

**AGENDA**  
**Planning Review Committee**  
**Pinellas County Planning Department**  
**310 Court Street, 1<sup>st</sup> Floor Conference Room 119**  
**April 14, 2014 – 10:00 AM**

**Case Summary Review:**

1.   **LU-9-5-14**  
      Gateway Hospitality, LLC
  
2.   **Z/LU-10-6-14**  
      Pinellas County Planning Director
  
3.   **Z-11-6-14**  
      Global Family Fellowship, Inc., c/o Nick Panico

CASE SUMMARY  
CASE NO. LU 9-5-14  
(Quasi-Judicial)

PRC MEETING: April 14, 2014 @ 10:00 AM-1<sup>st</sup> Floor, Planning Conf Room

LPA HEARING: June 11, 2014 @ 9:00 AM-5<sup>th</sup> Floor, Board Assembly Room

BCC HEARING: July 15, 2014 @ 6:00 PM-5<sup>th</sup> Floor, Board Assembly Room

PPC HEARING: September 10, 2014 @ 3:00 PM-5<sup>th</sup> Floor, Board Assembly Room

FINAL DETERMINATION BY: October 7, 2014

APPLICANT'S NAME: Gateway Hospitality, LLC

REQUEST: Land Use change from: Residential Medium, Commercial General & Resort  
Facilities Overlay - Permanent  
to: Commercial General

With a Development Agreement restricting the use of the site to a hotel/motel  
with a restaurant and not to exceed 50 ft. in height.

CASE DESCRIPTION: Existing motel on approximately 5.4 acres located at 2595 54th Avenue North  
in the unincorporated area of St. Petersburg (35/30/16/00000/430/1800). A  
legal description is available in file upon request.

APPLICANT/ADDRESS: Gateway Hospitality, LLC  
2595 54th Avenue North  
St. Petersburg, FL 33714

REP/ADDRESS: Paul Witt  
RP Witt Construction, Inc.  
52 Tuscan Way, Suite 202-336  
St. Augustine, FL 32092

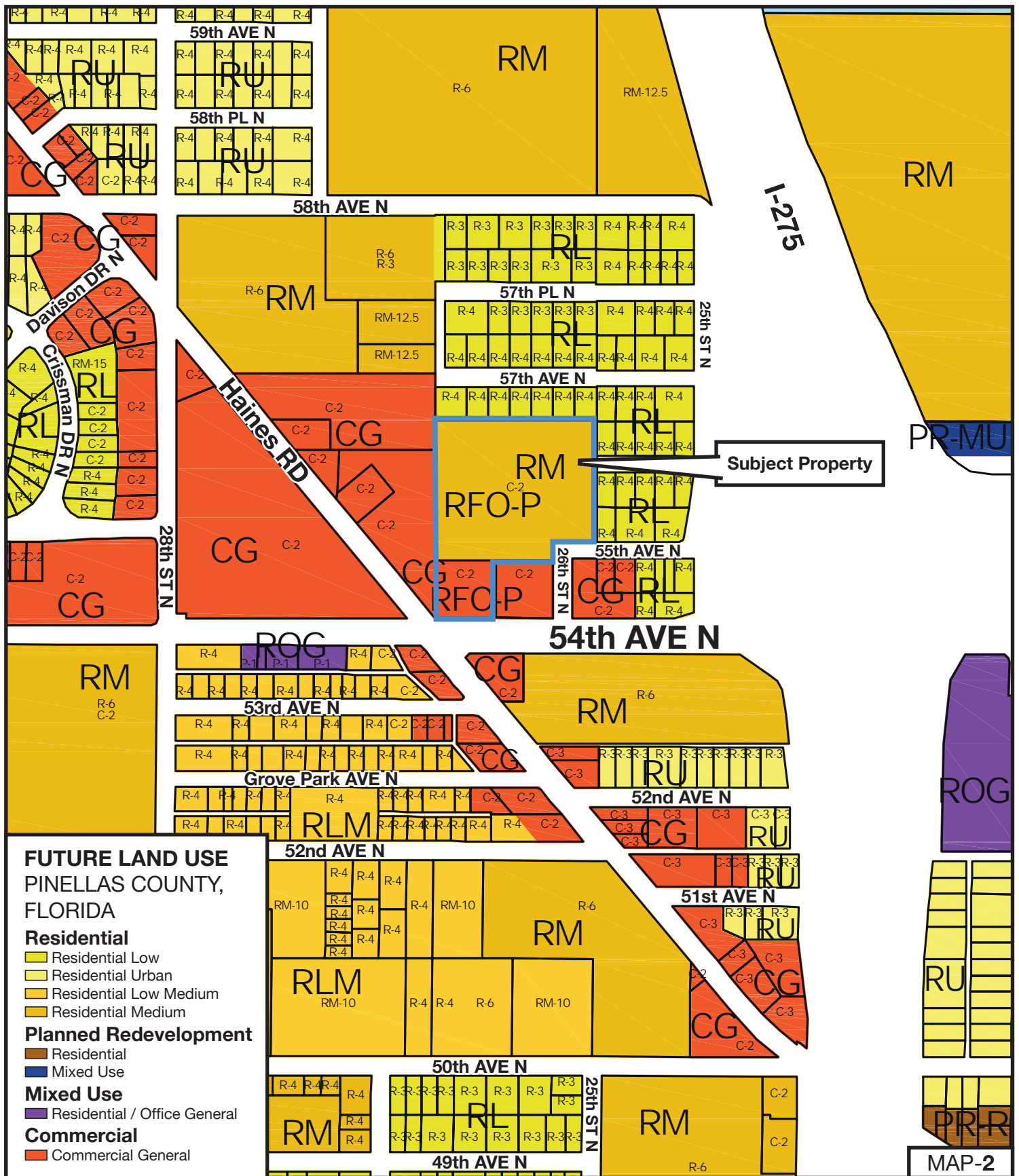
NOTICES SENT TO: Gateway Hospitality, LLC, Paul Witt, St. Petersburg, Mike Meidel-Economic  
Development Council, DOT, Michael Bessette-Pinellas County School Board,  
BCC Office & Surrounding Owners

EXISTING USE: Motel with Restaurant

PROPOSED USE: Hotel/Motel with Restaurant

LAND USE: Residential Medium, Commercial General & Resort Facilities Overlay  
Permanent

ZONING: C-2  
*Revised 3/13/14*



**LU-9-5-14**

**Land Use Change**

**From:** Residential Medium, Commercial General, Resort Facilities Overlay-Permanent

**To:** Commercial General  
With a Development Agreement restricting the use of the site to a motel and not to exceed 50 ft. in height.

Parcel I.D. 35/30/16/00000/430/1800

Prepared by: Pinellas County Department of Planning and Development Services March 2014







**LU-9-5-14**

**Land Use Change**

**From:** Residential Medium, Commercial General, Resort Facilities Overlay-Permanent

**To:** Commercial General

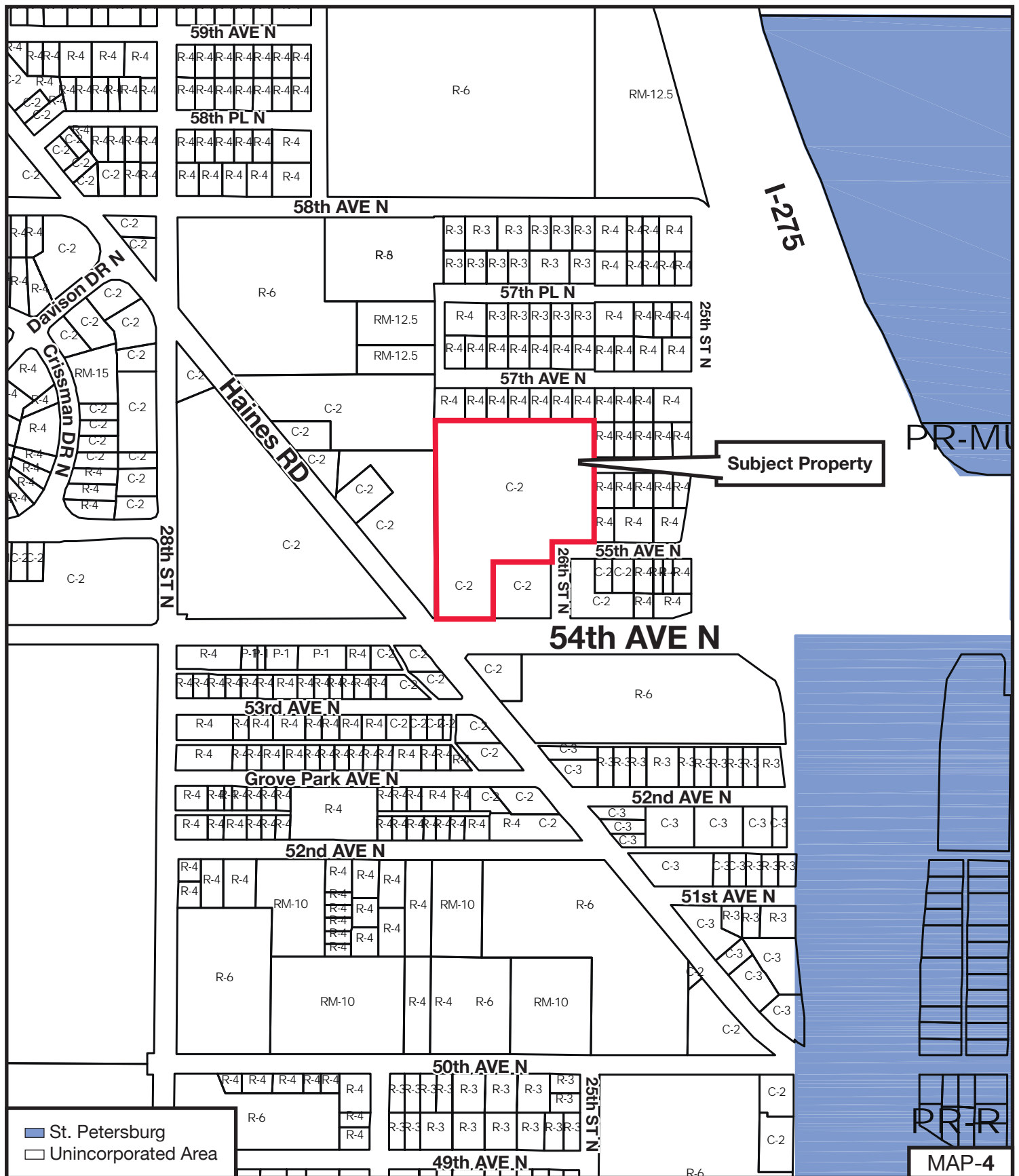
With a Development Agreement restricting the use of the site to a motel and not to exceed 50 ft. in height.

Parcel I.D. 35/30/16/00000/430/1800

Prepared by: Pinellas County Department of Planning and Development Services March 2014







**LU-9-5-14**

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Parcel I.D. 35/30/16/00000/430/1800

Prepared by: Pinellas County Department of Planning and Development Services March 2014



LU-9-5-14  
RECEIVED 3-26-14

**2595 54<sup>th</sup> Ave N, Saint Petersburg FL 33714 Explanation**

Building 1 will be the restaurant

Building 2-New Fairfield Inn & Suites Hotel approximately 83 rooms

We currently have a building where building 2 is proposed to go and it has 32 rooms which will be removed to building this new hotel

Building 3- We will remove 23 rooms to make a new lobby and storage for guests

Building 4- nothing will change

Building 5- nothing will change

1. Owner: Gateway Hospitality LLC  
Mailing Address: 2595 54th Avenue North  
City: St. Petersburg State: FL Zip Code: 33714-1973 Daytime Phone: ( 407 ) 965-8797  
Email: Nshah730@hotmail.com

2. Representative's Name: Paul Witt  
Company Name: RP Witt Construction Inc.  
Mailing Address: 52 Tuscan Way, Suite 202-336  
City: St. Augustine State: FL Zip Code: 32092 Daytime Phone: ( 904 ) 415-9488  
Email: paulw@rpwitt.com

3. Disclosure information (This information must be supplied pursuant to County Ordinance No. 74-15):

- A. If the owner is a corporation, partnership, or trust, list all persons (i.e. partners, corporate officers, all members of the trust) who are a party to such as well as anyone who may have a beneficial interest in the property which would be affected by any ruling on their application.

Nikesh Shah (Manager/Member)

Specify interest held: \_\_\_\_\_

- B. Is there an existing contract for sale of subject property:        Yes   X   No  
If yes, list names of all parties to the contract including all partners, corporate officers, and members of any trust:

Is contract conditional or absolute?        Conditional        Absolute

- C. Are there any options to purchase on subject property?        Yes   X   No  
If so, list names of all parties to option including all partners, corporate officers and members of any trust:



4. This hearing is being requested to consider: Land use plan amendment to CG and remove existing overlay

a) If the request includes a request for a density bonus, what is the coastal storm designation?

\_\_\_\_\_

5. Location of subject property (street address): 2595 54th Avenue North

6. Legal Description of Property: (attach additional documents if necessary)

Please see attached property record card from Pinellas County Property Appraiser. (Exhibit A)

\_\_\_\_\_

\_\_\_\_\_

7. Size of Property: ~485 feet by ~600 feet, 5.44 acres

8. Present zoning classification: C-2

9. Present Land Use Map designation: CG and RFO-P

10. Date subject property acquired: 11/24/1999

11. Existing structures and improvements on subject property:

Please see attached property record card. (Exhibit A)

12. Proposed structures and improvements will be:

Please see attached conceptual plan. (Exhibit B)

13. I/We believe this application should be granted because (include in your statement sufficient reasons in law and fact to sustain your position.) (If this request is for a determination of Vested Rights/Appeal Determination, applicants are advised to review the procedural and substantive requirements of Pinellas County Ordinances 89-32 and 89-69) (Attach a separate sheet if necessary).

The subject property has been utilized for hotel facilities since 1963. The proposed amendment would allow for the construction of a refurbished hotel facility and bring the property into compliance from a land use standpoint. The requested CG designation is consistent with the surrounding area.

14. Has any previous application relating to zoning or land use on this property been filed within the last year?  
       Yes   X   No When?                      In whose name?                     

Briefly state the nature and outcome of the hearing:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. Does applicant own any property contiguous to subject property? \_\_\_\_\_ Yes      X   No  
If so, give complete legal description of contiguous property:

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16. The following data and exhibits must be submitted with this application and they become a permanent part of the public records:

- a) Plat, if it will have particular bearing on the subject application.    N/A
- b) Certification of Ownership: submit a certificate of a duly licensed title or abstract company, or a licensed attorney-at-law, showing that each applicant is the present title holder of record.  
*(Warranty deeds, title insurance documents, tax receipts, etc. are not acceptable as proof of ownership.)*  
See Exhibit C.
- c) Preliminary site plan will be required for conditional use applications only (as specified in the Zoning Ordinance, Section 138.178 - see attached).    Please see conceptual plan.
- d) Development Agreement: If the Application includes consideration of a Development Agreement, a completed draft of the agreement must be submitted with this application. Please contact the County Attorney's Office at (727) 464-3354 to obtain the approved form for a development agreement.  
See Exhibit D.
- e) Additional information may be required by Staff, such as, but not limited to, verification of adequate access to the subject area, documentation that the mandatory rules regarding transferable development rights or density/intensity averaging are being adhered to and compliance with Airport zoning regulations, etc.    N/A

### CERTIFICATION OF OWNERSHIP

I hereby certify that I have read and understand the contents of this application, and that this application together with all supplemental data and information is a true representation of the facts concerning this request, that this application is made with my approval, as owners and applicant, as evidenced by my signature appearing below. It is hereby acknowledged that the filing of this application does not constitute automatic approval of the request and further that if the request is approved, I will obtain all necessary permits and comply with all applicable orders, codes, conditions and rules and regulations pertaining to the use of the subject property, while under my ownership. I am aware that attendance by me or my authorized representative at all public hearings relative to this request is required and that failure to attend may result in a denial of the request. It shall be my responsibility to determine time and location of all hearings.

