.24 OR 45 CFR 92.25 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: A=Addition B=Deduction C=Cost Sharing or Matching D=Other [A] Estimated Program Income: \$0.00										
16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING: <small>a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 74 or 45 CFR Part 92 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.</small>										
REMARKS: (Other Terms and Conditions Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No)										
Electronically signed by Helen Harpold, Grants Management Officer on : 04/19/2012										
17. OBJ. CLASS: 41.60		18. CRS-EIN: 1596000800A5		19. FUTURE RECOMMENDED FUNDING: \$0.00						
FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE				
12 - 3984071	93.526	C8ACS23732AC	\$5,000,000.00	\$0.00	N/A	ACA-FIP-V				

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants.hrsa.gov/webexternal/login.asp> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the special remarks and condition(s) may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Condition(s)

1. Due Date: Within 120 Days of Award Issue Date

(94620-01) BEFORE CONSTRUCTION OR ALTERATION/RENOVATION BEGINS on the project, the grantee must record a Notice of Federal Interest (NFI) in the appropriate official records of the jurisdiction in which the property is located. A notarized and recorded copy of the NFI must be submitted into HRSA's Electronic Handbook.

2. Due Date: Within 60 Days of Award Issue Date

(94620-01) Within 60 days of this Notice of Award, the grantee must submit a revised Equipment List into HRSA's Electronic Handbook to support the requested funding amount for equipment, as presented on Line 10 – Equipment, of the SF-424C. A sample Equipment List can be found at <http://bphc.hrsa.gov/policiesregulations/equipmentlist.docx>.

3. Due Date: Within 60 Days of Award Issue Date

(94620-01) Property Documentation is Required. Within 60 days of award issue date, the grantee must submit documentation (deeds, titles, local land records, etc.) describing ownership of the property.

Program Specific Condition(s)

1. Due Date: Within 60 Days of Award Issue Date

(94620-01) The grantee must submit into the Electronic Handbooks a completed and signed Environmental Information Documentation (EID) Checklist, along with the Flood Insurance Rate Map, and any other appropriate supporting documentation for the proposed project. The National Environmental Policy Act of 1969 (NEPA), 42 USC 4321 (P.L. 91-190, Sec 2, Jan 1, 1970, 83 Stat.852), and Executive Order 11514, requires Federal agencies to assess the environmental impacts of major Federal actions, including construction, and alteration and renovation projects supported in whole or in part through Federal grants or other forms of funding assistance. If no other restrictive Conditions apply, funds may only be drawn down for Non-Construction activities, such as the purchase of moveable equipment, completion of architectural and engineering plans, licensing and permitting requirements, State Historic Preservation Office/Tribal Historic Preservation Office consultation, and preparation of the EA or related testing and surveys.

2. Due Date: Within 60 Days of Award Issue Date

(94620-01) The grantee must initiate consultation, under Section 106 of the National Historic Preservation Act, with the State Historic Preservation Officer (SHPO) / Tribal Historic Preservation Officer (THPO) (and any other consulting parties if identified) for the proposed project. A copy of the outgoing letter and supporting documentation requesting consultation, along with the response with a finding of no adverse effect on a historic or cultural resource, must be completed and submitted to HRSA for review and approval. This Condition must be approved and lifted from the Notice of Award prior to initiating any physical site preparation, demolition, alteration and renovation, or construction related to the project. If no other restrictive Conditions apply, funds may only be drawn down for Non-Construction activities, such as the purchase of moveable equipment, completion of architectural and engineering plans, licensing and permitting requirements, State Historic Preservation Office/Tribal Historic Preservation Office consultation, and preparation of the EA or related testing and surveys.

3. Due Date: Within 90 Days of Award Issue Date

(94620-01) The grantee must submit a NEPA compliant draft Environmental Assessment (EA) into the Electronic Handbooks. The draft EA must be completed and submitted to HRSA for review and approval. This Condition must be approved and lifted from the Notice of Award prior to initiating any physical site preparation, demolition, alteration and renovation, or construction related to the project. If no other restrictive Conditions apply, funds may only be drawn down for Non-Construction activities, such as the purchase of moveable equipment, completion of architectural and engineering plans, licensing and permitting requirements, State Historic Preservation Office/Tribal Historic Preservation Office consultation, and preparation of the EA or related testing and surveys.

4. Due Date: Within 60 Days of Award Issue Date

(94620-01) Within 60 days of Award Issue Date, the grantee must submit into HRSA's Electronic Handbook a revised SF-424C Budget

Page and revised Budget Justification, in accordance with the application guidance, with detailed line-item identification of both Federal and Non-Federal (if applicable) funds. If revision of this budget alters the Consolidated Budget for the grant, the grantee must also submit a revised Consolidated Budget in accordance with the application guidance.

5. Due Date: Within 60 Days of Award Issue Date

(94620-01) Within 60 days of this Notice of Award, the grantee must submit schematic drawings and a site plan into HRSA's Electronic Handbook to support the requested funding amount for this project.

6. Due Date: Within 60 Days of Award Issue Date

(94620-01) The grantee must consult with the HRSA Project Officer and Environmental Reviewer to determine if other environmental compliance reviews, such as hazardous materials survey, Coastal Zone Management, Floodplain Management, Environmental Justice, etc., may be required for the proposed project. If it is determined that additional review and compliance is necessary, you will be instructed to prepare the relevant documentation for meeting the requirements. The documentation must be completed and submitted to HRSA for review and approval. This Condition must be approved and lifted from the Notice of Award prior to initiating any physical site preparation, demolition, alteration and renovation, or construction related to the project. If no other restrictive Conditions apply, funds may only be drawn down for Non-Construction activities, such as the purchase of moveable equipment, completion of architectural and engineering plans, licensing and permitting requirements, State Historic Preservation Office/Tribal Historic Preservation Office consultation, and preparation of the EA or related testing and surveys.

Grant Specific Term(s)

1. Requirements for CCR: Unless your entity is exempt from this requirement, under 2 CFR 25.110, it is incumbent upon you, as the recipient, to maintain the accuracy/currency of your information in the CCR until the end of the project. Additionally, this term requires your entity to review and update the information at least annually, after the initial registration, and more frequently, if required by changes in your information or another award term.

Requirements for DUNS numbers: If you are authorized to make subawards under this award, you:

- Must notify potential subrecipients that no entity may receive a subaward from you unless the entity has provided its DUNS number to you.
- May not make a subaward to an entity unless the entity has provided its DUNS number to you.

2. As required by the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109-282), as amended by section 6202 of Public Law 110-252, recipients must report information for each subaward of \$25,000 or more in Federal funds and executive total compensation, as outlined in Appendix A to 2 CFR Part 170 (<http://www.hrsa.gov/grants/ffata.html>). Subawards to individuals are exempt from these requirements.
3. In implementing this award, the Health Center must make efforts to establish and maintain collaborative relationships with other health care providers, including other Health Centers, in the service area of the center.
4. Although this NoA approves funds for the project, identified in the submitted application, HRSA may take action to withdraw the approval and funds for the project, if subsequent events lead HRSA to conclude that a project, as originally proposed, is ineligible or cannot be completed. Subsequent events could include, but are not limited to, the identification of previously undocumented environmental or historic preservation issues that lead the HRSA to conclude that the proposed project cannot be carried out. If this occurs, please contact the assigned Project Officer to discuss.
5. This Notice of Award (NoA) is issued based on approval of an FY 2012 competitive application submitted in response to HRSA-12-115: Capital Development - Building Capacity Program. Additional Terms and/or Conditions may be applied to this NoA, if outstanding programmatic compliance issues are identified by HRSA.
6. Based on total project costs, the draw down percentage for this project is 100%. Grant funds can only be drawn down from the Payment Management System (PMS) as allowable costs are incurred. Unless otherwise authorized, draw down should be done in the same proportion as the grant is to total project costs. For example, for a project with a total cost of \$100,000, and a Federal contribution of \$75,000, the Federal share is 75 percent. If \$100 in allowable costs are incurred, then \$75 of grant funds would be drawn down from PMS to pay this incurred cost, while the other \$25 will be paid by other sources of funds.

Program Specific Term(s)

1. The funded project will not be used to support space which will be utilized and/or rented by other entities. This space will be operated by the grant recipient to support services consistent with its operations.
2. A grantee may acquire a variety of commercially available goods or services in connection with a grant-supported project or program. Grantees may use their own procurement procedures that reflect applicable state and local laws and regulations, as long as those procedures conform to the following applicable U.S. Department of Health and Human Services (HHS) regulations: • HHS regulations at 45 CFR; 74.40 through 74.48, UNIFORM ADMINISTRATIVE REQUIREMENTS FOR AWARDS AND SUBAWARDS TO INSTITUTIONS OF

HIGHER EDUCATION, HOSPITALS, OTHER NONPROFIT ORGANIZATIONS

http://www.access.gpo.gov/nara/cfr/waisidx_07/45cfr74_07.html; or, • HHS regulations at 45 CFR Part 92, UNIFORM ADMINISTRATIVE REQUIREMENTS FOR GRANTS AND COOPERATIVE AGREEMENTS TO STATE AND LOCAL GOVERNMENTS. States must follow the requirements at Title 45 Code of Federal Regulations (CFR); 92.36 (a). Generally, States must follow the same policies and procedures they use for procurements from non-Federal funds. Local and Tribal governments must follow the requirements at 45 CFR; 92.36 (b) through (i).

3. This Notice of Award (NoA) is issued in support of your application for a Capital Development - Building Capacity project (CD-BC). The CD-BC Program, as authorized by the Patient Protection and Affordable Care Act Section 10503, P.L. 111-148, included funds for Health Center Program grantees to improve their capacity to provide primary and preventive health services to medically underserved populations. The application submitted by your organization is consistent with the language in the Affordable Care Act addressing the use of funds for alteration/renovation, expansion, or the construction of a facility, and the decision has been made to select your application for funding. The budget and plans submitted for the project presented in your application have been accepted, unless noted in the Grant/Program sections of this NoA.
4. The funded project may not be used to support space which will be utilized by Sub-Recipients/Sub-Contractors.
5. On September 15, 2010, the United States Department of Justice published revised Americans with Disabilities Act (ADA) regulations in the Federal Register that update and amend some of the provisions in the original 1991 ADA regulations (see <http://www.ada.gov/>). These changes include revised accessibility standards, called the 2010 Standards for Accessible Design (2010 Standards), which establish minimum criteria for accessibility in design and construction (http://www.ada.gov/2010ADAstandards_index.htm).
6. Please be advised that any site that must be deleted from scope or changes in the scope of services provided will not occur as a result of being funding under the Capital Development - Building Capacity Program. Please consult with the section 330 Project Officer and refer to Program Information Notice 2008-01 for further guidance regarding deleting a site from, or changing services provided in, the scope of the Health Center project.
7. Pursuant to existing law, and consistent with Executive Order 13535 (75 FR 15599), Health Centers are prohibited from using Federal funds to provide abortion services (except in cases of rape or incest, or when the life of the woman would be endangered).
8. Funds in this award are for the following approved project(s): 94620-01 - Construction (new site or expansion of existing site) - Pinellas County Health Campus
9. All costs incurred prior to 90 days before the award issue date and costs not consistent with the funding opportunity HRSA-12-115; CFR 2; or 45 CFR Parts 74 or 92, as applicable, are not allowable under this grant. (Note: as per the Grants Policy Statement these grants are defined as "Cost-Sharing" and "The determination of allowability of costs for matching or cost-sharing purposes is based on the same requirements, including the cost principles, that apply to use of Federal funds." Therefore, they may not use non-federal funds identified in the application for unallowable costs.)
10. If a Notice of Federal Interest (NFI) is required, HRSA's Federal interest is subordinate to all pre-existing mortgages or obligations recorded against the property. HRSA's Federal interest is also subordinate to loans and obligations identified in the CD-BC application as sources of financing for the project. Future modifications and new mortgages and obligations will require prior approval.
11. Pre-award costs such as architect's and consultant's fees necessary to the planning and design of the project may be considered for funding as long as they are included in the application, are allowable costs under the authorizing legislation and were not incurred more than 90 days prior to award issue date. It should be noted that such pre-award costs are undertaken at the applicant's risk. Consultation with the Grants Management Specialist is needed to determine if such costs will be permitted.
12. Applicants that are not required to file a Notice of Federal Interest, acknowledge with the receipt of the Notice of Award that the Federal interest exists in real property and equipment and will be maintained in accordance with 45 CFR Parts 74.30-74.37 UNIFORM ADMINISTRATIVE REQUIREMENTS FOR AWARDS AND SUBAWARDS TO INSTITUTIONS OF HIGHER EDUCATION, HOSPITALS, OTHER NONPROFIT ORGANIZATIONS, or 45 CFR Parts 92.31 – 92.33 UNIFORM ADMINISTRATIVE REQUIREMENTS FOR GRANTS AND COOPERATIVE AGREEMENTS TO STATE AND LOCAL GOVERNMENTS, as applicable. The recipient shall maintain adequate documentation to track and protect the Federal Interest. For real property, adequate documentation will also include communications between the lessor and the lessee related to protecting such interest, in accordance with the standard award terms and conditions. Such documentation should be available for subsequent review by HRSA.
13. Funds in this award associated with the proposed construction or alteration/renovation project are restricted and may not be drawn down until all program- and grant-specific conditions of this award have been met. The only exceptions to this restriction on drawdown are limited pre-construction activities related to meeting one of these conditions, such as expenses for completing architectural and engineering plans, meeting licensing and permitting requirements, historic preservation consultation with the State Historic Preservation Office/Tribal Historic Preservation Office, and preparing the Environmental Assessment.

Standard Term(s)

1. All discretionary awards issued by HRSA on or after October 1, 2006, are subject to the HHS Grants Policy Statement (HHS GPS) unless otherwise noted in the Notice of Award (NoA). Parts I through III of the HHS GPS are currently available at <ftp://ftp.hrsa.gov/grants/hhsgrantspolicystatement.pdf>. Please note that the Terms and Conditions explicitly noted in the award and the HHS GPS are in effect.
2. The HHS Appropriations Act requires that when issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs funded in whole or in part with Federal money, all grantees receiving Federal funds, including but not limited to State and local governments, shall clearly state the percentage of the total costs of the program or project which will be financed with Federal money, the dollar amount of Federal funds for the project or program, and percentage and a dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.
3. Recipients and sub-recipients of Federal funds are subject to the strictures of the Medicare and Medicaid anti-kickback statute (42 U.S.C. 1320a - 7b(b) and should be cognizant of the risk of criminal and administrative liability under this statute, specifically under 42 U.S.C. 1320 7b(b) Illegal remunerations which states, in part, that whoever knowingly and willfully: (A) Solicits or receives (or offers or pays) any remuneration (including kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind, in return for referring (or to induce such person to refer) an individual to a person for the furnishing or arranging for the furnishing of any item or service, OR (B) In return for purchasing, leasing, ordering, or recommending purchasing, leasing, or ordering, or to purchase, lease, or order, any goods, facility, services, or itemFor which payment may be made in whole or in part under subchapter XIII of this chapter or a State health care program, shall be guilty of a felony and upon conviction thereof, shall be fined not more than \$25,000 or imprisoned for not more than five years, or both.
4. Items that require prior approval from the awarding office as indicated in 45 CFR Part 74.25 [Note: 74.25 (d) HRSA has not waived cost-related or administrative prior approvals for recipients unless specifically stated on this Notice of Award] or 45 CFR Part 92.30 must be submitted in writing to the Grants Management Officer (GMO). Only responses to prior approval requests signed by the GMO are considered valid. Grantees who take action on the basis of responses from other officials do so at their own risk. Such responses will not be considered binding by or upon the HRSA.

In addition to the prior approval requirements identified in Part 74.25, HRSA requires grantees to seek prior approval for significant rebudgeting of project costs. Significant rebudgeting occurs when, under a grant where the Federal share exceeds \$100,000, cumulative transfers among direct cost budget categories for the current budget period exceed 25 percent of the total approved budget (inclusive of direct and indirect costs and Federal funds and required matching or cost sharing) for that budget period or \$250,000, whichever is less. For example, under a grant in which the Federal share for a budget period is \$200,000, if the total approved budget is \$300,000, cumulative changes within that budget period exceeding \$75,000 would require prior approval. For recipients subject to 45 CFR Part 92, this requirement is in lieu of that in 45 CFR 92.30(c)(1)(ii) which permits an agency to require prior approval for specified cumulative transfers within a grantee's approved budget. [Note, even if a grantee's proposed rebudgeting of costs falls below the significant rebudgeting threshold identified above, grantees are still required to request prior approval, if some or all of the rebudgeting reflects either a change in scope, a proposed purchase of a unit of equipment exceeding \$25,000 (if not included in the approved application) or other prior approval action identified in Parts 74.25 and 92.30 unless HRSA has specifically exempted the grantee from the requirement(s).]

5. Payments under this award will be made available through the DHHS Payment Management System (PMS). PMS is administered by the Division of Payment Management, Financial Management Services, Program Support Center, which will forward instructions for obtaining payments. Inquiries regarding payments should be directed to: ONE-DHHS Help Desk for PMS Support at 1-877-614-5533 or PMSSupport@psc.hhs.gov. For additional information please visit the Division of Payment Management Website at www.DPM.PSC.GOV.
6. The DHHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous. Contact: Office of Inspector General, Department of Health and Human Services, Attention: HOTLINE, 330 Independence Avenue Southwest, Cohen Building, Room 5140, Washington, D. C. 20201, Email: Htips@os.dhhs.gov or Telephone: 1-800-447-8477 (1-800-HHS-TIPS).
7. Submit audits, if required, in accordance with OMB Circular A-133, to: Federal Audit Clearinghouse Bureau of the Census 1201 East 10th Street Jefferson, IN 47132 PHONE: (310) 457-1551, (800)253-0696 toll free <http://harvester.census.gov/sac/facconta.htm>
8. EO 13166, August 11, 2000, requires recipients receiving Federal financial assistance to take steps to ensure that people with limited English proficiency can meaningfully access health and social services. A program of language assistance should provide for effective communication between the service provider and the person with limited English proficiency to facilitate participation in, and meaningful access to, services. The obligations of recipients are explained on the OCR website at <http://www.hhs.gov/ocr/lep/revisedlep.html>.
9. This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://www.hrsa.gov/grants/trafficking.htm>. If you are unable to access this link, please contact the Grants Management Specialist identified in this Notice of Award to obtain a copy of the Term.

Reporting Requirement(s)

1. Due Date: Within 120 Days of Award Issue Date

(94620-01) It is expected that the grantee will engage the services of an architect/engineer (A/E) to develop the pertinent construction documents as well as to administer the construction phase of the project(s). Accordingly, the grantee will submit a statement attesting to the involvement of the A/E in the approved project. If the established deadline is not feasible, contact your Project Officer to request an extension. Be certain to use the provided template when completing this requirement. Please upload the required documentation for the approved project into the HRSA Electronic Handbooks.

2. Due Date: Within 90 Days of Project End Date

(94620-01) The grantee must submit, within 90 days after the project end date, the SF-428 (Tangible Personal Property Report) with the SF-428B (Final Report Attachment) and, if applicable, the SF-428S (Supplemental Sheet). These documents must be completed using the Electronic Handbooks (EHBs). The grantee is required to report Federally-owned property, acquired equipment with an acquisition cost of \$5,000 or more for which HRSA has reserved the right to transfer title, and residual unused supplies with total aggregate fair market value exceeding \$5,000. Records for equipment acquired with Federal funds shall be retained for three years after final disposal.

3. Due Date: Within 30 Days of Project End Date

(94620-01) The grantee must scan and upload photographs, with brief descriptions, of the project prior to initiating work, during renovation/construction, and of the completed project, including exterior shots (front, rear of building) and major rooms, into the EHB, for the approved project, within 30 days of the project period end date.

4. Due Date: Quarterly (Budget Period) Beginning: Award Issue Date Ending: Project End Date, due 30 days after end of reporting period.

(94620-01) The grantee will submit a Quarterly Progress Report (QPR) for the approved project into the HRSA Electronic Handbook (EHB).

5. Due Date: Within 270 Days of Award Issue Date

(94620-01) The grantee must design the project, in accordance with the mandatory requirements imposed on Federally-assisted construction projects, as well as all applicable program standards, State codes, and local codes and ordinances. Accordingly, the A/E must certify (before construction bidding and contract award) that the final working drawings and final technical specifications were so developed. It is expected that the design documents will be completed by the estimated completion date so stated in the pre-certification statement, and that the certification of final design statement will then be submitted into the EHB. If the established deadline is not feasible, contact your Project Officer to request an extension. Be certain to use the provided template when completing this requirement. Please upload the required documentation for the approved project(s) into the HRSA Electronic Handbooks.

6. Due Date: Within 30 Days of Project End Date

(94620-01) Within 30 days of project completion, the grantee will submit documentation for the approved project certifying that the project has been completed, in accordance with the previously provided certified documents and in accordance with all mandatory requirements imposed on Federally-assisted projects, by specific laws enacted by Congress, Presidential Executive Orders, or Departmental Policy, as well as all applicable program standards, State codes, and local codes and ordinances. Be certain to use the provided template when completing this requirement. Please upload the required documentation for the approved project into the HRSA Electronic Handbooks.

7. Due Date: Within 270 Days of Award Issue Date

(94620-01) For construction and renovation costs, you must have bonding coverage for any construction or renovation contract over \$100,000. The grantee must certify that the bonding requirements for Federally-assisted construction projects will be met. If the established deadline is not feasible, contact your Project Officer to request an extension. Be certain to use the provided template when completing this requirement. Please upload the required documentation for the approved project(s) into the HRSA Electronic Handbooks.

8. Due Date: Within 270 Days of Award Issue Date

(94620-01) The grantee will submit the selected contract, certified by its A/E, and its formal recommendation of award. The recommendation should also include a statement of determination that the selected contractor is not on the U.S. General Services Administration Lists of Parties Excluded from Federal Procurement or Non-Procurement Programs (www.epls.gov). If you award the contract to any qualified bidder other than the lowest bidder, provide proper documentation for your decision. Subsequently, a copy of your award letter(s) to the successful contractor(s) must also be through HRSA's Electronic Handbook. The selected contract, certification by A/E, award recommendation, debarred list determination, and award letter must be submitted into the HRSA's Electronic Handbook for the approved project(s) by the established deadline. If the established deadline is not feasible, contact your Project Officer to request an extension.

9. Due Date: 07/30/2015

The grantee must submit a Federal Financial Report (FFR), no later than July 30, 2015. The report should reflect cumulative reporting within the project period and must be submitted using the Electronic Handbooks (EHBs).

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

Contacts

NoA Email Address(es):

Name	Role	Email
Lynn K Kiehne	Program Director	lnjackson@pinellascounty.org

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Rod Dunlap at:
5600 Fishers Ln
Rockville, MD, 20852-1750
Email: rdunlap@hrsa.gov
Phone: (301)443-2488
Fax: (301)443-2770

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Susan Ryan at:
MailStop Code: 11-03
HRSA/OFAM/DGMO/HSB
5600 Fishers Lane
RM 12A-07
Rockville, MD, 20857-0001
Email: sryan@hrsa.gov
Phone: (301)594-4268
Fax: (301)443-9810



Suncoast Center for Community Mental Health
Family Service Centers
Help A Child

P. O. Box 10970
St. Petersburg, FL 33733

Phone: (727) 327-7656

TTY: (727) 328-6553

www.suncoastcenter.org

November 7, 2011

Gwendolyn Warren
Bureau Director
Pinellas County Health & Human Services
2189 Cleveland Street, Suite #266
Clearwater, FL 33765

Dear Ms. Warren:

I understand that Pinellas County has an opportunity to improve access to and capacity of services for homeless individuals by building a "one-stop" facility as an extension of the Mobile Medical Unit that will be called the Pinellas County Health Campus. This facility will be a stationary medical facility that will have exam rooms for primary medical care, confidential space for behavioral health and substance abuse treatment counseling, as well as a respite care wing.

On behalf of Suncoast Center, Inc. I am writing in support of Pinellas County's Capital Development-Building Capacity application through Health Resources and Services Administration (HRSA) for a new medical facility for a homeless services site. The stationary facility will increase access to care by being available to homeless clients on a daily basis. I understand that Pinellas County's Mobile Medical Unit (MMU) has been in operation since 1987 and has worked diligently to provide medical care and case management services to thousands of homeless individuals throughout Pinellas County. I also recognize the collaborations and partnerships that have been established through the years to ensure access to care and quality of care are provided to the uninsured/underinsured homeless. Additionally, this project has the potential to provide a tremendous amount of data regarding health outcomes for homeless individuals through electronic health records used by the MMU and secure interfaces with other providers.

Suncoast Center, Inc. shares your organization's commitment to meet the needs of our community's homeless population. We are pleased to support your efforts in securing funding for a stationary medical facility through the Mobile Medical Unit program and are hopeful you will be successful so that we can continue our work together.

Sincerely,

Barbara Daire, L.C.S.W.

President/CEO

Our mission is to strengthen, protect, and restore lives for a healthy community.



Suncoast Center is a 501(c)(3) nonprofit organization. Select programs accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).



PINELLAS COUNTY
Ensuring Implementation of the Ten Year Plan to End Homelessness

Nov. 4, 2011

Pinellas County Homeless Leadership Network

5180 62nd Avenue North, Pinellas Park, FL 33781
Phone: 727/528-5762 Fax: 727-528-5764

Gwendolyn Warren, Bureau Director
Pinellas County Health & Human Services
2189 Cleveland Street, Suite #266
Clearwater, FL 33765

Dear Ms. Warren:

Re: Capital Development-Building Capacity Proposal, Health Resources and Services Administration (HRSA)

The Pinellas County Homeless Leadership Network (HLN) enthusiastically supports the application that the Pinellas County Health and Human Services is submitting to improve access to, and the capacity of, medical services for homeless individuals. The proposed "one-stop" facility will be named the Pinellas County Health Campus. As a stationary medical facility available daily, with exam rooms for primary medical care, confidential space for behavioral health and substance abuse treatment counseling, and a medical respite care wing for homeless persons coming out of hospitals, it addresses one of the primary strategies in the Pinellas 10-Year Plan to End Homelessness..

The HLN is the homeless policy and system oversight organization in the County, and first identified the need for accessible medical and respite care in 2006. The Mobile Medical Unit has been a great help in that regard, but cannot begin to meet the overall medical needs of all the men, women and children that we have identified as homeless. We have seen that chronic medical conditions can and do lead to increased deaths and disabilities of the street homeless, and lack of medical care is one of the important causes we have identified for people losing employment and housing. The HLN approved a new homeless services system design in late 2010 that included a central medical preventive and respite care facility as a critical component; this proposed Health Campus would allow the redesigned system to be implemented. The Pinellas County's Mobile Medical Unit (MMU) has been in operation since 1987 and has worked diligently to provide medical care and case management services to thousands of homeless individuals throughout Pinellas County, but this project has the potential to provide a tremendous amount of data regarding health outcomes for homeless individuals, through electronic health records used by the MMU and secure interfaces with other providers.

We are pleased to support your efforts in securing funding for a stationary medical facility through the Mobile Medical Unit program and are hopeful you will be successful so that we can continue our work together.

Sincerely,

Sarah K. Snyder
Executive Director



Pinellas County Coalition for the Homeless, Inc.

5180 62nd Avenue North, Pinellas Park, FL 33781

Phone: 727/528-5763 Fax: 727/528-5764

www.pinellashomeless.org

November 4, 2011

Gwendolyn Warren, Bureau Director
Pinellas County Health and Human Services
2189 Cleveland Street
Clearwater, FL 33765

Re: Health Resources and Services Administration, Capital Development-Building Capacity

Dear Ms. Warren:

Pinellas County is similar to other counties throughout the nation in that we have a large homeless population with serious problems in accessing preventive and respite medical care, resources and services. A major benefit for Pinellas County is the large number of human service and other agencies that work together closely to meet the wide and varied needs of the indigent population, in particular, homeless individuals. The Pinellas County Coalition for the Homeless, Inc. (PCCH) has been a partner with Pinellas County Health and Human Services for more than twenty-five (25) years in working with this difficult population. As you know, we identified close to 6000 homeless men, women and children on one day in January, 2011; this translates to more than 22,000 homeless persons annually. The fact that 40% of them were children under the age of 18 was shocking as well as a primary cry for new medical services.

The County has a tremendous opportunity at this time to improve access to, and the capacity of, much-needed services for homeless individuals by building a "one-stop" facility as an extension of the Mobile Medical Unit, to be called the 'Pinellas County Health Campus'. The truly exciting capacity outlined in this proposal includes a stationary medical facility that will have exam rooms for primary medical care, confidential space for behavioral health and substance abuse treatment counseling, and a medical respite care wing that was identified as a major need in the Pinellas County 10 Year Plan to End Homelessness.

PCCH very strongly supports this proposal for a Capital Development-Building Capacity grant through the Health Resources and Services Administration (HRSA). As a community-based partner of Pinellas County since 1986, PCCH is committed to working in conjunction with Pinellas County in the following capacities: to develop regular transportation services to bring homeless men, women and children from throughout the County to the Health Campus; and to recruit volunteers to help at the site, including volunteer medical volunteers that can provide specialty medical camps for homeless persons at the Health Campus site (i.e. podiatry clinics).

Sincerely,

A handwritten signature in blue ink, appearing to read "M. Duggan Cooley".

M. Duggan Cooley
President



city of st. petersburg

Post Office Box 2842
St. Petersburg, Florida 33731-2842
Channel 35 WSPF-TV
Telephone: 727 893-7171

November 7, 2011

Gwendolyn Warren, Bureau Director
Pinellas County Health & Human Services
2189 Cleveland Street, Suite #266
Clearwater, FL 33765

Dear Ms. Warren;

I understand that Pinellas County has an opportunity to improve access to and capacity of services for homeless individuals by building a "one-stop" facility as an extension of the Mobile Medical Unit that will be called the Pinellas County Health Campus. This facility will be a stationary medical facility that will have exam rooms for primary medical care, confidential space for behavioral health and substance abuse treatment counseling, as well as a respite care wing.

On behalf of the City of St. Petersburg, I am writing in support of Pinellas County's Capital Development-Building Capacity application through Health Resources and Services Administration (HRSA) for a new medical facility. The stationary facility will increase access to care by being available to homeless clients on a daily basis. I understand that Pinellas County's Mobile Medical Unit (MMU) has been in operation since 1987 and has worked diligently to provide medical care and case management services to thousands of homeless individuals throughout Pinellas County. I also recognize the collaborations and partnerships that have been established through the years to ensure access to care and quality of care are provided to the uninsured/underinsured homeless. Additionally, this project has the potential to provide a tremendous amount of data regarding health outcomes for homeless individuals through electronic health records used by the MMU and secure interfaces with other providers.

The City of St. Petersburg shares your organization's commitment to meet the needs of our community's homeless population. We are pleased to support your efforts in securing funding for a stationary medical facility through the Mobile Medical Unit program and are hopeful you will be successful so that we can continue our work together.

Sincerely,

Rhonda L. Abbott
Manager of Veteran, Social & Homeless Services
Office of the Mayor
City of St. Petersburg



DEPARTMENT OF JUSTICE AND CONSUMER SERVICES

Tim Burns
Director

November 8, 2011

Gwendolyn Warren, Bureau Director
2189 Cleveland Street, Suite 266
Clearwater, FL 33765

Dear Ms. Warren:

Pinellas County, like many other communities throughout the nation, has a large and growing homeless population who lack adequate access to medical care, resources and services. Fortunately, Pinellas County has a number of agencies that work together well to meet the wide and varied needs of the indigent population, in particular, homeless individuals.

Pinellas County has an opportunity to improve access to and capacity of services for homeless individuals by building a "one-stop" facility as an extension of the Mobile Medical Unit. This facility, to be named the Pinellas County Health Campus, will be a stationary medical facility with exam rooms for primary medical care, confidential space for behavioral health and substance abuse treatment counseling, as well as a respite care wing.

Justice and Consumer Services is hopeful that the Pinellas County Board of County Commissioners will be awarded one of the Capital Development-Building Capacity grants through Health Resources and Services Administration (HRSA).

As a criminal justice partner, Justice and Consumer Services is committed to providing services and will work to help coordinate with local partners and the justice system stakeholders to aid the Pinellas County Health Campus.

Sincerely,

A handwritten signature in blue ink, appearing to read "Tim Burns", written over a horizontal line.

Tim Burns
Bureau Director



November 4, 2011

Gwendolyn Warren, Bureau Director
2189 Cleveland Street
Clearwater, FL 33765

Dear Ms. Warren:

Pinellas County is not unlike many other counties throughout the nation that have a large homeless population who have access issues to medical care, resources and services. One of the benefits for Pinellas County is the number of agencies that work together to meet the wide and varied needs of the indigent population, in particular, homeless individuals.

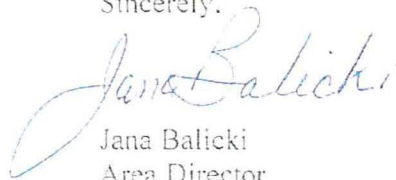
The County has an opportunity to improve access to and capacity of services for homeless individuals by building a "one-stop" facility as an extension of the Mobile Medical Unit that will be called the Pinellas County Health Campus. This facility will be a stationary medical facility that will have exam rooms for primary medical care, confidential space for behavioral health and substance abuse treatment counseling, as well as a respite care wing.

WestCare Florida is hopeful that the Pinellas County Board of County Commissioners will be awarded one of the Capital Development-Building Capacity grants through Health Resources and Services Administration (HRSA).

As a community-based partner of Pinellas County since 2001,

WestCare Florida is committed to providing services and can work in conjunction with Pinellas County in the following capacity: substance abused and co-occurring screening, assessment, education and treatment to participants of the Pinellas County Health Campus.

Sincerely,


Jana Balicki
Area Director



Rick Scott
Governor

H. Frank Farmer, Jr., M.D., Ph.D.
State Surgeon General

November 4, 2011

Gwendolyn Warren
Bureau Director
Pinellas County Health & Human Services
2189 Cleveland Street, Suite #266
Clearwater, FL 33765

Dear Ms. Warren:

On behalf of the Florida Department of Health's Pinellas County Health Department (PinCHD), I am writing in support of Pinellas County's Capital Development-Building Capacity program application through the Health Resources and Services Administration (HRSA). Data fully supports the need for expanded capacity in order to meet the need for primary health care services among Pinellas' homeless population.

Since 1936, PinCHD has maintained public health jurisdiction over Pinellas County and responded to the needs of the community by providing access to a continuum of culturally competent health care services, regardless of ability to pay. As you know, Pinellas County Health and Human Services contracts with the Pinellas County Health Department to provide primary care for uninsured residents 18-64 living in poverty through the Pinellas County Health Plan. PinCHD has also been a longstanding partner of Pinellas County by staffing the Mobile Medical Unit (MMU).