For: Gateway Hospitality LLC

By: NIKESH SHAH, its Managing Member

\*\*\*Signature of Owner or Trustee

Date: February 5, 2014

STATE OF FLORIDA, COUNTY OF ~~PINELLAS~~ Orange

Before me this 5th day of February, 20 14

personally appeared NIKESH SHAH for Gateway Hospitality  
who, being duly sworn, deposes and says that the above is a true and correct certification.

Karel Alonzo

(signature) NOTARY PUBLIC



\*\*\*Applications which are filed by corporations must bear the seal of the corporation over the signature of an officer authorized act on behalf of the corporation (Please note question #3).



## Exhibit A

35-30-16-00000-430-1800

Online Property Record Card

[Portability Calculator](#)

Data Current as of February 01, 2014

[Email](#) [Print](#)[Radius Search](#)Improvement Value  
per F.S. 553.844

Ownership/Mailing Address	Site Address (First Building)
GATEWAY HOSPITALITY LLC C/O SHAH LAW GROUP 2595 54TH AVEN ST PETERSBURG FL 33714-1973	2595 54TH AVEN N ST PETERSBURG 33714-
	Jump to building: <b>(1) 2595 54TH AVEN N ST PETERSBURG 33714-</b>



Property Use: 3912 (Hotels and Motels (50 units or more))

Living Units: 158

[\[click here to hide\] 2014 Legal Description](#)

FROM SE COR OF SW 1/4 OF SE 1/4 RUN N 55.2FT &amp; W 310FT FOR POB TH CONT W 184.6FT TH N 606.5FT TH E 495.07FT TH S 372.78FT TH W 135FT TH S 58.7FT TH W 175FT TH S 175FT TO POB CONT 5.44 AC (C)

2014 Exemptions		File for Homestead Exemption	2014 Parcel Use	
Homestead: No	Government: No		Homestead Use Percentage: 0.00%	
Institutional: No	Historic: No		Non-Homestead Use Percentage: 100.00%	Classified Agricultural: No

2013 Parcel Information [2013 Trim Notice](#)

Most Recent Recording	Sales Comparison	Census Tract	Evacuation Zone (NOT the same as a FEMA Flood Zone)	Plat Book/Page
17308/2389	<a href="#">Sales Query</a>	12103024601	NON EVAC	

## 2013 Interim Value Information

Year	Just/Market Value	Assessed Value/ SOH Cap	County Taxable Value	School Taxable Value	Municipal Taxable Value
2013	\$3,025,000	\$3,025,000	\$3,025,000	\$3,025,000	\$3,025,000

[\[click here to hide\] Value History as Certified \(yellow indicates correction on file\)](#)

Year	Homestead Exemption	Just/Market Value	Assessed Value/ SOH Cap	County Taxable Value	School Taxable Value	Municipal Taxable Value
2013	No	\$3,025,000	\$3,025,000	\$3,025,000	\$3,025,000	\$3,025,000
2012	No	\$2,950,000	\$2,950,000	\$2,950,000	\$2,950,000	\$2,950,000
2011	No	\$2,925,000	\$2,925,000	\$2,925,000	\$2,925,000	\$2,925,000
2010	No	\$3,130,000	\$3,130,000	\$3,130,000	\$3,130,000	\$3,130,000
2009	No	\$3,400,000	\$3,400,000	\$3,400,000	\$3,400,000	\$3,400,000
2008	No	\$4,000,000	\$4,000,000	\$4,000,000	\$4,000,000	\$4,000,000
2007	No	\$4,060,000	\$4,060,000	\$4,060,000	N/A	\$4,060,000
2006	No	\$4,100,000	\$4,100,000	\$4,100,000	N/A	\$4,100,000
2005	No	\$3,760,000	\$3,760,000	\$3,760,000	N/A	\$3,760,000
2004	No	\$3,400,000	\$3,400,000	\$3,400,000	N/A	\$3,400,000
2003	No	\$2,800,000	\$2,800,000	\$2,800,000	N/A	\$2,800,000
2002	No	\$2,500,000	\$2,500,000	\$2,500,000	N/A	\$2,500,000
2001	No	\$2,721,500	\$2,721,500	\$2,721,500	N/A	\$2,721,500
2000	No	\$2,527,200	\$2,527,200	\$2,527,200	N/A	\$2,527,200
1999	No	\$1,941,700	\$1,941,700	\$1,941,700	N/A	\$1,941,700
1998	No	\$1,938,000	\$1,938,000	\$1,938,000	N/A	\$1,938,000
1997	No	\$1,928,500	\$1,928,500	\$1,928,500	N/A	\$1,928,500
1996	No	\$2,085,000	\$2,085,000	\$2,085,000	N/A	\$2,085,000

## 2013 Tax Information

[Click Here for 2013 Tax Bill](#)Tax District: [LETF](#)

2013 Final Millage Rate 23.4084

2013 Est Taxes w/o Cap or Exemptions \$70,810.41

A significant change in taxable value may occur when sold due to changes in the market or the removal of exemptions. [Click here for more information.](#)Ranked Sales [\(What are Ranked Sales?\)](#) [See all transactions](#)

Sale Date	Book/Page	Price	O/U	V/I
24 Nov 1999	10735 / 0320	\$3,150,000	Q	I
08 Sep 1987	06576 / 2139	\$2,370,300	Q	
	04725 / 0671	\$1,525,000	Q	
	04411 / 2107	\$1,450,000	Q	

## 2013 Land Information

Seawall: No

Frontage: None

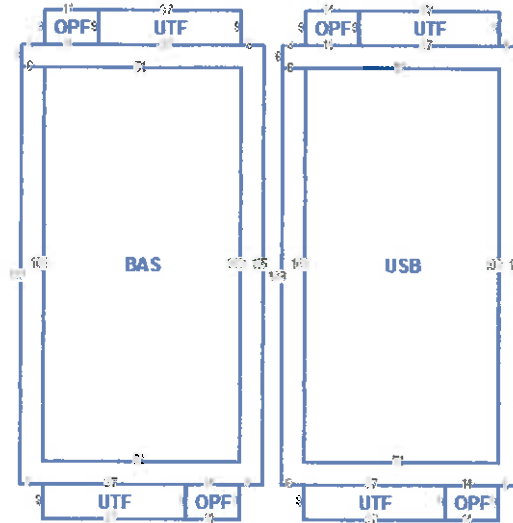
View:

Land Use	Land Size	Unit Value	Units	Total Adjustments	Adjusted Value	Method
Hotels And Motels (39)	0x0	8000.00	158.0000	1.0000	\$1,264,000	LT

[\[click here to hide\] 2014 Building 1 Structural Elements](#) [Back to Top](#)

Site Address: 2595 54TH AVE N ST PETERSBURG 33714-

Quality: Average  
 Square Footage: 16326.00  
 Foundation: Continuous Footing  
 Floor System: Slab On Grade  
 Exterior Wall: Concrete Blk/Stucco  
 Roof Frame: Flat  
 Roof Cover: Built Up/Composition  
 Stories: 2  
 Living units: 32  
 Floor Finish: Carpet Combination  
 Interior Finish: Dry Wall  
 Fixtures: 96  
 Year Built: 1973  
 Effective Age: 31  
 Cooling: Heat & Cooling Pkg



[Open plot in New Window](#)

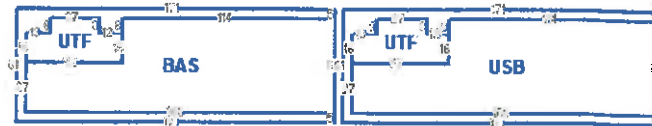
#### Building 1 Sub Area Information

Description	Building Finished Ft <sup>2</sup>	Gross Area Ft <sup>2</sup>	Factor	Effective Ft <sup>2</sup>
<a href="#">Utility</a>	1,332	1,332	0.55	732
<a href="#">Upper Story</a>	5,253	5,253	0.90	4,728
<a href="#">Open Porch</a>	0	4,488	0.30	1,348
<a href="#">Base</a>	5,253	5,253	1.00	5,253
Total Building finished SF: 11,838		Total Gross SF: 16,326		Total Effective SF: 12,061

[click here to hide] 2014 Building 2 Structural Elements [Back to Top](#)

Site Address: 2595 54TH AVE N ST PETERSBURG 33714-

Quality: Average  
 Square Footage: 20862.00  
 Foundation: Continuous Footing  
 Floor System: Slab On Grade  
 Exterior Wall: Concrete Blk/Stucco  
 Roof Frame: Flat  
 Roof Cover: Built Up/Composition  
 Stories: 2  
 Living units: 46  
 Floor Finish: Carpet Combination  
 Interior Finish: Dry Wall  
 Fixtures: 144  
 Year Built: 1973  
 Effective Age: 31  
 Cooling: Heat & Cooling Pkg



[Open plot in New Window](#)

#### Building 2 Sub Area Information

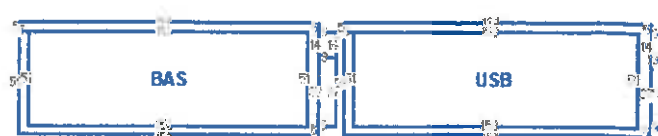
Description	Building Finished Ft <sup>2</sup>	Gross Area Ft <sup>2</sup>	Factor	Effective Ft <sup>2</sup>
<a href="#">Utility</a>	2,096	2,096	0.55	1,152
<a href="#">Upper Story</a>	7,218	7,218	0.90	6,496
<a href="#">Open Porch</a>	0	4,330	0.30	1,300
<a href="#">Base</a>	7,218	7,218	1.00	7,218
Total Building finished SF: 16,532		Total Gross SF: 20,862		Total Effective SF: 16,166

[click here to hide] 2014 Building 3 Structural Elements [Back to Top](#)

Site Address: 2595 54TH AVE N ST PETERSBURG 33714-

Quality: Average  
 Square Footage: 20926.00  
 Foundation: Continuous Footing

Floor System: Slab On Grade  
 Exterior Wall: Concrete Blk/Stucco  
 Roof Frame: Flat  
 Roof Cover: Built Up/Composition  
 Stories: 2  
 Living units: 44  
 Floor Finish: Carpet Combination  
 Interior Finish: Dry Wall  
 Fixtures: 132  
 Year Built: 1973  
 Effective Age: 31  
 Cooling: Heat & Cooling Pkg



[Open plot in New Window](#)

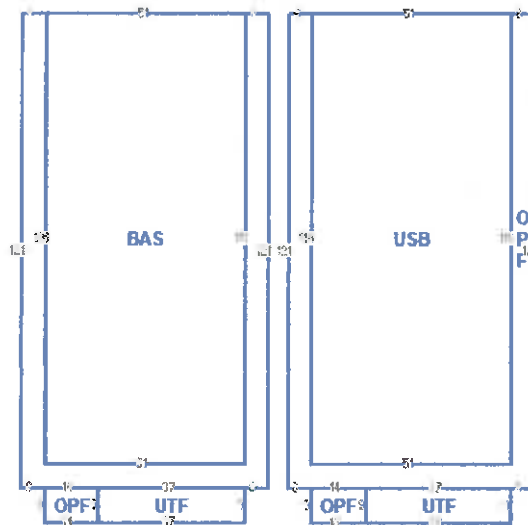
#### Building 3 Sub Area Information

Description	Building Finished Ft <sup>2</sup>	Gross Area Ft <sup>2</sup>	Factor	Effective Ft <sup>2</sup>
<a href="#">Utility</a>	666	666	0.55	366
<a href="#">Upper Story</a>	7,803	7,803	0.90	7,023
<a href="#">Open Porch</a>	0	4,654	0.30	1,396
<a href="#">Base</a>	7,803	7,803	1.00	7,803
Total Building finished SF: 16,272		Total Gross SF: 20,926		Total Effective SF: 16,588

[click here to hide] 2014 Building 4 Structural Elements [Back to Top](#)

Site Address: 2595 54TH AVE N ST PETERSBURG 33714-

Quality: Average  
 Square Footage: 16164.00  
 Foundation: Continuous Footing  
 Floor System: Slab On Grade  
 Exterior Wall: Concrete Blk/Stucco  
 Roof Frame: Flat  
 Roof Cover: Built Up/Composition  
 Stories: 2  
 Living units: 36  
 Floor Finish: Carpet Combination  
 Interior Finish: Dry Wall  
 Fixtures: 108  
 Year Built: 1973  
 Effective Age: 31  
 Cooling: Heat & Cooling Pkg



[Open plot in New Window](#)

#### Building 4 Sub Area Information

Description	Building Finished Ft <sup>2</sup>	Gross Area Ft <sup>2</sup>	Factor	Effective Ft <sup>2</sup>
<a href="#">Utility</a>	666	666	0.55	366
<a href="#">Upper Story</a>	5,865	5,865	0.90	5,278
<a href="#">Open Porch</a>	0	3,768	0.30	1,130
<a href="#">Base</a>	5,865	5,865	1.00	5,865
Total Building finished SF: 12,396		Total Gross SF: 16,164		Total Effective SF: 12,639

[click here to hide] 2014 Building 5 Structural Elements [Back to Top](#)

Site Address: 2595 54TH AVE N ST PETERSBURG 33714-

Quality: Average  
 Square Footage: 10692.00  
 Foundation: Continuous Footing  
 Floor System: Slab On Grade



Exterior Wall: Concrete Blk/Brick

Roof Frame: Flat

Roof Cover: Built Up/Composition

Stories: 1

Living units: 0

Floor Finish: Carpet Combination

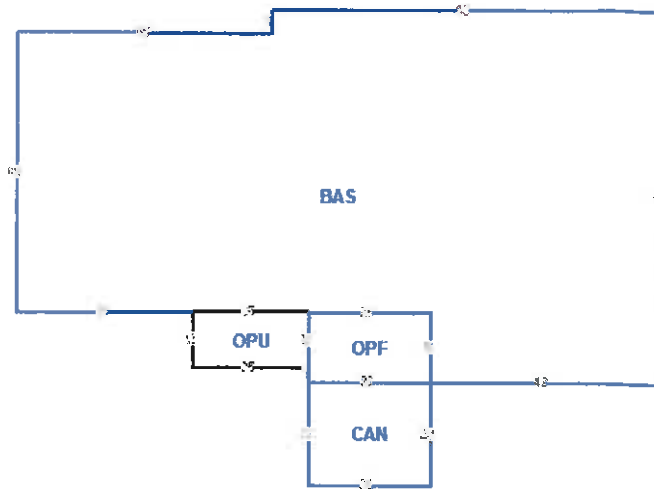
Interior Finish: Dry Wall

Fixtures: 15

Year Built: 1974

Effective Age: 31

Cooling: Heat & Cooling Pkg



#### Building 5 Sub Area Information

Description	Building Finished Ft <sup>2</sup>	Gross Area Ft <sup>2</sup>	Factor	Effective Ft <sup>2</sup>
<a href="#">Open Porch Unfinished</a>	0	300	0.20	60
<a href="#">Open Porch</a>	0	390	0.30	117
<a href="#">Canopy(only or loading platform)</a>	0	572	0.25	143
<a href="#">Base</a>	9,430	9,430	1.00	9,430
Total Building finished SF: <b>9,430</b>		Total Gross SF: <b>10,692</b>	Total Effective SF: <b>9,750</b>	

#### [click here to hide] 2014 Extra Features

Description	Value/Unit	Units	Total New Value	Depreciated Value	Year
FENCE	\$11.00	840.00	\$9,240.00	\$3,696.00	1973
ASPHALT	\$1.75	35,500.00	\$62,125.00	\$62,125.00	0
CONC PAVE	\$4.00	4,034.00	\$16,136.00	\$16,136.00	0
POOL	\$30,000.00	1.00	\$30,000.00	\$12,000.00	1973
CARPORT	\$12.50	342.00	\$4,275.00	\$1,710.00	1973
ASPHALT	\$1.75	59,175.00	\$103,556.25	\$103,556.00	0

#### [click here to hide] Permit Data

Permit information is received from the County and Cities. This data may be incomplete and may exclude permits that do not result in field reviews (for example for water heater replacement permits). Any questions regarding permits should be directed to the permitting office in which the structure is located.

Permit Number	Description	Issue Date	Estimated Value
CB09-06386	COMMERCIAL ADD	20 Oct 2009	\$100,000
213134	COMMERCIAL ADD	11 Apr 2000	\$180,000
213135	COMMERCIAL ADD	11 Apr 2000	\$180,000
213133	COMMERCIAL ADD	11 Apr 2000	\$180,000





[Interactive Map of this parcel](#)

[Sales Query](#)

[Back to Query Results](#)

[New Search](#)

[Tax Collector Home Page](#)

[Contact Us](#)

\*\*\* NOTE \*\*\*  
PROPERTY SUBJECT TO AN EASEMENT IN FAVOR OF  
THE FLORIDA POWER CORPORATION, DESCRIBED AS  
LYING 8 FEET ON EACH SIDE OF THE CENTERLINES  
OF EXISTING POWER LINES, AS DESCRIBED IN OFFICIAL  
RECORDS BOOK 6774, PAGE 718, OF THE PUBLIC  
RECORDS OF PHILLIPS COUNTY, FLORIDA.



THE SOUTH 1/2 OF THE EAST 3/8 OF THE SOUTHWEST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 35, TOWNSHIP 30 SOUTH, RANGE 18 EAST, PINELLAS COUNTY, FLORIDA, LESS THE SOUTH 279 FEET OF THE EAST 135 FEET AND LESS THE WEST 175 FEET OF THE EAST 310 FEET OF THE SOUTH 230.25 FEET THEREOF BEING FURTHER DESCRIBED AS FOLLOWS:

CONTAINING 5.48 ACRES, MORE OR LESS.

NOEL DROOR  
P.E. 37256

EB-0067218



**CLOSE LAW OFFICE, P.A.**

**1010 EAST ADAMS STREET, SUITE 228**

**JACKSONVILLE, FLORIDA 32202**

904.910.3409 WWW.CLOSELAW.NET

February 5, 2014

Pinellas County  
Planning and Development Services Department  
440 Court Street  
Clearwater, Florida 33756

**Re: Certificate of Ownership  
2595 54<sup>th</sup> Avenue North  
Parcel ID No. 35-30-16-00000-430-1800**

To Whom It May Concern:

Based on my personal knowledge and review of the Pinellas County Property Appraiser's records, I certify that the below described parcel is owned by Gateway Hospitality, LLC.

2595 54<sup>th</sup> Avenue North  
Parcel ID No. 35-30-16-00000-430-1800

Do not hesitate to contact me if I am able to provide you with additional information. Thank you for your consideration in this matter.

Best Regards,

A handwritten signature in black ink, appearing to read 'Jeffery C. Close', with a stylized loop at the end.

Jeffery C. Close, Esq.  
FBN: 0043560

**Exhibit C**

**DEVELOPMENT AGREEMENT**

This Development Agreement ("Agreement") is dated \_\_\_\_\_, effective as provided in Section 5 of this Agreement, and entered into between Gateway Hospital, LLC ("Owner") and Pinellas County, Florida, a political subdivision of the State of Florida acting through its Board of County Commissioners, the governing body thereof ("County").

**R E C I T A L S:**

- A. Sections 163.3220 – 163.3243, Florida Statutes, which set forth the Florida Local Government Development Agreement Act ("Act"), authorize the County to enter into binding development agreements with persons having a legal or equitable interest in real property located within the unincorporated area of the County.
- B. Under Section 163.3223 of the Act, the County has adopted Chapter 134, Article VII of Part III, the Pinellas County Land Development Code ("Code"), establishing procedures and requirements to consider and enter into development agreements.
- C. Owner is the owner of approximately 5.44 acres m.o.l. of real property ("Property") located at 2595 54<sup>th</sup> Ave. N in the unincorporated area of the County, more particularly described on Exhibit "A" attached hereto.
- D. Owner desires to develop and continue use the Property for hotel(s).
- E. The Property currently has a land use designation of CG / RFO-P and is zoned C-2.
- F. Owner has requested that the County remove the existing RFO-P overlay and place a land use designation of CG.
- G. The County cannot justify the requested action absent the restrictions contained in this Agreement and in the deed restriction required in Section 6.1.4.
- H. The County and Owner have determined that it would be mutually beneficial to enter into a development agreement governing the matters set forth herein and have negotiated this Agreement in accordance with the Code and the Act.
- I. The County has found that the terms of this Agreement are consistent with the Pinellas County Comprehensive Plan and the Code.

## STATEMENT OF AGREEMENT

In consideration of and in reliance upon the premises, the mutual covenants contained herein, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto intending to be legally bound and in accordance with the Act, agree as follows:

Section 1.     Recitals. The above recitals are true and correct and are a part of this Agreement.

Section 2.     Incorporation of the Act. This Agreement is entered into in compliance with and under the authority of the Code and the Act, the terms of which as of the date of this Agreement are incorporated herein by this reference and made a part of this Agreement. Words used in this Agreement without definition that are defined in the Act shall have the same meaning in this Agreement as in the Act

Section 3.     Property Subject to this Agreement. The Property is subject to this Agreement.

Section 4.     Ownership. The Property is owned in fee simple by Owner.

Section 5.     Effective Date/Duration of this Agreement.

5.1           This Agreement shall become effective as provided for by the Act and shall be contingent upon obtaining final approval, and effectiveness of the land use designation of CG and removal of the existing RFO-P overlay.

5.1           This Agreement shall continue in effect until terminated as defined herein but for a period not to exceed five (5) years.

Section 6.     Obligations under this Agreement.

6.1           Obligations of the Owner.

6.1.1.     Binding Obligations. The obligations under this Agreement shall be binding on Owner, its successors or assigns.

6.1.2.     Development Review Process. At the time of development of the Property, Owner will submit such applications and documentation as are required by law and shall comply with the County's Code applicable at the time of the effective date of this Agreement.

6.1.3.     Development Restrictions. The following restrictions shall apply to development of the Property.

6.1.3.1.   The Property shall be used for hotel(s)/motel(s) (with restaurant) only.

6.1.3.2. Development Intensities. Owner shall comply with the building intensities and height required by the Property's zoning and land use designations, unless otherwise modified by this Agreement.

6.1.4. Recording of Deed Restriction. Prior to the approval of a site plan or issuance of a development permit for the Property, Owner shall record a deed restriction encumbering the Property in the official records of Pinellas County, Florida and deliver a copy of such recorded deed restriction to the Director of the County Strategic Planning and Initiatives Department or his designee. The deed restriction shall be approved as to form by the County Attorney (which approval shall not be unreasonably withheld) and shall generally describe the development limitations of this Agreement. The deed restriction shall be perpetual and may be amended or terminated only with the consent of the County, which consent shall not be unreasonably withheld.

6.2. Obligations of the County.

6.2.1. Concurrent with the approval of this Agreement, the Board amends the land use and zoning designation for the Property as set forth in Recital F above.

6.2.2. County will process preliminary and final site plan applications for the Property that are consistent with the Plan and that meet the requirements of the Code at the time of the effective date of this Agreement.

6.2.3. The final effectiveness of the redesignation referenced in Section 6.2.1 is subject to:

6.2.3.1. The provisions of Chapter 125 and 163, Florida Statutes, as they may govern such amendments; and

6.2.3.2. The expiration of any appeal periods or, if an appeal is filed, at the conclusion of such appeal.

Section 7. Public Facilities to Service Development. The following public facilities are presently available to the Property from the sources indicated below. Development of the Property will be governed by and must satisfy the concurrency ordinance provisions applicable at the time of the effective date of this Agreement.

7.1 Potable water from Pinellas County.

7.2 Sewer service from Pinellas County.

7.3 Fire protection from Pinellas County.

7.4 Drainage facilities for the parcel will be provided by Owner.



Section 8. Required Local Government Permits. The required local government development permits for development of the Property include, without limitation, the following:

- 8.1. Site plan approval(s) and associated utility licenses and right-of-way utilization permits;
- 8.2. Construction plan approval(s);
- 8.3. Building permit(s); and
- 8.4. Certificate(s) of occupancy.

Section 9. Consistency. The County finds that development of the Property consistent with the terms of this Agreement is consistent with the Pinellas County Comprehensive Plan.

Section 10. Termination.

10.1. In the event of termination pursuant to Section 10.2 or failure to commence the development of the subject property within the duration of the Agreement as defined in Section 5 above, the Property shall return to its current land use and zoning designations. Owner agrees to cooperate and not contest any administrative procedures necessary to implement restoration of the land use and zoning designations. This obligation survives the termination of the Agreement for the time necessary to accomplish the redesignations.

10.2. If Owner's obligations set forth in this Agreement are not followed in a timely manner, as determined by the County Administrator, after notice to Owner and an opportunity to be heard, existing permits shall be administratively suspended and issuance of new permits suspended until Owner has fulfilled its obligations. Failure to timely fulfill its obligations may serve as a basis for termination of this Agreement by the County, at the discretion of the County and after notice to Owner and an opportunity for Owner to be heard.

Section 11. Other Terms and Conditions. Except in the case of termination, until five (5) years after the effective date of this Agreement, the Property shall not be subject to subsequently adopted laws and policies unless the County has held a public hearing and determined:

11.1. They are not in conflict with the laws and policies governing the Development Agreement and do not prevent development of the land uses, intensities, or densities in this Agreement;

11.2. They are essential to the public health, safety, or welfare, and expressly state that they shall apply to a development that is subject to a development agreement;

11.3. They are specifically anticipated and provided for in this Agreement;

11.4. The County demonstrates that substantial changes have occurred in pertinent conditions existing at the time of approval of this Agreement; or

11.5. This Agreement is based on substantially inaccurate information provided by Owner.

Section 12. Compliance with Law. The failure of this Agreement to address any particular permit, condition, term or restriction shall not relieve Owner from the necessity of complying with the law governing such permitting requirements, conditions, terms or restrictions.

Section 13. Notices. Notices and communications required or desired to be given under this Agreement shall be given to the parties by hand delivery, by nationally recognized overnight courier service such as Federal Express, or by certified mail, return receipt requested, addressed as follows (copies as provided below shall be required for proper notice to be given):

If to Owner:           Nikesh Shah  
                              807 Dashwood Court  
                              Winter Garden, FL 34787

With copy to:         \* \* \*

If to County:           Pinellas County Board of County Commissioners  
                              c/o County Administrator  
                              315 Court St.  
                              Clearwater, FL 33756

With copy to:         David S. Sadowsky, Esquire  
                              Senior Assistant County Attorney  
                              Pinellas County Attorneys Office  
                              315 Court Street  
                              Clearwater, Florida 33756

Properly addressed, postage prepaid, notices or communications shall be deemed delivered and received on the day of hand delivery, the next business day after deposit with an overnight courier service for next day delivery, or on the third (3rd) day following deposit in the United States mail, certified mail, return receipt requested. The parties may change the addresses set forth above (including the addition of a mortgagee to receive copies of all notices), by notice in accordance with this Section.

Section 14. Right to Cure. Owner will not be deemed to have failed to comply with the terms of this Agreement until Owner shall have received notice from the County of the alleged non-compliance and until the expiration of a reasonable period after receipt of such notice to cure such non-compliance. Whether the time period has been reasonable shall be based on the nature

of the non-compliance and shall be determined in the sole judgment of the County Administrator, reasonably exercised.

Section 15. Minor Non-Compliance. Owner will not be deemed to have failed to comply with the terms of this Agreement in the event such non-compliance, in the judgment of the County Administrator, reasonably exercised, as a minor or inconsequential nature.

Section 16. Covenant of Cooperation. The parties shall cooperate with and deal with each other in good faith and assist each other in the performance of the provisions of this Agreement and in achieving the completion of development of the Property.

Section 17. Approvals. Whenever an approval or consent is required under or contemplated by this Agreement, such approval or consent shall not be unreasonably withheld, delayed or conditioned. All such approvals and consents shall be requested and granted in writing.

Section 18. Completion of Agreement. Upon the completion of performance of this Agreement or its revocation or termination, the Owner or his successor in interest shall record a statement in the official records of Pinellas County, Florida, signed by the parties hereto, evidencing such completion, revocation or termination, and shall forthwith deliver a copy of this document to the Director of the County Building and Development Review Services Department or his designee.

Section 19. Entire Agreement. This Agreement (including any and all Exhibits attached hereto, all of which are a part of this Agreement to the same extent as if such Exhibits were set forth in full in the body of this Agreement), constitutes the entire agreement between the parties hereto pertaining to the subject matter hereof.

Section 20. Construction. The titles, captions and section numbers in this Agreement are inserted for convenient reference only and do not define or limit the scope or intent and should not be used in the interpretation of any section, subsection or provision of this Agreement. Whenever the context requires or permits, the singular shall include the plural, and plural shall include the singular and any reference in this Agreement to Owner includes Owner's successors or assigns. This Agreement was the production of negotiations between representatives for the County and Owner and the language of the Agreement should be given its plain and ordinary meaning and should not be construed against any party hereto. If any term or provision of this Agreement is susceptible to more than one interpretation, one or more of which render it valid and enforceable, and one or more of which would render it invalid or unenforceable, such term or provision shall be construed in a manner that would render it valid and enforceable.

Section 21. Partial Invalidity. If any term or provision of this Agreement or the application thereof to any person or circumstance is declared invalid or unenforceable, the remainder of this Agreement, including any valid portion of the invalid term or provision and the application of such invalid term or provision to circumstances other than those as to which it is held invalid or unenforceable, shall not be affected thereby and shall with the remainder of this Agreement continue unmodified and in full force and effect. Notwithstanding the foregoing, if such responsibilities of any party thereto to the extent that the purpose of this Agreement or the

benefits sought to be received hereunder are frustrated, such party shall have the right to terminate this Agreement upon fifteen (15) days notice to the other parties.

Section 22. Governing Law. This Agreement shall be governed by and construed in accordance with the laws of the State of Florida without regard to the conflict of laws principles of such state.

Section 23. Counterparts. This Agreement may be executed in counterparts, all of which together shall continue one and the same instrument.

IN WITNESS WHEREOF, the parties have hereto executed this Agreement the date and year first above written.

End of Substantive Provisions, Signature Page to follow

WITNESSES:

Sarah G. Estvez  
Printed Name: Sarah G. Estvez

ASBBAUGH  
Printed Name: THOMAS ASBBAUGH

OWNER

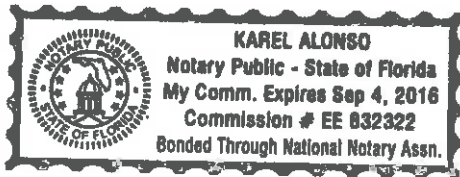
For: Gateway Hospitality LLC

By: Nikesh Shah, its Managing Member  
Nikesh Shah

STATE OF FLORIDA

COUNTY OF Orange

The foregoing instrument was acknowledged before me this 5th day of February, 2014, by Nikesh Shah who is personally known to me or who produced FL DI 5000-620-82-270-6 as identification.