Since 1987, Pinellas County has worked diligently to provide medical care to thousands of homeless individuals through the mobile unit, but the growth in the homeless population has far outpaced the capacity of the MMU. The HRSA Capital Development-Building Capacity program provides an invaluable opportunity to build a stationary medical facility in Pinellas for homeless individuals. Together with the MMU, this facility will greatly expand access to needed primary and preventive care, behavioral health and substance abuse treatment and respite care.

The Pinellas County Health Department strongly supports your efforts to secure funding from HRSA to expand access to health care for Pinellas County's homeless population through a stationary medical facility. PinCHD commits to continue staffing the mobile unit and new facility as needed and will continue to provide access to specialty care through our network of volunteer specialists. I look forward to continued collaboration to expand access, improve health outcomes and reduce health disparities in our community.

Sincerely,

A handwritten signature in cursive script, appearing to read "Claude M. Dharamraj".

Claude M. Dharamraj, M.D., M.P.H., F.A.A.P.
Director

1437 S Belcher Road
Clearwater FL 33764
Ph (727) 524-4464
Fx (727) 524-4474



November 4, 2011

Gwendolyn Warren, Bureau Director
2189 Cleveland Street
Clearwater, FL 33765

Dear Ms. Warren:

Pinellas County is not unlike many other counties throughout the nation that have a large homeless population who have access issues to medical care, resources and services. One of the benefits for Pinellas County is the number of agencies that work together to meet the wide and varied needs of the indigent population, in particular, homeless individuals.

The County has an opportunity to improve access to and capacity of services for homeless individuals by building a "one-stop" facility as an extension of the Mobile Medical Unit that will be called the Pinellas County Health Campus. This facility will be a stationary medical facility that will have exam rooms for primary medical care, confidential space for behavioral health and substance abuse treatment counseling, as well as a respite care wing.

Directions for Mental Health is hopeful that the Pinellas County Board of County Commissioners will be awarded one of the Capital Development-Building Capacity grants through Health Resources and Services Administration (HRSA).

As a community-based partner of Pinellas County since 1982, Directions for Mental Health is committed to providing services and can work in conjunction with Pinellas County in the following capacity: providing behavioral health services to participants of the Pinellas County Health Campus.

Sincerely,

April Lott, LCSW
President & CEO
Directions for Mental Health, Inc.

Help us heal the hurt...please remember Directions in your will or estate planning.

Selected programs at Directions for Mental Health are accredited by CARF.



Sheriff Bob Gualtieri

Pinellas County Sheriff's Office

"Leading The Way For A Safer Pinellas"

November 9, 2011

Gwendolyn Warren, Bureau Director
Pinellas County Health & Human Services
2189 Cleveland Street, Suite 266
Clearwater, FL 33765

Dear Ms. Warren:

Pinellas County, like many other communities throughout the nation, has a large and growing homeless population who lack adequate access to medical care, resources and services. Fortunately, Pinellas County has a number of agencies that work together well to meet the wide and varied needs of the indigent population, in particular, homeless individuals.

Pinellas County has an opportunity to improve access to and capacity of services for homeless individuals by building a "one-stop" facility as an extension of the Mobile Medical Unit. This facility, to be named the Pinellas County Health Campus, will be a stationary medical facility with exam rooms for primary medical care, confidential space for behavioral health and substance abuse treatment counseling, as well as a respite care wing.

The Pinellas County Sheriff's Office (PCSO) is hopeful that the Pinellas County Board of County Commissioners will be awarded one of the Capital Development-Building Capacity grants through Health Resources and Services Administration (HRSA).

PCSO is a long-term community-based partner of Pinellas County. Pertinent to your application for funding, PCSO's management of the Pinellas Safe Harbor, a homeless shelter and jail diversion program designed to be a safe haven for those currently homeless and requiring services to get back on their feet, PCSO will work in conjunction with Pinellas County to ensure that its Safe Harbor clients are referred to and provided the means to access the much needed medical services that the Pinellas County Health Campus will provide.

Sincerely,

A handwritten signature in black ink, appearing to read "Bob Gualtieri".

BOB GUALTIERI, Sheriff
Pinellas County, Florida

BG/KC/ed



50 S. Belcher Rd. • Suite 116 • Clearwater, FL 33765
Administration (727) 210-4233 • FAX: (727) 210-4234 • www.211TampaBay.org
Exempt Status: 501(c)3 EIN: 59-3355555 FL. Solicitation Permit: CH7975

2-1-1 Tampa Bay Cares, Inc.

November 4, 2011

Gwendolyn Warren, Bureau Director
2189 Cleveland Street
Clearwater, FL 33765

Dear Ms. Warren;

Pinellas County is not unlike many other counties throughout the nation that have a large homeless population who have access issues to medical care, resources and services. One of the benefits for Pinellas County is the number of agencies that work together to meet the wide and varied needs of the indigent population, in particular, homeless individuals.

The County has an opportunity to improve access to and capacity of services for homeless individuals by building a "one-stop" facility as an extension of the Mobile Medical Unit that will be called the Pinellas County Health Campus. This facility will be a stationary medical facility that will have exam rooms for primary medical care, confidential space for behavioral health and substance abuse treatment counseling, as well as a respite care wing.

2-1-1 Tampa Bay Cares, Inc. is hopeful that the Pinellas County Board of County Commissioners will be awarded one of the Capital Development-Building Capacity grants through Health Resources and Services Administration (HRSA).

As a community-based partner of Pinellas County since 1996, 2-1-1 Tampa Bay Cares, Inc. is committed to providing services and can work in conjunction with Pinellas County in the following capacity: Providing 24 hour/7 day a week access to information and referrals to health and human service programs via the telephone (dialing 2-1-1) and internet (e-mail requests to 2-1-1 – info@211tampabay.org, live chat with 2-1-1 staff via the 2-1-1 online searchable database at www.211connects.org) as well as telephone based crisis intervention services for participants of the Pinellas County Health Campus.

Sincerely,

Micki Thompson
Executive Director

Funded By: City of St. Petersburg • Pinellas County Coalition for the Homeless • Pinellas County Community Foundation.



701 Sixth Street South
St. Petersburg, Florida 33701-4891
(727) 823-1234

A subsidiary of Bayfront Health System



November 8, 2011

Gwendolyn Warren, Bureau Director
Pinellas County Health & Human Services
2189 Cleveland Street, Suite #266
Clearwater, FL 33765

Dear Ms. Warren:

I understand that Pinellas County has an opportunity to improve access to and capacity of services for homeless individuals by building a "one-stop" facility as an extension of the Mobile Medical Unit that will be called the Pinellas County Health Campus. Your plans include a stationary medical facility that will have exam rooms for primary medical care, confidential space for behavioral health and substance abuse treatment counseling, as well as a respite care wing.

On behalf of Bayfront Medical Center, I am writing in support of Pinellas County's Capital Development-Building Capacity application through Health Resources and Services Administration (HRSA) for this new medical facility.

I understand that Pinellas County's Mobile Medical Unit (MMU) has been in operation since 1987 and has worked diligently to provide medical care and case management services to thousands of homeless individuals throughout Pinellas County. I also recognize the collaborations and partnerships that have been established through the years to ensure access to care and quality of care are provided to the uninsured/underinsured homeless. Additionally, this project has the potential to provide a tremendous amount of data regarding health outcomes for homeless individuals through electronic health records used by the MMU and secure interfaces with other providers.

Bayfront shares your organization's commitment to meet the needs of our community's homeless population. We are pleased to support your efforts in securing funding for a stationary medical facility through the Mobile Medical Unit program and are hopeful you will be successful so that we can continue our work together.

Sincerely,

A handwritten signature in dark ink, appearing to read "Sue G. Brody", is written over a light blue horizontal line.

Sue G. Brody
President and Chief Executive Officer



Morton Plant
Mease Hospitals
St. Anthony's Hospital
St. Joseph's Hospitals
South Florida Baptist Hospital

16255 Bay Vista Drive
Clearwater, FL 33760
www.baycare.org

November 4, 2011

Gwendolyn Warren, Bureau Director
Pinellas County Health & Human Services
2189 Cleveland Street, Suite 266
Clearwater, FL 33765

Dear Ms. Warren:

Pinellas County, like many other communities throughout the nation, has a large and growing homeless population who lack adequate access to medical care, resources and services. Fortunately, Pinellas County has a number of agencies that work together well to meet the wide and varied needs of the indigent population, in particular, homeless individuals.

Pinellas County has an opportunity to improve access to and capacity of services for homeless individuals by building a "one-stop" facility as an extension of the Mobile Medical Unit. This facility, to be named the Pinellas County Health Campus, will be a stationary medical facility with exam rooms for primary medical care, confidential space for behavioral health and substance abuse treatment counseling, as well as a respite care wing.

BayCare Health System is hopeful that the Pinellas County Board of County Commissioners will be awarded one of the Capital Development-Building Capacity grants through Health Resources and Services Administration (HRSA).

As a community-based partner of Pinellas County since 1997, BayCare Health System is committed to providing services and will work in conjunction with Pinellas County to support the needs of the homeless and indigent populations in the county.

Sincerely,

Stephen R. Mason
President/CEO

November 4, 2011

Gwendolyn Warren, Bureau Director
Pinellas County Health & Human Services
2189 Cleveland Street, Suite #266
Clearwater, FL 33765

Dear Ms. Warren:

I understand that Pinellas County has an opportunity to improve access to and capacity of services for homeless individuals by building a "one-stop" facility as an extension of the Mobile Medical Unit that will be called the Pinellas County Health Campus. This facility will be a stationary medical facility that will have exam rooms for primary medical care, confidential space for behavioral health and substance abuse treatment counseling, as well as a respite care wing.

On behalf of Helen Ellis Memorial Hospital, I am writing in support of Pinellas County's Capital Development-Building Capacity application through Health Resources and Services Administration (HRSA) for a new medical facility. The stationary facility will increase access to care by being available to homeless clients on a daily basis. I understand that Pinellas County's Mobile Medical Unit (MMU) has been in operation since 1987 and has worked diligently to provide medical care and case management services to thousands of homeless individuals throughout Pinellas County. I also recognize the collaborations and partnerships that have been established through the years to ensure access to care and quality of care are provided to the uninsured/underinsured homeless. Additionally, this project has the potential to provide a tremendous amount of data regarding health outcomes for homeless individuals through electronic health records used by the MMU and secure interfaces with other providers.

Helen Ellis Memorial Hospital shares your organization's commitment to meet the needs of our community's homeless population. We are pleased to support your efforts in securing funding for a stationary medical facility through the Mobile Medical Unit program and are hopeful you will be successful so that we can continue our work together.

Sincerely,



Bruce Bergherin
President CEO

1395 South Pinellas Avenue
Tarpon Springs, Florida 34689
727-942-5000



COMMUNITY HEALTH CENTERS OF PINELLAS, INC.

November 7, 2011

Gwendolyn Warren, Bureau Director
Pinellas County Health & Human Services
2189 Cleveland Street, Suite #266
Clearwater, FL 33765

Dear Ms. Warren:

It is my great pleasure to support a site that will care for the homeless population and meet their unique needs; an expansion of the County's 330(h) Homeless Mobile Medical Unit. I understand that your proposed homeless service site is located at Safe Harbor, 14840 49th Street North, Clearwater, FL, 33762.

On behalf of Community Health Centers of Pinellas, I am writing in support of Pinellas County's Capital Development-Building Capacity application through Health Resources and Services Administration (HRSA) for a homeless service site. Community Health Centers of Pinellas, the FQHC 330(e) provider, is accredited and certified a medical home by the Accreditation Association of Ambulatory Health Care. Like you, Community Health Centers of Pinellas provides a medical home to homeless patients. As you know, Community Health Centers of Pinellas has served over 3,700 homeless patients last year and is anticipating serving over 4,800 homeless this year. Community Health Centers of Pinellas recognizes the need for healthcare for the homeless. Community Health Centers of Pinellas has been a strategic partner with the County to ensure the continuum of care for those patients served by the County's Homeless Mobile Medical Unit; receiving referrals and linkages to care from the Homeless Mobile Medical Unit on an regular basis - providing follow-up, prevention and treatment services for homeless patients.

Community Health Centers of Pinellas shares your organization's commitment to meet the needs of the homeless population (the 330(h) scope of service). We are pleased to support your efforts in securing funding for a homeless service site through the Homeless Mobile Medical Unit program and are hopeful you will be successful so that we can continue our work together.

Thank you for your commitment to the homeless population.

Sincerely,

Pat Mabe
CEO/President

FIVE CONVENIENT LOCATIONS

♦ TARPON SPRINGS ♦ CLEARWATER ♦ LARGO ♦ PINELLAS PARK ♦ ST. PETERSBURG
ADMINISTRATION: 1344 22ND STREET SOUTH ♦ ST. PETERSBURG, FL 33712

727.824.8181 ♦ WWW.CHCPINELLAS.ORG



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



**BOARD OF COUNTY
COMMISSIONERS**

Nancy Bostock
Neil Brickfield
Susan Latvala
John Morroni
Norm Roche
Karen Williams Seel
Kenneth T. Welch



November 8, 2011

Gwendolyn Warren, Bureau Director
Pinellas County Health & Human Services
2189 Cleveland Street, Suite #266
Clearwater, FL 33765

Dear Ms. Warren:

I understand that Pinellas County has an opportunity to improve access to and capacity of services for homeless individuals by building a "one-stop" facility as an extension of the Mobile Medical Unit that will be called the Pinellas County Health Campus. This facility will be a stationary medical facility that will have exam rooms for primary medical care, confidential space for behavioral health and substance abuse treatment counseling, as well as a respite care wing.

On behalf of Pinellas County Real Estate Management Department, I am writing in support of Pinellas County's Capital Development-Building Capacity application through Health Resources and Services Administration (HRSA) for a new medical facility. The stationary facility will increase access to care by being available to homeless clients on a daily basis. I understand that Pinellas County's Mobile Medical Unit (MMU) has been in operation since 1987 and has worked diligently to provide medical care and case management services to thousands of homeless individuals throughout Pinellas County. I also recognize the collaborations and partnerships that have been established through the years to ensure access to care and quality of care are provided to the uninsured/underinsured homeless. Additionally, this project has the potential to provide a tremendous amount of data regarding health outcomes for homeless individuals through electronic health records used by the MMU and secure interfaces with other providers.

Pinellas County Real Estate Management Department shares your organization's commitment to meet the needs of our community's homeless population. We are pleased to support your efforts in securing funding for a stationary medical facility through the Mobile Medical Unit program and are hopeful you will be successful so that we can continue our work together.

Sincerely,

Paul S. Sacco
Director

PLEASE ADDRESS REPLY TO:
509 East Ave. S.
Clearwater, Florida 33756
Phone: (727) 464-3496
FAX: (727) 464-3374
Website: www.pinellascounty.org



MEMORANDUM OF UNDERSTANDING

This Agreement ("Agreement") is entered into by and between the _____ ("Agency") and the Pinellas County Human Services Department ("County").

RECITALS

WHEREAS, on (date), the County through its Department of Health & Human Services was awarded a \$5,000,000.00 capital improvement grant from HRSA to build a new medical clinic for homeless and low income residents of Pinellas County; and

WHEREAS, in order to satisfy the requirements of the Grant the County will provide facilities specifically set aside to provide services for this population; and

WHEREAS, it is necessary that health care providers in the community provide services to the targeted population on issues such as primary care, behavioral health, substance abuse screening, children's services, employment and housing assistance, case management and respite care; and

WHEREAS, the health care providers agree to provide services under this Agreement at no cost to the County; and

WHEREAS, the health care providers agree to participate in data sharing, client information as it pertains to common eligibility and service provision; and

WHEREAS, Agency desires to provide certain of these services on the physical property provided for by the County; and

WHEREAS, this collaboration between the County and local health care providers will further the objectives of the County and satisfy the requirements of the Grant; and

WHEREAS, the Privacy Standards of the Health Insurance Portability and Accountability Act of 1996, 45 CFR Parts 160 and 164, ("HIPAA"), requires the County to enter into an Agreement with Agency to provide for the protection of the privacy and security of Health Information, and HIPAA prohibits the disclosure to or use of Health Information by Agency if such an Agreement is not in place; and

WHEREAS, the service provided by Agency will be a benefit to those citizens of Pinellas County who access the Pinellas County Health Program.

NOW, THEREFORE, in consideration of the foregoing, the parties agree as follows:

INTRODUCTION

AGENCY shall refer to the health care provider providing primary care, behavioral health, substance abuse screening, children's services, employment and housing assistance, case management and respite care to residents of Pinellas County under this Agreement.

COUNTY MEDICAL FACILITY shall refer to the medical facility located at (address) for the purpose of providing health care services to the homeless and low income citizens of Pinellas County.

HIPAA shall refer to the Health Insurance Portability and Accountability Act of 1996.

HITECH Act shall refer to the Health Information Technology for Economic and Clinical Health Act.

PARTY OR PARTIES shall refer to the Agency and County collectively.

ARTICLE I OBLIGATIONS OF AGENCY

1.1 Initial Effective Date of Performance. The obligations created under this Agreement shall become effective on _____

1.2 Service to be Provided. Agency is authorized to enter and go upon the County Medical Facility upon approval of the Director of the Bureau of Health & Human Services for Pinellas County, or designee. Approval for dates of access shall be set out in a schedule or other written document providing the date, time and place for the provision health care services.

1.3 Adequate Safeguards for Health Information. Agency warrants that it shall implement and maintain appropriate safeguards to prevent the Use or Disclosure of health information as required by HIPAA and the HITECH Act.

1.4 Use of Subcontractors and Agents. Agency shall require each of its agents and subcontractors that receive health information from Agency to execute a written agreement obligating the agent or subcontractor to comply with all the terms of this Agreement with respect to such health information.

ARTICLE II TERM, COSTS & DISPUTE RESOLUTION

2.1 Term. The term of this Agreement shall begin on _____ and end at close of business _____ and may be renewed for an extended period at any time before the expiration date of this Agreement through written execution by the parties.

2.2 Cost. The parties agree that services provided pursuant to this Memorandum of Understanding shall be provided at no cost to the County. The Agency will not bill, invoice, charge or in any way demand payment from County for services provided pursuant to this Agreement.

2.3 Dispute Resolution. All disputes arising out of this Agreement shall be discussed between the parties through informal mediation sessions prior to a party taking any other action.

ARTICLE III EMPLOYEES

3.1 At no time shall the employees of the Agency be deemed to be employees or agents of the County nor shall the employees of the County be deemed to be employees or agents of the Agency. Each party shall have supervisory responsibility for its personnel.

3.2 All wage and disability payments, pensions, Workers' Compensation claims, and medical expenses shall be paid by the employing party.

3.3 Employees of the Agency may be removed from a van, if necessary, based on the reasonable discretion of County staff.

3.4 Indemnification. The Agency shall indemnify, pay the cost of defense, including attorneys' fees, and hold harmless the County from all suits, actions or claims of any character brought on account of any injuries or damages received or sustained by any person, persons or property by or from the Agency; or by, or in consequence of any neglect in safeguarding the work; or by the use of unacceptable materials in the construction of improvements; or by, or on account of any act or omission, neglect or misconduct of the Agency; or by, or on account of, any claim or amounts recovered under the "Workers' Compensation Law" or of any other laws, by-laws, ordinance, order or decree, except only such injury or damage as shall have been occasioned by the sole negligence of the County. The first ten dollars (\$10.00) of compensation received by the Agency represents specific consideration for this indemnification obligation.

ARTICLE IV MISCELLANEOUS

4.1 Amendment to Comply with Law. The parties acknowledge that state and federal laws relating to HIPAA and the HITECH Act are rapidly evolving and that amendment of this Agreement may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take such action as is necessary to implement the standards and requirements of HIPAA and the HITECH Act and other applicable laws relating to the security or confidentiality of Health Information. The parties understand and agree that County must receive satisfactory written assurance from Agency that Agency will adequately safeguard all Protected Health Information that it receives or creates under this Agreement with the County. Upon County's request, Agency agrees to promptly enter into negotiations with County, concerning the terms of any amendment to this Agreement embodying written assurances consistent with the standards and requirements of HIPAA and the HITECH Act or other applicable laws.

4.2 Severability. If any provision of this Agreement is found to be invalid or unenforceable by any court, such provision shall be ineffective only to the extent that it is in contravention of applicable laws without invalidating the remaining provisions hereof.

4.3 Notices. All notices required under this Agreement shall be delivered to the administrative head of the County or Agency as the case may be.

4.4 Cancellation. Either party may without cause, by giving thirty (30) days prior written notice cancel this Agreement with or without cause.

4.5 Independent Status. The Agency is and shall remain an independent and separate entity from the County.

ARTICLE V INSURANCE

5.1 Minimum Insurance Requirements. The Agency must maintain insurance in at least the amount of \$200,000.00, throughout the term of this Contract. The Agency must provide a Certificate of Insurance in accordance with Insurance Requirements set forth in this Agreement, evidencing such coverage prior commencement of any work under this Agreement.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement effective as of the date stated above.

ATTEST:

PINELLAS COUNTY, FLORIDA, acting by and through its County Administrator

By: _____
Witness

By: _____
Robert S. LaSala
County Administrator

Date: _____

ATTEST:

AGENCY

By: _____
Witness

By: _____

Name/Title

Date: _____

APPROVED AS TO FORM
OFFICE OF COUNTY ATTORNEY

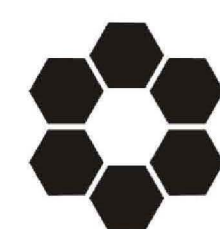
Attorney

H\USERS\Contracts12-13\MOU





PINELLAS COUNTY COMMUNITY HEALTH CAMPUS



FleischmanGarcia
ARCHITECTURE • PLANNING • INTERIOR DESIGN



TO: The Honorable Chairman and Board of County Commissioners

THROUGH: Robert S. LaSala; Pinellas County Administrator

FROM: Gwendolyn C. Warren; Bureau Director, Health and Human Services

SUBJECT: New Commissioner Orientation Packet

DATE: November 19, 2012

Mission Statement:

The Pinellas County Department of Health and Human Services encourages and promotes the health and self sufficiency of low-income Pinellas County residents. In partnership with our community, the Department administers and coordinates a wide range of high quality prevention and intervention services in a manner that is consistent with local, federal and state guidelines and is the best and most cost-effective use of resources. We facilitate this process by placing people first, in an effort to increase access to services, promote health, increase self-sufficiency and improve the quality of life of those who seek our services.

The Department of Health and Human Services, lead by Bureau Director Gwendolyn C. Warren, is comprised of 85 employees. Staff is organized into three major areas: Finance; Contracts, Analysis, Management, and Planning, and Direct Services, each supervised by a member of the Senior Management Team. In addition, the Department has contracted staff in our Mobile Medical Unit, Pinellas County Health Program, Utilization Management, and Early Learning teams. The Department has staff located throughout the County at the following locations:

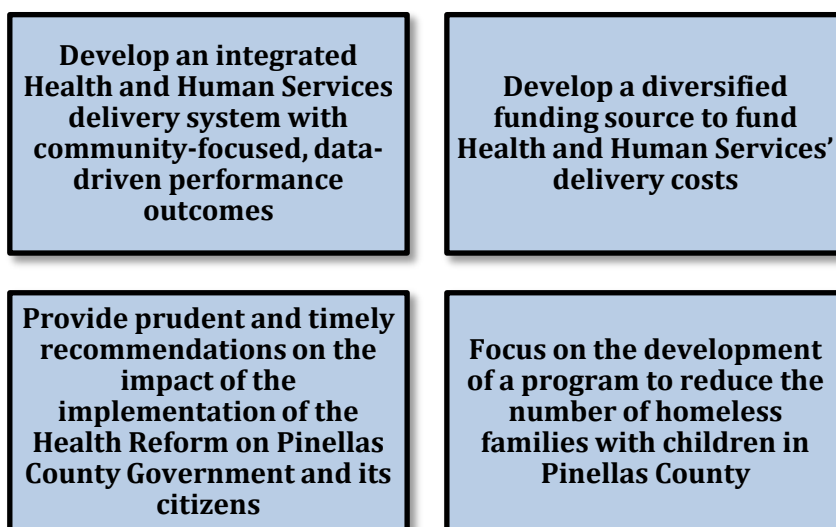
Clearwater
2189 Cleveland Street
Clearwater, FL 33765

St. Petersburg
647 1st Ave North
St. Petersburg, FL
33701

Mid-County
8751 Ulmerton Road
Largo, FL 33771

Tarpon Springs
301 South Disston
Ave.
Tarpon Springs, FL
34689

Ms. Warren became the Department Director in June 2011. On August 30, 2011, the Department presented the Board of County Commissioners with the *Pathways to Health and Self-Sufficiency* report, which outlined how current economic issues have further stressed our need to focus on the areas of unemployment, homelessness, and health care delivery. The report looked at how the prolonged recession, coupled with double-digit unemployment and other social factors, has affected many in our community and how the Department proposed to deal with the community's unmet needs, particularly in the areas of homelessness and health care. As a companion document, the Department also presented its Work Plan, which outlined four departmental goals to help address the needs of the community in the 2011-2012 Fiscal Year:



In Fiscal Year 2011, the Department embarked on a plan to implement each of our Work Plan goals. Specifically, and with the support of the Board of County Commissioners, the Department has launched CHEDAS, a technology system designed to collect and report on the quantity, quality, and cost of our programs. CHEDAS allows for simultaneous eligibility screening and determination, appointment scheduling, case management, electronic medical records, and seamless billing. Community portals provide for connectivity with partner agencies. The Advanced Reporting Tool will enable Health and Human Services to monitor programs, report on performance outcomes, realign goals to meet community needs, and identify areas for efficiencies. The Department has also closely monitored federal and state health care reform in order to prepare the county for upcoming changes in healthcare coverage and funding and has pursued various grant opportunities to not only offset the cost of care, but to also enhance the services we provide to our clients.

In December 2011, the Board of County Commissioners finalized their strategic direction. With a vision of improving the quality of life of all residents, the Board 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. The Board's strategic direction is centered around five goals:



In conjunction with the Department's Work Plan, and in compliance with the Board's Strategic Direction, Health and Human Services aligned our Department goals and services to better meet the Board's desired outcomes. On January 26, 2012, the Department participated in a workshop before the Board of County Commissioners where we outlined our focus areas for Fiscal Years 2012 and 2013:



The Department's focus areas provide us with the tools necessary to achieve our Work Plan goals and implement the Board's strategic direction. The first step was to re-organize the Department to improve service delivery. The Department is currently undergoing a re-organization to better align services and staffing levels with community needs. Health and Human Services has also begun to work more closely with community partners and other county agencies to increase access to care and improve services. By working with our community and county partners, we have been able to design a more integrated and seamless healthcare delivery system that also provides the appropriate and necessary links to social supports. The integrated service delivery model is rooted in shared technology, which links each partner behind the scenes to allow for data sharing and

seamless billing. Lastly, the Department will build upon its core services and community partnerships to help create a system-wide approach to reduce homelessness.

Health and Human Services Core Programs and Services

The Department of Health and Human Services administers – either directly or through contracts – two types of programs: the Pinellas County Health Program and the Homelessness Prevention and Self-Sufficiency Programs. The goals of each program type are to provide access to quality services and aiding individuals in become fully self-sufficient and/or receive any state or federal benefits they may be entitled to. This, in turn, will reduce their use of County-funded services. In addition, the Department funds state mandated initiatives and provides matching, pass-through, and grant dollars to local health and human services providers.

Program	Fund Source	Amount
Administration	General Fund	\$2,340,860
Pinellas County Health Program	General Fund and Special Revenue Fund	\$23,216,460
Mobile Medical Unit	General Fund and Grant Money	\$880,000
Homeless Prevention and Self-Sufficiency	General Fund	\$6,771,500
State Mandate – Medicaid	General Fund	\$18,300,000
State Mandate – Other	General Fund	\$3,004,710
Matches, Pass-through, and Local Grants	General Fund	\$3,121,430
Summer Food Reserves	Special Revenue	\$164,670
Total		\$57,799,710

I. Pinellas County Health Program

Over 20% of the population in Pinellas County is uninsured, while approximately 200,000 people living at or below 100% of the Federal Poverty Level. Another 10.3% is unemployed. Access to health care is crucial among populations dealing with unemployment and homelessness. Furthermore, chronic conditions that are not controlled – such as diabetes or hypertension – may become exacerbated, leading to emergency room and inpatient hospital visits that are unaffordable and undermine continuity of care. Ultimately, these are financed by other taxpayers in the community and directly affect the quality of life for all residents.

The Pinellas County Health Program was implemented in October 2008 2009 in response to the reporting limitations of WellCare, the previous health care services provider to low-income, uninsured residents. The program is based on the patient-centered medical home model, which has shown to be cost-effective and adopted nationwide. In recent years, more than 7,600 clinicians and 1,500 sites have been recognized as patient-centered medical homes, with the vast majority achieving recognition by the National Committee for Quality Assurance in 2010. Additionally, 44

states have either passed laws or begun initiatives related to this model. Medical homes focus on wellness and prevention by providing continuity of care through a team of medical providers.

The Pinellas County Health Program targets uninsured residents between the ages of 18 and 64 who are at or below 100% of the Federal Poverty Level. Pinellas County has 9 medical homes sites available through two community primary care providers. In addition, the Department operates the **Mobile Medical Unit**, a full-service Federally Qualified Health Center that travels to 12 county-wide locations where homeless people frequent, such as soup kitchens, drop-in centers and homeless shelters. Medical homes focus on wellness and prevention by providing continuity of care through a team of medical providers. Preventive services represent cost-savings, as they help shift the cost away from more expensive services with lower health benefit, and cost less to deliver.

While primary care and prevention are the focus of this delivery system, the medical homes also incorporate behavioral health, dental services, wellness, and education services at the primary care sites. Additionally, clients have access to an external network of services that includes prescriptions, specialty care, ambulatory and inpatient care, off-site behavioral health care, and access to home health and durable medical equipment. These external services are reviewed by the Utilization Management team, which is overseen by the Medical Director. The Utilization Management team evaluates the medical necessity, appropriateness, and efficiency of the use of health care services, procedures, and facilities under the program's provisions.

The overall Department budget for the Pinellas County Health Program is \$23,216,460, provided through General Fund dollars and Special Revenue Funds. The Mobile Medical Unit budget is \$880,000, provided through General Fund dollars and federal grant dollars.

II. Homelessness Prevention and Self-Sufficiency Programs

There are over 22,000 homeless individuals in Pinellas County over the course of a year. Families with children are the fastest growing segment of homeless in the County. In Fiscal Year 2013, the Homeless Prevention and Self-Sufficiency Programs will provide financial assistance to homeless families with children, disability advocacy for permanently disabled county residents, and Veterans services for veterans. The revised 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 and/or disabled veterans. The three 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 remaining stably housed. The Department budget for the Homelessness Prevention and Self-Sufficiency Programs is \$6,771,500.00

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 is provided to permanently disabled

individuals to assist with utilities, food, transportation, and medical exams for disability determination. Case managers assist clients with the initial application for Supplemental Security Income or Social Security Disability Insurance and with migrating clients who qualify on to Medicaid. If a client is approved for Social Security Income, the county is reimbursed for the financial assistance provided while an individual's claim is being processed. As of Fiscal Year 2012, the county has collected close to \$9 million in reimbursements from the Social Security Administration.

The Family Housing Program provides case management to highly motivated working families with a desire to transition from homelessness into economic self-sufficiency. Case managers tailor family plans to specific family needs including 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 will help increase their level of self-sufficiency while in the program and increase their chances of remaining self-sufficient once they exit the program. Families enrolled in the program have a monthly savings requirement. The Department of Health and Human Services uses a nationally recognized formula to develop individualized savings requirements for each family – based on their family size, income, and expenses – but not to exceed 30% of their household income. The Department begins by paying 100% of the family rent every month as long as the family meets the case management and family service plan requirements. Over time, the county's rental contribution decreases, while the family's rental contribution increases until – at the end of the 18 month program – the family is paying 100% of their rent and have a savings amount sufficient to make them ineligible for county services.

Veterans Services assists veterans and their families with obtaining veterans benefits, services, and information from the U.S. Department of Veterans Affairs. In order to better meet the needs of our “traditional” veteran population, the newest class of veterans returning from overseas and homeless veterans, the Department of Health and Human Services has incorporated Veterans Services into our Pinellas County Health Program and Homeless Prevention and Self-Sufficiency Programs, providing greater access to other services that veterans may need. The Veterans Services Program assists over 1,500 veterans and generates over \$11 million in new Veterans Affairs revenue for Pinellas County per year.

III. Mandates, Matches, and Pass-Through Programs

In addition to the Pinellas County Health Program and the Homelessness Prevention and Self-Sufficiency Programs, the Department manages several contracts for state mandated services that come directly out of the Department's budget. These State mandated programs include: Local Medicaid Matching Funds, Disposition of Indigent and Unclaimed Bodies, Health Care Responsibility Act, and Local Mental Health Matching Funds. The Department budget for state-mandated programs is \$21,304,710.00

Program	Services	FY 2013 Budget
State Medicaid Mandate	State mandated matching funds for Florida Medicaid Program for in-patient and nursing home services.	\$18,300,000
State Mental Health Match	Match funding for behavioral health services. Will leverage this funding to provide services to the patients in the Pinellas County Health Program.	\$2,174,710
Health Care Responsibility Act	Emergency health care for low-income residents provided by out-of-county hospitals.	\$450,000
Disposition of Indigent and Unclaimed Bodies	Cremation and burial services. Plan to outsource this service to a private provider in FY 2013.	\$446,918

The Health and Human Services Department also manages contracts that are either community matches, grants or pass-through dollars allocated to outside community agencies. Most of these agencies provide crucial safety-net services to low-income and/or homeless individuals. The Department budget for matches, pass-throughs, and grants is \$3,121,340.00

Agency/Initiative Funded	Agency/Initiative Purpose	Fiscal Year 2013 Budget
Social Action Funding	Funding to 11 non-profit agencies serving the health, economic or social well-being of the adult population.	\$351,650 Health, food, and legal assistance for the homeless population. \$200,000 provided from the Department's budget and \$151,650 provided through General Fund monies.
Homeless Initiative Funding	Funding to eight non-profit homeless service providers.	\$200,000 Emergency shelters and TBIN licenses
Homeless Street Outreach Program	Street Outreach to place street homeless into immediate emergency shelters and provide referrals to human service agencies.	\$382,570 Funding for overnight beds and Street Outreach Team
Operation PAR, Inc.	Addiction and mental health services for children, adults and families.	\$195,000 Inpatient adult detox services
Suncoast Center, Inc.	Mental health and substance abuse services for children, adults, seniors and families.	\$155,570 Forensic-focused outreach (jail diversion, assessments, etc.)