Karel Alonso  
Notary Public

Karel Alonso

Print Notary Name  
My Commission Expires:

Sep 04, 2016

ATTEST:

PINELLAS COUNTY, FLORIDA

KEN BURKE, CLERK

Deputy Clerk

By:

Chairman  
Board of County Commissioners

APPROVED AS TO FORM:

County Attorney

35-30-16-00009-430-1800

Online Property Record Card

Possibility Calculator

Data Current as of February 01, 2014

Email Print

Radius Search

Improvement Value  
per F.S. 553.844

Ownership/Mailing Address	Site Address (First Building)
GATEWAY HOSPITALITY LLC C/O SHAH LAW GROUP 2595 54TH AVE N ST PETERSBURG FL 33714-1973	2595 54TH AVE N ST PETERSBURG 33714- Jump to building: 10 2595 54TH AVE N ST PETERSBURG 33714-



Property Use: 3912 (Hotels and Motels (50 units or more))

Living Units: 158

[click here to hide] 2014 Legal Description

FROM SE COR OF SW 1/4 OF SE 1/4 RUN N 55.2FT & W 310FT FOR POB TH CONT W 184.6FT TH N 606.5FT TH E 495.07FT TH S 372.78FT TH W 135FT TH S 58.7FT TH W 175FT TH S 175FT TO POB CONT 5.44 AC (C)

## 2014 Exemptions

File for Homestead Exemption

## 2014 Parcel Use

Homestead: No	Government: No	Homestead Use Percentage: 0.00%
Institutional: No	Historic: No	Non-Homestead Use Percentage: 100.00% Classified Agricultural: No

## 2013 Parcel Information 2013 Trim Notice

Most Recent Recording	Sales Comparison	Census Tract	Evacuation Zone (NOT the same as a FEMA Flood Zone)	Plat Book/Page
17308/2389	Sales Query	12103024601	NON EVAC	

## 2013 Interim Value Information

Year	Just/Market Value	Assessed Value/ SOH Cap	County Taxable Value	School Taxable Value	Municipal Taxable Value
2013	\$3,025,000	\$3,025,000	\$3,025,000	\$3,025,000	\$3,025,000

[click here to hide] Value History as Certified (yellow indicates correction on file)

Year	Homestead Exemption	Just/Market Value	Assessed Value/ SOH Cap	County Taxable Value	School Taxable Value	Municipal Taxable Value
2013	No	\$3,025,000	\$3,025,000	\$3,025,000	\$3,025,000	\$3,025,000
2012	No	\$2,950,000	\$2,950,000	\$2,950,000	\$2,950,000	\$2,950,000
2011	No	\$2,925,000	\$2,925,000	\$2,925,000	\$2,925,000	\$2,925,000
2010	No	\$3,130,000	\$3,130,000	\$3,130,000	\$3,130,000	\$3,130,000
2009	No	\$3,400,000	\$3,400,000	\$3,400,000	\$3,400,000	\$3,400,000
2008	No	\$4,000,000	\$4,000,000	\$4,000,000	\$4,000,000	\$4,000,000
2007	No	\$4,060,000	\$4,060,000	\$4,060,000	N/A	\$4,060,000
2006	No	\$4,100,000	\$4,100,000	\$4,100,000	N/A	\$4,100,000
2005	No	\$3,760,000	\$3,760,000	\$3,760,000	N/A	\$3,760,000
2004	No	\$3,400,000	\$3,400,000	\$3,400,000	N/A	\$3,400,000
2003	No	\$2,800,000	\$2,800,000	\$2,800,000	N/A	\$2,800,000
2002	No	\$2,500,000	\$2,500,000	\$2,500,000	N/A	\$2,500,000
2001	No	\$2,721,500	\$2,721,500	\$2,721,500	N/A	\$2,721,500
2000	No	\$2,527,200	\$2,527,200	\$2,527,200	N/A	\$2,527,200
1999	No	\$1,941,700	\$1,941,700	\$1,941,700	N/A	\$1,941,700
1998	No	\$1,938,000	\$1,938,000	\$1,938,000	N/A	\$1,938,000
1997	No	\$1,928,500	\$1,928,500	\$1,928,500	N/A	\$1,928,500
1996	No	\$2,085,000	\$2,085,000	\$2,085,000	N/A	\$2,085,000

## 2013 Tax Information

Click Here for 2013 Tax Bill

Tax District: LETF

2013 Final Millage Rate

23.4084

2013 Est Taxes w/o Cap or Exemptions

\$70,810.41

A significant change in taxable value may occur when sold due to changes in the market or the removal of exemptions. [Click here for more information.](#)

Ranked Sales (What are Ranked Sales?) [See all transactions](#)

Sale Date	Book/Page	Price	O/U	V/I
24 Nov 1999	10735 / 0320	\$3,150,000	Q	I
08 Sep 1987	06576 / 2139	\$2,370,300	Q	
	04725 / 0671	\$1,525,000	Q	
	04411 / 2107	\$1,450,000	Q	

## 2013 Land Information

Seawall: No

Frontage: None

View:

Land Use	Land Size	Unit Value	Units	Total Adjustments	Adjusted Value	Method
Hotels And Motels (39)	0x0	8000.00	158.0000	1.0000	\$1,264,000	LT

[click here to hide] 2014 Building 1 Structural Elements [Back to Top](#)



received  
3-10-14

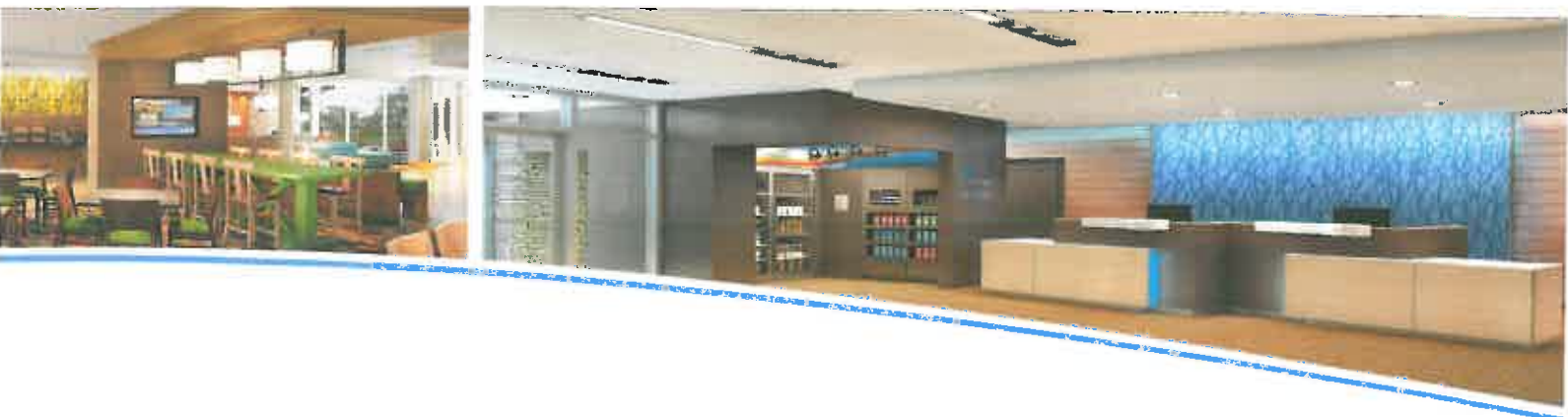


# FAIRFIELD INN & SUITES®

## GEN 4 Proto-Model Design

ARCHITECTURE AND CONSTRUCTION





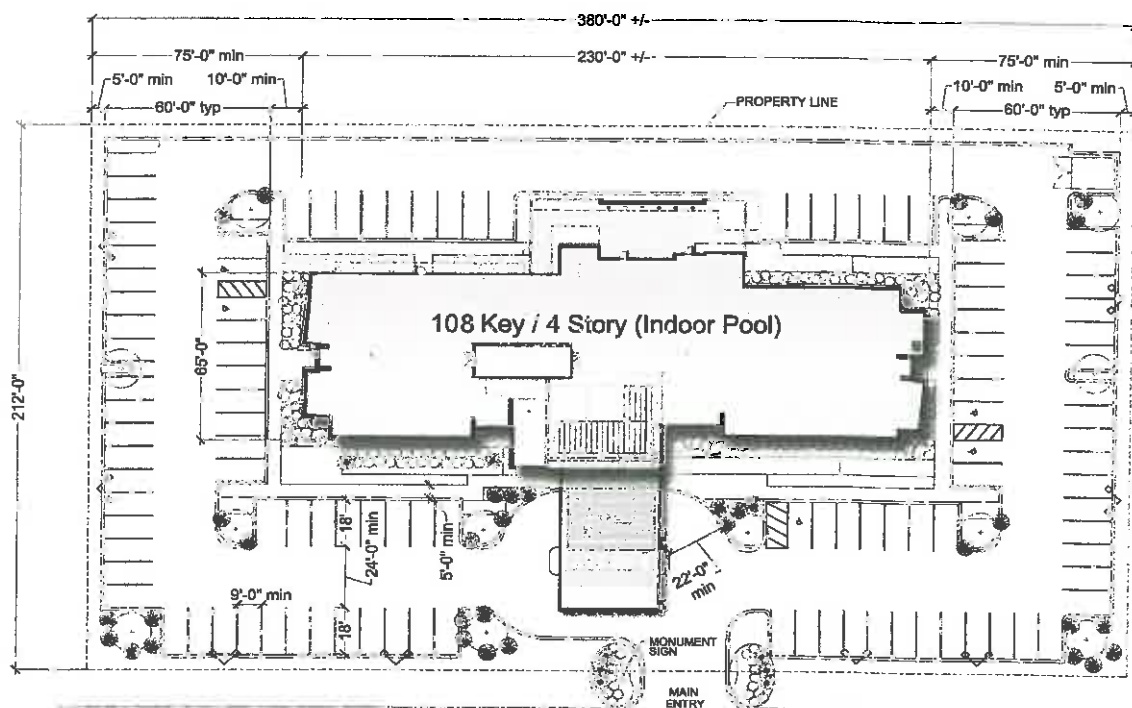
#### SITE SUMMARY

Building Length	230 feet
Building Depth	65 feet
Land	1.85 acres
Parking	110 spaces

Site statistics based on a 108-room primary market, proto-model



Front Elevation



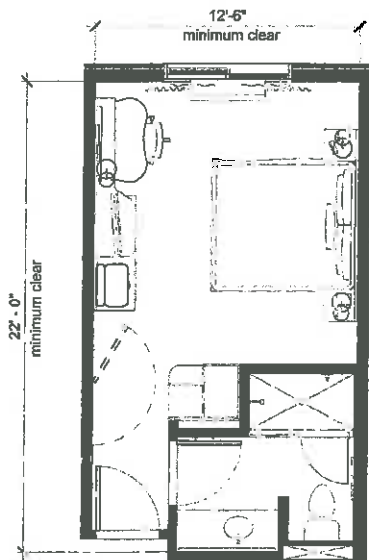
Site Plan



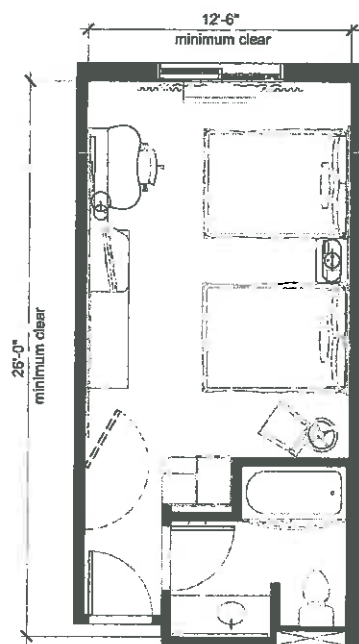
**TYPICAL UNIT MIX**

King	34%
Queen/Queen	40%
King Suite	24%
Queen/Queen Suite	2%

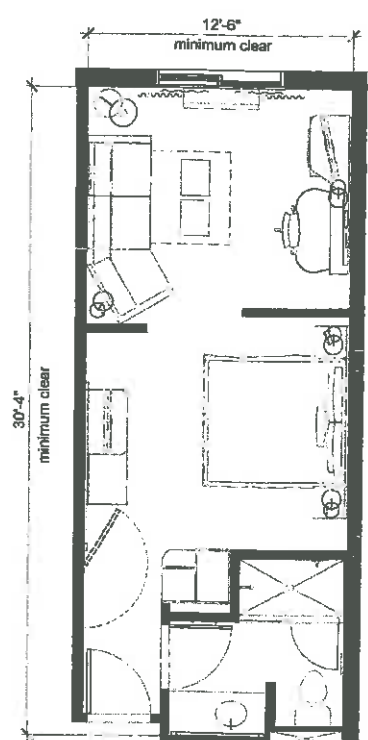
Unit mix is based on a 105-room primary market proto-model



King



Queen/Queen



King Suite





**Fairfield Inn & Suites Criteria Facilities Program**  
Program (Prototype)

GUEST ROOMS		Units	Unit Area	Total (sf)
King	32%	35	275	9,625
Queen/Queen	39%	42	325	13,650
Accessible King	2%	2	313	625
Accessible Queen/Queen	1%	1	379	379
King Suite	23%	25	379	9,478
Queen/Queen Suite	1%	1	475	475
Accessible King Suite	1%	1	475	475
Accessible Queen/Queen Suite	1%	1	475	475
<b>Total Units</b>	<b>100%</b>	<b>108</b>		
<b>Total Guest Room Area (Net)</b>				<b>35,182</b>
Number of Floors		4		

GUEST ROOM SUPPORT/CIRCULATION	Per Floor	Unit Area	Total (sf)
Corridors/Elevator Lobby	1		4,645
Stairs	2	155	1,240
Elevators	2	55	110
Linen Storage	1	160	480
Ice/Vending	1	140	420
Guest Laundry			115
Mechanical/Electrical			305
Storage/Miscellaneous			380
<b>Total Guest Room Support/Circulation</b>			<b>7,695</b>

FRONT OF HOUSE		Total (sf)
<b>Food &amp; Beverage</b>		
Breakfast Area (52 seats)		1,280
Concessions Market		75
Main Vending Area		65
<b>Function</b>		
Meeting/Conference Room (optional)		0
Connect & Print Zone		190
<b>Recreation</b>		
Exercise Room		295
Indoor Pool		1,045
<b>Public Circulation</b>		
Lobby/Lounge		890
Vestibules (Front & Rear)		145
Circulation		575
Public Toilets		120
<b>Total Front of House</b>		<b>4,680</b>

BACK OF HOUSE		Total (sf)
<b>Administration</b>		
Front Desk (included in Lobby/Lounge)		0
Work Area		230
General Manager's Office		110
Administration Storage		25
<b>Employee</b>		
Employee Break Room		210
Employee Restroom (optional)		0
<b>Laundry</b>		
Main Laundry		635
Laundry Chute/Soiled Linen		50
Housekeeping Office (optional)		0
<b>Kitchen</b>		
Preparation Area		390
<b>Engineering</b>		
Engineering Office/Storage		195
<b>Miscellaneous Service</b>		
General Storage (optional)		0
Mechanical/Electrical (Main)		210
Janitor's Closet		40
Video/Telephone Equipment Room		130
Pool Equipment/Storage		60
Water Room		100
Elevator Equipment Room		100
<b>Total Back of House</b>		<b>2,485</b>

SUMMARY		Total (sf)
Total Guest Rooms		35,182
Total Guest Room Support/Circulation		7,695
Total Front of House		4,680
Total Back of House		2,485
<b>Total Net Building Area</b>		<b>50,042</b>
Walls and Shafts		4,372
<b>Total Gross Building Area</b>		<b>54,414</b>
Total Square Foot Per Room		504
Data is based on a 108-room primary market proto-model		

\* The swimming pool is a required amenity in all Fairfield Inn & Suites hotels. The prototype allows flexibility for an indoor or outdoor option.

DISCLAIMER: The Information released by Marriott® International in this communication with respect to the Fairfield Inn & Suites Generation 4 project is provided to the owner and franchise community merely as a guide and all information and supporting documentation serves solely as guidelines as of January 2012, and is not, and should not be considered, final. All plans regarding this project are routinely updated and remain subject to revision and clarification.



## It's Right. It's Easy. It Works.

### Target Guest: Resourceful Achiever

The Fairfield Inn & Suites target guests are the most productivity-oriented of the select-service/extended-stay brands and are seeking confidence that they will have a positive travel experience. They are looking for:

- Confidence they will experience a “problem free” stay
- Respect, courtesy and reliable service
- Exceptional value
- Everything in working order
- Ability to keep their routine intact
- Straightforward and uncomplicated communication

### Brand Positioning: Confident Travel

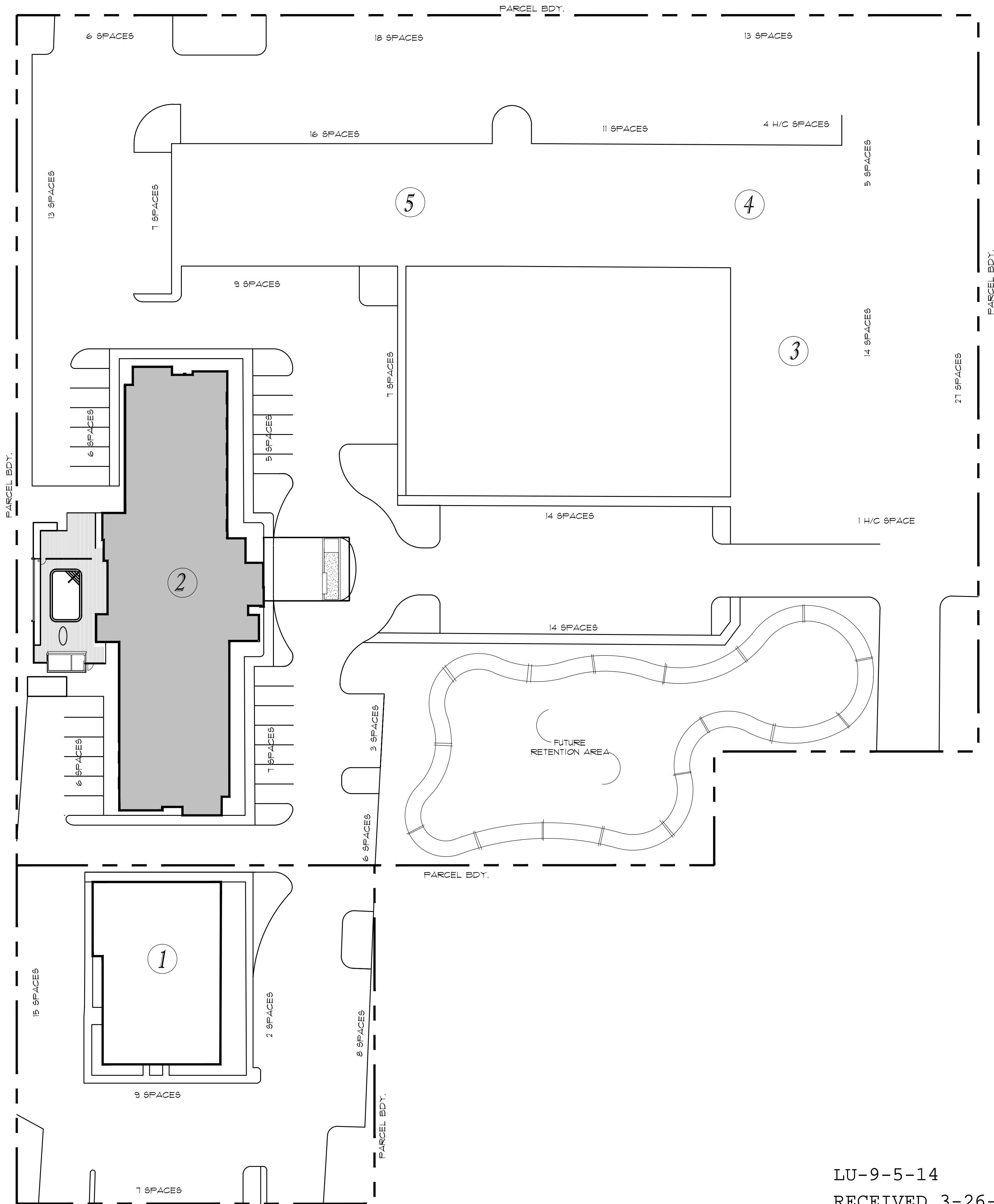
Only Fairfield Inn & Suites provides you with everything you need at an exceptional value. We give you the confidence that your trip will succeed, because we know you well enough to consistently deliver a hotel experience that's **just right**.

### Flexible Designs for Evolving Markets

Fairfield Inn & Suites' new prototype provides owners and investors with options and flexibility to meet specific market needs and deliver a strong ROI. Whether the hotel is located in an urban, secondary or tertiary market, this innovative design allows owners to adapt the model based on location and site requirements.







LU-9-5-14  
RECEIVED 3-26-14

**SITE DATA**

PROJECT AREA (5.46 AC)  
RESTAURANT SITE (BLDG. #1) = 16 AC.  
HOSPITALITY SITE = 4.1 AC.

RESTAURANT SITE (BLDG. #1)  
EXISTING BUILDING SIZE TO BE REDUCED FROM APPROX 9,300 SF.  
TO APPROX. 5,805 SF.

-REQ. PARKING:  
1 SPACE / 60 SF. = PATRON PARKING  
1 SPACE / 400 SF. = STAFF PARKING

-BLDG. USE AREA FOR PARKING CALCULATIONS:  
60 SF. / 3,483 SF. = 35 PATRON SPACES  
400 SF. / 2,505 SF. = 1 STAFF SPACES

-PROPOSED PARKING  
44 ON-SITE SPACES  
18 SHARED SPACES FROM HOSPITALITY SITE

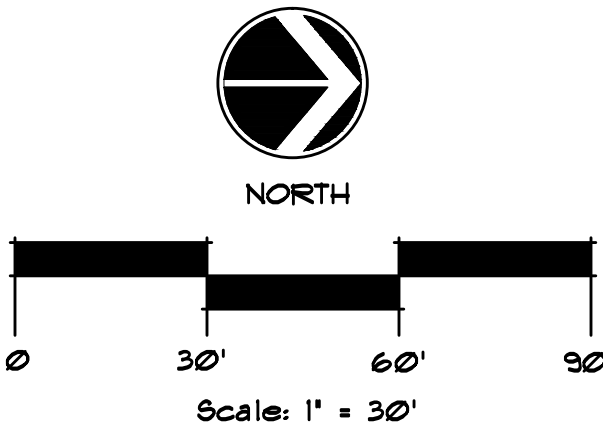
HOSPITALITY SITE (BLDGs. 2,3,4,5)

-ALLOWABLE ROOMS  
40 ROOM PER AC.  
4.1 AC / 40 ROOMS = 168 ALLOWABLE ROOMS

-PROPOSED ROOMS  
BLDG 1 (PROPOSED HOTEL) = 81 ROOMS  
BLDGs. 3,4,5 (EXISTING HOTEL) = 115 ROOMS  
(14 OF THE EXISTING ROOMS WILL BE USED FOR STORAGE  
TO REMAIN WITHIN THE ALLOWABLE ROOMS THRESHOLD)

-REQ. PARKING  
1 SPACE PER ROOM + 3 = 188 ROOMS +3 = 191 SPACES

-PROPOSED PARKING  
203 TOTAL SPACES  
(18 SHARED SPACES WITH RESTAURANT SITE)



REVISIONS

DATE

FAIRFIELD INN  
CITY OF ST PETERSBURG, FLORIDA

**CONCEPT PLAN**

DATE 3-13-14  
DRAWN BY JWS  
CHKD. BY JDT  
JOB NO. 14-9014







CASE SUMMARY  
CASE NO. Z/LU-10-6-14  
(Quasi-Judicial)

PRC MEETING: April 14, 2014 @ 10:00 AM-1<sup>st</sup> Floor, Planning Conf Room

LPA MEETING: June 11, 2014 @ 9:00 AM-5<sup>th</sup> Floor, Board Assembly Room

BCC HEARING: July 15, 2014 @ 6:00 PM-5<sup>th</sup> Floor, Board Assembly Room

PPC HEARING: September 10, 2014 @ 3:00 PM-5<sup>th</sup> Floor, Board Assembly Room

FINAL DETERMINATION BY: October 7, 2014

APPLICANT'S NAME: Pinellas County

REQUEST: Zone change from: M-1, Light Manufacturing & Industry & C-2, General  
Retail Commercial & Limited Services  
to: P/SP, Public/Semi-Public

Land Use change from: Transportation/Utility  
to: Institutional

CASE DESCRIPTION: Approximately 8 acres located in the unincorporated area of Pinellas County on the west side of 49th Street North, 840 ft. south of 150th Avenue North (street address being: 14840 49th Street North, Clearwater) (04/30/16/70902/100/0401). A legal description is available in file upon request.

APPLICANT/ADDRESS: Pinellas County  
315 Court Street  
Clearwater, FL 33756

REP/ADDRESS: Pinellas County Planning Director  
440 Court Street  
Clearwater, FL 33756

REP/ADDRESS: Pinellas County Health and Community Services  
Attn: Tim Burns, Division Director  
2189 Cleveland Street, Suite 266  
Clearwater, FL 33765

NOTICES SENT TO: Pinellas County, Tim Burns, Largo, Mike Meidel-Economic Development Council, DOT, Michael Bessette-Pinellas County School Board, BCC Office & Surrounding Owners

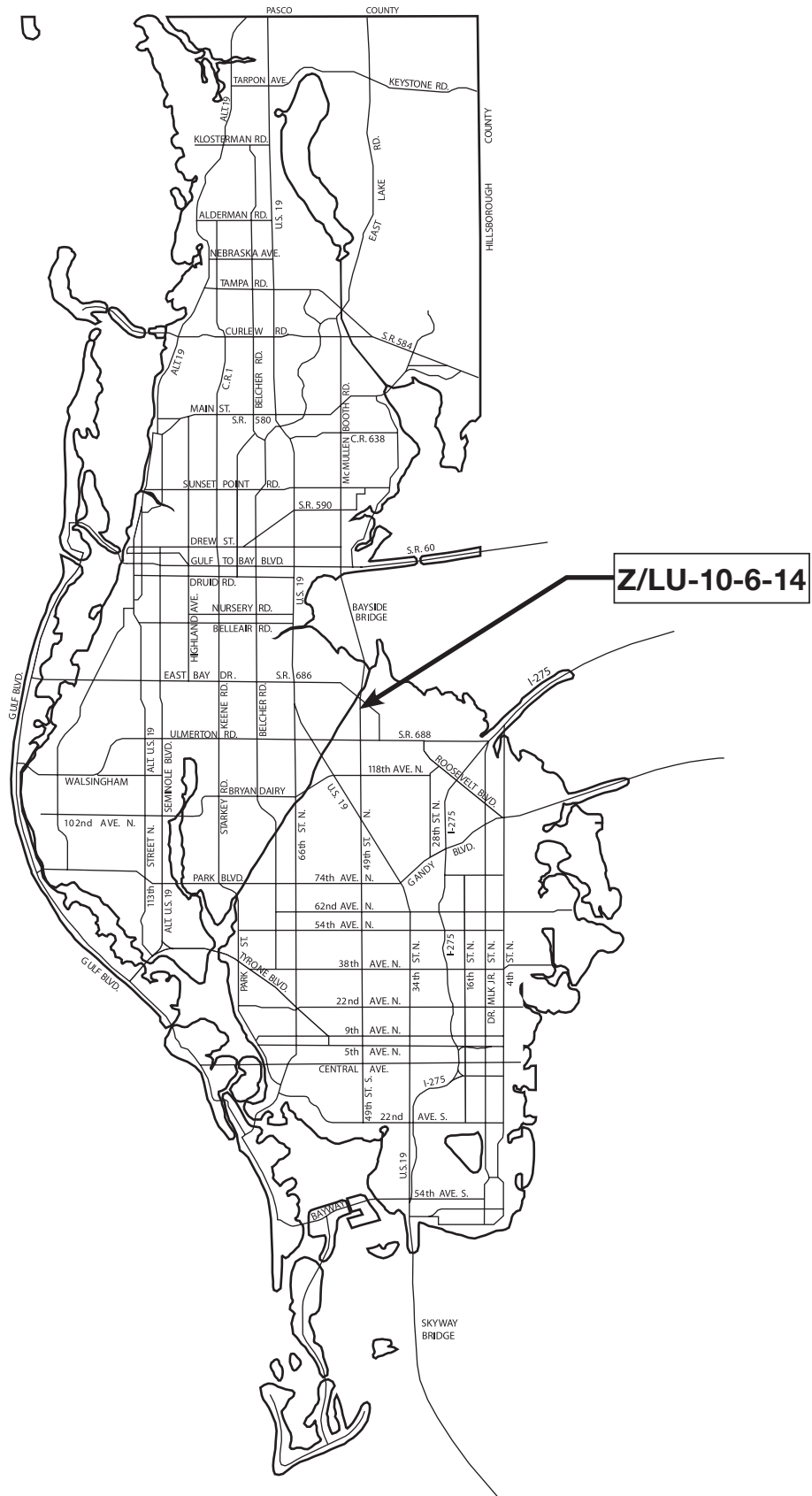
EXISTING USE: PSTA Maintenance Building

PROPOSED USE: Clinic, ALF & Offices

LAND USE: Transportation/Utility

ZONING: M-1 & C-2

# LOCATION MAP



MAP-1

**Z/LU-10-6-14**

## Zone Change

**From:** M-1, Light Manufacturing & Industry & C-2, General Retail Commercial & Limited Services

**To:** P/SP, Public/Semi-Public

## Land Use Change

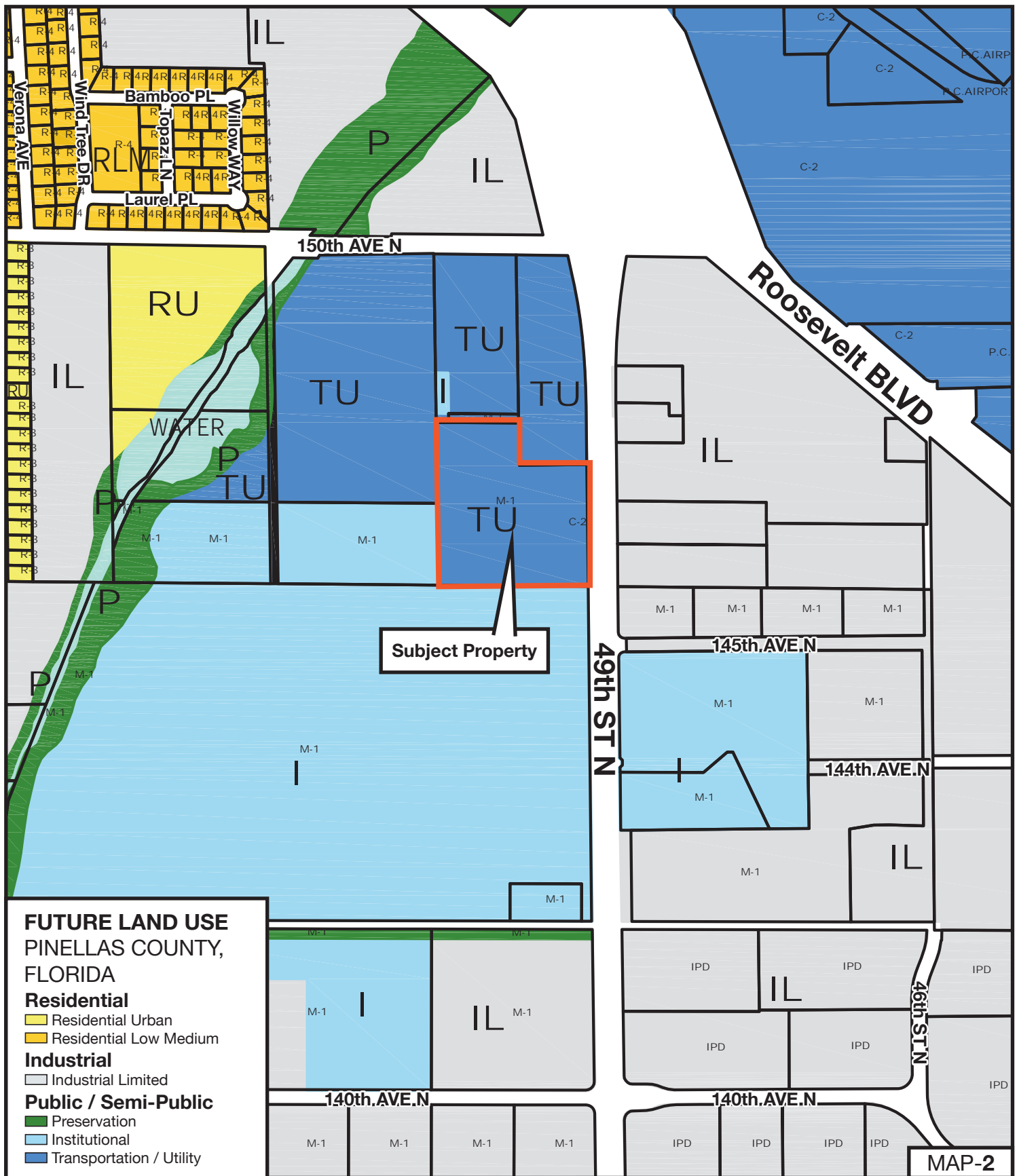
**From:** Transportation/Utility

**To:** Institutional

Parcel I.D. 04/30/16/70902/100/0401

Prepared by: Pinellas County Department of Planning and Development Services April 2014