Boley Centers, Inc.	Mental health treatment, residential & employment services for the mentally impaired homeless	\$317,480 Local match for HUD Continuum of Care
Religious Community Services: The Haven	Shelter, transitional housing, counseling and advocacy for victims of domestic violence.	\$54,210 Domestic violence Shelter
Community Action Stops Abuse (CASA), Inc.	Shelter, transitional housing, counseling and advocacy for victims of domestic violence.	\$84,790 Domestic violence Shelter
Health and Human Services Coordinating Council	Funding for county-wide council to improve the health and human services system to better and more efficiently meet the needs of the community. The total cost of the program is shared between Health and Human Services and the Juvenile Welfare Board.	\$125,100 Administrative support
211 Tampa Bay Cares, Inc.	24 hour information and referral services; Tampa Bay Information Network (TBIN) admin, utilized by homeless and human service community providers to track services and shelter bed availability.	\$325,000 24-hour Information and Referral Program
Daystar Life Center	Emergency travelers' aid to homeless individuals and families who find themselves displaced in Pinellas County to return to destinations that previously provide stability in a safe and supportive environment	\$15,000 Travelers' Aid Program
Homeless Leadership Board	Lead agency for the State and HUD responsible for invoicing and management of contracts, work towards preventing, reducing, and ending homelessness.	\$69,800 Administrative support
Summer Food Reserves	Funding for meals served during the summer-time school break. Program is 100% financed by a state/federal grant.	\$164,670 Reserves

Fiscal Year 2013 Main Issues

1. Implementing the Healthy Communities Initiatives

In early 2012, the Department – along with the departments of Community Development, Justice and Consumer Services, Code Enforcement, Economic Development, and Planning – were selected by County Administration to begin the groundwork of addressing the Board's strategic direction.

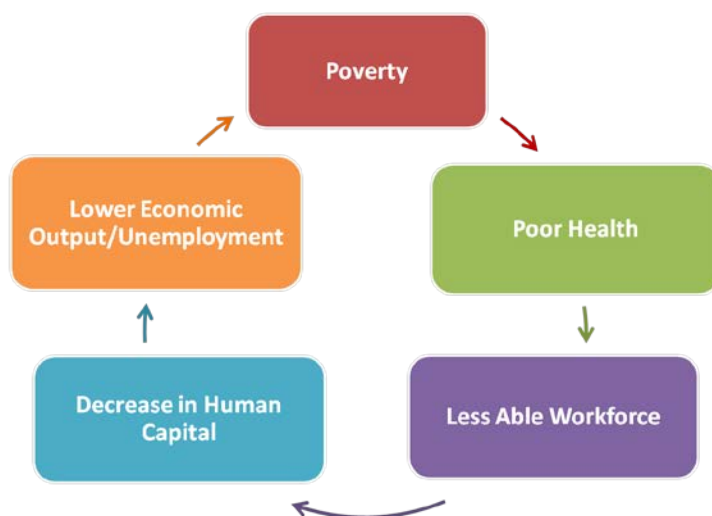
Through a series of workshop sessions, the individual departments re-aligned their core services to better meet the strategic direction of the Board. In an effort to review and determine whether the core services provided by these departments align with current community needs, the workgroup took an economic approach to identify which constituents are the greatest users of county resources, recognizing limitations in available funds and the complexity of issues the communities face.

The economic approach entailed two phases: identifying specific zones within Pinellas County that have high concentrations of poverty and small return to our tax base and outlining specific suggestions on strategic initiatives that align with the Board's Strategic Direction and will impact overall community outcomes without incurring in additional costs.

In May 2012, the workgroup presented *The Economic Impact of Poverty* report to the Board of County Commissioners. The report showed that while approximately 11.6% of Pinellas County's total population was living in poverty between 2005-2009, there are five at-risk communities within the county that have at least 16% or more of their population living at or below 100% of the Federal Poverty Guideline. An estimated 45% (approximately 47,662 individuals) of Pinellas County's total low-income population lives within the identified, at-risk communities below:

- Zone 1: East Tarpon Springs: ~20% of the population at our below 100% FPL
- Zone 2: North Greenwood: ~25% of the population at our below 100% FPL
- Zone 3: Highpoint: ~27% of the population at our below 100% FPL
- Zone 4: Lealman Corridor: ~19% of the population at our below 100% FPL
- Zone 5: South St. Petersburg: ~25% of the population at our below 100% FPL

The strategic approach in the *Economic Impact of Poverty* allows for targeted service delivery toward communities whose poverty conditions increase County costs each year. The potential annual lost revenue in Pinellas County due to at-risk communities exceeds \$2.3 billion.



In times of economic crises and decreasing County revenue, it is the priority of the workgroup to continue to develop innovative and strategic approaches to poverty that ensures a better quality of

life for all Pinellas County residents. The next steps for the workgroup include implementing the strategic initiatives that align with the Board's Strategic Direction and will impact overall community outcomes. The workgroup continues to meet regularly and will report back to the Board in the Spring of 2013 with an update on targeted initiatives.

2. Expanding Access to Quality Healthcare

At the direction of the Board of County Commissioners, the Department of Health and Human Services has embarked on a plan to collaborate with community partners, re-design our current county health care delivery system, and identify new funding streams to decrease the responsibility of the county to pay for care.

The Pinellas County Health Collaborative is an integrated, family-focused health care delivery system comprised of 25 community partners from both the medical and social service sectors that allows for centralized and seamless medical and social services, expanded capacity, improved care for the entire family unit, improved community health outcomes, and reduced costs. The Health Collaborative takes a holistic approach to care and provides wrap-around social and medical services for the entire family in a virtually connected campus setting. At the core of our delivery system is a centralized, electronic enrollment process, which will allow our partners to enroll a family in the Health Collaborative and screen them for eligibility for other social service programs. Client data will be shared on a provider network to ensure the highest quality of care, reduce costly duplications in services, and handle billing behind-the-scenes. Our "one-stop" shops – modern, multifunctional centers with convenient hours - will focus on primary care and social services specifically tailored to a family's needs. Disease case managers will work closely with families to ensure that they stay on track with their medical plans and social service case managers will assist families with obtaining additional resources to address the various adverse outcomes of poverty while also leveraging community resources and reducing cost redundancies. This delivery system takes a holistic approach using strategies including community-centered partnerships, focusing on the family through community engagement, social service and faith-based agencies; centralized service enrollment through electronic interfaces; workforce training/retention; data collection; and an expanded healthcare network including school-based community clinics, community college/vocational training facilities, hospitals, community mental health/drug treatment facilities, free clinics and volunteer services.

The Collaborative will allow for a fully integrated community primary and behavioral health care delivery at medical homes. Primary and preventive care and mental health and substance abuse screening, assessment and treatment will be accessible at a single location. Unique services to ensure true integration of care include conjoint consultation, telemedicine, on-demand behavioral health and medication consultation, interdisciplinary case management and case conferences. Disease managers will provide patient education, medication management and monitoring and community health advocates will provide reinforcement of this education during phone calls and home visits to help ensure care plan compliance. Other services available onsite, through outreach,

or by referral include case management; individual and group therapy; health education; nutrition counseling; labs; pharmacy; dental; provider education; specialty care; inpatient care; home health; and ER triage. The Pinellas County Health Collaborative will also link patients with community social service agencies to ensure any additional social and environmental factors impeding access to quality health care and better health outcomes are properly addressed. The Department continues to work with its service providers in the medical community, including BayCare Health System and All-Children's Hospital, and anticipates an update for the Board on our health care re-design efforts in the Spring of 2013.

The most ambitious effort to co-locate health care and social services for homeless communities is currently being undertaken by the Department. The Department recently received \$5 million federal grant to build a service delivery facility that will help streamline and co-locate medical and social services for Pinellas County families that are homeless.

Our first medical one-stop facility will serve as an evidence-based model supporting full integration of services and technology. The first floor of the facility will house all core services offered through the Pinellas County Health Program and other health services such as behavioral health and substance abuse treatment. Non-medical social services from partner agencies will allow our homeless population to directly access health care and other targeted services at a centralized, mid-county facility. In addition to primary care, the facility will provide gynecological services for women, pediatric care for children through a partnership with All-Children's Hospital, and podiatry care for adults. On-site dental care, behavioral health services and substance abuse treatment will also be provided. The facility's second floor will serve as a respite unit for homeless individuals that have acute/post-acute medical illnesses that need assistance but are not ill enough to stay in a hospital. The respite wing will house 10 beds, providing homeless individuals with an opportunity to rest in a safe environment while accessing medical care and supportive services. A free standing medical respite unit is the optimum model and is an evidence-based model proven to be efficient, cost-effective, and sustainable. The health center will be open six days per week and is expected to serve 11,000 clients per year.

The new medical clinic will be modern, with clean lines and bright open spaces. The landscaping around the facility will be enhanced with trees, bushes, and plants providing a warm welcome to clients as well as open and quiet space for fresh air. Medical services will be located on the main floor, just past reception and separated from the waiting area and non-medical services by glass partitions. Non-medical services will be provided in dedicated offices off of the main reception area and the child care center will be staffed and glass encased to allow parents to monitor their children while at the clinic. Lockers, showers, and computer terminals will also be available on-site to the clients. The respite center will be located on the second floor of the facility and will have a dedicated entrance. The center will be staffed 24 hours a day.

The design of the facility is aimed at breaking the traditional barriers homeless individuals face when trying to access care. Homeless individuals are hesitant to access care due to many factors, including lack of transportation or perceived fear or prejudice against them. The new homeless

population – families with children – is also reluctant to access services from the government out of fear that they will lose their children. Homeless clients, individuals and families alike, need a safe, clean, state-of-the-art and welcoming facility where they can feel comfortable accessing medical care and other needed support services. Homeless families in particular need a place where they can bring their children because shelters like Safe Harbor and Pinellas Hope do not allow families with children to stay there. These families not only need medical care, but also ancillary support services to transition them back to work and in to stable and affordable housing. The new medical clinic will provide a safe environment where homeless individuals and families can access much needed care in order to become self-sufficient. Construction on the clinic is expected to be completed by 2014.

Fiscal Year 2013 will focus on preparing the County for the full implementation of the *Patient Protection and Affordable Care Act*, which was signed into law by President Obama on March 23, 2010 and upheld by the Supreme Court on June 28, 2012. The economic impact of the health reform law to Pinellas County depends whether the Governor chooses to expand Medicaid to people living at or below 133% of the Federal Poverty Level (\$14,856 for an individual and \$30,657 for a family of four in 2012.) If the Governor chooses to expand Medicaid, we can anticipate a statewide enrollment increase of nearly 35% from 2014-2019. If Florida fully implements the *Affordable Care Act*, the federal government will fully finance care for the newly eligible Medicaid population for first two years, but will share that cost with the state in the out years. The Florida Agency for Health Care Administration currently projects a statewide cost increase of 1.9% from 2014-2019 due to the implementation of the *Affordable Care Act*. History has shown that the state will most likely pass their share of the cost of care down to the counties. This projected increase will be *in addition to* the projected cost increase of “traditional” Medicaid.

Due to the very low incomes and extensive health care needs of this at-risk population, it is essential to build a primary care network to provide preventive care, establish positive health habits, and contain costs with or without an expansion of Medicaid. By working with community partners – including the hospitals – we can build the infrastructure and connectivity needed to care for clients with multiple health conditions and help them take an active role in their health care. By focusing on integrated and collaborative primary care, we can improve patients’ health status and health outcomes and reduce the possibility of unnecessary and lengthy hospitalizations, which are more costly for the County in the long-run.

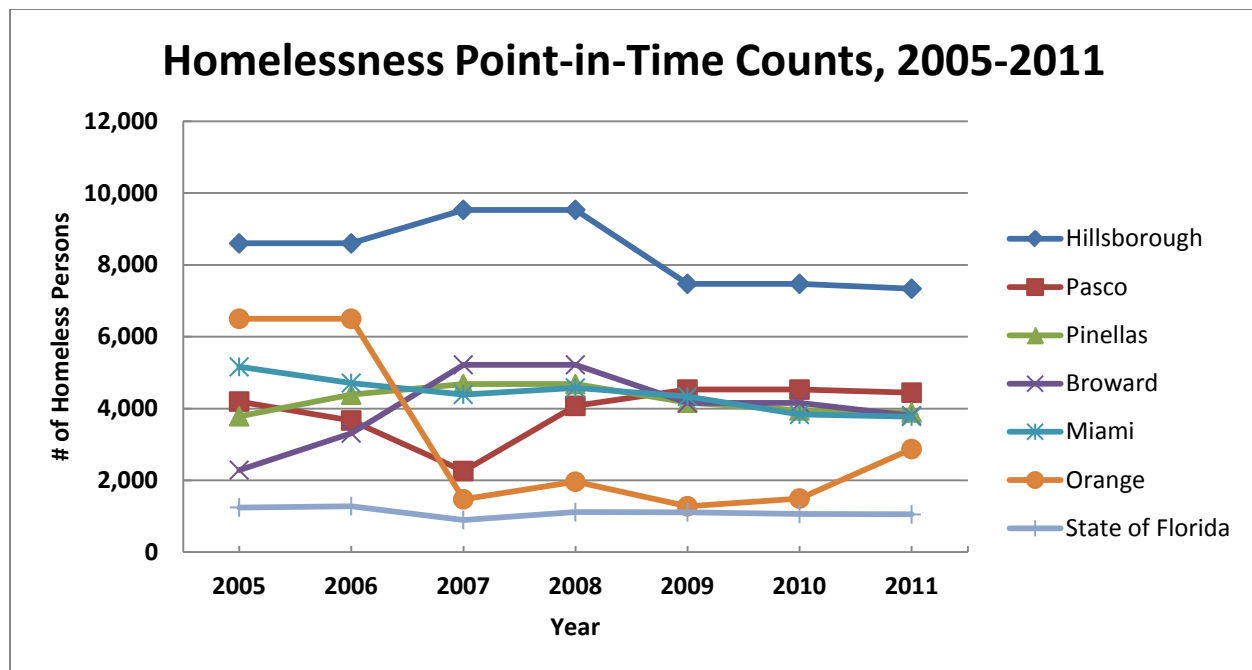
An important factor of the integrated primary care network is a Federally Qualified Health Center (FQHC). FQHCs are community-based organizations that provide comprehensive primary care and preventive care, including health, oral, behavioral health and substance abuse services to persons of all ages, regardless of their ability to pay or health insurance status. FQHCs qualify for an enhanced reimbursement designation from the Bureau of Primary Health Care and the Centers for Medicare and Medicaid Services because they serve a variety of Federally designated Medically Underserved Areas/Populations. Currently, the County operates a 330(h) FQHC through the Mobile Medical Unit. The 330(h) designation only allows the County to see homeless clients on the Mobile Medical van. The Department is currently working on its application to expand our FQHC status

from a 330(h) to a 330(e), which would allow us to see all types of clients at all of our medical homes. If the county expands its current FQHC status from a 330(h) to a 330 (e) to cover all of our current medical homes, and the *Affordable Care Act* is fully implemented, the cost of caring for Medicaid eligible clients will be fully reimbursed by the federal government. These reimbursements will offset the cost of care for those individuals seeking medical care without insurance – making the program self-sustaining. Even without full implementation of the *Affordable Care Act*, if we become an expanded FQHC, the federal government will still provide a high reimbursement rate for treating “traditional” Medicaid clients – which could aide in offsetting the cost of caring for the uninsured. Expanding our Federally Qualified Health Center designation will increase access points to much needed primary care, improve health outcomes and reduce unnecessary hospital stays and allow the Department to reduce its reliance on General Fund dollars to support health care delivery for the low-income population in Pinellas County. The Department is currently seeking to expand its Federally Qualified Health Center designation to allow all of our medical homes to serve low-income populations and leverage our local resources. We anticipate updating the Board on the progress of our FQHC designation expansion efforts and on the *Affordable Care Act* in the winter of 2013.

3. Homelessness in Pinellas County

The U.S. Department of Housing and Urban Development (HUD) requires that at least every two years, communities conduct a one-day count of the homeless population. The Homeless Count includes: a person sleeping in a place not meant for human habitation; a person sleeping in an emergency shelter; a person in transitional housing for homeless persons who originally came from the street or emergency shelters; individuals or families sharing housing; and migratory individuals who qualify as homeless because they are living in places typically occupied by homeless people.

In 2011, the Florida Council on Homelessness prepared a report on the Florida Point-In Time Homeless Counts as reported by each county for years 2005-2011. The chart on the following page provides trend analysis from the Homeless Counts for select counties and the state as a whole. 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 7,336 homeless individuals in 2011, Pasco reporting 4,442 homeless individuals in 2011, and Pinellas County reporting 3,890 homeless individuals in 2011. The second highest numbers were reported from Broward and Miami counties, with 3,801 and 3,777 homeless individuals reported, respectively. The Council reported that in 2011, throughout the state, 56,771 individuals were reported as homeless. With 54 counties conducting counts, this translates into an average of 1,051 homeless individuals per county in 2011.



According to the 2010 state report, the primary cause for episodes of homelessness for individuals in Florida included: employment/financial reasons (54%), while other issues such as medical, disability, family conflicts, and housing issues were also problematic for many. Furthermore, in 2010, 43% of homeless persons were experiencing homelessness for the first time, while 31% had experienced it two or three times previously. Approximately one-quarter of the homeless population captured in the Florida's Homeless Count would be 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, almost all homeless individuals in Florida have been residents in the county which they are currently homeless in, with few individuals being transients from other areas. The state report on homelessness also states that the homeless problem that Florida counties are facing is not due to homeless migrating to Florida, but that these homeless individuals are, in fact, our neighbors.

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.

Recent studies from the National Alliance to End Homelessness estimate that the national rate of homelessness is 21 per 10,000 individuals. With 69% of homeless people living in metropolitan areas, the Alliance compares the nation's 100 largest Metropolitan Statistical Areas by total population and total homeless population to derive a rate of homelessness. The Alliance then ranks the Metropolitan Statistical Areas by their rate of homelessness.

Two states, California and Florida, account for 13 of the 24 total Metropolitan Statistical Areas where the rate of homelessness is higher than the national rate. The Tampa-St. Petersburg-Clearwater Metropolitan Statistical Area has the highest rate of homelessness in the nation, with 57 per 10,000 individuals being homeless. The Alliance further estimates that 1 in 4 homeless individuals in the Tampa Bay Area are children.

Following the Homeless Workshop on November 27th, the Department will to further research on the current homeless conditions facing Pinellas County and other similar locations nationwide. In addition, we will look in to additional evidence-based and national models and work with our counterparts in other counties and cities to better understand their homeless initiatives and sources of funding. We will coordinate our efforts through the Homeless Leadership Board and provide the Board with a formal recommendation in the Spring.

MEMORANDUM

To: Carl S. Harness, Assistant County Administrator

From: Gwendolyn C. Warren, Bureau Director, Health and Human Services

Subject: Update on the Department of Health and Human Services Major Projects

Date: January 8, 2013

Per your request, the following is an update on the major projects and issues the Department of Health and Human Services is presently working on:

Healthy Communities Initiatives

Project: A report to the Board of County Commissioners detailing the economic impact of poverty and proposed strategies to combat barriers to self-sufficiency was jointly issued by the departments of Health and Human Services, Justice and Consumer Services, Community Development, Code Enforcement, Planning, and Economic Development. The various departments presented their findings and recommendations to the Board on May 17 and June 12, 2012 and the Board unanimously approved the findings and the initiatives.

Status: Reaction to the report has been universally positive. Presentations were made to the cities of St. Petersburg, Clearwater, Largo, Pinellas Park, and Tarpon Springs, as well as community partners such as the Juvenile Welfare Board, the Administrative Forum of the Health and Human Services Coordinating Council, and the Homeless Leadership Board. The departments continue to meet regularly to plan the implementation of the Board approved initiatives, which will be rolled out beginning this Fiscal Year.

Department Reorganization

Project: A multi-phase initiative to strategically restructure the Department in order to make it a data-driven, results based organization. Programs will be enhanced to better respond to community needs, contracts will be modified to focus on performance outcomes and measures, staff will be trained on new techniques and equipped with a new case management and accounting computer system, and the Department will continue to seek grant opportunities to offset the rising cost of services and decrease out reliance on general fund dollars. In addition, facility improvements will make our office locations more user-friendly for both clients and staff.

Status: *Program enhancements include:* integration of Veterans Services with general Client Services to provide a wider array of assistance options for our veteran clients; elimination of the rental assistance for clients seeking Disability Advocacy services (clients enrolled in this program will now receive a maximum assistance of \$1,500 while their disability claim is being processed and we will only assist clients who are not presently working with an attorney to process their federal disability claim.); elimination of Track 1 and Track 2 financial assistance programs; a new homeless family assistance program which will provide intensive case management, support services and rental assistance for highly-motivated working homeless families with children in exchange for a 30% income savings requirement from the family; elimination of non-core services such as the Summer Food Program (now being operated by Pinellas County Schools,) Emergency Home Energy Assistance for the Elderly Program (now operated by the Pinellas Opportunity Council,) and the Indigent Burial Program (now contracted to Anderson-McQueen.)

Staff changes include: development of staff workgroups to discuss changes to client services, career development, technology, billing, performance measures, community outreach, and marketing. Career development enhancements included the promotion of Office Support Specialists to Eligibility Specialists, the promotion of Eligibility Specialists to Case Manager I's, and the promotion of Case Manager I's to Case Manager II's. Case Managers have been reassigned to 6 areas: Navigational Services, Support Services, Disability Advocacy, Veterans Services, Homeless Assistance, and Medical Services. The client flow process has also been changed to better assist with client needs. Clients will now apply for services with the assistance of Office Support Specialists and their applications will be verified by Eligibility Specialists. Once a client is determined to be eligible for services, he/she will meet with a Navigator to develop an individualized care plan. The client will also be assigned a support services case manager to assist with any external services and referrals and a specialized case manager in the areas of disability advocacy, veterans services, homeless assistance, and medical services, depending on the type of assistance they need. An eligibility task force was formed to develop an extensive eligibility determination process and every active client was re-screened for eligibility. Staff continues to be trained on the new CHEDAS computer system for case management, medical records management, and accounting functions.

Planning and grants changes include: modifications to Fiscal Year 2013 contracts to include more stringent reporting requirements and performance measures and to find efficiencies in services by working with community partners or other County departments to lower costs; focusing on evidence-based models for program design and modifications; seeking public and private grant opportunities to offset the cost of services; and seeking new community partnerships to enhance services.

Facility improvements include: upgrades to furniture in the client waiting room, staff break room, restrooms, conference room and individual offices at our St. Petersburg location; technology upgrades in the conference rooms and client waiting room at our Clearwater location and new office locations in mid-county and Tarpon Springs. All locations have also been equipped with new signage to make our offices easier to find. The Department also continues to seek new administrative office space in mid-county in order to be closer to our community partners.

Community Health Campus

Project: Pinellas County has been awarded a \$5 million capital grant from the Health Resources and Services Administration to construct a medical facility that will provide essential medical and social services to the homeless population. The clinic will be located in the vicinity of Safe Harbor and construction must be completed by April 30, 2015.

Status: A Health Campus Operating Plan was submitted and approved by the Board in October 2012. The Department continues to work with Real Estate Management to prepare the site for construction and procure an architect and construction firm for the design and build of the building. The Department is also working closely with the Operating Board of Directors to design the services that we will be provided at the clinic and through referrals to community partners as well as to develop a shared billing and data management system for the service providers. The Department is also working with the Communications Department to develop marketing and outreach material relating to the new campus to provide to our service providers and potential clients.

Pinellas County Health Program

Project: Working with BayCare Health System to re-design the Pinellas County Health Program to right-size services and reduce costs. In addition, the Department is seeking to expand our Federally Qualified Health Center status to offset costs in our medical homes and is working with MedNet to transition all Pinellas County Health Plan clients to free prescription medications, when available – saving the County \$2 million in Fiscal Year 2013.

Status: The Department continues its discussions with BayCare Health System to design enhancements to the Pinellas County Health Plan that will improve care and reduce costs. Specific target areas include: specialty care and utilization management, behavioral health services, and cost reductions for primary and preventive care. The Department is continuing to work with the County Attorney's office to begin the initial steps of expanding the County's Federally Qualified Health Center status. The Department anticipates completing its proposal to the Board of County Commissioners in late winter 2013, and if approved by the Board, submitting the application to the Health Resources and

Services Administration in Spring 2013. Under the new Fiscal Year 2013 contract with Suncoast Health Council for MedNet services, only Pinellas County Health Plan clients will receive prescription drug assistance through MedNet. The Department is currently working with Suncoast Health Council to identify the top users of prescription drugs and develop a transition plan to enroll these clients in MedNet. The anticipated savings to the County in the first year of this new service plan is \$2 million.

New Housing Assistance Program

Project: The Department is working with Community Development and Boley Centers to identify available rental housing units for a new housing assistance program. The new program, already approved by the Board of County Commissioners, will provide housing, intensive case management, and wrap around support services for motivated working homeless families with minor children. The Department will secure safe, adequate, and affordable apartments and provide rental payments directly to landlords while clients participate in specific activities that will help support their self-sufficiency. Clients will meet regularly with case managers and have to adhere to individualized care plans for every member of the household. In addition, clients will be required to save 30% of their monthly income in savings account. Throughout the length participation in the program (currently projected to last 18 months), the County's rental contribution will decrease and the client's rental contribution will increase until the client is paying 100% of their rent.



BOARD OF COUNTY COMMISSIONERS

DATE: February 12, 2013
AGENDA ITEM NO. 12

Consent Agenda ☐

Regular Agenda ☒

Public Hearing ☐

County Administrator's Signature:

Subject:

Adoption of a Resolution Supplementing the FY13 Capital Fund for the U.S. Department of Health and Human Services Grant Award to the Pinellas County Department of Health and Human Services for the Pinellas County Health Campus.

Department:

Office of Management and Budget

Staff Member Responsible:

Eric Naughton, Director

Recommended Action:

I RECOMMEND THE BOARD OF COUNTY COMMISSIONERS ADOPT THE ATTACHED RESOLUTION TO APPROPRIATE EARMARKED RECEIPTS FOR A PARTICULAR PURPOSE IN THE FY13 CAPITAL FUND (3001) BUDGET.

Summary Explanation/Background:

On October 16, 2012, the Board approved the acceptance of the U.S. Department of Health and Human Services, Health Resources and Services Administration grant award for \$5 million to build a health clinic for homeless families with children at 14840 49th Street North in Clearwater. This project is a joint effort between the County's Departments of Health and Human Services (HHS) and Real Estate Management (REM). HHS will be managing the grant, while REM will be managing the capital project to build the health campus. The Departments request appropriation of \$300,000 of these unanticipated funds in the FY13 budget. The project plan has started and it is estimated that \$20,000 will be needed for REM staff and \$280,000 for the design consultant in FY13. The majority of the design will be complete in FY13; however the design consultant will be involved throughout construction of the project to assure that it is completed per the plans and specifications. The balance of the grant will be budgeted in the Capital Improvement Plan in FY14 and FY15 in accordance with the project schedule. The \$5 million grant fully funds the capital portion of the project.

Fiscal Impact/Cost/Revenue Summary:

Approval of this resolution recognizes unanticipated grant funds in the amount of \$300,000 in the Capital Fund and increases the FY13 budget for the Capital Improvement Fund for Human Services by \$300,000. Once the Health Campus is completed, the building maintenance will be approximately \$151,920 in the first year and rise to \$191,300 by the fifth year. Expenses to operate the facility will be funded by grants, agency partners, and within the HHS operating budget.

Exhibits/Attachments Attached:

1. Resolution
2. October 16, 2012 BCC Meeting Minutes

SUPPLEMENTING FY13 BUDGET

WHEREAS, Section 129.06(2)(d), F.S., provides that receipts of a nature from a source not anticipated in the FY13 Budget, and received for a particular purpose may, by Resolution of the Board of County Commissioners of Pinellas County, be appropriated and expended for that purpose; and

WHEREAS, unanticipated grant revenues are to be received and these funds are to be appropriated and expended for the purpose for which received.

THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Pinellas County, Florida, in a public meeting duly assembled this 12th day of February 2013, that receipts from a source not anticipated and received for a particular purpose be appropriated and added to the General Fund and the total County budget for FY13 as follows:

CAPITAL FUND (3001)

Account Number	Current Budget	Increase/ (Decrease)	Amended Budget
<u>Receipts</u>			
Center 100200 Fund Revenues			
Program 1569 Pinellas County Health Program			
3316901 Fed Grant - HS-Other	\$	- \$ 300,000	\$ 300,000
Total		\$ 300,000	
<u>Appropriations</u>			
Center 416100 CIP-Human Services			
Program 1569 Pinellas County Health Program			
5600001 Budget-Capital Outlay	\$	- \$ 300,000	\$ 300,000
Total		\$ 300,000	

Commissioner _____ offered the foregoing Resolution and moved its adoption, which was seconded by Commissioner _____, and upon roll call the vote was:

AYES:

NAYS:

ABSENT AND NOT VOTING:

APPROVED AS TO FORM
OFFICE OF COUNTY ATTORNEY

By



A handwritten signature in black ink, appearing to be 'J. S. [unclear]', is written over a horizontal line.

Attorney

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

- #19 Health Resources and Services Administration grant award (Award No. 1 C8ACS23732-01-00) to build a health clinic for homeless families with children at 14840 49th Street North, Clearwater, and companion Operating Plan for the Pinellas County Health Campus accepted (Health and Human Services).

Motion	-	Commissioner Latvala
Second	-	Commissioner Welch

Discussion ensued wherein several members expressed support for the project and concerns regarding the County building another medical facility and finding the funding for operation and maintenance of the facility going forward, as fewer resources are expected. Commissioner Bostock stated that relying on “future efficiencies” does not provide a high level of confidence that the County will be able to absorb future costs; and Commissioner Seel questioned the estimated amount of reimbursement if the clinic becomes a federally qualified health center.

Health and Human Services (HHS) Director Gwendolyn Warren related that program efficiencies will continue to be pursued; that a major reorganization is currently underway, which is expected to provide additional efficiencies; and that the Operating Plan essentially calls for HHS to design and build a structure and bring in a series of partners to assist in providing and delivering comprehensive, coordinated health care, which has been approved by the BCC.

Ms. Warren described the partnerships and programs, and indicated that in addition to the operating board, the Health Department, the Juvenile Welfare Board, and the Department of Health and Human Services are also partners; and that with the facility essentially being paid for by the federal government, staff is looking to share operational expenses to the degree the billing will allow and to have the community health care providers operate in a coordinated manner out of the clinic, as directed by the BCC. She stated that she believes the department’s efficiency and administrative skills have been repeatedly demonstrated; that the clinic will be successful; and that she is confident the costs will be within the current budget if things continue on the current trajectory, noting the uncertainty of what 2015 may bring; whereupon, she pointed out that other mechanisms, such as the Affordable Care Act and a new program to offset the cost of pharmacy care by over \$3 million, are coming quickly.

Commissioner Roche questioned the plan for the cost savings resulting from the partnerships and whether the Board would have the opportunity to discuss its strategic ideas and focus areas where it would like the funds directed, stating that Ms. Warren could provide the plan at a later date. Administrator LaSala indicated that the use of any additional funds would be brought before the Board for discussion and direction; and that as savings are identified, they will be brought before the Board in the form of a budget proposal for next fiscal year.

Commissioner Welch pointed out that the Homeless Leadership Board is very supportive of the Plan; and that he believes it aligns with the Board's Strategic Plan; whereupon, he commended staff for their efforts.

Vote - 7 - 0

- #20 Letter of Agreement between Pinellas County and the State of Florida, Agency for Health Care Administration, for the Medicaid Buy-Back Program, retroactive to July 1, 2012, approved; and Memorandum of Understanding for Pinellas County Low Income Pool Grant Fund between Pinellas County and Baycare Health System, Inc. approved; Chairman authorized to execute and the Clerk to attest (Health and Human Services).

Ms. Warren related that Baycare hospitals recently approached HHS staff and requested that the County assist them in participating in the Medicaid Buyback Program, pointing out that the County has participated in the Medicaid Buy-Back and Low Income Pool (LIP) programs for several years; and that participation generally occurs during the budget season, but that Baycare received an extension. She indicated that staff initially responded that the budget hearings had concluded; that BCC approval would be needed; and that Baycare reminded staff of the efforts over the last year to develop a different kind of relationship to bring additional funds to the community to assist with providing access to care for low-income residents.

Ms. Warren indicated that the BCC had provided the HHS Department \$13 million in general fund dollars for its medical program; and that HHS staff talked with Baycare about trading the HHS Department's general fund dollars for Baycare's non-general fund dollars and Baycare using the non-general fund dollars to pay the County's bills, which would allow Baycare to participate in the Medicaid Buy-Back Program, pointing out that doing so would be contingent upon approval by the BCC.



BOARD OF COUNTY COMMISSIONERS

DATE: April 23, 2013

AGENDA ITEM NO. 136.

Consent Agenda ☐

Regular Agenda ☒

Public Hearing ☐

County Administrator's Signature:

Subject:

Approval of a Resolution in Support of State Implementation of the Federal Affordable Care Act.

Department:

Department of Health and Human Services

Staff Member Responsible:

Gwendolyn Warren, Director

Recommended Action:

I RECOMMEND THE BOARD OF COUNTY COMMISSIONERS (BOARD) APPROVE THE RESOLUTION PETITIONING THE LEGISLATURE FOR THE STATE OF FLORIDA TO FULLY IMPLEMENT HEALTH CARE EXPANSION UNDER THE PATIENT PROTECTION AND AFFORDABLE CARE ACT

Summary Explanation/Background:

In 2010 the Federal Government passed the Patient Protection and Affordable Care Act for the purpose of expanding health care coverage in the United States. As part of the Act, states were given the option of whether or not to implement the provisions of the Act. Those states implementing the Act were could do so internally under their own self created program or by allowing the federal government program to control within the state. Currently, the State Legislature is considering between the above options and the Board of County Commissioners desires to acknowledge its support of the state implementing the Act.

Fiscal Impact/Cost/Revenue Summary:

No fiscal impact

Exhibits/Attachments Attached:

Resolution

RESOLUTION NO. 13-_____

RESOLUTION OF THE BOARD OF COUNTY
COMMISSIONERS OF PINELLAS COUNTY PETITIONING
THE LEGISLATURE FOR THE STATE OF FLORIDA TO
FULLY IMPLEMENT HEALTH CARE EXPANSION UNDER
THE PATIENT PROTECTION AND AFFORDABLE CARE
ACT.