**Z/LU-10-6-14**

**Zone Change**

**From:** M-1, Light Manufacturing & Industry & C-2, General Retail Commercial & Limited Services

**To:** P/SP, Public/Semi-Public

**Land Use Change**

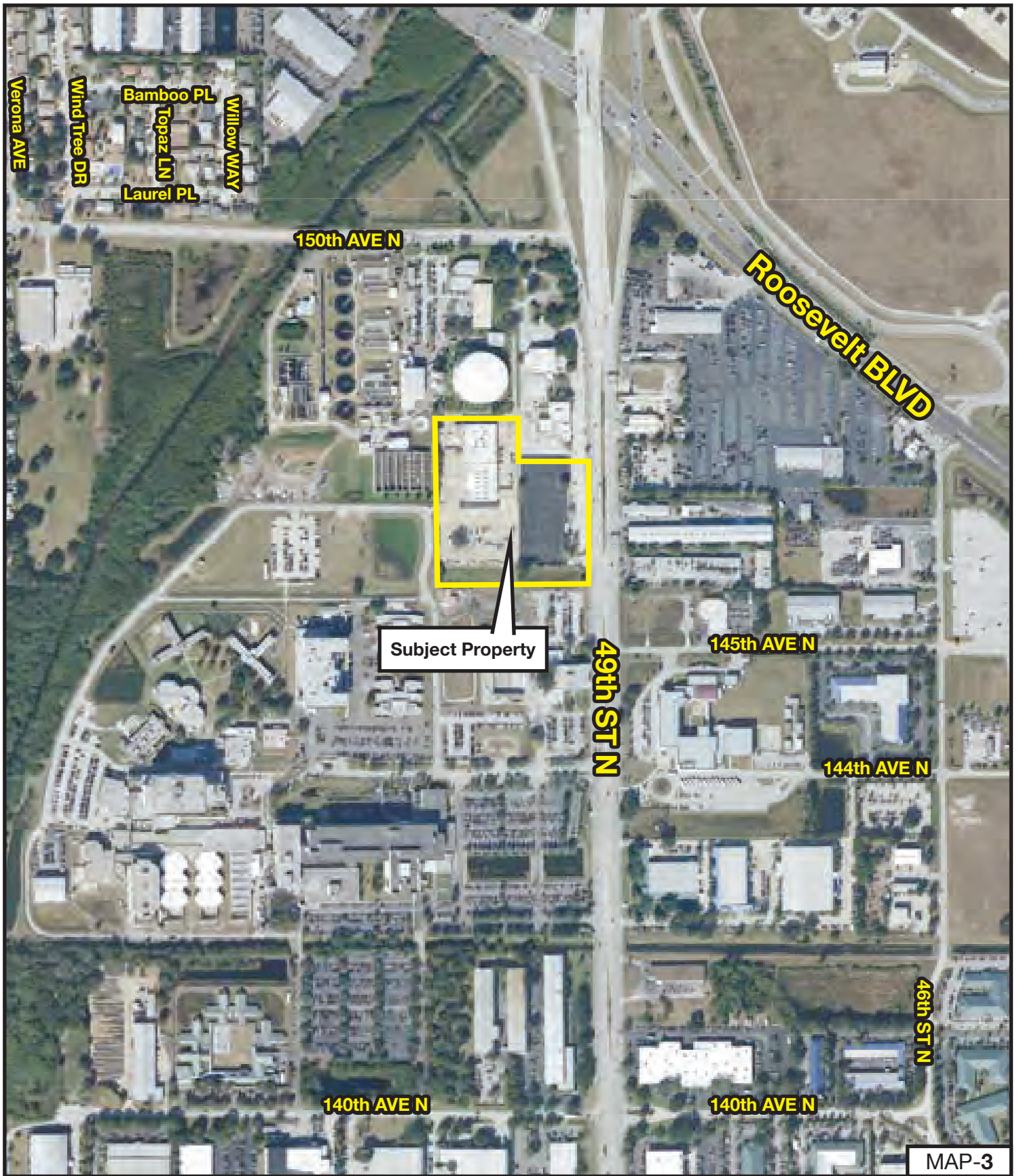
**From:** Transportation/Utility

**To:** Institutional

Parcel I.D. 04/30/16/70902/100/0401

Prepared by: Pinellas County Department of Planning and Development Services April 2014





MAP-3

**Z/LU-10-6-14**

**Zone Change**

**From:** M-1, Light Manufacturing & Industry & C-2, General Retail Commercial & Limited Services

**To:** P/SP, Public/Semi-Public

**Land Use Change**

**From:** Transportation/Utility

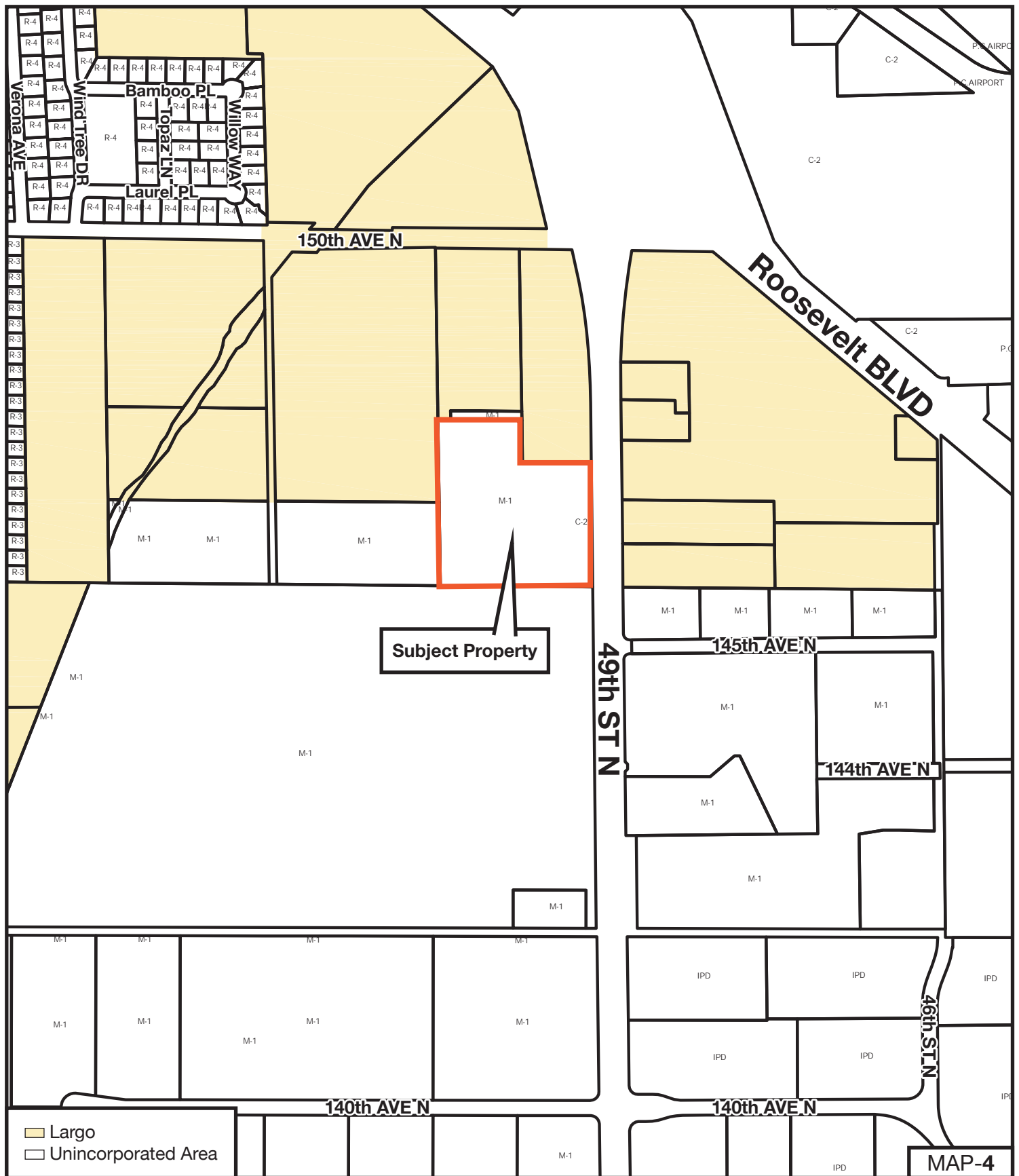
**To:** Institutional

Parcel I.D. 04/30/16/70902/100/0401

Prepared by: Pinellas County Department of Planning and Development Services April 2014







**Z/LU-10-6-14**

**Zone Change**

**From:** M-1, Light Manufacturing & Industry & C-2, General Retail Commercial & Limited Services

**To:** P/SP, Public/Semi-Public

**Land Use Change**

**From:** Transportation/Utility

**To:** Institutional

Parcel I.D. 04/30/16/70902/100/0401

Prepared by: Pinellas County Department of Planning and Development Services April 2014



1. Owner: Pinellas County  
Mailing Address: 315 Court Street  
City: Clearwater State: FL Zip Code: 33756 Daytime Phone: ( )

2. Representative's Name: Pinellas County Planning Director  
Company Name: \_\_\_\_\_  
Mailing Address: 440 Court St.  
City: Clearwater State: FL Zip Code: 33756 Daytime Phone: (727) 464-8200  
Email: \_\_\_\_\_

3. Disclosure information (This information must be supplied pursuant to County Ordinance No. 74-15):

- A. If the owner is a corporation, partnership, or trust, list all persons (i.e. partners, corporate officers, all members of the trust) who are a party to such as well as anyone who may have a beneficial interest in the property which would be affected by any ruling on their application.

NA  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specify interest held: \_\_\_\_\_

- B. Is there an existing contract for sale of subject property: \_\_\_\_\_ Yes ☒ No  
If yes, list names of all parties to the contract including all partners, corporate officers, and members of any trust:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is contract conditional or absolute? \_\_\_\_\_ Conditional \_\_\_\_\_ Absolute

- C. Are there any options to purchase on subject property? \_\_\_\_\_ Yes ☒ No  
If so, list names of all parties to option including all partners, corporate officers and members of any trust:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. This hearing is being requested to consider: Zone Change: M-1 & C-2 to PSP  
LAND USE Amendment: T/U to Institutional  
a) If the request includes a request for a density bonus, what is the coastal storm designation?

5. Location of subject property (street address): 14840 49th St. N.

6. Legal Description of Property: (attach additional documents if necessary)  
See Attached

7. Size of Property: \_\_\_\_\_ feet by \_\_\_\_\_ feet, 8.04 acres

8. Present zoning classification: M-1 & C-2

9. Present Land Use Map designation: T/U

10. Date subject property acquired: \_\_\_\_\_

11. Existing structures and improvements on subject property:  
PSTA maintenance BLDG.

12. Proposed structures and improvements will be:  
Medical Clinic, OFFICES + ALF

13. I/We believe this application should be granted because (include in your statement sufficient reasons in law and fact to sustain your position.) (If this request is for a determination of Vested Rights/Appeal Determination, applicants are advised to review the procedural and substantive requirements of Pinellas County Ordinances 89-32 and 89-69) (Attach a separate sheet if necessary).

Current Zoning And Land Use designation would  
NOT Allow Proposed use And Current Zoning &  
Land use are inconsistent

14. Has any previous application relating to zoning or land use on this property been filed within the last year?  
\_\_\_\_ Yes ☒ No When? \_\_\_\_\_ In whose name? \_\_\_\_\_

Briefly state the nature and outcome of the hearing:

15. Does applicant own any property contiguous to subject property? ☒ Yes ☐ No  
If so, give complete legal description of contiguous property:

See Attached

---

---

---

---

16. The following data and exhibits must be submitted with this application and they become a permanent part of the public records:

- a) Plat, if it will have particular bearing on the subject application.
- b) Certification of Ownership: submit a certificate of a duly licensed title or abstract company, or a licensed attorney-at-law, showing that each applicant is the present title holder of record.  
*(Warranty deeds, title insurance documents, tax receipts, etc. are not acceptable as proof of ownership.)*
- c) Preliminary site plan will be required for conditional use applications only (as specified in the Zoning Ordinance, Section 138.178 - see attached).
- d) Development Agreement: If the Application includes consideration of a Development Agreement, a completed draft of the agreement must be submitted with this application. Please contact the County Attorney's Office at (727) 464-3354 to obtain the approved form for a development agreement.
- e) Additional information may be required by Staff, such as, but not limited to, verification of adequate access to the subject area, documentation that the mandatory rules regarding transferable development rights or density/intensity averaging are being adhered to and compliance with Airport zoning regulations, etc.

### **CERTIFICATION OF OWNERSHIP**

I hereby certify that I have read and understand the contents of this application, and that this application together with all supplemental data and information is a true representation of the facts concerning this request, that this application is made with my approval, as owners and applicant, as evidenced by my signature appearing below. It is hereby acknowledged that the filing of this application does not constitute automatic approval of the request and further that if the request is approved, I will obtain all necessary permits and comply with all applicable orders, codes, conditions and rules and regulations pertaining to the use of the subject property, while under my ownership. I am aware that attendance by me or my authorized representative at all public hearings relative tot this request is required and that failure to attend may result in a denial of the request. It shall be my responsibility to determine time and location of all hearings.

\_\_\_\_\_  
\*\*\*Signature of Owner or Trustee

Date: \_\_\_\_\_

STATE OF FLORIDA, COUNTY OF PINELLAS

Before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

personally appeared \_\_\_\_\_  
who, being duly sworn, deposes and says that the above is a true and correct certification.

\_\_\_\_\_  
(signature) NOTARY PUBLIC

(seal)

\*\*\*Applications which are filed by corporations must bear the seal of the corporation over the signature of an officer authorized act on behalf o the corporation (Please note question #3).

#6

[Interactive Map of this parcel](#) [Sales Query](#) [Back to Query Results](#) [New Search](#) [Tax Collector Home Page](#) [Contact Us](#) WM

04-30-16-70902-100-0401

## Online Property Record Card

[Portability  
Calculator](#)
**Data Current as of**  
**March 11, 2014**
[Email](#) [Print](#)
[Radius  
Search](#)
[Improvement Value  
per F.S. 553.844](#)

Ownership/Mailing Address	Site Address
PINELLAS COUNTY ATTN ENGINEERING R/W DIV 315 COURT ST CLEARWATER FL 33756-5165	14840 49TH ST N CLEARWATER 33762-


[Property Use:](#) 8612 (County Gov't - Non-residential (commercial) only)

 Living Units:  
0

[\[click here to hide\] 2014 Legal Description](#)

PINELLAS GROVES NE 1/4, S 491.89FT OF LOT 4 LESS RD R/W ON E TOGETHER WITH S 656.55FT OF LOT 5

[2014 Exemptions](#)

[File for Homestead  
Exemption](#)

## 2014 Parcel Use

Homestead: No	Government: Yes	Homestead Use Percentage: 0.00%	
Institutional: No	Historic: No	Non-Homestead Use Percentage: 100.00%	Classified Agricultural: No

[2013 Parcel Information](#) [2013 Trim Notice](#)

Most Recent Recording	<a href="#">Sales Comparison</a>	<a href="#">Census Tract</a>	Evacuation Zone (NOT the same as a FEMA Flood Zone)	Plat Book/Page
14810/0888		12103024510	C	001/055

[2013 Final Value Information](#)

Year	<a href="#">Just/Market Value</a>	<a href="#">Assessed Value/ SOH Cap</a>	<a href="#">County Taxable Value</a>	<a href="#">School Taxable Value</a>	<a href="#">Municipal Taxable Value</a>
2013	\$2,869,022	\$2,869,022	\$0	\$0	\$0

[\[click here to hide\] Value History as Certified \(yellow indicates correction on file\)](#)

Year	<a href="#">Homestead Exemption</a>	<a href="#">Just/Market Value</a>	<a href="#">Assessed Value/ SOH Cap</a>	<a href="#">County Taxable Value</a>	<a href="#">School Taxable Value</a>	<a href="#">Municipal Taxable Value</a>
2013	No	\$2,869,022	\$2,869,022	\$0	\$0	\$0
2012	No	\$2,777,910	\$2,777,910	\$0	\$0	\$0
2011	No	\$2,615,781	\$2,615,781	\$0	\$0	\$0



#15

[Interactive Map of this parcel](#) [Sales Query](#) [Back to Query Results](#) [New Search](#) [Tax Collector Home Page](#) [Contact Us](#) WM

04-30-16-00000-130-0000

## Online Property Record Card

[Portability  
Calculator](#)
**Data Current as of**  
**March 11, 2014**
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[Radius  
Search](#)
[Improvement Value  
per F.S. 553.844](#)

Ownership/Mailing Address	Site Address (First Building)
PINELLAS COUNTY ATTN: GEN SERV/JAIL 315 COURT ST CLEARWATER FL 33756-5165	14500 49TH ST N CLEARWATER 33762-  Jump to building: (1) 14500 49TH ST N CLEARWATER 33762-


[Property Use:](#) 8612 (County Gov't - Non-residential (commercial) only)

 Living Units:  
0

[\[click here to hide\] 2014 Legal Description](#)

 (CRIMINAL COURT COMPLEX) SW 1/4 OF NE 1/4 LESS E 60 FT & S 33FT FOR RD R/W'S  
 & LESS N 150.9FT OF S 183.9 FT OF W 288FT (S) OF E 388 FT (S) & SE 1/4 OF NW 1/4  
 LYING E OF CROSS BAYOU CANAL LESS S 33FT FOR RD R/W CONT 69.2AC (C)

[2014 Exemptions](#)

[File for Homestead  
Exemption](#)

## 2014 Parcel Use

Homestead: No	Government: Yes	Homestead Use Percentage: 0.00%	
Institutional: No	Historic: No	Non-Homestead Use Percentage: 100.00%	Classified Agricultural: No

[2013 Parcel Information](#) [2013 Trim Notice](#)

Most Recent Recording	<a href="#">Sales Comparison</a>	<a href="#">Census Tract</a>	Evacuation Zone (NOT the same as a FEMA Flood Zone)	Plat Book/Page
01186/0178		12103024510	B	

[2013 Final Value Information](#)

Year	<a href="#">Just/Market Value</a>	<a href="#">Assessed Value/ SOH Cap</a>	<a href="#">County Taxable Value</a>	<a href="#">School Taxable Value</a>	<a href="#">Municipal Taxable Value</a>
2013	\$69,616,946	\$69,616,946	\$0	\$0	\$0

[\[click here to hide\] Value History as Certified \(yellow indicates correction on file\)](#)

Year	<a href="#">Homestead Exemption</a>	<a href="#">Just/Market Value</a>	<a href="#">Assessed Value/ SOH Cap</a>	<a href="#">County Taxable Value</a>	<a href="#">School Taxable Value</a>	<a href="#">Municipal Taxable Value</a>
2013	No	\$69,616,946	\$69,616,946	\$0	\$0	\$0

#15

[Interactive Map of this parcel](#) [Sales Query](#) [Back to Query Results](#) [New Search](#) [Tax Collector](#) [Home Page](#) [Contact Us](#) WM

04-30-16-70902-100-0701

## Online Property Record Card

[Portability  
Calculator](#)
**Data Current as of**  
**March 11, 2014**
[Email](#) [Print](#)
[Radius  
Search](#)
[Improvement Value  
per F.S. 553.844](#)

Ownership/Mailing Address	Site Address
PINELLAS COUNTY 315 COURT ST CLEARWATER FL 33756-5165	0 150TH AVE N CLEARWATER 33762-


[Property Use:](#) 1090 (Vacant Commercial Land w/XFSB)

Living Units:

[\[click here to hide\]](#) **2014 Legal Description**

PINELLAS GROVES NE 1/4, S 330FT OF LOT 7

**2014 Exemptions**
[File for Homestead  
Exemption](#)
**2014 Parcel Use**

Homestead: No	Government: Yes	Homestead Use Percentage: 0.00%	
Institutional: No	Historic: No	Non-Homestead Use Percentage: 100.00%	Classified Agricultural: No

**2013 Parcel Information** [2013 Trim Notice](#)

Most Recent Recording	<a href="#">Sales Comparison</a>	<a href="#">Census Tract</a>	Evacuation Zone (NOT the same as a FEMA Flood Zone)	Plat Book/Page
07603/0756		12103024510	B	001/055

**2013 Final Value Information**

Year	<a href="#">Just/Market Value</a>	<a href="#">Assessed Value/ SOH Cap</a>	<a href="#">County Taxable Value</a>	<a href="#">School Taxable Value</a>	<a href="#">Municipal Taxable Value</a>
2013	\$365,725	\$365,725	\$0	\$0	\$0

[\[click here to hide\]](#) Value History as Certified (yellow indicates correction on file)

Year	<a href="#">Homestead Exemption</a>	<a href="#">Just/Market Value</a>	<a href="#">Assessed Value/ SOH Cap</a>	<a href="#">County Taxable Value</a>	<a href="#">School Taxable Value</a>	<a href="#">Municipal Taxable Value</a>
2013	No	\$365,725	\$365,725	\$0	\$0	\$0
2012	No	\$365,725	\$365,725	\$0	\$0	\$0
2011	No	\$391,638	\$391,638	\$0	\$0	\$0
2010	No	\$453,475	\$453,475	\$0	\$0	\$0

#15

[Interactive Map of this parcel](#) [Sales Query](#) [Back to Query Results](#) [New Search](#) [Tax Collector Home Page](#) [Contact Us](#) WM

04-30-16-70902-100-0504

## Online Property Record Card

[Portability  
Calculator](#)
**Data Current as of**  
**March 11, 2014**
[Email](#) [Print](#)
[Radius  
Search](#)
[Improvement Value  
per F.S. 553.844](#)

Ownership/Mailing Address	Site Address
PINELLAS COUNTY ATTN: GENERAL SERVICES/DOG CON 315 COURT ST CLEARWATER FL 33756-5165	0 49TH ST N CLEARWATER 33762-


[Property Use:](#) 1000 (Vacant Commercial Land - lot & acreage)

Living Units:

[\[click here to hide\]](#) **2014 Legal Description**

PINELLAS GROVES NE 1/4, PT OF LOT 5 DESC FROM NW COR OF NE 1/4 TH S89DE  
998.37FT TH S01DE 693.56FT FOR POB TH S01DE 36.49FT TH W 282.11FT TH N01DW  
36.49FT TH E 282.11 FT TO POB

**2014 Exemptions**
[File for Homestead  
Exemption](#)
**2014 Parcel Use**

Homestead: No	Government: Yes	Homestead Use Percentage: 0.00%	
Institutional: No	Historic: No	Non-Homestead Use Percentage: 100.00%	Classified Agricultural: No

**2013 Parcel Information** **2013 Trim Notice**

Most Recent Recording	<a href="#">Sales Comparison</a>	<a href="#">Census Tract</a>	Evacuation Zone (NOT the same as a FEMA Flood Zone)	Plat Book/Page
03381/0071		12103024510	C	001/055

**2013 Final Value Information**

Year	<a href="#">Just/Market Value</a>	<a href="#">Assessed Value/ SOH Cap</a>	<a href="#">County Taxable Value</a>	<a href="#">School Taxable Value</a>	<a href="#">Municipal Taxable Value</a>
2013	\$85	\$85	\$0	\$0	\$0

[\[click here to hide\]](#) Value History as Certified (yellow indicates correction on file)

Year	<a href="#">Homestead Exemption</a>	<a href="#">Just/Market Value</a>	<a href="#">Assessed Value/ SOH Cap</a>	<a href="#">County Taxable Value</a>	<a href="#">School Taxable Value</a>	<a href="#">Municipal Taxable Value</a>
2013	No	\$85	\$85	\$0	\$0	\$0
2012	No	\$85	\$85	\$0	\$0	\$0

# **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**

An abstract graphic at the bottom of the page consists of several overlapping, semi-transparent geometric shapes, primarily cubes and rectangular prisms, in shades of light blue and grey. These shapes are arranged in a way that creates a sense of depth and perspective, with some shapes appearing to be in front of others.

## **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 49<sup>th</sup> 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.

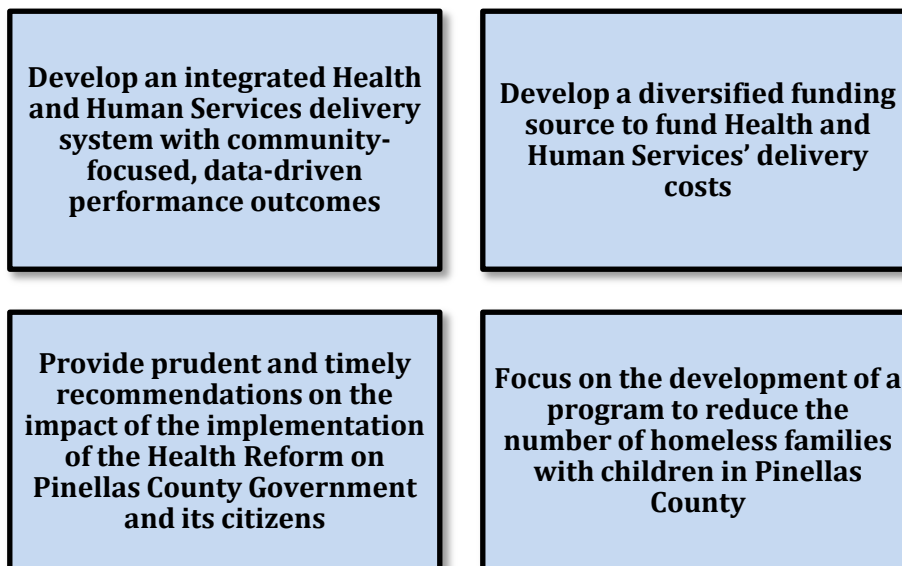
The \$5 million capital grant will finance the construction of the health clinic and provide for limited equipment. On-going operational expenses will be absorbed by the Department of Health and Human Services, through efficiencies in our Pinellas County Health Program; the building maintenance cost 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.

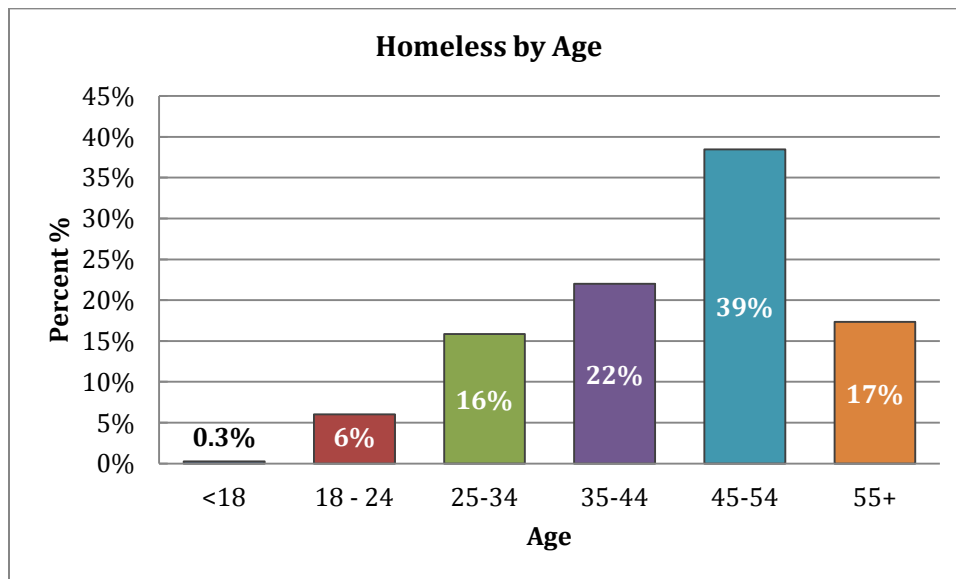
Another highlighted concern is the rising cost of healthcare for the uninsured and Medicaid populations. These individuals have poorer health outcomes than the general population, with the total hospital costs of Medicaid beneficiaries and the uninsured exceeding \$1.9 billion from October 2010 to September 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



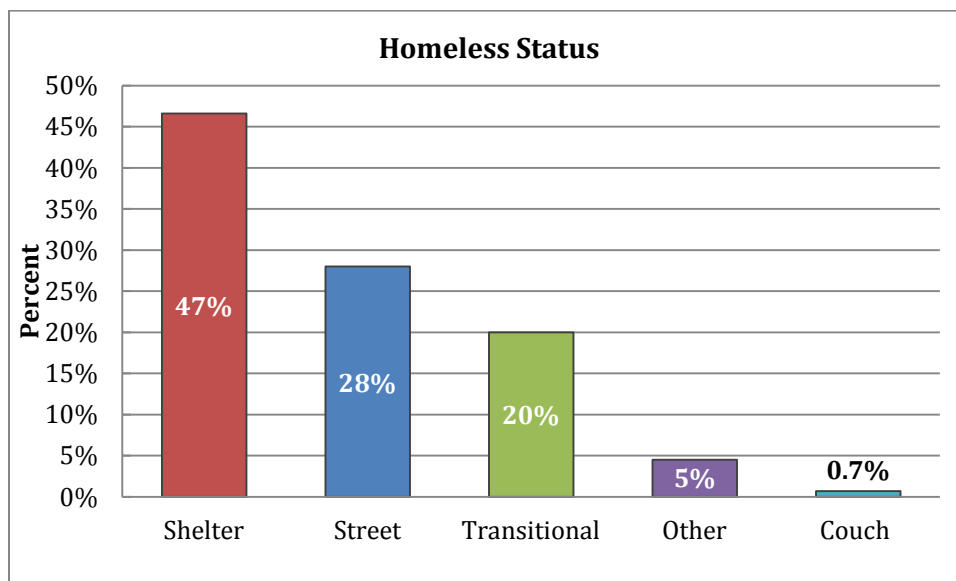
behavioral health care can compromise patient adherence to medications or physician instruction, increasing the possibility of future hospitalizations. Ultimately, these costs are financed by other taxpayers in the community and directly affect the quality of life for all residents.