WHEREAS, The Patient Protection and Affordable Care Act, Public Law 111-148 (hereinafter referred to as the Affordable Care Act), was signed in to law on March 23, 2010; and

WHEREAS, the U.S. Supreme Court in *National Federation of Independent Business v. Sebelius*, 567 U.S. ____ (2012), upheld the key provisions of the Affordable Care Act but made the Medicaid expansion provisions optional for the states; and

WHEREAS, the Medicaid program was created by the federal government to provide health care for low-income people who cannot afford health insurance or health services; and

WHEREAS, each state sets its own Medicaid eligibility requirements; and

WHEREAS, the State of Florida has the opportunity to provide an expansion of health care coverage for newly-eligible residents up to 138 percent of the Federal Poverty Level by exercising a new coverage option made available through the Affordable Care Act; and

WHEREAS, health care expansion would provide health care insurance to an estimated one million low-income Floridians and 74,617 Pinellas County residents, significantly reducing the number of uninsured individuals in the State and Pinellas County; and

WHEREAS, the Affordable Care Act creates as opportunity for Florida to maximize the amount of funds needed to pay the costs of expanding health care coverage at 100 percent during the first three years of the program and no less than 90 percent after 2020; and

WHEREAS, the Medicaid Director at Florida's Agency for Health Care Administration explains that the cost savings from the 100 percent federal coverage of "Medically Needy" costs will save the State enough to cover the first decade of health care expansion costs; and

WHEREAS, the Florida Legislature's Economic and Demographic Research Office and Florida's Agency for Health Care Administration explain that it will cost less to cover one million uninsured low-income Floridians than it would to leave these residents uninsured; and

WHEREAS, Moody's Investor Service has stated that hospitals, state and County budgets and employers will incur significant negative financial implications if the State turns down federal funds for health care expansion; and

WHEREAS, the cost of health care expansion will be further offset by savings in the provision of mental health and medical services by state and local tax dollars being replaced with Federal Medicaid dollars; and

WHEREAS, the University of Florida Food and Resource Economics Department reports that using fifty-one billion dollars in federal money to expand health care will boost Florida's economy by creating 121,945 permanent jobs over ten (10) years, as well as adding five billion four hundred ten million dollars in tax revenue for state and local governments in the next ten (10) years; and

WHEREAS, health care expansion is projected to ensure newly-covered residents have access to preventive and therapeutic health care services and improved health, social and behavioral outcomes; and

WHEREAS, Board of County Commissioners has unanimously approved a Healthy Communities initiative and strategically realigned its focus to increase access to health care and improve health services and outcomes for low-income residents; and

WHEREAS, Board of County Commissioners' values are to be sensitive to the needs of individual citizens while also being good stewards of public funds on behalf of the community as a whole; and

WHEREAS, the implemental of the Affordable Care Act will allow for leveraging of federal funds resulting in maximizing Pinellas taxpayer dollars; and

WHEREAS, implementing the provisions of the Affordable Care Act will be an important factor in allowing the Board to achieve these goals in the most efficient manner possible.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF PINELLAS COUNTY, FLORIDA, at a duly-assembled meeting held on the 23rd day of April, 2013, as follows:

Section 1. The Board of County Commissioners for Pinellas County calls upon the State of Florida to fully implement health care expansion for all Floridians living at or below 138 percent of the Federal Poverty Level through full expansion and the implementation of the Affordable Care Act.

Commissioner _____ offered the foregoing Resolution and moved its adoption, which was second by Commissioner _____, and upon roll call, this vote was:

AYES:

NAYS:

ABSENT AND NOT VOTING:

APPROVED AS TO FORM
OFFICE OF COUNTY ATTORNEY



Attorney

Pinellas County

Department of Health and Human Services: Board of County Commissioners 2014 Business Plan

Submitted by: Gwendolyn C. Warren

Bureau Director, Department of Health and Human Services



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**DEPARTMENT OF HEALTH AND HUMAN SERVICES
BUSINESS PLAN 2014**

As the Pinellas County Administrator guides departments through the upcoming budget season, Health and Human Services has prepared this document as a business plan to describe our mission; outline our department, programs and services; current activities and performance measures. We also address challenges and strengths of our programs as well as planned performance measures for 2014. Additionally, this document provides status on how we are addressing the Board of County Commissioners' strategic vision through **four new or enhanced initiatives**. Those initiatives were identified through the collaborative work of several departments on the 2012 Economic Impact of Poverty Report. The initiatives are: ***Healthy Communities, Expanding Access to Healthcare, Technology and Housing Assistance for the Homelessness in Pinellas County.***

Mission Statement

The Pinellas County Department of Health and Human Services' mission is to ***encourage and promote the health and self-sufficiency of low-income Pinellas County residents***. In partnership with our community, the Department administers and coordinates a wide range of high quality prevention and intervention services in a manner that is consistent with local, federal and state guidelines and is the best and most cost-effective use of resources. We facilitate this process by placing people first, in an effort to increase access to services, promote health, increase self-sufficiency and improve the quality of life of those who seek our services.

The Department of Health and Human Services is comprised of 85 employees. Staff is organized into three major areas: Finance; Contracts, Analysis, and Planning, and Direct Services; each supervised by a member of the Senior Management Team. In addition, the Department has contracted staff in our Mobile Medical Unit, Pinellas County Health Program, and Utilization Management Unit. The Department has staff located throughout the County at the following locations:

Clearwater 2189 Cleveland Street Clearwater, FL 33765	St. Petersburg 647 1st Ave North St. Petersburg, FL 33701
Mid-County 8751 Ulmerton Road Largo, FL 33771	Tarpon Springs 301 South Disston Ave. Tarpon Springs, FL 34689

Core Programs and Services Overview

In January 2012, and at the request of the Board of County Commissioners, the Department of Health and Human Services realigned its programs and services to better meet the strategic direction of the Board. Focusing on improving the quality of life of all residents, the Department's concentration is on services that assist individuals with becoming fully self-sufficient or receiving federal benefits/assistance. The Department administers – either directly or through contracts – two types of programs: *the Pinellas County Health Program and the Homelessness Prevention and Self-Sufficiency Program*. The goals of each program type are to provide access to quality services and aid individuals in becoming fully self-sufficient or in receiving any state or federal benefits they may be entitled to. This, in turn, will reduce their use of County-funded services. In addition, the Department funds state mandated initiatives and provides matching, pass-through, and grant dollars to local health and human services providers.

Health and Human Services 2013 Budget			
Program	Fund Source	Amount	%
Administration	General Fund	\$2,340,860	(4)
Pinellas County Health Program	General Fund & Special Revenue Fund	\$23,216,460	(40)
Mobile Medical Unit	General Fund and Grant Money	\$880,000	(2)
Homelessness Prevention & Self-Sufficiency	General Fund	\$6,771,500	(12)
State Mandate – Medicaid	General Fund	\$18,300,000	(32)
State Mandate – Other	General Fund	\$3,004,710	(5)
Matches, Pass-through, & Local Grants	General Fund	\$3,121,430	(5)
Total		\$57,634,960	100%

Program Descriptions

I. Pinellas County Health Program

Over 20% of the population in Pinellas County is uninsured, while approximately 120,000 people living at or below 100% of the Federal Poverty Level. Another 10.3% is unemployed. Access to health care is crucial among populations dealing with unemployment and homelessness. Furthermore, chronic conditions that are not controlled – such as diabetes or hypertension – may become exacerbated, leading to emergency room and inpatient hospital visits that are unaffordable and undermine continuity of care. Ultimately, these are financed by other taxpayers in the community and directly affect the quality of life for all residents.

The Pinellas County Health Program was implemented in October 2008, in response to the reporting and cost limitations of WellCare, the previous health care services provider to low-income, uninsured residents. The program is based on the patient-centered medical home model, which has shown to be cost-effective and adopted nationwide. In recent years, more than 7,600 clinicians and 1,500 sites have been recognized as patient-centered medical homes, with the vast majority achieving recognition by the National Committee for Quality Assurance in 2010. Additionally, 44 states have either passed laws or begun initiatives related to this model.

Medical homes focus on wellness and prevention by providing continuity of care through a team of medical providers.

The Pinellas County Health Program currently targets uninsured residents between the ages of 18 and 64 who are at or below 100% of the Federal Poverty Level. Pinellas County has 9 medical homes sites available through two community primary care providers; the Community Health Centers of Pinellas and the Pinellas County Department of Health. In addition, the Department operates the **Mobile Medical Unit**, a full-service Federally Qualified Health Center that travels to 12 county-wide locations where homeless people frequent, such as soup kitchens, drop-in centers and homeless shelters. Medical homes focus on wellness and prevention by providing continuity of care through a team of medical providers. Preventive services represent cost-savings, as they help shift the cost away from more expensive services with lower health benefit, and cost less to deliver. The Pinellas County Health Program has managed to decrease costs to \$1,442 per client – an astonishing improvement when compared to Wellcare’s 2008 approximate cost per client of \$5,927. In addition to the cost decrease, we more than doubled the amount of clients enrolled in the program from 7,000 to 14,000 served.

While primary care and prevention are the focus of this delivery system, the medical homes also incorporate behavioral health, dental services, wellness, and education services at the primary care sites. Additionally, clients have access to an external network of services that includes prescriptions, specialty care, ambulatory and inpatient care, off-site behavioral health care, and access to home health and durable medical equipment. These external services are reviewed by the Utilization Management team, which is overseen by the Medical Director. The Utilization Management team evaluates the medical necessity, appropriateness, and efficiency of the use of health care services, procedures, and facilities under the program’s provisions.

The overall Department budget for the **Pinellas County Health Program is \$23,216,460**, provided through General Fund dollars and Special Revenue Funds. The **Mobile Medical Unit budget is \$880,000**, provided through General Fund dollars and federal grant dollars.

Our current work in fine-tuning the program includes providing for electronic eligibility determination and linking medical clients with additional services they may need through our contracted providers, Community Health Centers of Pinellas or the Pinellas County Department of Health as well as with other social service agencies.

Oral health is an important part of total health. More and more evidence shows links between oral health and major medical problems such as heart disease, glucose control for diabetics and for pregnant women, preterm births. The link between dental and general health means dentists are playing a larger role in patients’ overall health, and physicians are becoming more involved in monitoring oral health. For these reasons, in 2013, we have expanded oral health services to include high risk preventive dental services to Pinellas County Health Program clients who suffer from cardiovascular disease and/or diabetes and who have already experienced tooth loss. Services include a dental exam, X-rays, cleanings, extractions or restorations (fillings), oral cancer screenings, education and prescriptions if needed. Our ongoing relief of pain dental services provide for extractions, fillings and prescriptions.

Through its Strategic Directives for 2012, the Board of County Commissioners provided desired outcomes for county departments that included data-driven measures. To align with the Directives, the Department revised its performance and outcome measures. We moved from solely quantitative measures in 2013, where the focus

was on the number of clients served and associated costs for services to measures for 2014, that reflect the realignment of our health programs to be more consistent with Federal and State Healthcare Reform that include health improvement outcomes.

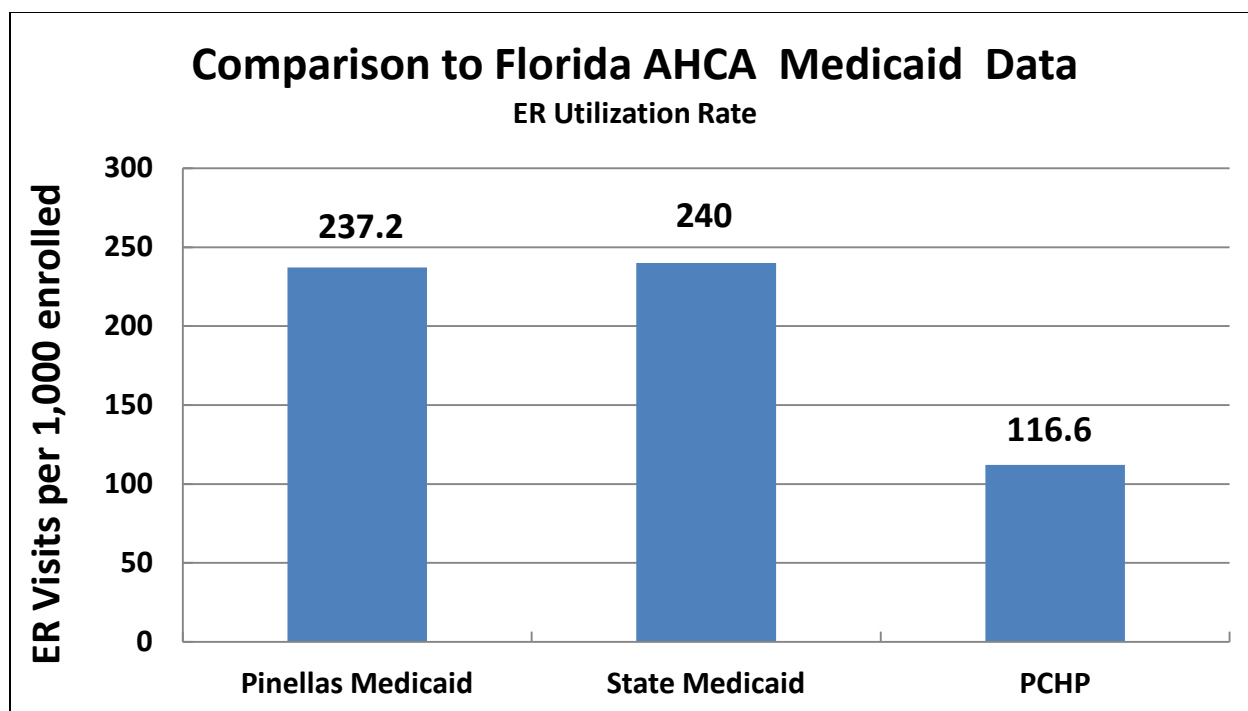
Challenges: Pinellas County often ranks poorer than the State of Florida and the United States in leading health indicators for diabetes, obesity, cardiovascular, and other chronic diseases. Some rankings – especially for the underserved populations – are in the national “severe” benchmark category. The medically un-served and underserved populations contribute significantly to these rankings. Minorities – particularly African Americans – are disproportionately represented. Clients in our medical program have even higher rates of chronic diseases, some up to three times higher. Prevalent chronic diseases include obesity (61%), diabetes (44%), and hypertension (35%). Additionally, 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.

While providing care for individuals with uncontrolled chronic diseases is a costly endeavor, it is more cost effective to address this issue and assist with getting the chronic diseases under control. However, in Pinellas County, there is a lack of financial resources or dedicated funding streams to maintain or sustain the medical program for low-income individuals. **The State and Federal Health Care Reform** will provide outlets of support for medical services provisions to low-income individuals but until more is known about how these mechanisms will be implemented, it remains on our list of challenges. We will continue to stay abreast of changes and provide a detailed report on options available this Spring.

As the policy on State and Federal Health Care reform unfolds, we are looking at the challenges of extending access to care as more low-income individuals will be eligible for health care under the Reform. The County’s current infrastructure/capital improvement capacity to address this increase is also a challenge.

Strengths: Medical homes focus on wellness and prevention by providing continuity of care through a team of medical providers. The cost of well care versus sick care managed in the medical homes is much less financially impacting and 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%. This translates to reduced future medical costs. We have a healthcare program that has a proven track record of reduced costs based on comparisons with the previous sick care model. Our wellness and prevention model has demonstrated a 76% decrease in costs from \$5,927 under Wellcare to \$1,442 with our medical homes.

We have reviewed Emergency Room usage data and determined that between the time frame of 2008 – 2011, 530 Pinellas County Health Program (PCHP) clients received services through local hospitals over the course of 2001 visits. This equates to 1.3 visits per year, however, there were 41 ‘high users’ recording 10 or more visits during the same time frame. These 41 clients reported to the emergency room for a total of 714 visits, 36% of the total usage. There was a total of 15,708 PCHP enrolled clients in Fiscal 2011. Through the County’s Health Program, we have been able to show a reduced usage of local hospital emergency rooms when compared to Pinellas County Medicaid clients (116.1/1000 vs. 237.2/1000) respectively.



*Medicaid data from FY 09-10, PCHP data from FY 10-12

We have also maximized efficiencies and reduced costs by streamlining systems. Implementation of our CHEDAS technology laid the foundation for the streamlining. Through CHEDAS and OPUS, we have an electronic billing system that allows us to have a paperless medical billing system.

To further address the challenges we face with providing access to medical services and seeking improved health outcomes for county residents, we have revised our 2014 performance measures. The performance measures directly align with the Board of County Commissioners' Strategic Directives, goals of the program, the implementation of Federal Healthcare legislation and tie into community outcomes.

Health Care Program Measures/Outcomes

Performance Measures for 2014:

- Percent of PCHP clients diagnosed with diabetes that achieve normal HgbA1c ranges; measure = 70%
- Percent of PCHP clients diagnosed with hypertension that achieve normal blood pressure ranges; measure = 70%
- Percent of PCHP clients diagnosed with asthma that are prescribed proper medication; measure = 70%
- Percent of female PCHP clients who received a mammography and/or PAP test (depending on age); measure = 80%
- Percent of PCHP clients diagnosed with a chronic disease who were enrolled in a health education class; measure = 80%

Our current work in fine-tuning the **Mobile Medical Unit** involves developing strategies to lessen travel and remain at sites for longer periods of time to allow for greater access and less wear and tear on the mobile van. Traditionally, mobile units are expensive; lessening travel will decrease the costs of fuel and maintenance. We are also looking to streamline services on the unit to increase efficiencies. This includes adjusting the staffing units to primarily address clinical or medical provisions on the van.

Through its Strategic Directives for 2012, the Board of County Commissioners provided desired outcomes for county departments that included data-driven measures. To align with the Directives, the Department revised its performance and outcome measures. We moved from solely quantitative measures in 2013, where the focus was on the number of clients served and associated costs for services to measures for 2014, that reflect the realignment of our health programs to be more consistent with Federal and State Healthcare Reform that include health improvement outcomes.

Through our \$5 million Health Resources and Services Administration (HRSA) capital development grant, we have plans for our first one-stop facility mid-county. This facility will be a medical clinic dedicated to homeless families and individuals that will allow for clinical (medical and behavioral health) and social services to be co-located and provide for true integration of service delivery. We will be able to use this model for additional one-stop facilities in the designated economic impact zones.

Challenges: Chronically homeless individuals tend to be transient and often seek medical care when they are in extreme pain or when illnesses are severe. For these reasons, continuity of care is compromised and homeless individuals will resort to seeking care through hospital emergency rooms. Additionally, homeless individuals faced with chronic illnesses, have difficulty storing their medications or through their transient circumstance, keeping up with their medications that are often lost or stolen.

Homeless individuals that are too ill or injured to take care of themselves but are not sick enough to be admitted into or remain in a hospital present a unique problem. One of the solutions is respite care. In Pinellas County, there is currently only one facility that provides respite services to homeless individuals. We will have a respite care wing in our new medical clinic; however it is not expected to be ready for occupancy until 2015.

Homeless children are one of the fastest growing populations in Pinellas County. Most often, parents seek care at one facility and children at another; this presents an access challenge including transportation. Our new clinic will help to address this issue by providing a facility that not only caters to homeless families, it will allow for continuity of care in looking at health risks and providing health education to the family unit.

There is also an increase in homeless veterans in the Tampa Bay area. Additionally, more veterans are returning that were deployed in the Iraqi and Afghanistan wars. The increase in veterans and wealth of health issues experienced by these veterans is evident. Services are not readily available to returning veterans; many will need housing, employment, and ongoing medical care. Helping to link veterans with services (medical and social) will require an increase in communication and collaboration between veterans services agencies and the medical community.

Finding efficiencies to reduce costs are difficult. Mobile Medical Units by their nature are expensive, but they are a unique and responsive means toward assisting homeless individuals with their healthcare. Increasing the number of homeless individuals served on the Mobile Medical Unit is also challenging as a clinical peak will inevitably be reached.

Strengths: The Mobile Medical Unit staff has established a solid rapport with the homeless community. The staff is able to provide health education and a respectful environment where clients feel comfortable and are more likely to return for care on a regular basis as opposed to waiting until their issues are severe. The Mobile Medical team also uses an electronic health record which allows for greater continuity in care as clients may arrive as walk-ups. The Team can easily access client medical records, providing connectivity is not at issue. With the 24 year history the Mobile Medical Unit has in working with this population and through its tenure as a Federally

Qualified Health Center, performance measures have been long standing and continue to be observed and enhanced through the Bureau of Primary Care's guidance.

The Mobile Medical Unit is a Federally Qualified Health Center (FQHC), with a 330 (h), healthcare for the homeless designation. We will be able to leverage this designation by adding to our scope of services to include the low-income population we have in our Health Care program. The new designation would then include a 330 (e) allowing for Medicaid reimbursements at a higher level.

To further address the challenges we face with providing access to medical services and seeking improved health outcomes for county residents, we have revised our performance measures to directly align with the goals of the program and to understand better if our services are making a definitive impact.

Mobile Medical Unit Measures/Outcomes
<p>Performance Measures for 2014:</p> <ul style="list-style-type: none">• Percent of Mobile Medical Unit clients diagnosed with diabetes that achieve normal HgbA1c ranges; measure = 65%• Percent of Mobile Medical Unit clients diagnosed with hypertension that achieve normal blood pressure ranges; measure = 65%

II. Homelessness Prevention and Self-Sufficiency Programs

There are over 22,000 homeless individuals in Pinellas County over the course of a year. Families with children are the fastest growing segment of homeless in the County. In Fiscal Year 2013, the Homelessness Prevention and Self-Sufficiency Programs will provide financial assistance to homeless families with children, disability advocacy for permanently disabled county residents, and Veterans services for veterans. The revised 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 and/or disabled veterans. The three 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 remaining stably housed. The Department budget for the Homelessness Prevention and Self-Sufficiency Programs is \$6,771,500.00

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 is provided to permanently disabled individuals to assist with utilities, food, transportation, and medical exams for disability determination. Case managers assist clients with the initial application for Supplemental Security Income or Social Security Disability Insurance and with migrating clients who qualify on to Medicaid. If a client is approved for Social Security Income, the county is reimbursed for the financial assistance provided while an individual's claim is being processed. As of Fiscal Year 2012, the county has collected close to \$9 million in reimbursements from the Social Security Administration.

Greater coordination efforts are being made to assist disabled clients at the initial application of filing for Social Security. This process allows the staff to develop a comprehensive case that includes medical records, medical and psychological testing, along with work training and educational history that are unique to supporting claims that are successful. Preparation in this manner provides greater potential for the client to be awarded the Social Security benefit and Medicaid and taking them from dependence on County resources to self-sufficiency within a shorter timeframe.

Through its Strategic Directives for 2012, the Board of County Commissioners provided desired outcomes for county departments that included data-driven measures. To align with the Directives, the Department revised its performance and outcome measures. We moved from solely quantitative measures in 2013, where the focus was on the number of clients served and associated costs for services to measures for 2014, that reflect the realignment of our self-sufficiency programs to be more consistent with current community needs and self-sufficiency outcomes.

Challenges: According to the 2010 Census, there are 120,000 people living at or below the poverty level in Pinellas County. Many of these individuals need short-term financial assistance to prevent them from becoming homeless or help obtaining benefits if they are permanently disabled and cannot work. However, many of the individuals continue to try to work for short periods of time which interrupts or undermines their disability claim. The difficulty for the staff is preparing a claim for a client that is destitute and short of becoming homeless or relying on family and friends, tries to go back to work and after a few months is unsuccessful, but by this time, the claim has been compromised and we are no longer able to assist.

Strengths: The Disability Advocacy staff is well versed in the Social Security Disability filing process and is able to obtain the information needed for successful decisions. We are able to connect disabled clients in need of medical care with our Health Program. These services working in tandem provide for a more efficient use of staff time and skill sets and allows for the client to have their needs met comprehensively.

To further address the challenges we face with providing access to medical services and seeking improved self-sufficiency outcomes for county residents, we have revised our performance measures to directly align with the goals of the program and to understand better if our services are making a definitive impact.

Disability Advocacy Measures/Outcomes

Performance Measures for 2014:

- Percentage of Disability Advocacy applications that are processed within 60 days; measure = 85%
- Percentage of approved/favorable Initial decisions for Disability Advocacy clients; measure = 80%
- Percentage of approved/favorable Reconsideration decisions for Disability Advocacy clients; measure = 15%
- Percentage of approved/favorable Administrative Law Judge (ALJ) Hearing decisions for Disability Advocacy clients; measure = 80%

The Family Homelessness Assistance Program provides case management to highly motivated working families with a desire to transition from homelessness into economic self-sufficiency. Case managers tailor family plans to specific family needs including assistance with locating housing, rent payments 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 will help increase their level of self-sufficiency while in the program and increase their chances of remaining self-sufficient once they exit the program. Families enrolled in the program have a monthly savings requirement. The Department of Health and Human Services uses a nationally recognized formula to develop individualized savings requirements for each family – based on their family size, income, and expenses – but not to exceed 30% of their household income. The Department begins by paying rent for the family on a sliding scale based on need as long as the family meets the case management and family service plan requirements up to the 18 month duration of the program. Over time, the county's rental contribution decreases, while the family's rental contribution increases until the family is paying 100% of their rent and have a savings amount sufficient to make them ineligible for county services.

The overall average number of clients served in the Family Homelessness Assistance Program (FHP) that are still housed and employed is 62%. Our data reveals that at the 60 and 120 day intervals following assistance, 85% of the clients served in fiscal years 2011 and 2012, were still housed and employed. These figures surpass federal standards which are 45% and 55%, respectively, for the same time frames. The problem is that the average salary for these families is \$14,062. This data proves that FHP aided over 800 people in not becoming homeless. The data also implies that through the program assistance of Health and Human Services - even with episodic events due to poverty – our clients were able to attain or maintain employment. The takeaways from the program include: **1) clients can remain employed, 2) short services can avoid crisis, 3) our program assistance kept clients from homelessness, but it did not get them out of poverty, 4) families are still eligible (based on income) for County programs.** For these reasons, we have revamped/retooled the family housing program by working with collaborative partners such as WorkNet and others to help low-income county residents obtain a living wage suitable to support their families. These efforts take more commitment and time from Health and Human Services staff and from the participants.

Family Homelessness Assistance Program	Fiscal Year 2011	Fiscal Year 2012	Fiscal Year 2013
Total	472	751	307
Housed/Employed at 60 days post program	85%	87%	100%
Housed/Employed at 120 days post program	85%	83%	94%
Housed/Employed at 2 years post program	58%	63%	N/A

Through its Strategic Directives for 2012, the Board of County Commissioners provided desired outcomes for county departments that included data-driven measures. To align with the Directives, the Department revised its performance and outcome measures. We moved from solely quantitative measures in 2013, where the focus was on the number of clients served and associated costs for services to measures for 2014, that reflect the realignment of our self-sufficiency programs to be more consistent with current community needs and self-sufficiency outcomes.

Challenges: There are over 22,000 homeless individuals in Pinellas County over the course of a year. Families with children are the fastest growing segment of homeless in the County. The need is significantly greater than the available resources. There are limited family emergency shelters in the county. Additionally, finding affordable housing availability for families with limited income is often difficult.

Family homelessness is caused by the combined effects of lack of affordable housing, extreme poverty, decreasing government supports, changing demographics of the family, the challenges of raising children alone, domestic violence, and fractured social supports. As the gap between housing costs and income continues to widen and housing foreclosures increase, more and more families are at risk of homelessness. For extremely poor families and those with vulnerabilities or little safety net, even a seemingly minor event can trigger a catastrophic outcome and catapult a family onto the streets. As of 2010, the Tampa-St. Petersburg Metropolitan Statistical Area (MSA) had the highest rate of homelessness in the nation per 10,000 people. One in four homeless individuals in the Tampa Bay area is a child.

Strengths: This program involves intensive case management that lends to the family's increased ability to remain self-sufficient; a sole source provision unduplicated by any other family housing assistance program in the County currently. According to the National Alliance to End Homelessness, families often become homeless due to an "unforeseen financial challenge". The Family Homelessness Assistance Program offers assistance to families during this time so that an unexpected expense or temporary loss of income does not escalate into homelessness. Preventing homelessness from occurring when possible decreases the strain on local emergency shelters and resources, allowing them to serve families with greater needs.

To further address the challenges we face with providing access to services and seeking improved self-sufficiency outcomes for county residents, we have revised our performance measures to directly align with the goals of the program and to understand better if our services are making a definitive impact.

Homeless Prevention Measures/Outcomes

Performance Measures for 2014:

- Percent of Homeless Family Assistance clients who obtain a GED/High School Equivalent; measure = 60%
- Percent of Homeless Family Assistance clients who complete a money management class/credit repair program; measure = 65%
- Percent of Homeless Family Assistance clients who complete vocational training and/or a job search workshop; measure = 70%
- Percent of Homeless Family Assistance clients who enter full time employment, making minimum wage or above; measure = 70%
- Percent of Homeless Family Assistance clients who make a living wage; measure = 45%
- Percent of Homeless Family Assistance clients who maintain stable housing 120 days after exiting program; measure = 70%

Veterans Services assists veterans and their families with obtaining veterans benefits, services, and information from the U.S. Department of Veterans Affairs. In order to better meet the needs of our “traditional” veteran population, the newest class of veterans returning from overseas and homeless veterans, the Department of Health and Human Services has incorporated Veterans Services into our Pinellas County Health Program and Homelessness Prevention and Self-Sufficiency Programs, providing greater access to other services that veterans may need. The Veterans Services Program assists over 2,000 veterans and generates over \$16.5 million in new Veterans Affairs revenue for Pinellas County per year.

Currently, we are in the process of re-staffing this Unit. Two new Veterans Service Officers have been hired; one has completed the Florida Department of Veterans Affairs Veterans Service Officer training. The other new staff person will attend this training in June 2013. We have completed the recruitment for a Veterans Services Manager and we anticipate filling the position by the end of March. This Manager will also attend the Florida Department of Veterans Affairs Veterans Service Officer training in June if needed. We have been working closely with the Hillsborough Veterans Services Office and Florida Department of Veterans Affairs to assist with seeing our veterans and their families to provide claims assistance. We have also temporarily hired a certified Veterans Service Officer who is a former Health and Human Services Senior Veterans Service Officer to work part-time while the newly hired Veterans Service Officers are being trained.

Challenges: The County has the 3rd highest population of veterans in Florida, at nearly 100,000. This figure does not include their spouses/surviving spouses, dependent children, and parents.

There is an increase in homeless veterans in the Tampa Bay area. Many of these veterans served during the Vietnam War era and are chronically homeless and reluctant to seek assistance from governmental agencies. Additionally, veterans are returning from the Iraqi and Afghanistan wars. The increase in veterans and wealth of health issues experienced by these veterans is evident. Services are not readily available to returning veterans; many will need housing, employment, and ongoing medical care. Helping to link veterans with services (medical and social) will require an increase in communication and collaboration between veterans services agencies and the medical community.

Strengths: Approximately \$16.5 million in new Veterans Affairs revenue was secured for Pinellas County in 2012. We have enhanced our Veterans Services Office by expanding services to include working with homeless veterans and their families. We have also cross-trained our Disability Advocacy staff to be able to assist with

requests and general information. We have also cross trained our Veterans Services Officers to ensure as they come across specific needs, they can appropriately refer the veteran or veteran family member for County and partnering agencies' services.

To further address the challenges we face with providing access to medical services and seeking improved self-sufficiency outcomes for county residents, we have revised our performance measures to directly align with the goals of the program and to understand better if our services are making a definitive impact.

Veterans Services Measurements/Measuring Efficiency Outcomes
Performance Measures for 2014: <ul style="list-style-type: none">• Total number of Veterans Services claims processed per year; measure = 3,500• Increase the amount of revenue brought into Pinellas County; measure = 5% or (\$20 million)

III. State Mandates

In addition to the Pinellas County Health Program and the Homelessness Prevention and Self-Sufficiency Programs, the Department manages several contracts for state mandated services that come directly out of the Department's budget. These State mandated programs include: Local Medicaid Matching Funds, Disposition of Indigent and Unclaimed Bodies, Health Care Responsibility Act, and Local Mental Health Matching Funds. The Department budget for state-mandated programs is \$21,304,710.00, 37% of the overall budget.

Program	Services	FY 2013 Budget
State Medicaid Mandate	State mandated matching funds for Florida Medicaid Program for in-patient and nursing home services.	\$18,300,000
State Mental Health Match	Match funding for behavioral health services. Will leverage this funding to provide services to the patients in the Pinellas County Health Program.	\$2,134,456
Health Care Responsibility Act	Emergency health care for low-income residents provided by out-of-county hospitals.	\$450,000
Disposition of Indigent and Unclaimed Bodies	Cremation and burial services (contracted services)	\$420,254
Total		\$21,304,710

Challenges are listed under these items, however, the State Medicaid and Mental Health Match programs will be discussed further under separate correspondence as there is pending legislation that will impact these issues.

State Medicaid Mandate - The County provides State mandated matching funds for Florida Medicaid Program for in-patient and nursing home services.

Challenges:

- The current process mandates a county Medicaid contribution based on a transactional billing system. The Agency for Health Care Administration invoices counties for 35% of the total cost associated with Medicaid patients using inpatient hospital services beyond a cumulative 10 days per year up to 45 days per year (day 11 through 45) and for the cost of nursing home services limited to \$55 per patient per month. Counties are required to perform an audit of each monthly invoice to validate the residency of the individual patients on the invoice.
- The Governor's proposed budget for SFY13/14 eliminates the current billing process in favor of a process that allocates the total county Medicaid contribution among counties based on a percentage allocation. The total contribution is annually adjusted by 75% of the increase in the state's Medicaid contribution.

- The Florida Association of Counties is advocating to allow counties to optionally choose a slightly modified version of the Governor's proposed allocation method or continue with the current transactional billing system.

State Mental Health Match – The County provides Match funding for behavioral health services. We leverage this funding to provide services to the patients in the Pinellas County Health Program.

Challenges:

- The state is currently in the process of amending the administrative rule which implements the mandated county match for behavioral health contracts. The proposed amendments are primarily associated with the state wide implementation of regional managed care entities. It is not anticipated that these changes will have a material effect on the mandated match contribution amount required of Pinellas County.
- Health and Human Services is performing a review of the mandated match requirements including other alternative match sources (e.g. in-kind match, other local sources) for the funded entities.

Health Care Responsibility Act (HCRA) – The Health Care Responsibility Act (HCRA) was first enacted in 1977 and revised by the 1988 Legislature to place the financial obligation for reimbursing hospitals for emergency inpatient and outpatient services provided to out-of-county indigent patients on the counties in which the patients reside.

Challenges:

- Local hospitals rely on a collections agency to contact the County for payment. The communication is often difficult because the representatives do not understand that the County needs to verify patient information before authorizing payment. This authorization includes verifying county residency by contacting the client to request information that the client may not want to provide.
- There are difficulties with verification processes due to the Agency for Health Care Administration's (AHCA) policies that do not allow County staff to ask for specific client information such as a social security number to then use various data bases to determine residency.

Disposition of Indigent and Unclaimed Bodies - Health and Human Services contracts with a private provider for County cremation and burial services for indigent residents.

Challenges: Historically, this program has been implemented to comply with Florida Statute 406.50. However, it does not align with the mission of Health and Human Services. In 2012, the Department researched better alignment opportunities as well efficiencies in fulfilling the Statute. For Fiscal Year 2013, the Board directed the Department to outsource the program. By contracting the program, we have been able to allocate staff to other program areas.

The contract award went to A-Life Tribute. The transition of this program has been smooth. Through CHEDAS, we will be able to monitor the contract and provide reporting data.

IV. Local Grants

The Health and Human Services Department also manages contracts that are either community matches, grants or pass-through dollars allocated to outside community agencies. The Board of County Commissioners has approved these contracts for Fiscal Year 2013. Most of these agencies provide safety-net services to low-income and/or homeless individuals. The Department budget for matches, pass-throughs, and grants is \$3,121,430.00, 5% of the overall budget.

Agency/Initiative Funded	Agency/Initiative Purpose	Fiscal Year 2013 Budget
Social Action Funding	Funding to 11 non-profit agencies serving the health, economic or social well-being of the adult population.	\$351,650 Health, food, and legal assistance for the homeless.
Homeless Initiative Funding	Funding to eight non-profit homeless service providers.	\$200,000 Emergency shelters and TBIN licenses
Homeless Street Outreach Program	Street Outreach to place street homeless into immediate emergency shelters and provide referrals to human service agencies.	\$597,930 Funding for overnight beds and Street Outreach Team
Operation PAR, Inc.	Addiction and mental health services for children, adults and families.	\$195,000 Inpatient adult detox services
Suncoast Center, Inc.	Mental health and substance abuse services for children, adults, seniors and families.	\$155,570 Forensic-focused outreach (jail diversion, assessments, etc.)
Boley Centers, Inc.	Mental health treatment, residential & employment services for the mentally impaired homeless	\$317,480 Local match for HUD Continuum of Care
Religious Community Services: The Haven	Shelter, transitional housing, counseling and advocacy for victims of domestic violence.	\$54,210 Domestic violence Shelter
Community Action Stops Abuse (CASA), Inc.	Shelter, transitional housing, counseling and advocacy for victims of domestic violence.	\$91,790 Domestic violence Shelter
Health and Human Services Coordinating Council	Funding for county-wide council to improve the health and human services system to better and more efficiently meet the needs of the community. The total cost of the program is shared between Health and Human Services and the Juvenile Welfare Board.	\$130,356 Administrative support
211 Tampa Bay Cares, Inc.	24 hour information and referral services; Tampa Bay Information Network (TBIN) admin, utilized by homeless and human service community providers to track services and shelter bed availability.	\$325,000 24-hour Information and Referral Program
Daystar Life Center	Emergency travelers' aid to homeless individuals and families who find themselves displaced in Pinellas County to return to destinations that previously provide stability in a safe and supportive environment	\$15,000 Travelers' Aid Program

Agency/Initiative Funded	Agency/Initiative Purpose	Fiscal Year 2013 Budget
Catholic Charities/Pinellas Hope	Pinellas Hope shelter for homeless individuals	\$500,000
Unallocated		\$121,644
Total		\$3,121,430

Challenges: The \$3 million for these contracts come directly from the Health and Human Services budget. This funding has historically been allocated to agencies that provide services throughout the County focusing on domestic violence; homeless issues that include emergency food and shelter; network technology and coordination of services such as with the Health and Human Services Coordinating Council or staffing support to the Homeless Leadership Board.

During the last budget season, The Board of County Commissioners asked for recommendations as to the benefits and outcomes of these agencies regarding the monies allocated for services. In reviewing these contracts, the lack of established meaningful outcomes is apparent. The difficulty here is that while the agencies do show what they did with the money, where dollars were used for services directly spent on client services or items such as technology that help to support client needs, there is no indication of outcomes that reflect the benefit to the client, whether the client is no longer needing assistance, or if the client was better off in the long run for having received the service. These dollars have been historically allocated in this manner; so long in fact, that the agencies have considered these funds as a constant budget augmentation for their programs. However at this time, we are discussing a shift in focus of these dollars for the benefit to the County as well as for better alignment to priority services identified by the Board.

The discussion would include ways to measure the efficiency of this funding and to have the programs undergo a procurement process to standardize performance measures and outcomes. The process could begin for Fiscal Year 2014. This would include placing the request for program services out for bid starting this summer. Additionally, we would begin through a transition with dollar amounts for current local programs being reduced and remaining program dollars going through the procurement process. Funding reductions would occur to accommodate new County priorities.

In light of considering the benefit of measurements, looking at other critical areas of deficiency or unfunded County services where the County may derive a greater return on investment could include the following:

- Code Enforcement – areas of environmental containment impacting health outcomes in the economic zones
- Focus on development of resources for an assessment center to determine the appropriate program/treatment services for homeless individuals
- Expansion of the behavioral health programs at the ACTS facility
- Transitional housing for individuals with behavioral health and substance abuse treatment issues
- Expand dental care for PCHP clients

2012-2013 Health and Human Services Status Report

On August 30, 2011, the Department presented the Board of County Commissioners with the *Pathways to Health and Self-Sufficiency* report, which outlined how current economic issues have further stressed our need to focus on the areas of unemployment, homelessness, and health care delivery. The report looked at how the prolonged recession, coupled with double-digit unemployment and other social factors, has affected many in our community and how the Department proposed to deal with the community's unmet needs, particularly in the areas of technology, homelessness, health care and leveraging opportunities.

In Fiscal Year 2012, the Department embarked on a plan to implement each of our Work Plan goals. With the support of the Board of County Commissioners, the Department launched CHEDAS, a technology system designed to collect and report on the quantity, quality, and cost of our programs. CHEDAS allows for simultaneous eligibility screening and determination, appointment scheduling, case management, electronic medical records, and seamless billing. Community portals provide for connectivity with partner agencies.

In conjunction with the Department's Work Plan, and in compliance with the Board's Strategic Direction, Health and Human Services aligned our Department goals and services to better meet the Board's desired outcomes. On January 26, 2012, the Department participated in a workshop before the Board of County Commissioners where we outlined our focus areas for Fiscal Years 2012 and 2013:

- Expanding Access to Healthcare
- Departmental Reorganization
- Report on the Economic Impact of Poverty
- Strengthening Community Partnerships
- Enhancing Technology

The Department's 2012/13 focus areas provide us with the tools necessary to achieve our Work Plan goals and implement the Board's strategic direction. The first step was to re-organize the Department to improve service delivery. The Department is currently undergoing a re-organization to better align services and staffing levels with community needs. Health and Human Services also begun to work more closely with community partners and other county agencies to increase access to care and improve services. By working with community and county partners, we have been able to design a more integrated and seamless healthcare delivery system that also provides the appropriate and necessary links to social supports. The integrated service delivery model is rooted in shared technology, which links each partner behind the scenes to allow for data sharing and seamless billing. Lastly, the Department has built upon its core services and community partnerships to help create a system-wide approach to reduce homelessness through the data collaborative.

Our continuing priority is to focus on a Health and Human Services delivery system that is client-oriented, improves community health outcomes, and is cost-efficient. Full implementation of an integrated service delivery system allows the County to collect community outcomes that demonstrate the impact access to healthcare and social services have in helping residents along a path towards better health and economic self-sufficiency. In order to do this, the Board invested in CHEDAS, a technological system that will enable Health and Human Services to ***deliver measurable per service/per unit cost savings and improved customer service.***

Update on Technology Improvements Initiative

Enhancing our technological capabilities is essential to being able to provide quality services to members of our community. We have completed the build out of the system and have implemented an electronic enrollment process. We are in the last phases of implementing CHEDAS which will aid in the development of a centralized Health and Human Services delivery system that will assist in streamlining county services.

We have recently adjusted previous standards to the new performance standards. The new performance standards allow us the ability to use data to evaluate program efficiency; providing for an in-depth analysis of our programs as we have the technological capacity to track outcomes through CHEDAS. We have modified our contracts to conform to CHEDAS technology to capture information input into the system to also provide outcomes. All agencies that contract with Health and Human Services utilize CHEDAS to submit performance measures, which enhances the Department's reporting capabilities. Additionally, we have maximized efficiencies and reduced costs by streamlining systems. Through CHEDAS, OPUS, and Emdeon (an electronic medical claims clearinghouse) we have an electronic billing system that allows us to have a paperless medical billing system.

Full implementation of an integrated Health and Human Services delivery system allows the County to collect community-focused outcomes that demonstrate the impact access to healthcare and social services have in helping residents along a path towards economic self-sufficiency and improved health outcomes. We will have performance outcome reports through our CHEDAS technology by the end of the third quarter of 2014.

Healthy Communities Initiatives Phase II

In early 2012, the Department – along with the departments of Community Development, Justice and Consumer Services, Code Enforcement, Economic Development, and Planning – was selected by County Administration to begin the groundwork of addressing the Board's strategic direction. Through a series of workshop sessions, the individual departments re-aligned their core services to better meet the strategic direction of the Board. In an effort to review and determine whether the core services provided by these departments align with current community needs, the workgroup took an economic approach to identify which constituents are the greatest users of county resources, recognizing limitations in available funds and the complexity of issues the communities face.

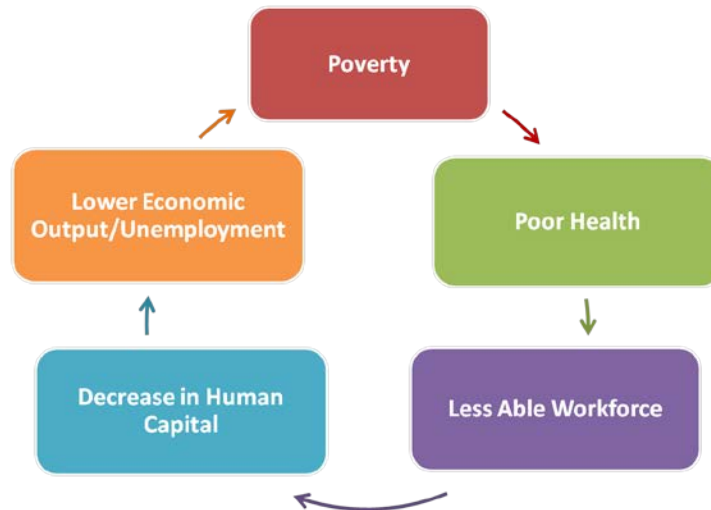
The economic approach entailed two phases: identifying specific zones within Pinellas County that have high concentrations of poverty and small return to our tax base and outlining specific suggestions on strategic initiatives that align with the Board's Strategic Direction and will impact overall community outcomes without incurring in additional costs.

In May 2012, the workgroup presented *The Economic Impact of Poverty* report to the Board of County Commissioners. The report showed that while approximately 11.6% of Pinellas County's total population was living in poverty between 2005-2009; there are five at-risk communities within the County that have at least 19% or more of their population living at or below 100% of the Federal Poverty Guideline. An estimated 45% (approximately 47,662 individuals) of Pinellas County's total low-income population lives within the identified, at-risk communities below:

- Zone 1: East Tarpon Springs
- Zone 2: Greenwood

- Zone 3: Highpoint
- Zone 4: Lealman Corridor
- Zone 5: South St. Petersburg

The strategic approach in the *Economic Impact of Poverty* report allows for targeted service delivery toward communities whose poverty conditions increase County costs each year. The potential annual lost revenue in Pinellas County due to at-risk communities exceeds \$2.3 billion.



In times of economic crises and decreasing County revenue, it is the priority of the workgroup to continue to develop innovative and strategic approaches to poverty that ensure a better quality of life for all Pinellas County residents. The next steps for the workgroup include implementing the strategic initiatives approved by the Board that align with the Board’s Strategic Direction and will impact overall community outcomes.

Healthy Communities Initiative Update

The Department of Health and Human Services, Planning and County Administration have developed a presentation of the Economic Impact of Poverty Report that has been used as part of a “speaker’s tour.” These tours have included presentations to community partners and business organizations affected within the zone areas. The presentations provide education as to the benefits of aligning services to address the impacts outlined in the report. Additionally, the presentations stress the need for the development of cooperative agreements and collaborations moving forward. The presentations have been well received by the municipalities and agencies. Additional meetings have begun with each city to talk about future partnership initiatives that will be presented to the Board.

Expanding Access to Healthcare

At the direction of the Board of County Commissioners, the Department of Health and Human Services has embarked on a plan to collaborate with community partners, re-design our current county health care delivery system, and identify new funding streams to decrease the responsibility of the County to pay for care.

The Pinellas County Health Collaborative is an integrated, family-focused health care delivery system comprised of 25 community partners from both the medical and social service sectors that allows for centralized and seamless medical and social services, expanded capacity, improved care for the entire family unit, improved community health outcomes, and reduced costs. The Health Collaborative takes a holistic approach to care and

provides wrap-around social and medical services for the entire family in a virtually connected campus setting. At the core of our delivery system is a centralized, electronic enrollment process, which will allow our partners to enroll a family in the Health Collaborative and screen them for eligibility for other social service programs. Client data will be shared on a provider network to ensure the highest quality of care, reduce costly duplications in services, and handle billing behind-the-scenes. Our “one-stop” shops – modern, multifunctional centers with convenient hours - will focus on primary care and social services specifically tailored to a family’s needs. Disease case managers will work closely with families to ensure that they stay on track with their medical plans and social service case managers will assist families with obtaining additional resources to address the various adverse outcomes of poverty while also leveraging community resources and reducing cost redundancies. This delivery system takes a holistic approach using strategies including community-centered partnerships, focusing on the family through community engagement, social service and faith-based agencies; centralized service enrollment through electronic interfaces; workforce training/retention; data collection; and an expanded healthcare network including school-based community clinics, community college/vocational training facilities, hospitals, community mental health/drug treatment facilities, free clinics and volunteer services.

The Collaborative will allow for a fully integrated community primary and behavioral health care delivery at medical homes. Primary and preventive care and mental health and substance abuse screening, assessment and treatment will be accessible at a single location. Unique services to ensure true integration of care include conjoint consultation, telemedicine, on-demand behavioral health and medication consultation, interdisciplinary case management and case conferences. Disease managers will provide patient education, medication management and monitoring and community health advocates will provide reinforcement of this education during phone calls and home visits to help ensure care plan compliance. Other services available onsite, through outreach, or by referral include case management; individual and group therapy; health education; nutrition counseling; labs; pharmacy; dental; provider education; specialty care; inpatient care; home health; and ER triage. The Pinellas County Health Collaborative will also link patients with community social service agencies to ensure any additional social and environmental factors impeding access to quality health care and better health outcomes are properly addressed.

Table 1: Community Partnerships within the Pinellas County Health Collaborative

Department of Health and Human Services	Suncoast Center, Inc.	Baycare Health System
Pinellas County Health Department	Health and Human Services Coordinating Council	Bayfront Medical Center
Juvenile Welfare Board	Personal Enrichment Through Mental Health Services, Inc. (PEHMS)	Florida Hospital North Pinellas
Directions for Mental Health	Operation PAR, Inc.	All Children’s Hospital
Community Health Centers of Pinellas	Westcare	Justice and Consumer Services
St. Petersburg Free Clinic	Homeless Leadership Board	Pinellas County School Board
Health Councils	St. Vincent de Paul	211 Tampa Bay Cares
Community Development	St. Petersburg College	Pinellas Technical Education Centers
NOVA Southeastern University	Sheriff’s Office	City of Clearwater
City of St. Petersburg		

The most ambitious effort to co-locate health care and social services for homeless communities is currently being undertaken by the Department. To improve access to care, the Health Care Collaborative's first venture was in submitting a grant for a new medical clinic to serve as a one-stop medical and social services facility for homeless families with children and individuals. The Department of Health and Human Services, serving as the lead agency, recently received a \$5 million federal grant to build a service delivery facility that will help streamline and co-locate medical and social services for Pinellas County families that are homeless.

Our first medical one-stop facility will serve as an evidence-based model supporting full integration of services and technology. The first floor of the facility will house all core services offered through the Pinellas County Health Program and other health services such as behavioral health and substance abuse treatment. Non-medical social services from partner agencies will allow our homeless population to directly access health care and other targeted services at a centralized, mid-county facility. In addition to primary care, the facility will provide gynecological services for women, pediatric care for children through a partnership with All-Children's Hospital, and podiatry care for adults. On-site dental care, behavioral health services and substance abuse treatment will also be provided. The facility's second floor will serve as a respite unit for homeless individuals that have acute/post-acute medical illnesses that need assistance but are not ill enough to stay in a hospital. The respite wing will house 10 beds, providing homeless individuals with an opportunity to rest in a safe environment while accessing medical care and supportive services. A free standing medical respite unit is the optimum model and is an evidence-based model proven to be efficient, cost-effective, and sustainable. The health center will be open six days per week and is expected to serve 11,000 clients per year. Baycare will provide the staffing for the respite unit. The Juvenile Welfare Board will facilitate a childcare wing in the facility.

The design of the facility is aimed at breaking the traditional barriers homeless individuals face when trying to access care. Homeless individuals are hesitant to access care due to many factors, including lack of transportation or perceived fear or prejudice against them. The new homeless population – families with children – is also reluctant to access services from the government out of fear that they will lose their children. Homeless clients, individuals and families alike, need a safe, clean, state-of-the-art and welcoming facility where they can feel comfortable accessing medical care and other needed support services. Homeless families in particular need a place where they can bring their children because shelters like Safe Harbor and Pinellas Hope do not allow families with children to stay there. These families not only need medical care, but also ancillary support services to transition them back to work and in to stable and affordable housing. The new medical clinic will provide a safe environment where homeless individuals and families can access much needed care in order to become self-sufficient. Construction on the clinic is expected to be completed by 2015.

Health Care Reform

The Department of Health and Human Services is preparing for the full implementation of the *Patient Protection and Affordable Care Act*, which was signed into law by President Obama on March 23, 2010 and upheld by the Supreme Court on June 28, 2012. Governor Scott has embraced a three year expansion of Medicaid coverage for approximately one million low-income residents statewide that will be paid for by the Healthcare Law. The State legislature must also approve this proposal for enactment.

For Pinellas County, we can anticipate a statewide Medicaid enrollment increase of nearly 35% from 2014-2019. If Florida fully implements the *Affordable Care Act*, the federal government will fully finance care for the newly eligible Medicaid population **for first** three years, but will share that cost with the state in the out years. The Florida Agency for Health Care Administration currently projects a statewide cost increase of 1.9% from 2014-

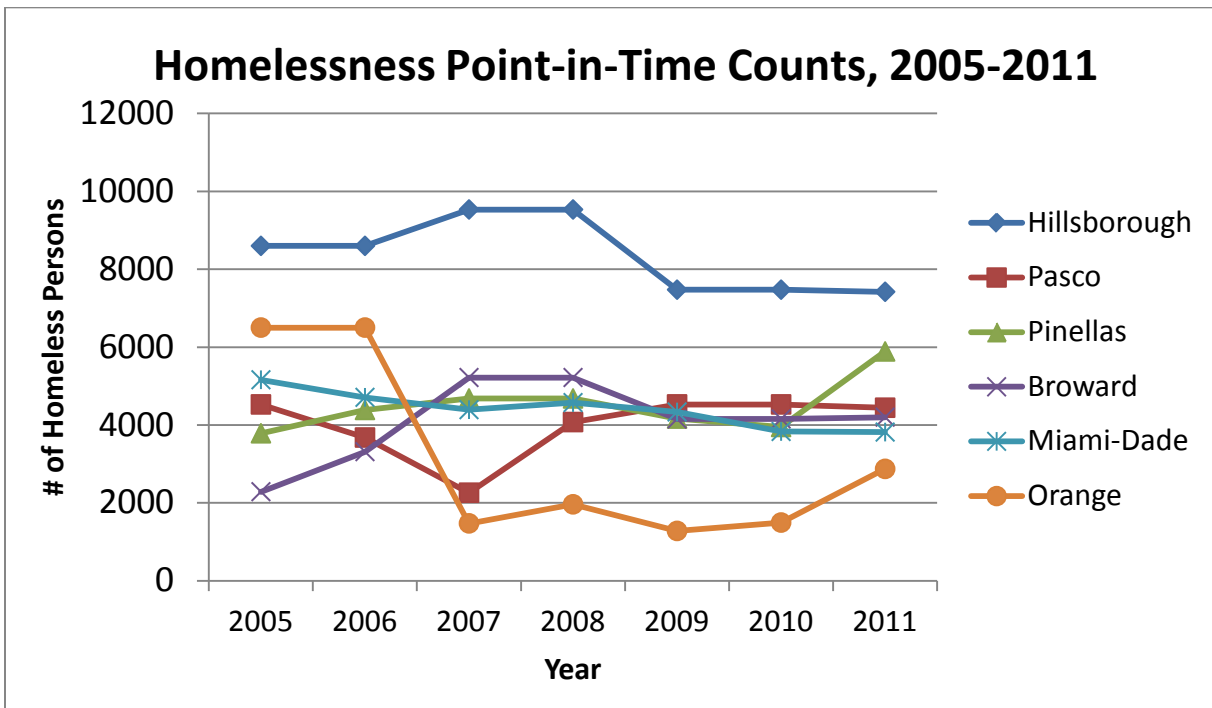
2019 due to the implementation of the *Affordable Care Act*. History has shown that the state will most likely pass their share of the cost of care down to the counties. This projected increase will be *in addition to* the projected cost increase of “traditional” Medicaid. Due to the very low incomes and extensive health care needs of this at-risk population, it is essential to build a primary care network to provide preventive care, establish positive health habits, and contain costs with or without an expansion of Medicaid.

An important factor of the integrated primary care network is a Federally Qualified Health Center (FQHC). FQHCs are community-based organizations that provide comprehensive primary care and preventive care, including health, oral, behavioral health and substance abuse services to persons of all ages, regardless of their ability to pay or health insurance status. FQHCs qualify for an enhanced reimbursement designation from the Bureau of Primary Health Care and the Centers for Medicare and Medicaid Services because they serve a variety of Federally designated Medically Underserved Areas/Populations. Currently, the County operates a 330(h) FQHC through the Mobile Medical Unit. The 330(h) designation only allows the County to see homeless clients on the Mobile Medical van. The Department is currently working on its application to expand our FQHC status from a 330(h) to a 330(e), which would allow us to see all types of clients at all of our medical homes. If the county expands its current FQHC status from a 330(h) to a 330 (e) to cover all of our current medical homes, and the *Affordable Care Act* is fully implemented, the cost of caring for Medicaid eligible clients will be fully reimbursed by the federal government.

Homelessness in Pinellas County

The U.S. Department of Housing and Urban Development (HUD) requires that at least every two years, communities conduct a one-day count of the homeless population. The Homeless Count includes: a person sleeping in a place not meant for human habitation; a person sleeping in an emergency shelter; a person in transitional housing for homeless persons who originally came from the street or emergency shelters; individuals or families sharing housing; and migratory individuals who qualify as homeless because they are living in places typically occupied by homeless people.

In 2011, the Florida Council on Homelessness prepared a report on the Florida Point-In Time Homeless Counts as reported by each county for years 2005-2011. The chart on the following page provides trend analysis from the Homeless Counts for select counties and the state as a whole. 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 7,419 homeless individuals in 2011, Pasco reporting 4,442 homeless individuals in 2011, and Pinellas County reporting 5,887 homeless individuals in 2011. Outside of the Tampa Bay Area, the highest numbers of homelessness throughout the State of Florida were reported. Broward County had 3,801, Miami County had 3,777, and Orange County had 2,872 homeless individuals reported. The Council reported that in 2011, throughout the state, 56,771 individuals were reported as homeless. With 54 counties conducting counts, this translates into an average of 1,051 homeless individuals per county in 2011.



According to the 2010 state report, the primary cause for episodes of homelessness for individuals in Florida included: employment/financial reasons (54%), while other issues such as medical, disability, family conflicts, and housing issues were also problematic for many. Furthermore, in 2010, 43% of homeless persons were experiencing homelessness for the first time, while 31% had experienced it two or three times previously. Approximately one-quarter of the homeless population captured in the Florida's Homeless Count would be 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, almost all homeless individuals in Florida have been residents in the county which they are currently homeless in, with few individuals being transients from other areas. The state report on homelessness also states that the homeless problem that Florida counties are facing is not due to homeless migrating to Florida, but that these homeless individuals are, in fact, our neighbors.

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.

Recent studies from the National Alliance to End Homelessness estimate that the national rate of homelessness is 21 per 10,000 individuals. With 69% of homeless people living in metropolitan areas, the Alliance compares the nation's 100 largest Metropolitan Statistical Areas by total population and total homeless population to derive a rate of homelessness. The Alliance then ranks the Metropolitan Statistical Areas by their rate of homelessness.

Two states, California and Florida, account for 13 of the 24 total Metropolitan Statistical Areas where the rate of homelessness is higher than the national rate. The Tampa-St. Petersburg-Clearwater Metropolitan Statistical

Area has the highest rate of homelessness in the nation, with 57 per 10,000 individuals being homeless. The Alliance further estimates that 1 in 4 homeless individuals in the Tampa Bay Area are children.

The Department of Health and Human Services is currently conducting further research on the current homeless conditions facing Pinellas County and other similar locations nationwide. We are looking into additional evidence-based and national models as well as working with our counterparts in other counties and cities to better understand their homeless initiatives and sources of funding. The Department is discussing the need for a county-wide homeless services delivery system with partners in the community. We are coordinating our efforts through the Homeless Leadership Board and will provide the Board with a formal recommendation later in the spring.

INITIATIVE: Healthy Communities Phase II			
LEAD DEPARTMENT: Health and Human Services			
Is it:	Ongoing: X	New: X	Collaborative: X
Board of County Commissioners' Strategic Outcomes			Status
<ul style="list-style-type: none"> • Increase citizen satisfaction with the delivery of services • Deliver measureable 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 			<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
DESCRIPTION/PURPOSE OF INITIATIVE:			
<p>In early 2012, the Department – along with the departments of Community Development, Justice and Consumer Services, Code Enforcement, Economic Development, and Planning – was selected by County Administration to begin the groundwork of addressing the Board's strategic direction. Through a series of workshop sessions, the individual departments re-aligned their core services to better meet the strategic direction of the Board. In an effort to review and determine whether the core services provided by these departments align with current community needs, the workgroup took an economic approach to identify which constituents are the greatest users of county resources, recognizing limitations in available funds and the complexity of issues the communities face.</p> <p>The economic approach entailed two phases: identifying specific zones within Pinellas County that have high concentrations of poverty and small return to our tax base and outlining specific suggestions on strategic initiatives that align with the Board's Strategic Direction and will impact overall community outcomes without incurring in additional costs.</p> <p>In May 2012, the workgroup presented <i>The Economic Impact of Poverty</i> report to the Board of County Commissioners. The report showed that while approximately 11.6% of Pinellas County's total population was living in poverty between 2005-2009; there are five at-risk communities within the County that have at least 19% or more of their population living at or below 100% of the Federal Poverty Guideline. An estimated 45% (approximately 47,662 individuals) of Pinellas County's total low-income population lives within the identified, at-risk communities below:</p> <ul style="list-style-type: none"> • Zone 1 – East Tarpon Springs • Zone 2 – Highpoint • Zone 4 – Lealman Corridor • Zone 5 – South St. Petersburg <p>The strategic approach in the <i>Economic Impact of Poverty</i> allows for targeted service delivery toward communities whose poverty conditions increase County costs each year. The potential annual lost revenue in Pinellas County due to at-risk communities exceeds \$2.3 billion.</p>			
<pre> graph TD Poverty[Poverty] --> LowerEconomic[Lower Economic Output/Unemployment] LowerEconomic --> DecreaseHuman[Decrease in Human Capital] DecreaseHuman --> LessAble[Less Able Workforce] LessAble --> PoorHealth[Poor Health] PoorHealth --> Poverty </pre>			

In times of economic crises and decreasing County revenue, it is the priority of the workgroup to continue to develop innovative and strategic approaches to poverty that ensure a better quality of life for all Pinellas County residents. The next steps for the workgroup include implementing the strategic initiatives approved by the Board that align with the Board's Strategic Direction and will impact overall community outcomes. The Department of Health and Human Services and County Administration have developed a presentation of the Economic Impact of Poverty Report that has been used as part of a "speaker's tour." These tours have included presentations to community partners and business organizations affected within the zone areas. The presentations provide education as to the benefits of aligning services to address the impacts outlined in the report. Additionally, the presentations stress the need for the development of cooperative agreements and collaborations moving forward. The presentations have been well received by the municipalities and agencies. Additional meetings have begun with each city to talk about future partnership initiatives that will be presented to the Board.

TARGET OF TARGET OF INITIATIVE:

Low-income county residents in the communities of: East Tarpon Springs, North Greenwood, Highpoint, Lealman Corridor, and South St. Petersburg

CHALLENGES/ISSUES ADDRESSED BY THIS INITIATIVE:

- Data management
- Performance Measurement
- Community partnerships
- Integrated Technology
- Service Delivery

KEY STRATEGIES:

- Integration of Technology
- Development of data-driven performance measures
- Maintenance of Pinellas Indicators
- Integration of Services
- Co-location of staff

IMPACTS/OUTCOMES/RESULTS:

- Increased citizen satisfaction with the delivery of core services
- Achievement of cost savings from a collaborative work group for consolidation
- Partner collaborations to implement countywide sustainability
- Elimination of duplicate services
- Expansion of available resources beyond allocated General Funds

ESTIMATED COST: All costs will be paid for within current budget allocations.

LEAD DEPARTMENT(s): Health and Human Services, Community Development, Code Enforcement, and Planning.

INITIATIVE: Expanded Access to Care			
LEAD DEPARTMENT: Health and Human Services			
Is	Ongoing: X	New: X	Collaborative: X
Board of County Commissioners' Strategic Outcomes			Status
<ul style="list-style-type: none"> • Increase citizen satisfaction with the delivery of services • Deliver measureable savings and improved customer service from investments in technology • Provide wrap-around social and medical services • Achieve measureable outcomes for healthcare services • Co-locate health care and social services through Homeless Healthcare Clinic • Integrate changes to accommodate healthcare reform 			<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
DESCRIPTION/PURPOSE OF INITIATIVE:			
<p>At the direction of the Board of County Commissioners, the Department of Health and Human Services has embarked on a plan to collaborate with community partners, re-design our current county health care delivery system, and identify new funding streams to decrease the responsibility of the County to pay for care.</p> <p>The Pinellas County Health Collaborative is an integrated, family-focused health care delivery system comprised of 25 community partners from both the medical and social service sectors that allows for centralized and seamless medical and social services, expanded capacity, improved care for the entire family unit, improved community health outcomes, and reduced costs. The Health Collaborative takes a holistic approach to care and provides wrap-around social and medical services for the entire family in a virtually connected campus setting. At the core of our delivery system is a centralized, electronic enrollment process, which will allow our partners to enroll a family in the Health Collaborative and screen them for eligibility for other social service programs. Client data will be shared on a provider network to ensure the highest quality of care, reduce costly duplications in services, and handle billing behind-the-scenes. This delivery system takes a holistic approach using strategies including community-centered partnerships, focusing on the family through community engagement, social service and faith-based agencies; centralized service enrollment through electronic interfaces; workforce training/retention; data collection; and an expanded healthcare network including school-based community clinics, community college/vocational training facilities, hospitals, community mental health/drug treatment facilities, free clinics and volunteer services.</p>			

Our first medical one-stop facility will serve as an evidence-based model supporting full integration of services and technology. Services will include all core services offered through the Pinellas County Health Program and other health services such as behavioral health and substance abuse treatment. Non-medical social services from partner agencies will allow our homeless population to directly access health care and other targeted services at a centralized, mid-county facility. In addition to primary care, the facility will provide gynecological services for women, pediatric care for children through a partnership with All-Children's Hospital, and podiatry care for adults. On-site dental care, behavioral health services and substance abuse treatment will also be provided. The facility's second floor will serve as a respite unit for homeless individuals that have acute/post-acute medical illnesses that need assistance but are not ill enough to stay in a hospital. The respite wing will house 10 beds, providing homeless individuals with an opportunity to rest in a safe environment while accessing medical care and supportive services. A free standing medical respite unit is the optimum model and is an evidence-based model proven to be efficient, cost-effective, and sustainable. The health center will be open six days per week and is expected to serve 11,000 clients per year. Baycare will provide the staffing for the respite unit. The Juvenile Welfare Board will facilitate a childcare wing in the facility.

The design of the facility is aimed at breaking the traditional barriers homeless individuals face when trying to access care. Homeless individuals are hesitant to access care due to many factors, including lack of transportation or perceived fear or prejudice against them. The new homeless population – families with children – is also reluctant to access services from the government out of fear that they will lose their children. Homeless families in particular need a place where they can bring their children within Pinellas County because shelters like Safe Harbor and Pinellas Hope do not allow families with children to stay there. These families not only need medical care, but also ancillary support services to transition them back to work and in to stable and affordable housing. The new medical clinic will provide a safe environment where homeless individuals and families can access much needed care in order to become self-sufficient. Construction on the clinic is expected to be completed by 2015.

The new facility is in building construction phase. We are working within the Collaborative to develop operating procedures and billing technology behind the scene. Local hospitals have committed to the delivery of health care and the Juvenile Welfare Board has committed to providing childcare. It is a collaborative effort of multiple agencies that are working on the client flow and agree that technology will connect all services. EMDEON will allow for billing and performance management. The facility will be a family-centered model.

TARGET OF INITIATIVE: Homeless Families with Children.

CHALLENGES/ISSUES ADDRESSED BY THIS INITIATIVE:

- Lack of capacity to serve the amount of people in need of care
- impending implementation of the affordable care act
- Inadequate infrastructure and staffing resources
- Limited integrated care
- Limited connectivity between providers
- Health outcomes in target communities
- Treating adults and children in two separate health systems

KEY STRATEGIES:

- Collaboration with community partners
- Integrated care
- Preventive health care delivery system with multiple access points
- Improved technological capacities to connect providers , eliminate costly duplication, and comply with new standards for electronic health records
- wrap-around services and holistic treatment for families in addition to individuals
- Engaging and Educating the community on health outcomes

IMPACTS/OUTCOMES/RESULTS:

- Increased capacity and improved client navigation
- Seamless network of providers
- Reduced cost of care
- Expanded services and continuity of care
- Improved health outcomes in target communities
- Expanding skills of current county employees
- Prepare county for state and federal health care reform

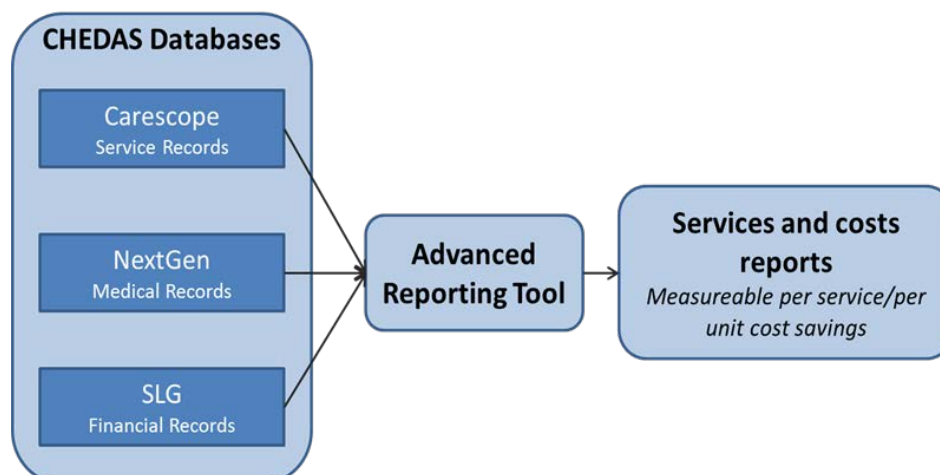
ESTIMATED COST: All costs will be paid for within current budget allocations.

LEAD DEPARTMENT(s): Health and Human Services, Pinellas County Health Department, Juvenile Welfare Board, Baycare Hospital, All Children's Hospital.

KEY PARTNERS: Directions for Mental Health, Community Health Centers of Pinellas, St. Petersburg Free Clinic, Clearwater Free Clinic, The Health Councils, Suncoast Center, Inc., Operation PAR, Westcare, PEMHS, Bayfront Health System, Helen Ellis Memorial Hospital, All-Children's Hospital, Early Learning Coalition, University of South Florida, Tampa Bay 2-1-1, Pinellas County Department of Justice and Consumer Services, Homeless Leadership Board, Pinellas County Sheriff's Office, Pinellas County Department of Community Development, Housing Authorities, Society of St. Vincent de Paul, NOVA Southeastern University, St. Petersburg College, Pinellas Technical Education Center, and Pinellas County Schools.

INITIATIVE: Improved Technology			
LEAD DEPARTMENT: Health and Human Services			
Is it:	Ongoing: X	New: X	Collaborative: X
Board of County Commissioners' Strategic Outcomes			Status
• Increase citizen satisfaction with the delivery of services			<input checked="" type="checkbox"/>
• Deliver measureable savings and improved customer service from investments in technology			<input checked="" type="checkbox"/>
• Utilize a data-driven approach to target opportunities for efficiencies			<input checked="" type="checkbox"/>
• Achieve measureable per service/per unit cost savings			<input checked="" type="checkbox"/>
• Increase employee satisfaction and engagement			<input checked="" type="checkbox"/>
• Achieve cost-savings from collaborative workgroup for consolidation			<input checked="" type="checkbox"/>
DESCRIPTION/PURPOSE OF INITIATIVE:			
<p>Our current priority is to focus on a Health and Human Services delivery system that is client-oriented, improves community health outcomes, and is cost-efficient. Full implementation of an integrated service delivery system allows the County to collect community outcomes that demonstrate the impact access to healthcare and social services have in helping residents along a path towards better health and economic self-sufficiency. In order to do this, the Board invested in CHEDAS, a technological system that will enable Health and Human Services to <i>deliver measurable per service/per unit cost savings and improved customer service</i>.</p> <p>CHEDAS is composed of three distinct databases that collect all data necessary to report the quantity and cost of services delivered by the Department of Health and Human Services [Figure 1].</p> <ul style="list-style-type: none"> • CareScope is the service records database and provides access to service enrollment, case management, scheduling, and provider management. It also enables the Department to capture outcome measures tied to programmatic performance. This database provides a community portal which enables clients to apply for programs online and for community partners and agencies to access client information electronically. • NextGen is the medical records database and also serves as a document management system, allowing the Department to become completely paperless. As we move into the development of a new community-centered health care delivery system (described in next section), this database can serve as an interface for shared medical records across multiple health agencies across the county. • SLG is the financial records database, which allows for the electronic payment of all services provided by or contracted through the Department. This system enables CHEDAS billing information to be transferred electronically to the county's Oracle Financial database, creating a fluid data exchange. It also assists with monitoring department contract budget spend down rates and departmental compliance with the county purchasing ordinance. <p>The final component to the CHEDAS system is the Advanced Reporting Tool. The Advanced Reporting Tool will enable Health and Human Services to monitor programs, report on performance outcomes, re-align goals to meet community needs, and identify areas for efficiencies.</p>			

Figure 1: CHEDAS Reporting Flow Process



Enhancing our technological capabilities is essential to being able to provide quality services to members of our community. We have completed the build out of the system and have implemented an electronic enrollment process.

We have recently adjusted performance standards for our contracted programs and services. The new performance standards allow us the ability to use data to evaluate program efficiency; providing for an in-depth analysis of our programs as we have the technological capacity to track outcomes through CHEDAS. We have modified our contracts to conform to CHEDAS technology to capture information input into the system to also provide outcomes. All agencies that contract with Health and Human Services utilize CHEDAS to submit performance measures, which enhances the Department's reporting capabilities. Additionally, we have maximized efficiencies and reduced costs by streamlining systems. Through CHEDAS, OPUS, and Emdeon (an electronic medical claims management system) we have an electronic billing system that allows us to have a paperless medical billing system.

Full implementation of an integrated Health and Human Services delivery system allows the County to collect community-focused outcomes that demonstrate the impact access to healthcare and social services have in helping residents along a path towards economic self-sufficiency and improved health outcomes. We will have performance outcome reports through our CHEDAS technology by the end of the third quarter of 2014.

- Streamline Data Collection
- Enhance performance measures
- Reduce service duplication

CHALLENGES/ISSUES ADDRESSED BY THIS INITIATIVE:

- Eligibility and Enrollment
- Case Management
- Data Collection and Assessment
- Financial Records
- Electronic Medical Records
- Comprehensive Reporting
- Measureable Performance Outcomes

KEY STRATEGIES:

- CHEDAS
- Pinellas Indicators
- Regional Health Information Organization

IMPACTS/OUTCOMES/RESULTS:

- Streamlined data collection
- Integrated data management system
- Community-level outcome measures
- Reduced costs
- Interaction with other agency databases

ESTIMATED COST: All costs will be paid for within current budget allocations.

LEAD DEPARTMENT(s): Health and Human Services

KEY PARTNERS: Juvenile Welfare Board, Pinellas County Health Department, Suncoast Center, Inc., Tampa Bay 2-1-1, Early Learning Coalition, Directions for Mental Health

INITIATIVE: Housing Assistance for Homeless Families**LEAD DEPARTMENT:** Health and Human Services**Is it:** Ongoing: X

New: X

Collaborative: X

Board of County Commissioners' Strategic Outcomes**Status**

- Increase citizen satisfaction with the delivery of services ☒
- Deliver measureable 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 ☒

DESCRIPTION/PURPOSE OF INITIATIVE:

In 2010, the yearly projected homeless count for Pinellas County was 22,000. This included sheltered and unsheltered individuals, chronic homeless, those who are institutionalized, and those at-risk of becoming homeless. The 2011 Homeless Point-In-Time Survey counted nearly 6,000 people, comprised of both individuals and families in Pinellas County on any one night. Of these, 785 were unsheltered homeless (including a significant number of individuals who reported being homeless when they arrived in Pinellas County) and many U.S. armed services veterans. The sheltered count consisted of 1,712 individuals from 58 TBIN participating shelters and 338 individuals from 20 non-participating shelters. Individuals in shelters were more likely to be veterans. They also appeared more likely to be receiving financial benefits.

Both sheltered and unsheltered homeless individuals report experiencing challenges associated with disability and financial concerns. Homeless individuals need a point of contact where their needs can be identified and necessary services provided. It appears those in shelters may have been better able to access these supports, whether via the shelters or elsewhere. These differences suggest that establishing a point of contact to identify needs and provide necessary services is an essential step toward preventing homelessness, or rapidly re-housing those who become homeless.

While the primary reason cited for homelessness is lack of a job or money, unsheltered homeless individuals report experiencing a range of physical and mental health conditions that may impede their ability to obtain employment. Matching these individuals with necessary physical and mental health treatment should be a priority.

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 have been families with children. There is a critical lack of units and services for families with children. Dealing with families is important since the children are innocent victims, and if not helped now, will most likely overly rely on government services later – or worse, end up homeless themselves. Resources need to be identified to identify or develop appropriate and affordable stable housing for families with children.

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Currently, there are very few forms of formal agency-to-agency connectivity and, with the exception of TBIN, there is no functional accountability between individual service providers and an overall “system” of care. Service providers need formal, direct and strategic connectivity to an overall service system of care and formal inter-agency connectivity to other community partners. Master Case Managers are needed to work one-on-one with homeless individuals and families to create an action plan, locate and secure adequate housing, advocate on their behalf, and monitor a client’s progress with his or her plan. Pinellas County has more service providers than most communities, but for the most part these services are not coordinated. There is a wide variety of homeless service providers scattered throughout the County; however, these service providers are not formally and strategically integrated, especially at the tactical level. This results in mis-prioritized funding and lacks strategic engagement. The county – with support from the local communities – needs to develop an integrated shelter system with wrap-around social and medical services (and appropriate transportation connections) where every provider shares the same vision, policies, procedures, and desired outcomes.

Jail Diversion and Community Re-entry programs with appropriate behavioral health, substance abuse, and workforce development services must be created. This population has specific needs and requires intensive case management to help with their re-integration to society. On the other hand, the newly homeless, and those at-risk of homelessness, have different needs and should not be housed in the same facilities.

The Department of Health and Human Services has begun to implement the recommended strategies provided in the 2012 Economic Impact of Poverty Report. Currently, the Department is conducting further research on the current homeless conditions facing Pinellas County and other similar locations nationwide. We are looking into additional evidence-based and national models as well as working with our counterparts in other counties and cities to better understand their homeless initiatives and sources of funding. The Department is discussing the need for a county-wide homeless services delivery system with partners in the community. We are coordinating our efforts through the Homeless Leadership Board and will provide the Board with a formal recommendation later in the spring.

Additionally, our first medical one-stop facility will serve as an evidence-based model supporting full integration of services and technology using CHEDAS and TBIN to develop an integrated common eligibility/centralized intake and service delivery system. for homeless services. The first floor of the facility will house all core services offered through the Pinellas County Health Program and other health services such as behavioral health and substance abuse treatment. Non-medical social services from partner agencies will allow our homeless population to directly access health care and other targeted services at a centralized, mid-county facility. In addition to primary care, the facility will provide gynecological services for women, pediatric care for children through a partnership with All-Children's Hospital, and podiatry care for adults. On-site dental care, behavioral health services and substance abuse treatment will also be provided. The facility's second floor will serve as a respite unit for homeless individuals that have acute/post-acute medical illnesses that need assistance but are not ill enough to stay in a hospital. The respite wing will house 10 beds, providing homeless individuals with an opportunity to rest in a safe environment while accessing medical care and supportive services. A free standing medical respite unit is the optimum model and is an evidence-based model proven to be efficient, cost-effective, and sustainable. The health center will be open six days per week and is expected to serve 11,000 clients per year. Baycare will provide the staffing for the respite unit. The Juvenile Welfare Board will facilitate a childcare wing in the facility.

The Department has also enhanced its Family Housing Assistance program. The new program provides case management to highly motivated working families with a desire to transition from homelessness into economic self-sufficiency. Case managers tailor family plans to specific family needs including assistance with locating housing, rent payments 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 will help increase their level of self-sufficiency while in the program and increase their chances of remaining self-sufficient once they exit the program. Families enrolled in the program have a monthly savings requirement. The Department of Health and Human Services uses a nationally recognized formula to develop individualized savings requirements for each family – based on their family size, income, and expenses – but not to exceed 30% of their household income. The Department begins by paying rent for the family on a sliding scale based on need as long as the family meets the case management and family service plan requirements up to the 18 month duration of the program. Over time, the county's rental contribution decreases, while the family's rental contribution increases until the family is paying 100% of their rent and have a savings amount sufficient to make them ineligible for county services. The Department is working collaboratively with 211 and the Juvenile Welfare Board to facilitate the development of a County-wide homeless families with children delivery system.

The Mobile Medical Unit continues to visit locations that have high concentrations of homeless people, e.g., shelters, soup kitchens, homeless one-stop centers, etc. Patients are treated, stabilized and transitioned into one of the Pinellas County Health Program medical homes in the community.

The Department is also working collaboratively with other Veterans Services organizations to partner in addressing homeless veterans issues. We have met with several agencies including Bay Pines Veterans Affairs, Hillsborough County Veterans Services, Florida Department of Veterans Affairs, and St. Vincent de Paul to develop links and referrals for services.

TARGET OF INITIATIVE:

- Homeless and at-risk individuals and families with children.

CHALLENGES/ISSUES ADDRESSED BY THIS INITIATIVE:

- Chronic Homelessness
- Homeless Veterans
- Community partnerships
- Jail Diversion
- Re-entry
- Homeless Families with Children
- Adequate, Safe, and Affordable Housing
- Mental Health/Substance Abuse Treatment
- Employment

KEY STRATEGIES:

- Reduce street homelessness
- Reduce homelessness among families with children
- Provide solutions and services for long-term economic self-sufficiency
- Provide adequate, safe, and affordable housing options

IMPACTS/OUTCOMES/RESULTS:

- Safe, adequate, and affordable housing
- Critical social and medical services
- Community-level outcome measures
- Collaboration with community partners
- Long-term economic self-sufficiency

ESTIMATED COSTS: All costs will be paid for within current budget allocations.

LEAD DEPARTMENT: Health and Human Services

KEY PARTNERS: Juvenile Welfare Board, Pinellas County Health Department, Homeless Leadership Network, Pinellas County Schools, 2-1-1 Tampa Bay Cares, Catholic Charities, All Housing Authorities in Pinellas County, Pinellas County Sheriff, Operation PAR, Inc., Directions for Mental Health, Suncoast Center for Community Mental Health, Local municipalities, Boley, Inc., Religious Community Services, YWCA of Tampa Bay, Homeless Emergency Project, ACTS, WestCare.

Department of Health and Community Services' Plan for the Future State

As the Pinellas County Administrator guides departments through the upcoming budget season, the Department of Health and Community Services has prepared this document as a tool to describe our mission; outline our organizational structure, describe our programs and services, and address the "future state" of our new department. Additionally, this document explains how the Department will address the Board of County Commissioners' strategic vision through new or enhanced initiatives. These initiatives were identified through the collaborative work of several departments, which resulted in the 2012 *Economic Impact of Poverty* report.

The Future State of the Department of Health and Community Services

In 2017, the Department of Health and Community Services will 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 us to start from a *clean slate* and design programs and services around community needs and better target our 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 the individual and the communities in which they reside. In order to break the cycle of poverty, you need to address all of the barriers to achieving self-sufficiency. The new organizational structure allows for a multi dimensional approach to revitalize and strengthen our 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. Our new department mission, supported by our 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 until we achieve all of our goals in 2017.

Creation of the Department of Health and Community Services

In December 2011, the Board of County Commissioners finalized their strategic direction. With a vision of improving the quality of life of all residents, the Board 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. The Board's strategic direction is centered around five goals:



In an effort to better align programs and services with the Board's new Strategic Direction, departments were asked to participate in workshop sessions to take a "deep dive" into their operations and discuss opportunities for efficiencies and enhancements. Following the individual department workshops and after noticing common themes within each workshop, the departments of Health and Human Services, Community Development, Justice and Consumer Services, Code Enforcement, and Economic Development were instructed to work with the Planning Department to develop a comprehensive approach to address the cycle of poverty that negatively impacts so many Pinellas County residents. The departments jointly wrote the *Economic Impact of Poverty* report in May 2012, which detailed the five major contributors of continued poverty in five Zones throughout the County and recommended 21 initiatives to break the cycle of poverty.

Following a two-day workshop, the Board adopted the report's findings and instructed the departments to work together to implement the suggested initiatives. 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 will increase 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.

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 who seek our services.

The Department of Health and Community Services is comprised of 157 employees and also manages contracted staff with the Pinellas County Health Department for the Mobile Medical, Health Services, and Utilization Management units. The Department will have outreach offices located in each of the five **Target Zones**, including the following locations:

2189 Cleveland Street Clearwater, FL 33765	647 1st Avenue North St. Petersburg, FL 33701
8751 Ulmerton Road Largo, FL 33765	301 South Disston Avenue Tarpon Springs, FL 34689

Core Programs and Services

The primary goal of the new department is to improve the quality of life of our residents through a multi-pronged approach, which includes improved health outcomes, improved housing conditions, target neighborhood revitalization, and 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.

Staff will be organized into four divisions: Business Services, Planning and Contract Development, Community Connection and Community Revitalization. Each division is under the supervision of a member of the Senior Management Team and specific units are supervised by mid-level managers. The two main administrative divisions: Business Services and Planning and Contract Development, will oversee the performance management of the multiple departmental program; and the service divisions: Community Connection and Community Revitalization, will administer and manage programs and services with community impact. In addition, the Department will operate a Call Center to assist citizens with inquiries on countywide services, programs and resources.

The new organizational structure of the Department will assist us in reaching our future state by focusing our efforts and resources on a set of core programs and services with the greatest impact on the community and to use data to drive decisions and improve service delivery.

Business Services Division

Financial Management and Quality Assurance functions will be housed in the Business Services Division of the Department. Through integrated data systems, the Division will be able to create cross-functional system improvements and protocols and maintain quality assurance with data and financial management.

Financial Management functions include developing and managing a consolidated Department budget, medical billing systems management and processing, managing accounts payable/receivable for all vendors, and pass-through grants management. Specialty functions within this area include Medicaid billing management as required of the County by state statute and Mortgage Loan Portfolio management for the Housing Finance Authority, which provides first time homeowners with long-term low-interest rate mortgages and loans to cover down-payments and closing costs.

Quality Assurance functions include optimizing service delivery through improved data management, assisting with the development of system-wide improvements in process flow, providing management reports and providing technical assistance to programs. A specialty function of this unit will be to oversee the Utilization Management staff, which ensures cost containment and the quality of care by reviewing and authorizing specialty medical procedures within the Pinellas County Health Program.

The Business Services Division will be responsible for ensuring that the Department achieves the following strategic outcomes:



Planning and Contract Development Division

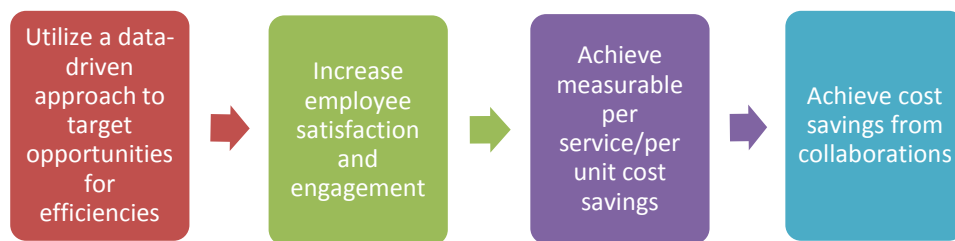
The Planning and Contract Development Division will manage all short and long-term projects for the Department and ensure that programs and contracted services are centered around the Department's mission and strategic vision, and that they are achieving programmatic goals.

Short-term projects include contract development and management, performance management of department programs and contracted providers, community education, and management of the land assembly process and Brownfield program. These activities will help shape operational policies and practices to push data-driven results. Long-term projects include grant development and management, strategic planning and initiative roll-outs, research and special projects, and

liaison coordination with other agencies and community partners to find ways to expand our services. These activities will help find the right mix of programs, resources, and partners to achieve our department vision and sustain our projects over the years.

The Planning and Contract Development Division will provide a high level of research, analysis, and development expertise, including monitoring and evaluation of present and future programs, coordination of cross-functional department activities, and collaborative system planning to ensure customer satisfaction and positive outcomes while also improving service delivery through greater efficiencies.

The Planning and Contract Development Division will ensure that the Department achieves the following strategic outcomes:



Community Connection Division

The Community Connection Division will consist of three focus areas: Health Services, Housing Assistance, and Consumer Services and Community Education. Programs in the Community Connection Division will be provided either directly by Department staff or through contracted providers.

Health Services Unit

Over 20% of the population in Pinellas County is uninsured, with 120,000 people living at or below 100% of the Federal Poverty Level. Another 10% is unemployed. Access to health care is crucial among populations dealing with unemployment and homelessness. Furthermore, uncontrolled chronic conditions such as diabetes and hypertension may become exacerbated, leading to emergency room and inpatient hospital visits that are unaffordable and undermine continuity of care.

The Health Services Unit will focus on wellness and prevention by providing continuity of care through a network of medical providers in the Pinellas County Health Program. The Department will operate medical homes throughout the County, with at least one medical home in each of the five Target Zones identified in the ***Economic Impact of Poverty*** Report. While primary care and prevention are the focus of the delivery system and the medical homes, the healthcare delivery system will also provide behavioral health, dental, wellness and educational services. Additionally, through community and hospital partners, clients will have access to a network of services including prescription medications, specialty care, ambulatory and inpatient care, off-site behavioral health services and home health and durable medical equipment services. Homeless clients will also be able to seek medical care on our Mobile Medical Unit, a Federally Qualified Health Center that travels the County administering primary care to homeless adults.

The Disability Advocacy Program will coordinate with the Pinellas County Health Program to assist with the medical documents needed for Supplemental Security Income or Social Security Disability Insurance applications and will provide limited financial assistance to permanently disabled individuals to assist with utilities, food, transportation, and medical exams for disability determination. Case managers will assist clients with the initial applications and with migrating clients who qualify for Medicaid. Greater coordination with the Pinellas County Health Program will allow staff to develop comprehensive cases that include medical records, medical and psychological testing, work training and educational history. This will allow for greater potential for a client to be awarded the Social Security benefit and Medicaid

Veterans Services will continue to assist veterans and their families with obtaining veterans benefits and information from the U.S. Department of Veterans Affairs. In order to better assist the various types of veterans, the Department will incorporate Veterans Services with the Pinellas County Health Program and Housing Assistance Services to provide greater access to other services that veterans might need.

Staff in the Health Services Unit will provide case management and support services for the Pinellas County Health Program. Services directly administered by Department staff include eligibility services and navigational support, which help identify available assistance programs for clients, and Veteran and Disability Services, which identify and advocate for federal assistance to achieve self-sufficiency for disabled and/or veteran clients. Contracted services include primary care at medical homes, hospital care at participating hospitals, specialty care via a network of providers, dental services, behavioral health services, and community health education.

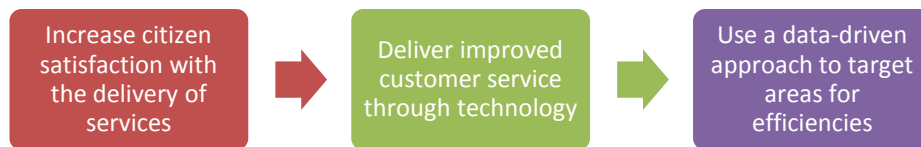
Housing Assistance Unit

Access to quality, safe, and affordable housing – regardless of one’s income – is an important factor in combating the cycle of poverty. Support services are also needed to preserve the economic and social fabric of the neighborhoods the department will revitalize. The Housing Assistance Unit will provide services to prevent homelessness, promote home ownership and stable, affordable housing, prevent foreclosure, provide short-term financial assistance, and protect consumers.

Homeless Prevention Services will include rental assistance for low-income, working individuals, short-term emergency financial assistance, and relocation services for individuals who have identified an alternative stable place to live. ***Home Ownership Services*** will provide homebuyer education services to assist first time homebuyers with the home purchasing process, provide low-interest rate loans for first time homebuyers to help with down payments and closing costs, provide small grants to assist the elderly and disabled with home improvements, and prepare, package, and underwrite low-interest loans for first time homebuyers who meet financial guidelines. ***Homeless Solution Services*** include Foreclosure Prevention Services to work with individuals who are at risk of losing their home to foreclosure and a ***Homeless Families with Children Program*** which provides financial and rental assistance for highly motivated families with children who participate in intensive case management with the Department. In addition, ***Consumer Services*** will provide targeted education and advocacy to protect vulnerable individuals, such as the elderly or disabled, first time homebuyers, families in crisis, or families who are at risk of losing their home to foreclosure from becoming victims to unscrupulous business practices and criminals. Together, the services and programs offered through the Housing Assistance Unit will provide support to low-income families to ensure that they can live and thrive in their own communities.

Case managers in the Housing Assistance Unit will tailor service plans to individual needs and include other services such as assistance with locating affordable housing, rental payments and/or security deposits, utilities, food, transportation, work assistance, continuing education, or re-training. Financial coaching services will also be available to assist individuals with budgeting or establishing or restoring credit.

The Community Connection Division will ensure that the Department achieves the following strategic outcomes:



Community Revitalization Division

The Community Revitalization Division will consist of two units: Housing Development, which focuses on housing preservation and development and Neighborhood Preservation, which focuses on community revitalization, safe housing, and community education. Programs in the Community Revitalization Division will be directly administered by Department staff.

Housing Development Unit

The Housing Development Unit will manage the housing portfolio for the Department, with activities including housing preservation and housing development. ***Housing Development*** strategies will be designed to attract community development, investment, and improvement activities with a focus on mixed-income developments to eliminate concentrations of poverty. Production of new housing options, including rental units, will help replenish an aging and stagnant housing stock and support neighborhood revitalization. Housing programs will be coordinated through active community partnerships with nonprofit agencies, builders, developers, housing advocates, and service providers to ensure that clients receive the supportive wrap-around services they need to remain stably housed. Development efforts include special financing for housing developers, management of the affordable rental unit inventory, and financing opportunities through the Housing Trust.

Preservation of the existing housing stock will help maintain housing affordability, since the cost to renovate these homes is much lower than replacing them. ***Housing Preservation*** efforts will include targeted enforcement efforts for properties that aren't properly maintained, promotion of home improvements, upgrading of existing rental units, rehabilitation services for abandoned properties and lots in order to develop and maintain housing units, and the preservation of supportive and transitional housing for individuals with behavioral health needs. The Housing Development Unit staff will also serve as a liaison with the Housing Finance Authority, the local

Housing Authorities, the Mortgage Banking Association, the Apartment Association, and coordinate initial mortgage services for the Housing Trust Financing program.

Neighborhood Preservation Unit

The Neighborhood Preservation Unit will help sustain viable neighborhoods through education, enforcement, and community improvement projects. The Unit will also develop innovative community revitalization initiatives to promote private investment and productive public-private partnerships and will work with community partners to strengthen neighborhoods, increase the supply of well-maintained, affordable housing to enable more individuals to become homebuyers. Targeted preservation and development efforts will allow for dynamic new construction and large scale developments that feature commercial space, community space and open spaces for public and private use in neighborhoods that have been blighted by poverty for many years. The housing preservation and development programs will help restore and rebuild housing, strengthen neighborhoods, stabilize families, and improve the quality of life for the residents of these Target Zones. Community and neighborhood improvements will be facilitated through public facility and infrastructure improvement efforts in Target Zones. Education and enforcement efforts will support these improvement efforts and include code enforcement activity, housing inspections, community education and empowerment services. The Neighborhood Preservation Unit will also serve as a liaison with the individual city Redevelopment Areas and the Department of Environment and Infrastructure.

The Community Revitalization Division will ensure that the Department achieves the following strategic outcomes:



To assist our community efforts, the Department will also operate a centralized call center, which will allow for cross-purpose efficiencies in call intake, navigational services, citizen response, and the development of common trends and service information. A centralized call center process will allow for maximum usage of program services, improved speed, accuracy, and consistency of screening and referrals processes, a single point of entry for citizens to locate and access services, comprehensive referrals to most appropriate services based on need, and coordination of the department's collective efforts. Plans for the call center are still being developed and we anticipate having a formal operational plan for the center in the Fall.

Conclusion

The future state of the Department is 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 for too long. 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 to Health and Community Services will be a modern one-stop Department where low-income individuals can access needed services.

The Department will use the Board's Strategic Outcomes as goals for each of our programs, services, and our 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.

2014 will be the beginning of our ***clean slate*** – 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. In the coming years, we will build upon those foundations in order to achieve our ***future state*** goals by 2017.

Attachments:

1. Organizational Chart



BOARD OF COUNTY COMMISSIONERS

DATE: August 20, 2013

AGENDA ITEM NO. 7

Consent Agenda ☒

Regular Agenda ☐

Public Hearing ☐

County Administrator's Signature: 

Subject:

Approval of Ranking of Consultant Selection - Professional Design Build Services- Pinellas County Health Facility Contract No. 123-0276-NC(RM)

Department:

Real Estate Management / Purchasing

Staff Member Responsible:

Paul Sacco / Joe Lauro

Recommended Action:

I RECOMMEND THE BOARD OF COUNTY COMMISSIONERS (BOARD) APPROVE THE RANKING OF FIRMS AND AUTHORIZE STAFF TO NEGOTIATE AN AGREEMENT WITH THE NUMBER ONE RANKED FIRM, PETER BROWN CONSTRUCTION, INC., CLEARWATER, FLORIDA, FOR PROFESSIONAL DESIGN BUILD SERVICES- PINELLAS COUNTY HEALTH FACILITY.

Summary Explanation/Background:

On May 1, 2012, the Department of Health and Human Services was awarded a \$5 million Health Resources and Service Administration capital grant to construct a facility that would increase access to health care for those most in need in Pinellas County. The new facility will be an extension of the County's Mobile Medical Unit; a Federally Qualified Health Center that currently serves the homeless population at 12 locations countywide. The new facility will provide homeless families with children much needed access to health care and social support services.

On May 8, 2013, in accordance with Consultant Competitive Negotiation Act (CCNA) requirements, the Purchasing Department on behalf of the Department of Real Estate Management (REM) let a Request for Proposal (RFP) for the intent of obtaining the services of a qualified design build firm to provide services for construction of the health facility. More specifically, the overall objective of this project is to provide a new health care facility to serve as a patient-centered medical home that uniquely serves the needs of homeless individuals through in-house medical care and social support services. In addition, the facility will house a 24 hour/day medical respite facility to provide convalescent care for those recently released from a hospital. The health facility will be located at 14790 49th Street North, Clearwater, Florida.

Proposals were received from the following firms:

1. Ajax Building Corporation
2. Biltmore Construction Co., Inc.
3. Construction Services, Inc.
4. Creative Contractors, Inc.
5. Charles Perry Partners, Inc.
6. Gilbane Building Company
7. HDR Constructors
8. Hennessey Construction Services
9. J. Kokolakis Contracting, Inc.
10. Peter R Brown Construction, Inc.
11. Spring Engineering and Banded Construction Co. Joint Venture LLC
12. The A.D. Morgan Corporation

An evaluation committee (committee) consisting of one (1) representative from the Real Estate Management Department (REM), two (2) representatives from Health and Human Services, one (1) representative from the Department of Environment & Infrastructure (DEI), and one (1) representative from the Airport, along with a representative from the Purchasing Department acting as a facilitator, met on June 26, 2013, to evaluate and score the proposals received. The three (3) highest ranked firms were then invited to the oral presentation process.

On July 25, 2013 oral presentations were conducted by each of the three (3) firms. The final ranking of the firms by the committee is as follows:

1. Peter R. Brown Construction, Inc.
2. Creative Contractors, Inc.
3. Charles Perry Partners, Inc.

At the direction of the Board, staff will begin negotiations with the highest ranked firm in accordance with County CCNA procedures. A final negotiated contract will be presented to the Board for consideration at a future date.

Fiscal Impact/Cost/Revenue Summary:

The estimated cost for the project is \$4,500,000.00. Funding for this project will be derived from the Department of Health and Human Services Capital Grant.

Exhibits/Attachments:

Contract Review
Evaluation Criteria Tabulation

**PURCHASING DEPARTMENT
CONTRACT REVIEW TRANSMITTAL**

CAIS
NO.: 4198

PROJECT: Professional Design Build Services for Pinellas County Health Facility			
RFP NUMBER: 123-0276-NC(RM)		REQ. NUMBER:	
TYPE: <input type="checkbox"/> Purchase Contract	<input checked="" type="checkbox"/> Other: CCNA	<input type="checkbox"/> Construction-Less than \$100,000	<input type="checkbox"/> One Time

In accordance with the policy guide for Contract Administration, the attached documents are submitted for review and comment

Upon completion of review, complete Contract Review Transmittal and forward to next Review Authority listed. Please indicate suggested changes by revising, in RED, the appropriate section of the document reflecting the exact wording of the change.

RISK MANAGEMENT: Please enter required liability coverage on pages:

PRODUCT ONLY ☐

This is a continuing contract ☐ this is a non-continuing contract ☒

Estimated Expenditure: \$ 4,500,000.00

REVIEW SEQUENCE	REVIEW AUTHORITY	REVIEW DATE	REVIEW SIGNATURE	COMMENTS (Attach Separate page if necessary)	COMMENTS INCORPORATED
1.	<u>Purchasing Dept.</u> J. Lauro, Director C. Mancuso, Ass't. Director Ruby McKenzie PA	3/22/13	<i>[Signature]</i>	See questions/comments in RFP documents - Pg 18 - 19 pg 18 after Summary - both see Sec C & Exhibit	
2.	<u>Real Estate Management</u> Paul Sacco, Director Mario Ferfoggia, Sr. Archt. <i>Mary Buckross</i>	3/28/13 3/28/13 5/1/13	<i>[Signature]</i> <i>[Signature]</i> <i>[Signature]</i>	YELLOW STICKERED RE: INSURANCE CRITERIA PACKAGE	

Using Dept please provide below information:

☐ Yes, funding for this requisition is using grant Funding. ☐ No, funding for this requisition is not using grant Funding.

If grant funding is being used you must provide Purchasing with the exact clauses that need to be on attached document.

Please include indemnification language for subcontractors

3.	<u>Risk Management Director</u> Attn: Virginia E. Holscher (Check applicable box at right)	4/8/13	<i>[Signature]</i>	all ind requirements p. 15-16 Exhibit B in Sample	HIGH RISK NOT HIGH RISK
4.	<u>BCC Finance</u> Attn: Cassandra Williams	4/11/13	<i>[Signature]</i>		
5.	<u>Legal</u> Attn: Michelle Wallace Jason Ester ✓	4/22/13 4/22/13	<i>[Signature]</i>	p. 11/2, paragraph 13 - use most recent version of language from CAD	
6.	<u>Asst. County Administrator</u> Attn: M. Woodard	4/22/13	<i>[Signature]</i>		

RETURN ALL DOCUMENTS TO PURCHASING

Make all inquiries to: Ruby McKenzie	at Extension 4-3795
In order to meet the following schedule, please return your requirements to Purchasing by: 4-12-2013	

TENTATIVE DATES

RFP Mail Out: 4-17-2013
RFP Opening:
BCC Approval:

PINELLAS COUNTY EVALUATION CRITERIA TABULATION SHEET-ORAL

RFP TITLE: Professional Design/Build Services Pinellas County Health Facility
RFP # 123-0276 -NC(RM) ORAL PRESENTATION

COMPANY NAME	EVALUATOR	EVALUATOR	EVALUATOR	EVALUATOR	EVALUATOR	TOTAL POINTS	TOTAL AVERAGE	RANK
	Mario Fertoglia	Bob Humberstone	Natalie Jackson	Ariel Ludwig	Dennis Simpson			
Charles Perry Partners, Inc.	845.00	850.00	820.00	851.00	854.00	4230.00	846.00	3
Creative Contractors, Inc.	878.00	871.00	847.00	865.00	886.00	4347.00	869.40	2
Peter R. Brown Construction, Inc.	871.00	857.00	871.00	872.00	890.00	4361.00	872.20	1

Date: July 25, 2013



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:



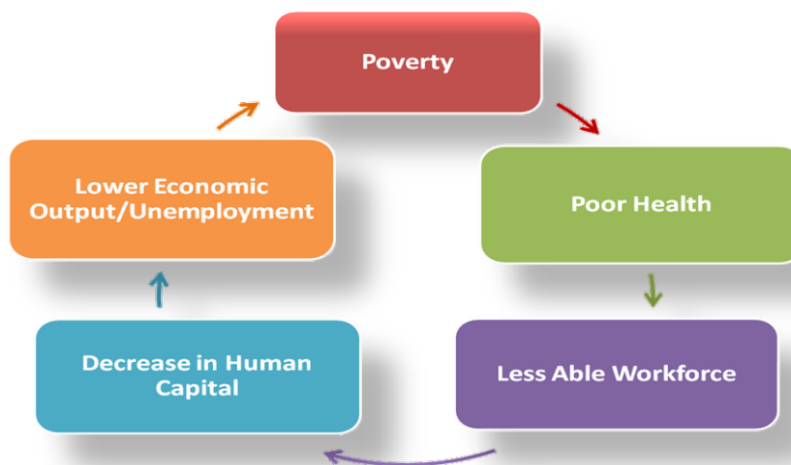
After the Board's goals were identified, each County Department completed "deep dives" into their programs and services to align with the County Commissions' goals. Following this process, the next step in the County's strategic planning activities involved collaborative workgroups across County departments 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.

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I. Updates to the Economic Impact of Poverty Report

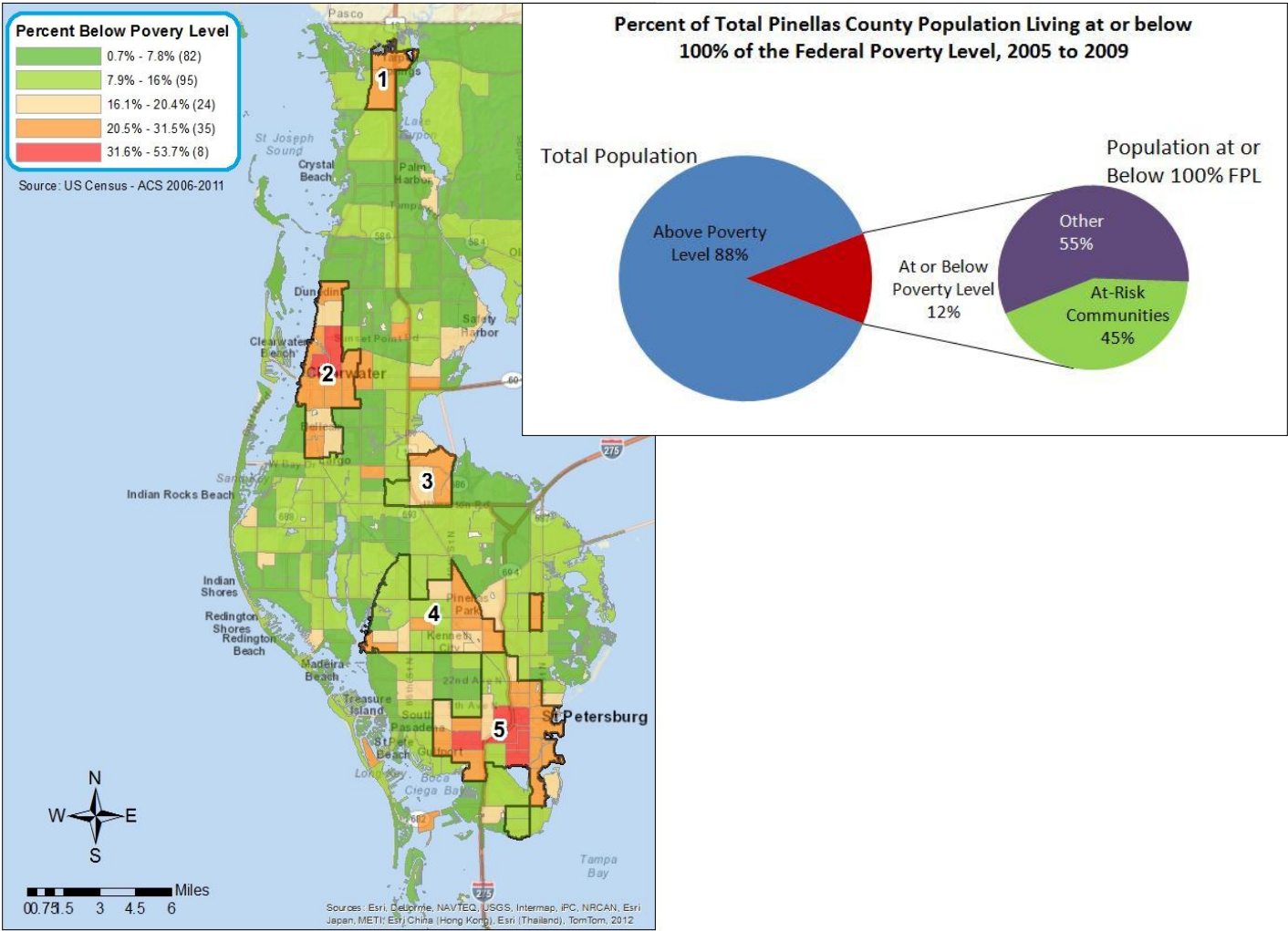
The following pages contain updated national research and local statistics on poverty in Pinellas County since the 2012 Economic Impact of Poverty Report. Updated information includes health statistics for the five At-Risk Zones and new data on each of the **7** contributing factors to poverty: insufficient 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

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.

2012 Federal Poverty Guidelines

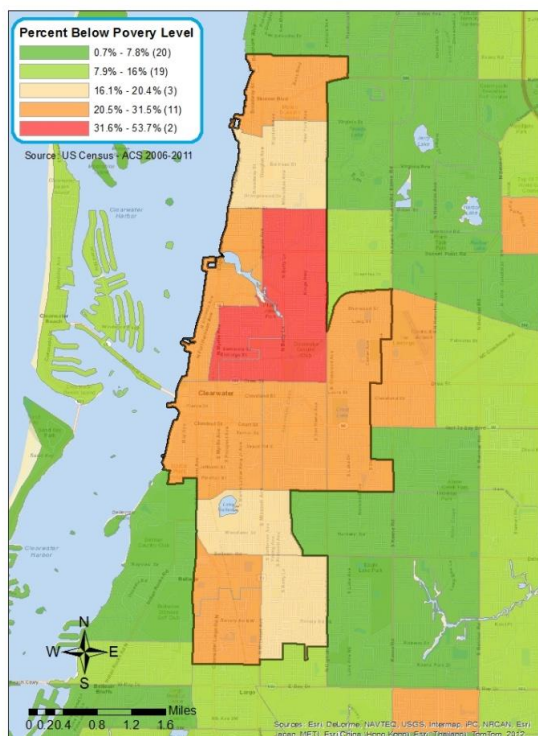
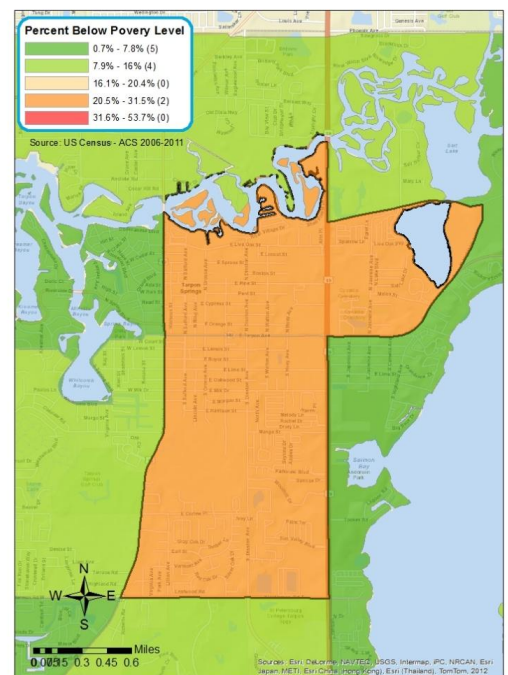
Family Size	Annual Income
1	\$11,170
2	\$15,130
3	\$19,090
4	\$23,050
5	\$27,010
6	\$30,970
7	\$34,930
8	\$38,890



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.

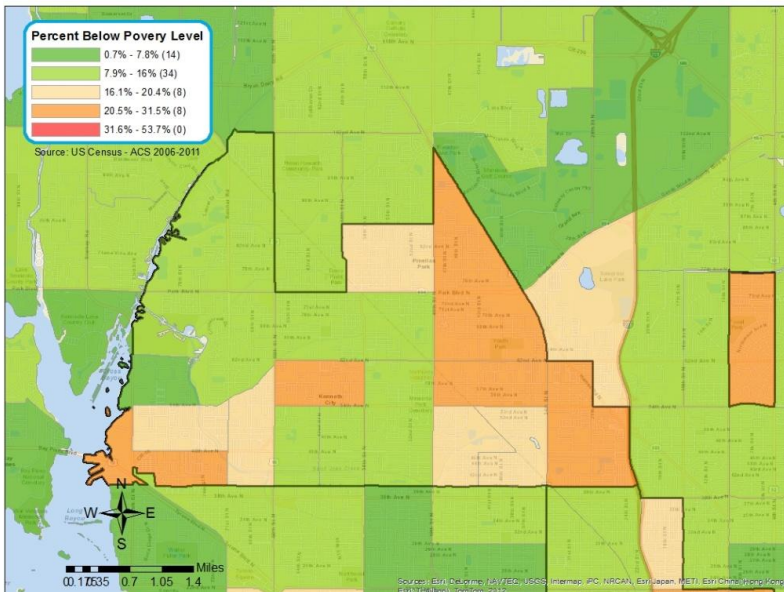
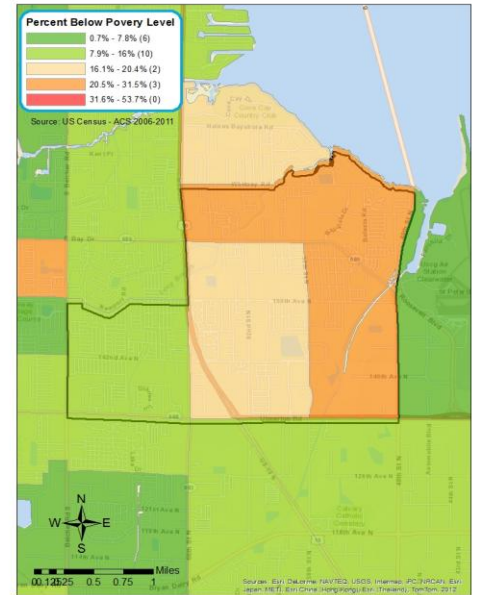
Within this Zone, Healthy Tampa Bay indicators show areas of concern for Emergency Room utilization and hospitalizations due to asthma, alcohol abuse, and complications of diabetes. Of

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.

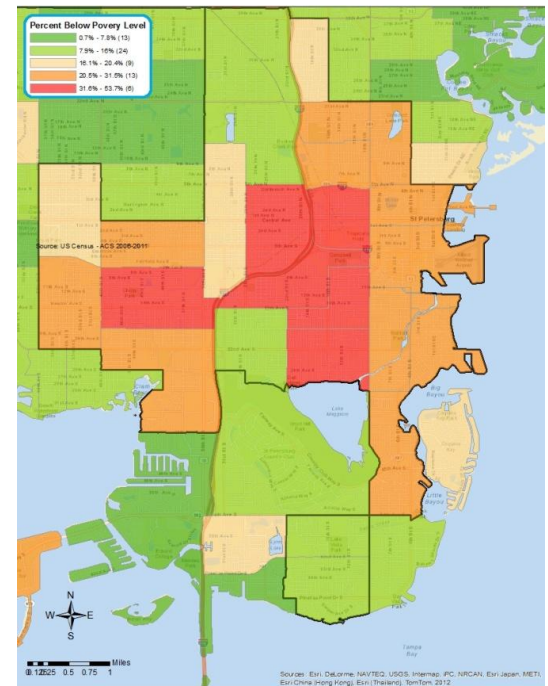
Within this Zone, Healthy Tampa Bay indicators show areas of concern for Emergency Room utilization due to asthma and alcohol abuse and hospitalizations due to asthma, COPD, dehydration, diabetes, and hepatitis. Of the total ER visits in this area with a diagnosis appropriate for an urgent care center,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

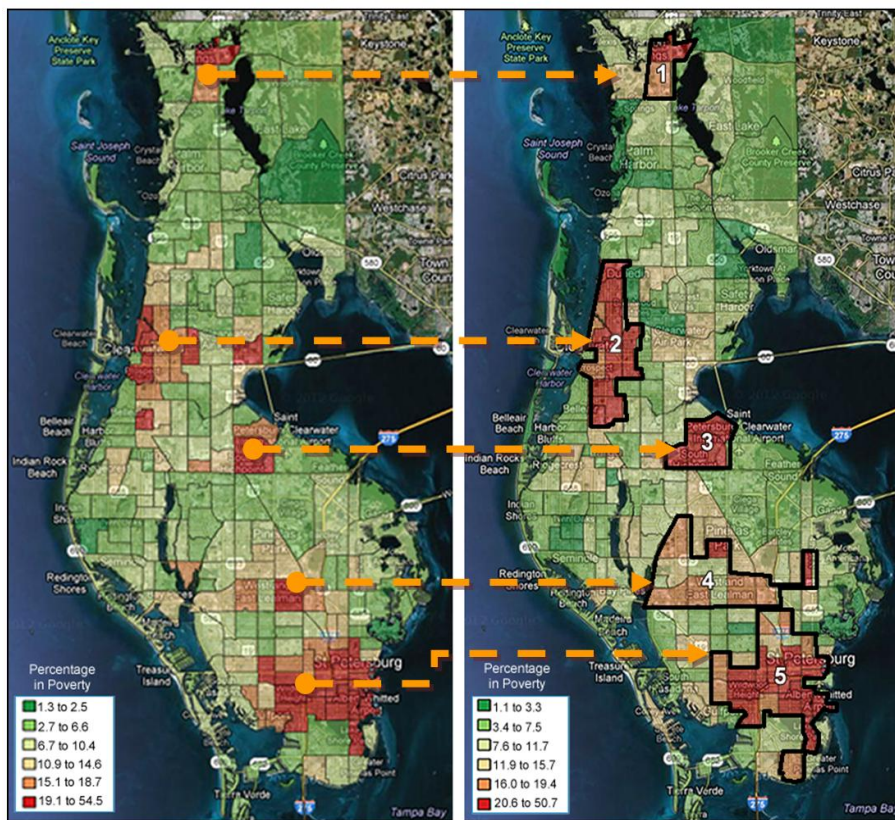
South St. Petersburg is the largest At-Risk Zone, with an estimated population of **74,275** and an average household size of 2.4. Approximately **25%** of the population (**18,569**) lives at or below 100% of the Federal Poverty Level. Within this zone, there is a high concentration of poverty (indicated 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



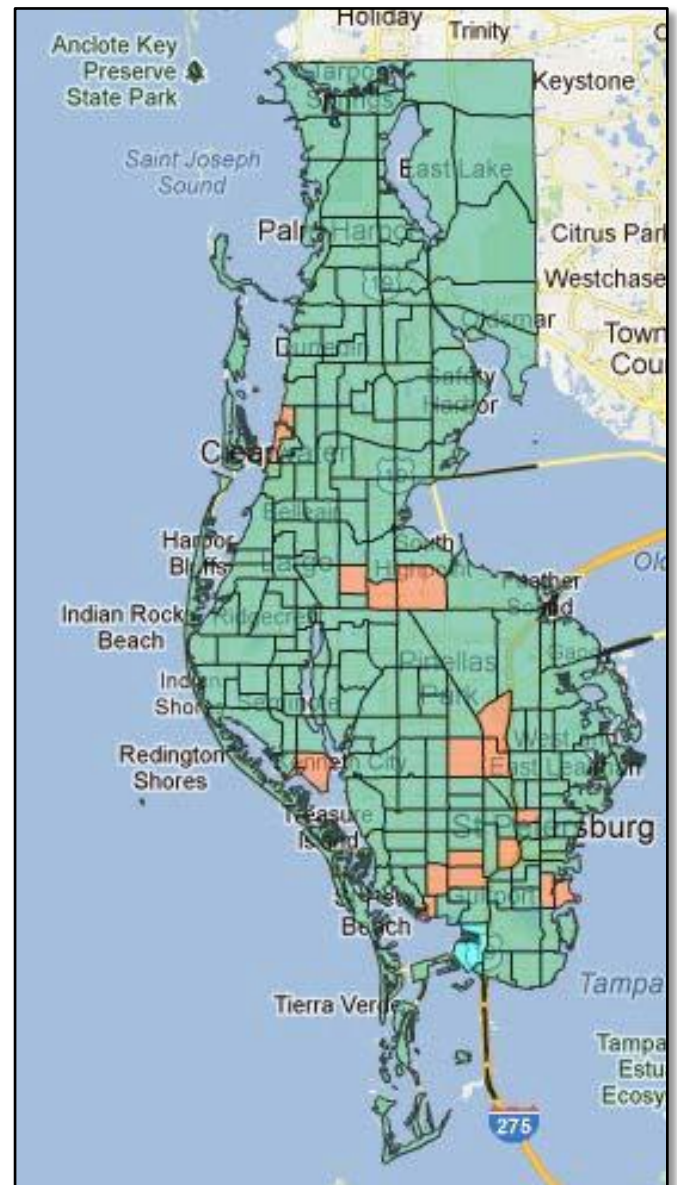
United States either missed a scheduled health care visit or did not schedule a visit during the preceding year because of transportation limitations.

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

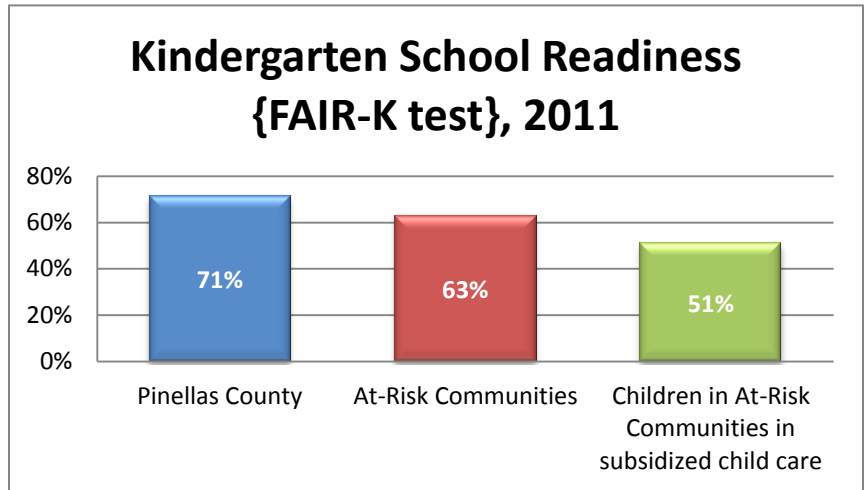
Food deserts are defined by the United States Department of Agriculture (**USDA**) as areas without ready access to fresh, healthy, and affordable food. The map on the right highlights in orange the areas within Pinellas County that have low access to food – areas where residents must travel more than 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



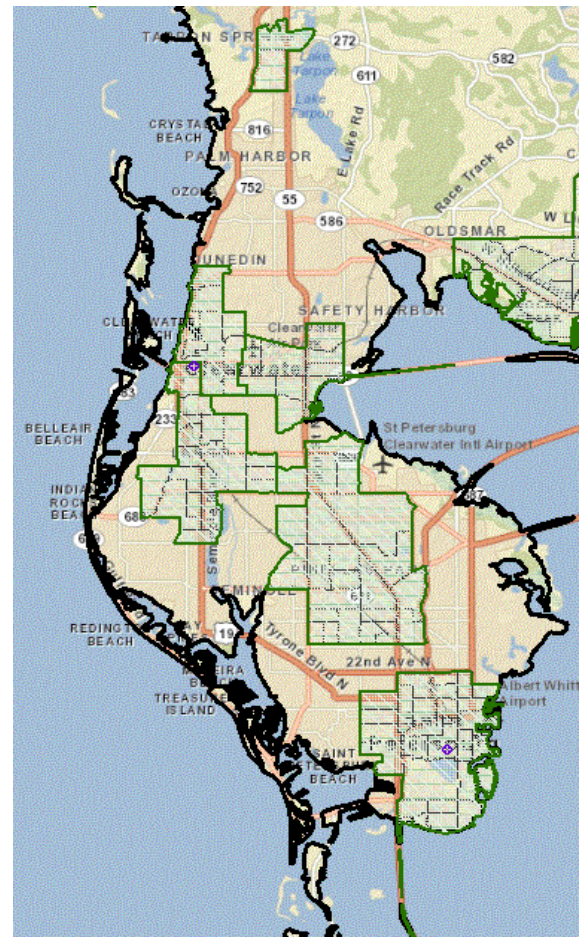
school. These lower rates affect multiple outcomes for these children and serve as a predictor for detrimental outcomes, such as grade repetition and dropping out of school.

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 United 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.

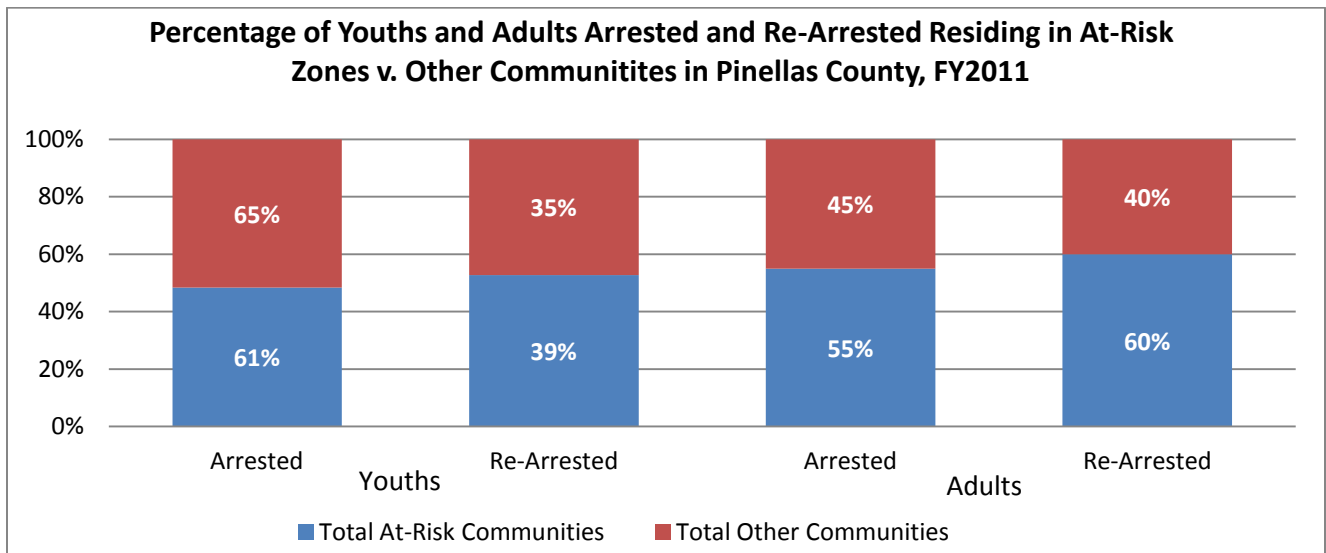
Increased Crime Rates

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.

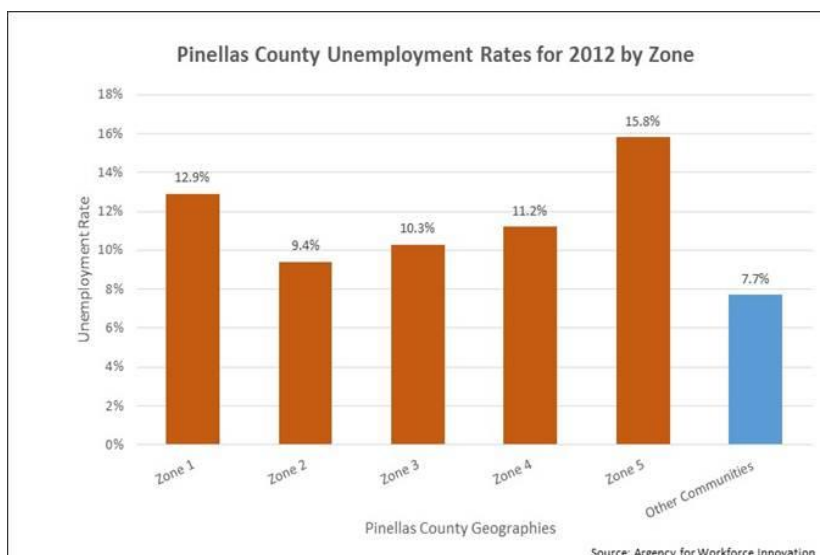
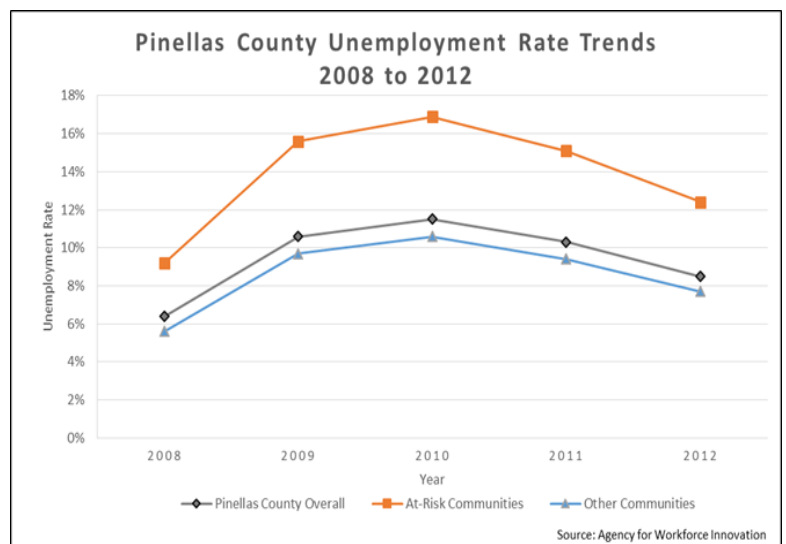
**Newly Arrested and Re-Arrested Youths and Adults
in At-Risk Zones v. Other Communities in Pinellas County, FY 2011**

	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.

Maximum Rent on Database	Available To Rent On September 4, 2013		Total Listed 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



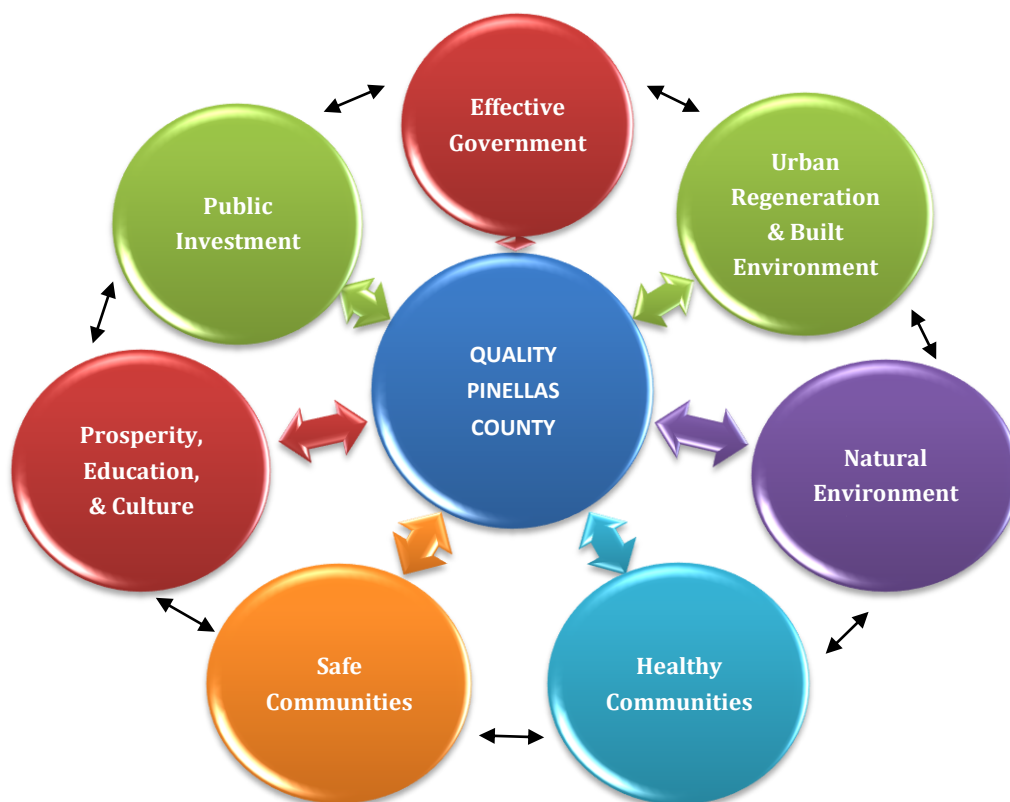
The Economic Impact of Poverty Report was presented to the Board of County Commissioners over the course of a two-day Work Session in Spring 2012. Following the Work Session, the Board unanimously approved the findings in the report, adopted the five At-Risk Zones as priority areas for the County, and 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.

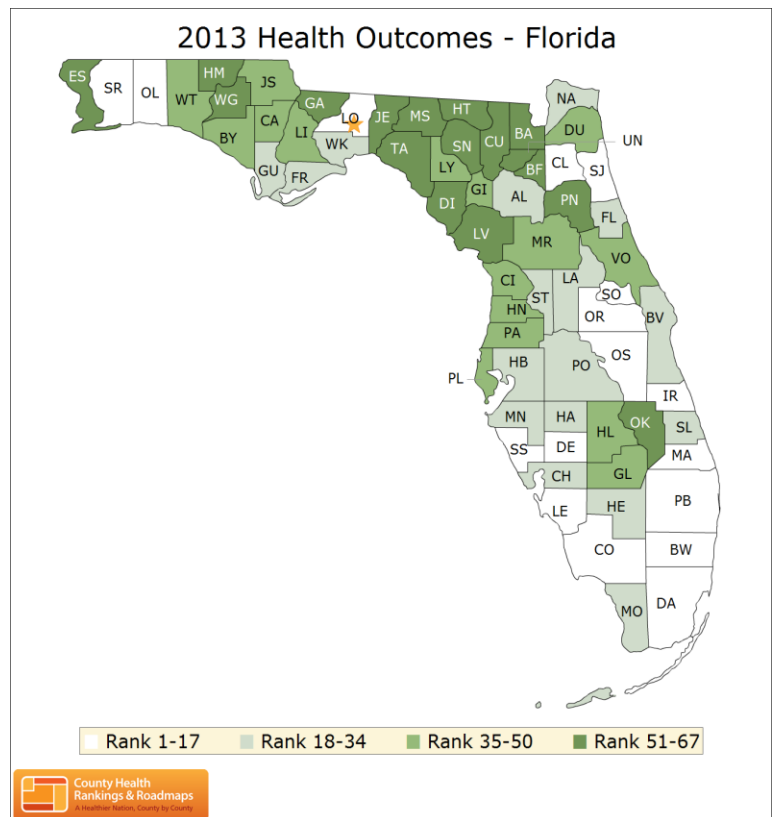
A major factor influencing the need for an integrated health care delivery system is the full implementation of the Patient Protection and Affordable Care Act (**The Affordable Care Act**). As described in this chapter, the implementation of The Affordable Care Act and expansion of Medicaid eligibility 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:

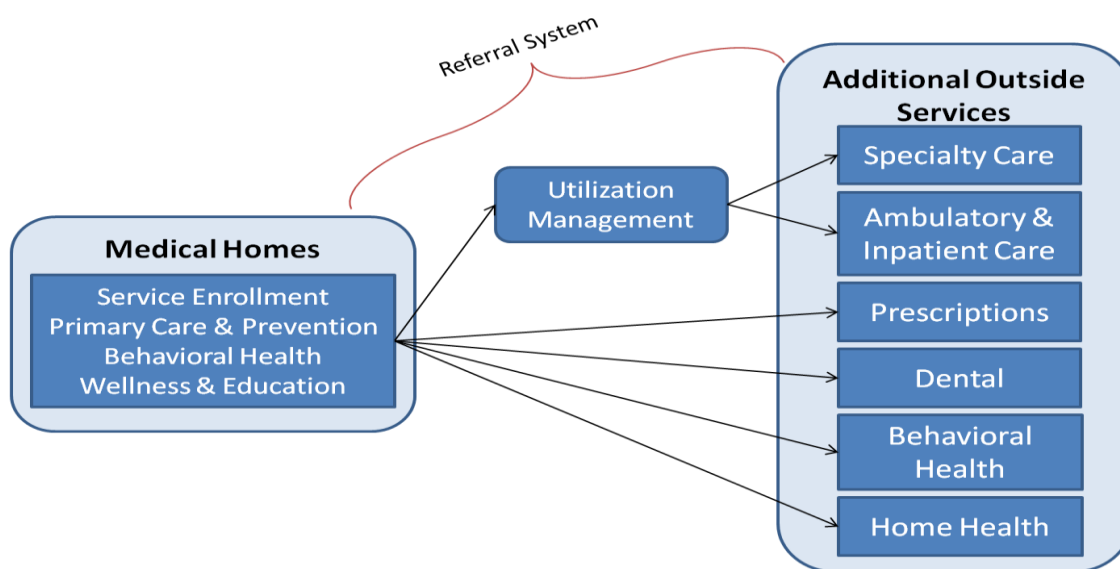


In 2008, the American Public Health Association endorsed the medical home model of primary care for its public health value and Pinellas County changed its Pinellas County Health Program from a “**sick care**” model to a **Patient-Centered Medical Home** model. The Pinellas County Health Program targets 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.

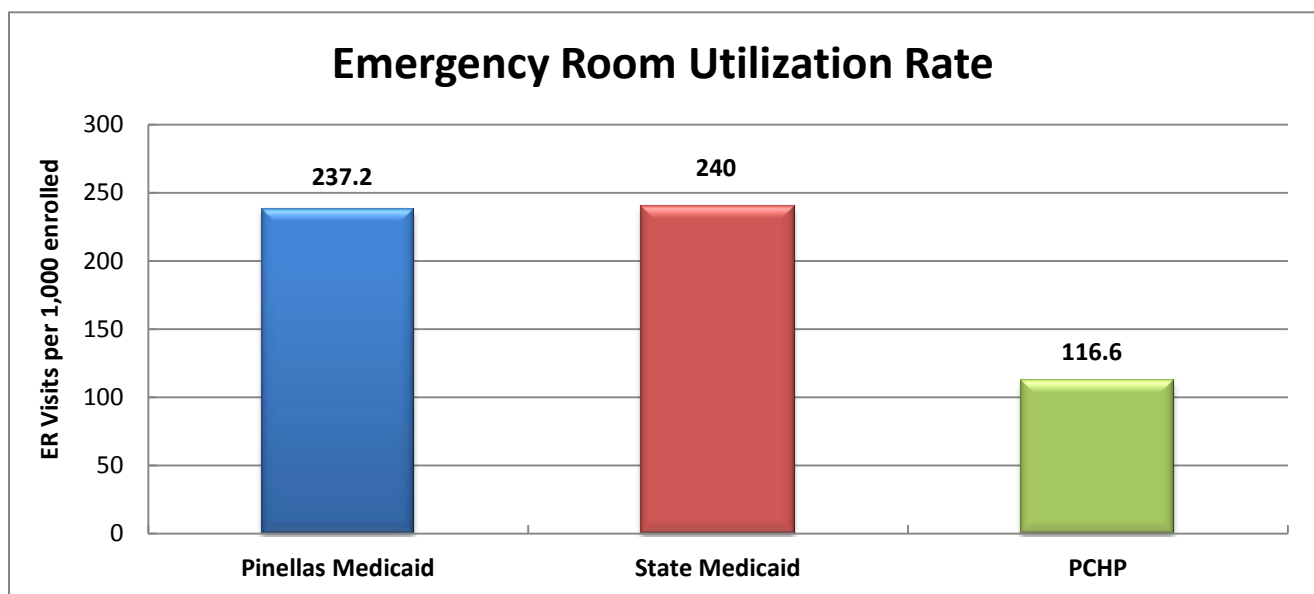
While primary care and prevention are the focus of the current system, the medical homes also incorporate dental services, behavioral health, wellness, and health education services. Clients also have access to a network of services that includes prescriptions, specialty care, ambulatory and inpatient 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.



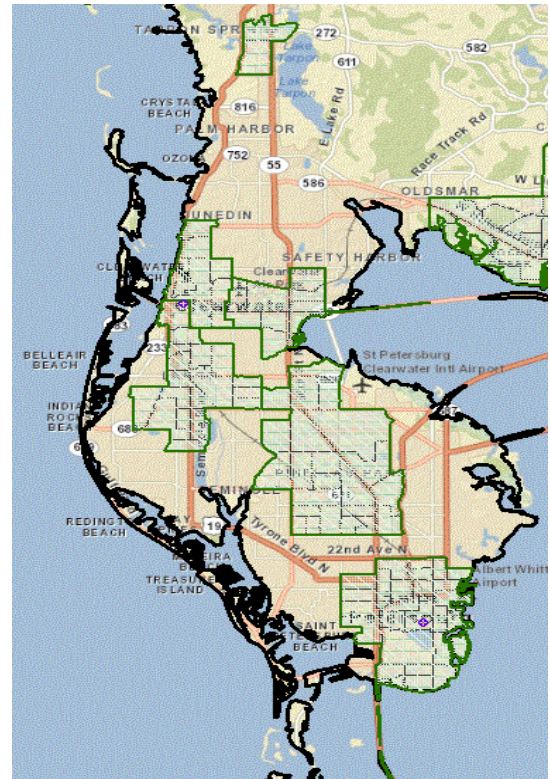
While the current system has been successful in improving health outcomes, changing health behaviors and reducing costs, the following limitations exist:

- 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

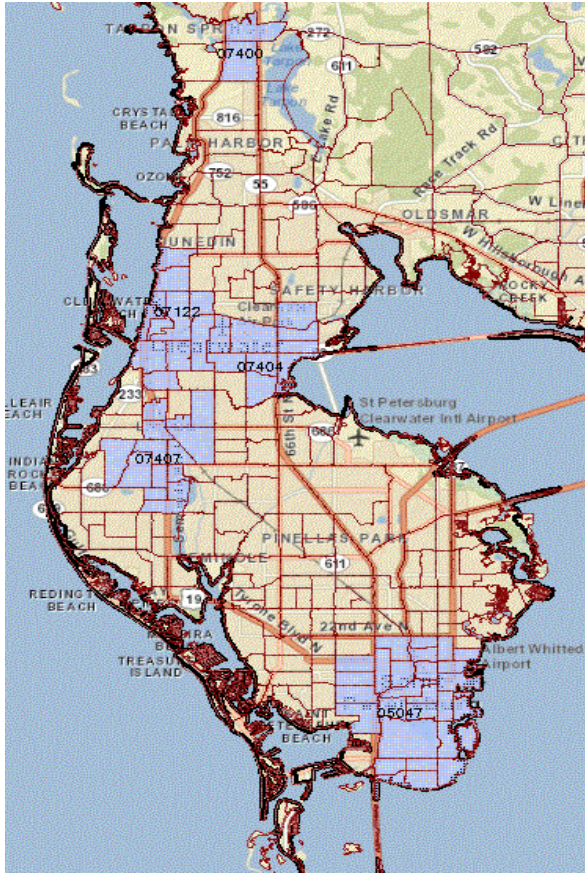
Disproportionate Number of Residents Without Health Coverage and Access to Care

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

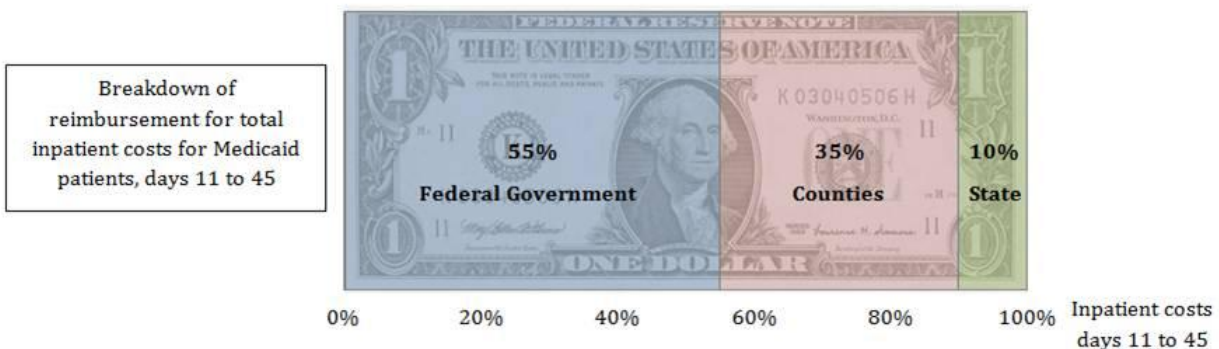
Zone	Total Low-Income Individuals	Total Accessing Primary Care	% of Low-Income Population	Unmet Need
E. Tarpon Springs	8,726	3,122	37.7%	5,154
N. Greenwood	25,520	10,142	39.7%	15,378
Highpoint	15,815	6,925	43.8%	8,890
Lealman	27,015	11,466	42.4%	15,549
S. St. Petersburg	48,246	24,823	51.5%	23,423
Total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

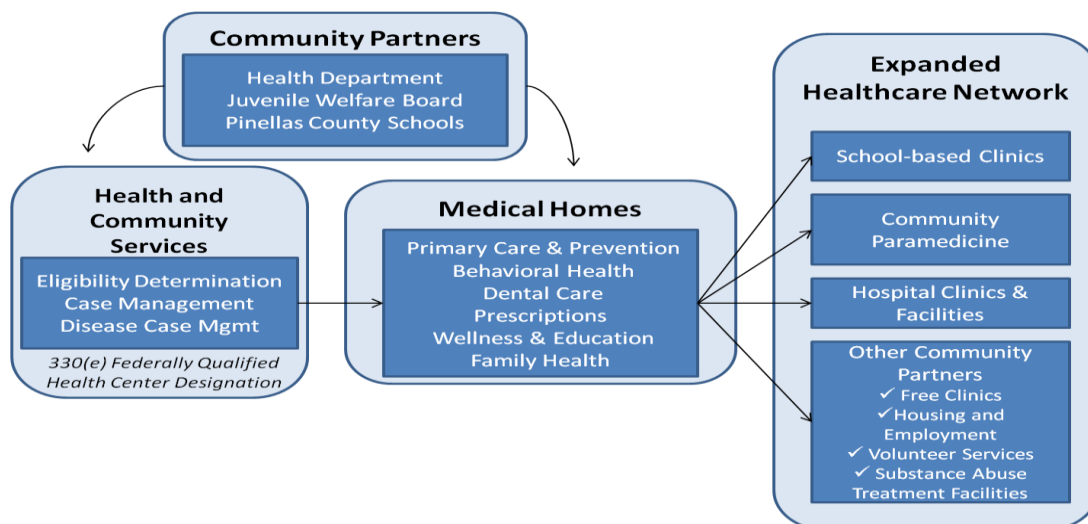
parents of low-income children in Pinellas County, a large number of County residents were not addressing their health care needs. A comparison of client data among the Department and the Juvenile Welfare Board indicated that the two agencies are providing services to the same families, but through two 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);

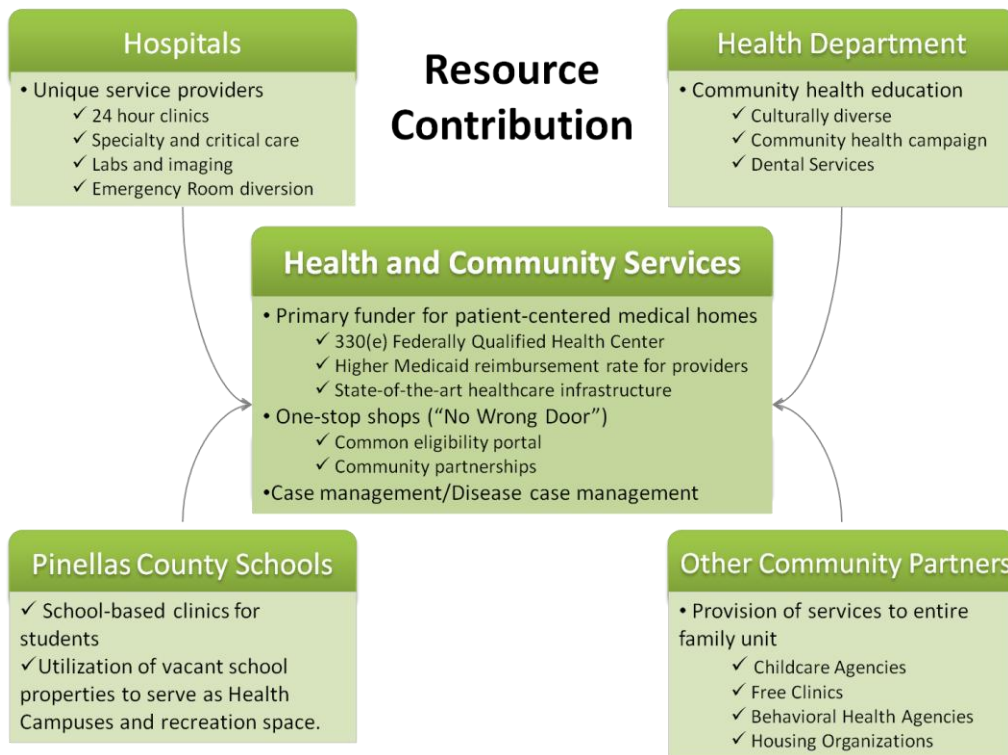
- Barriers that prevent clients from participating in their treatment plan are properly identified and addressed;
- A client's Emergency Room usage is monitored and diverted for non-emergent health concerns;
- Clients keep scheduled medical visits and attend necessary classes; and
- Clients are participating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

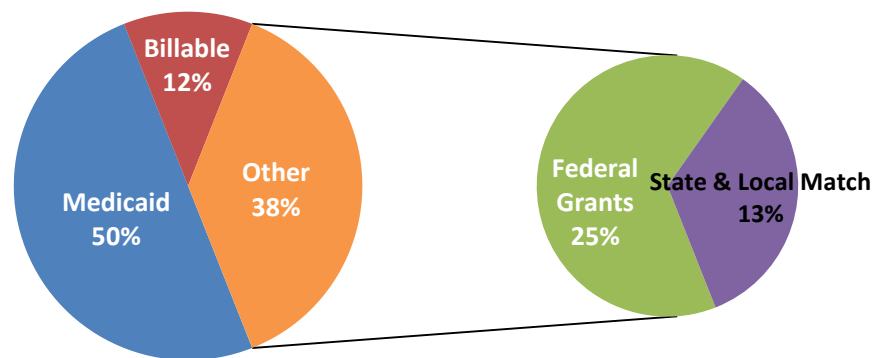
Utilizing the FQHC data regarding sources of revenue, projections on the unmet health care need, the assumption that **50%** of the clients with an unmet medical need will qualify for Medicaid, and including current Pinellas County Health Program clients, it is projected that approximately **50%** of 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.

National FHQC Funding Streams



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, an 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

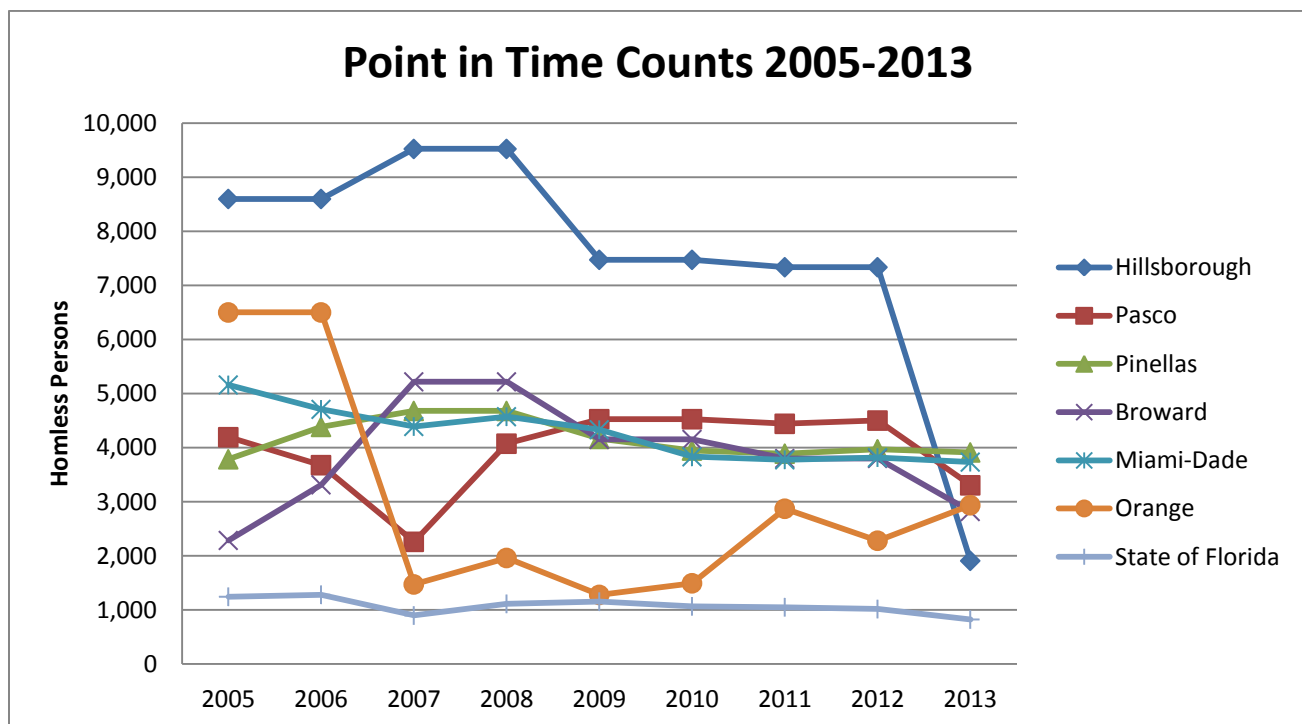
Homelessness is caused by the inability of individuals to pay for and remain stably housed. It is an issue that impacts every community, including Pinellas County. Homelessness has only grown in size in recent years, particularly in Florida, due to the economic downturn that the nation has continued 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.

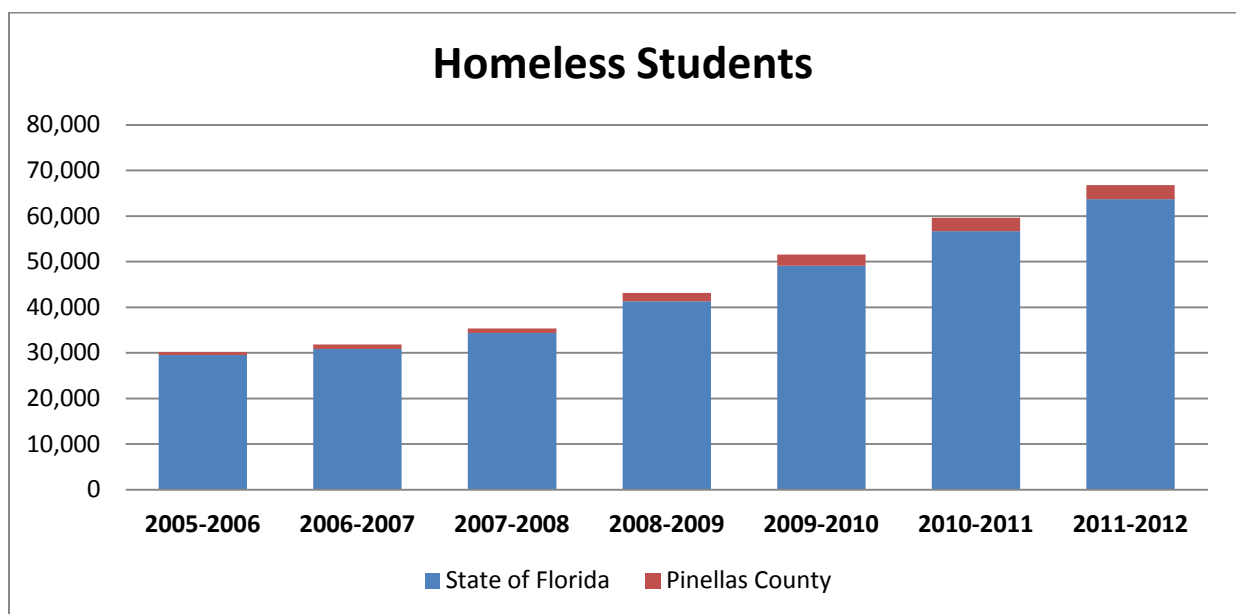
The chart below provides trend analysis from the Point in Time Counts for select counties and the state as a whole from 2005-2013. As shown below, the tri-County area of Hillsborough, Pinellas, and Pasco counties have some of the highest rates of homelessness in the state of Florida, with Hillsborough 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

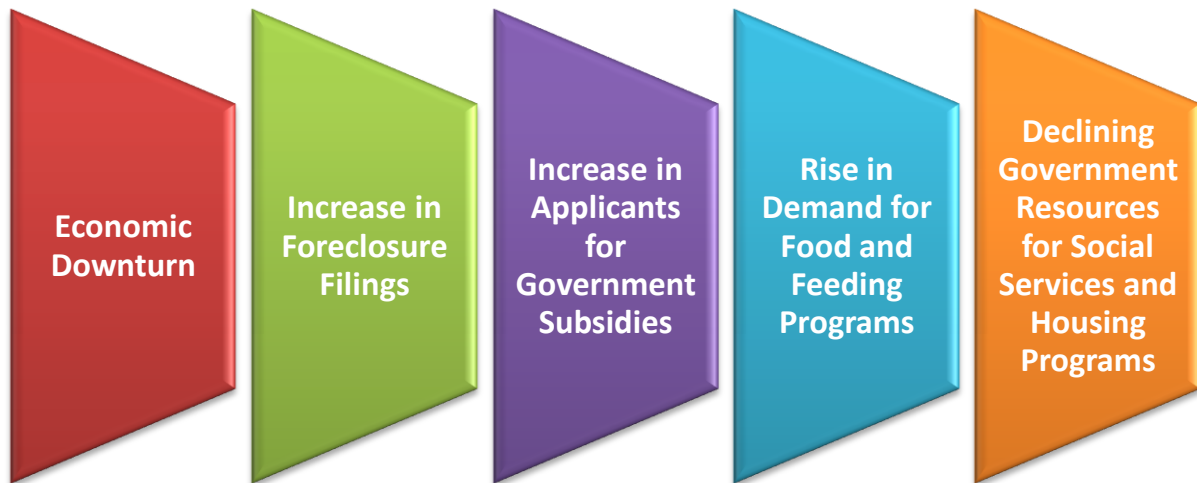
53% of identified homeless individuals were experiencing homelessness for the first time. Thus, many people are experiencing longer or more frequent episodes of homelessness. In addition, the majority of identified homeless individuals (**68%**) had previously experienced homelessness at least one time. **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.

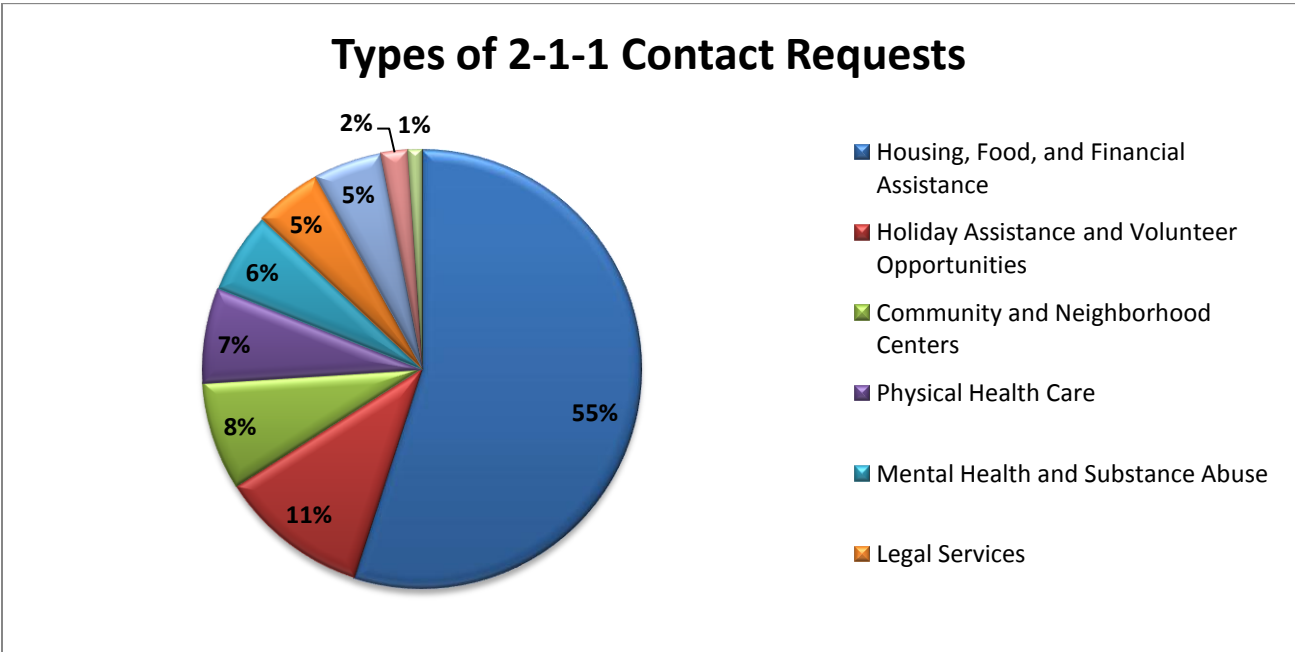
The Tampa Bay Information Network (**TBIN**) is a centralized web-based database for basic needs health and human service providers to enter, manage and share client information. TBIN is jointly funded by the Department of Health and Community Services and the Juvenile Welfare Board and is operated by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



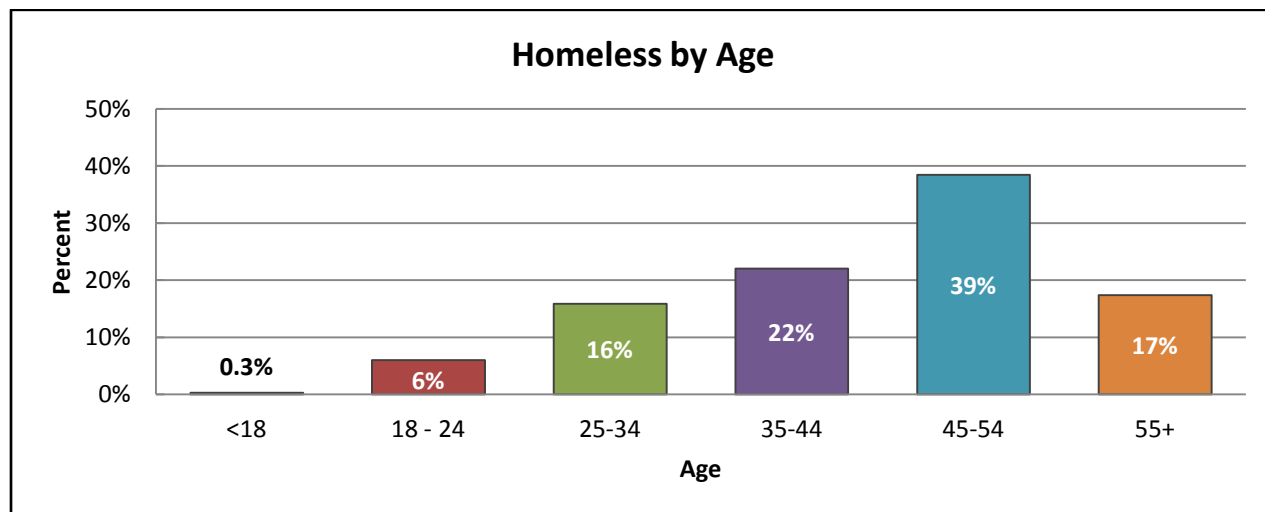
Health Services

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.

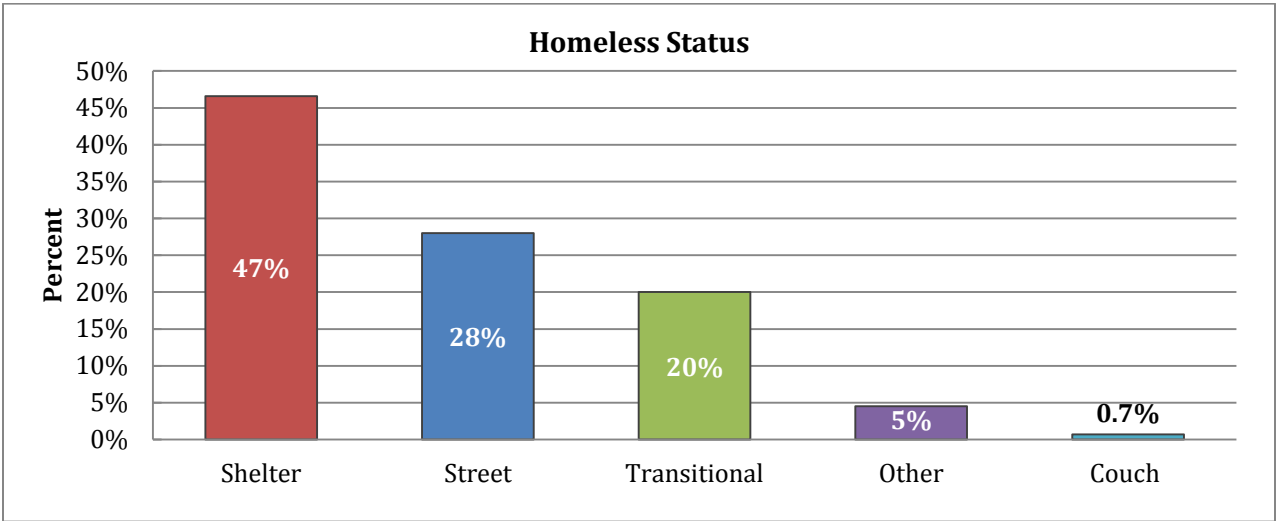
The 2013 Point in Time Count indicated that the most common health problems among homeless individuals were depression, physical disability, chronic health problems, behavioral health and substance abuse. The exacerbation of these conditions due to poor continuity of care, lack of health care access, 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.

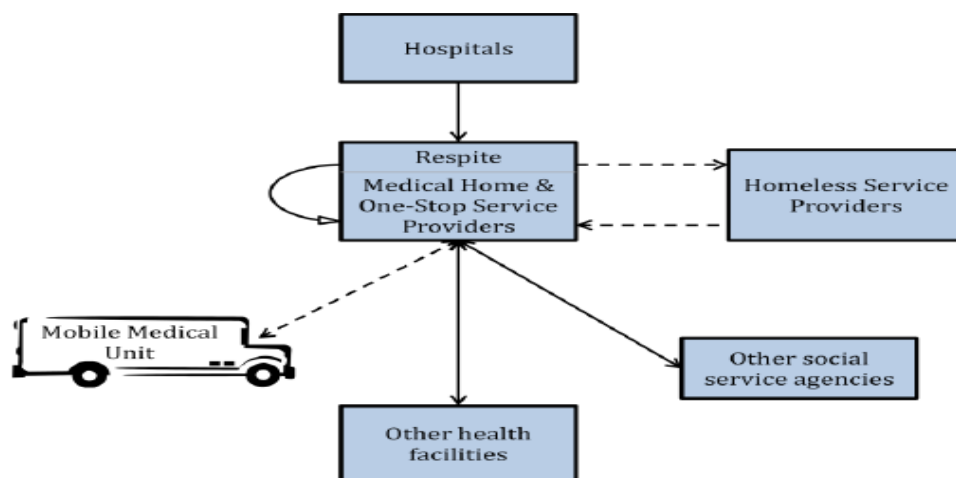
Despite the Mobile Medical Unit’s best efforts to treat as many homeless individuals as possible, the time lost traveling to sites or whenever the van needs to be serviced severely limits the ability of the team to increase the number of homeless individuals served. In addition, the limited space onboard 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.

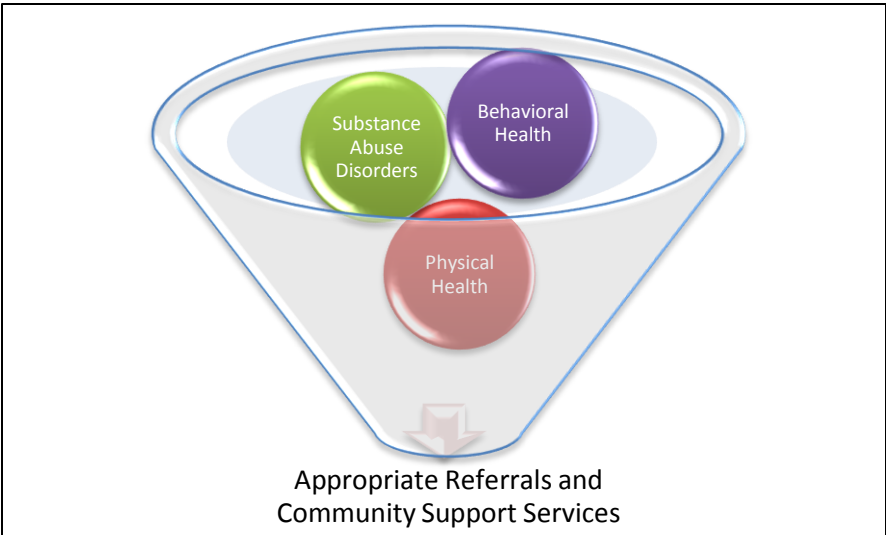
A centralized Behavioral Health Assessment Center would offer culturally-competent health and social service professionals to ensure that homeless individuals are appropriately assessed, referred, and receive follow-up services to help them in managing both their behavioral health care needs and other 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.

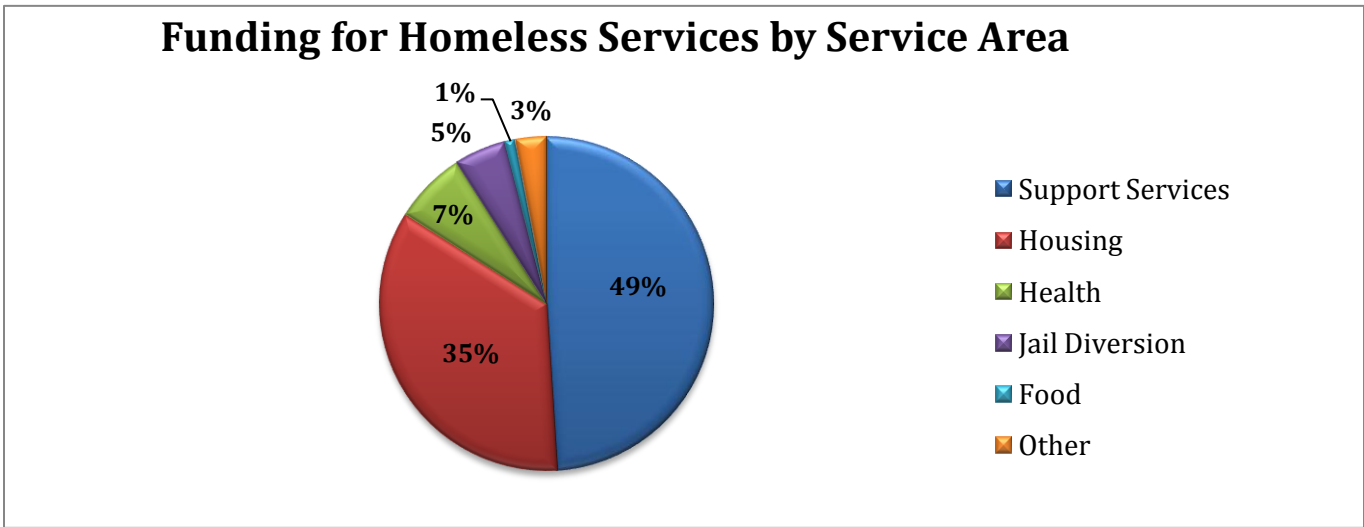
The three Homeless Prevention and Self-Sufficiency programs provide short-term financial assistance to ease a client's financial crisis – ultimately reducing their dependency on County services and subsidies and assisting them with seeking employment, receiving medical care, and remaining stably housed. 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
<ul style="list-style-type: none">• 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
<ul style="list-style-type: none">• 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.

Commission Work Session Date: April 8, 2014

Item No. : 3

County Commission Miscellaneous

Continued from the April 1, 2014 regular Board meeting.