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.

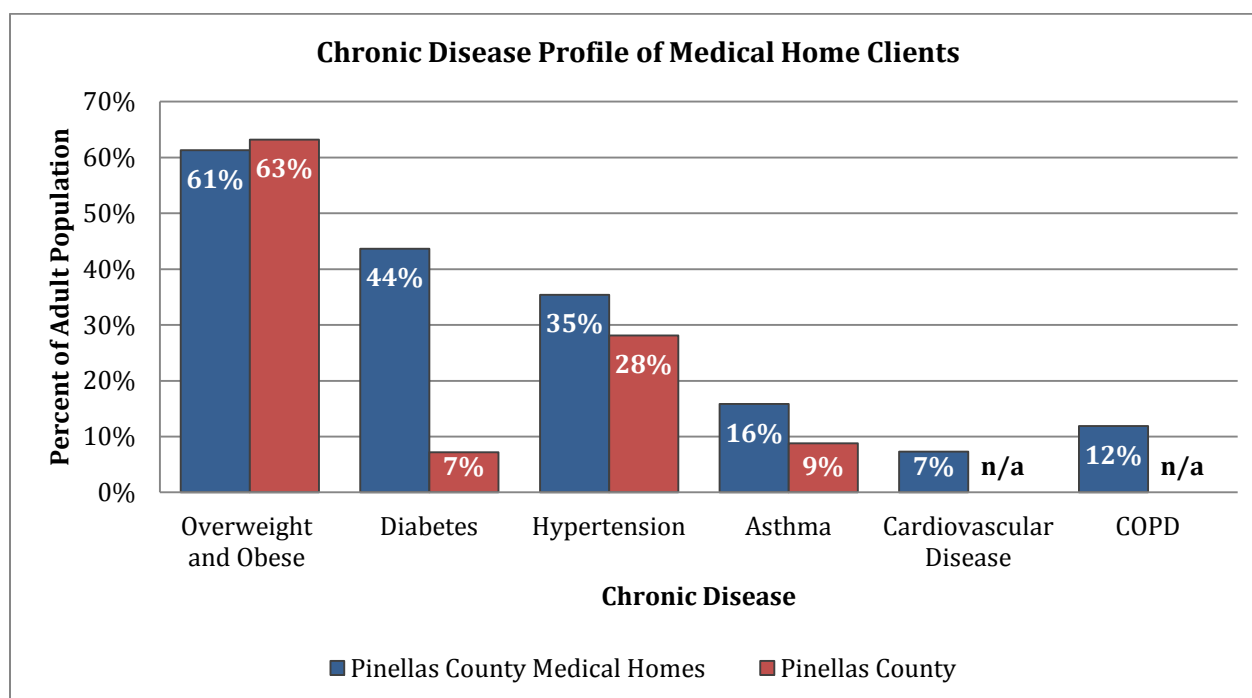
The Mobile Medical Unit clients are predominantly white (76%) males (72%) between the ages of 45 and 54 (38%.)



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.



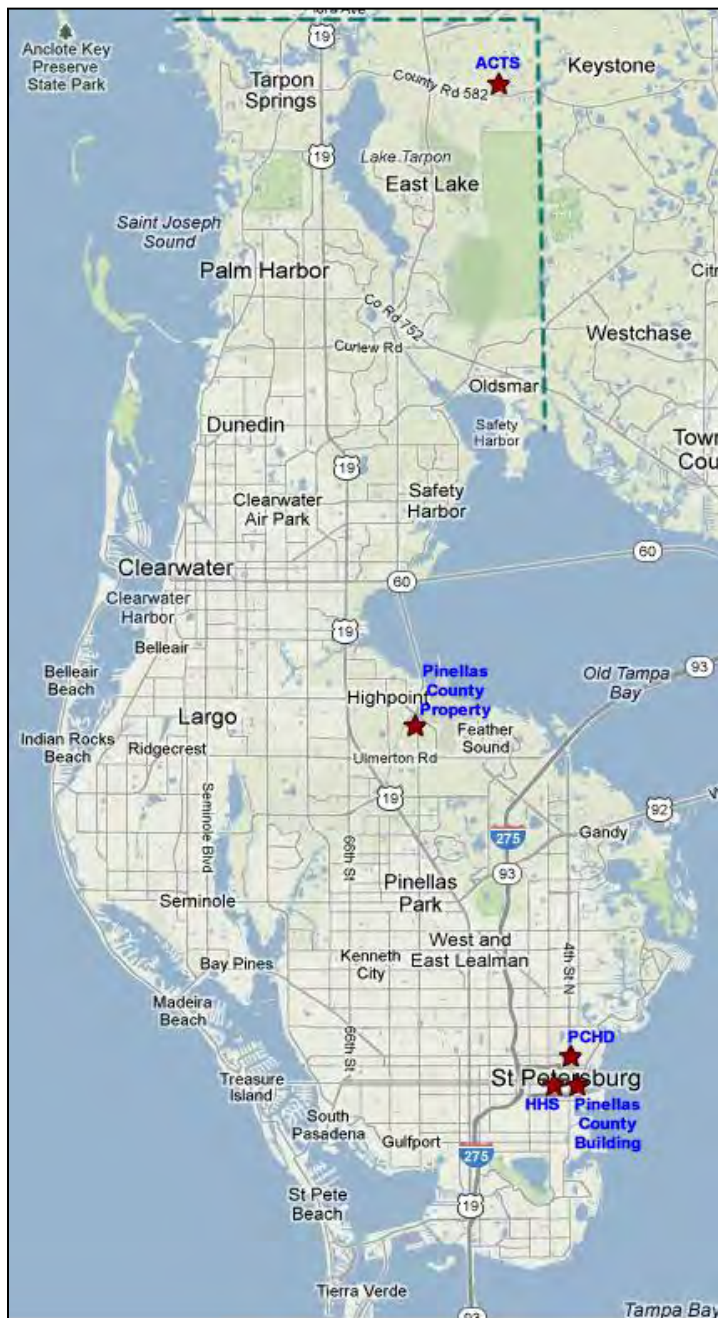
Clients in our medical program have higher rates of chronic diseases than the general population in Pinellas County, some up to three times higher. Prevalent chronic diseases include obesity (61%), diabetes (44%), and hypertension (35%). The disease diagnoses for our Mobile Medical Unit clients do not 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 1<sup>st</sup> Ave N, St. Petersburg

County Property, 14840 49<sup>th</sup> Street, Clearwater



After reviewing each possible location, the property at 14840 49<sup>th</sup> 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 49<sup>th</sup> Street North, where there is a Pinellas Suncoast Transportation Authority bus stop. The site has adequate on-site parking and access points from 49<sup>th</sup> 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 49<sup>th</sup> 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 49<sup>th</sup> 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**

<b>Name</b>	<b>Title</b>	<b>Organization</b>
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, I 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.

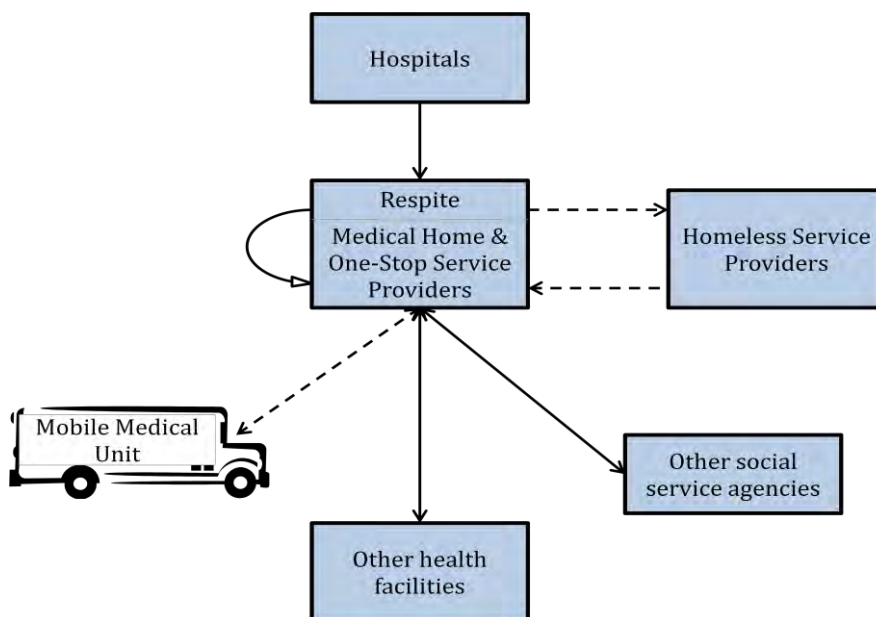
## IV. Improved Healthcare Delivery System

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.

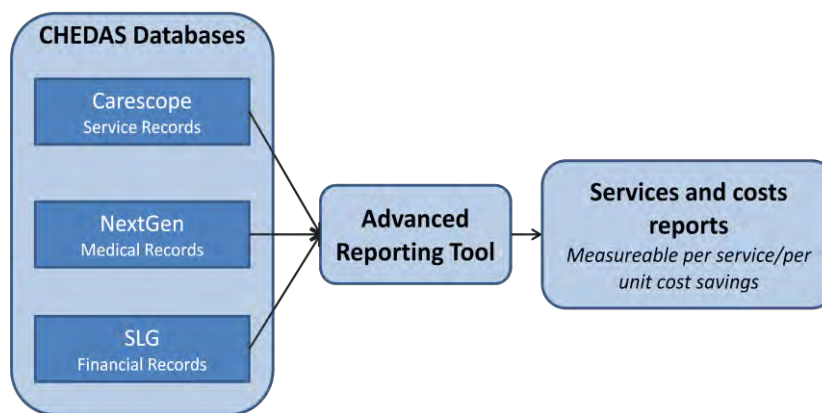
## Pinellas County Health Campus Partnering Agencies: Preliminary Services Outline

Area	Agency	Specific Service Contribution
<b>Medical</b>	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.
<b>Behavioral Health</b>	Directions for Living	Adult and children's psychiatry
	PEMHS	Behavioral health assessments
	Suncoast Center	Individual and group therapy
<b>Case Management</b>	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
<b>Dental</b>	Pinellas County Health Department & CHC	Screenings, cleanings, fillings, extractions, sealants, and emergency dental treatment
	St. Petersburg & Clearwater Free Clinics	Basic dental services
<b>Substance Abuse Treatment</b>	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
<b>Prescriptions</b>	Suncoast Health Councils	Prescription Assistance Program
<b>Respite Care</b>	BayCare Hospital System	Respite and Follow-Up Care
<b>Employment</b>	WorkNet Pinellas	Job Assistance and Training
<b>Housing</b>	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
<b>Advocacy</b>	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.

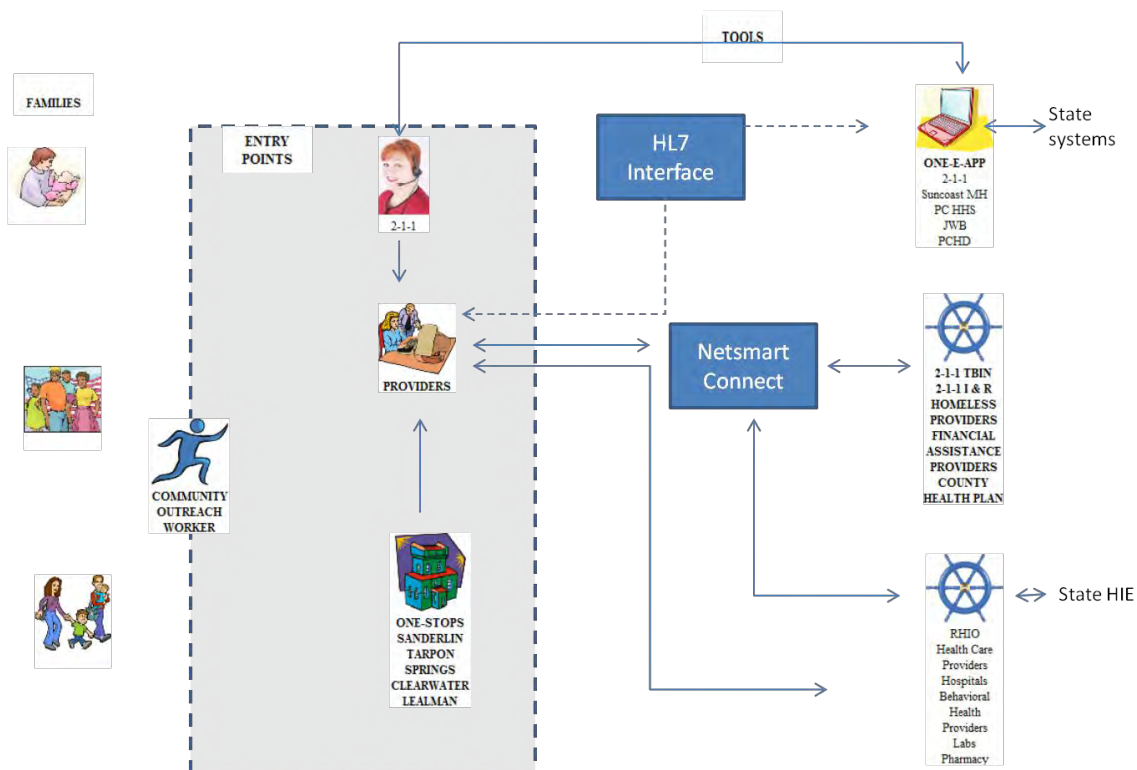
To assist with this effort, the Board of County Commissioners invested in CHEDAS, a technological system to collect and report on the quantity, quality, and cost of our programs. CHEDAS is composed of three distinct databases: CareScope, NextGen, and SLG. CareScope is a service records database that 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"> <li>• Programming Design</li> <li>• Conceptual Design</li> <li>• Schematic Design</li> </ul>
September 1, 2012 to April 30, 2013	Design Development Phase <ul style="list-style-type: none"> <li>• Construction Document Development</li> <li>• Bidding Phase</li> <li>• Contract Award</li> <li>• Negotiate Schedules</li> <li>• Cost Allocation</li> </ul>
June 1, 2013 to June 1, 2014	Construction Administration Phase <ul style="list-style-type: none"> <li>• Securing Building Permits</li> <li>• Contract Administration</li> <li>• Construction Status Reporting</li> <li>• On-Site Management</li> <li>• Project Meetings</li> <li>• Progress Payment Reviews</li> </ul>
July 1, 2014	Post –Construction Administration <ul style="list-style-type: none"> <li>• Occupancy Permit</li> <li>• Warranty and Maintenance Document</li> <li>• Project Closeout</li> <li>• Final Payments</li> </ul>

#### 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	
<b>Total Personnel</b>	<b>8</b>			<b>\$842,000</b>	<b>11,250</b>

<b>Direct Charges</b>	<b>\$159,921</b>
Medical Clinic / Lab / X-Ray	103,858
Dental	56,063
<b>Indirect Charges</b>	<b>\$154,250</b>
Medical Clinic / Lab / X-Ray	108,875
Dental	12,125
Administrative Services	33,250
<b>Facility / Equipment Charges</b>	<b>\$400,000</b>
Medical Clinic / Lab / X-Ray	200,000
Dental	175,000
Administrative Services	25,000
<b>Total Costs with Facility/Equipment</b>	<b>\$1,556,171</b>

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**

<b>Description</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>
<b>Utilities</b>					
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
<b>Maintenance</b>					
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
<b>Total</b>	<b>\$151,920.00</b>	<b>\$173,500.00</b>	<b>\$179,656.55</b>	<b>\$186,111.99</b>	<b>\$191,296.95</b>

### **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		 <b>HRSA</b> Health Resources and Services Administration  <b>NOTICE OF AWARD</b> 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																																																						
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6. PROJECT PERIOD: FROM: 05/01/2012 THROUGH: 04/30/2015																																																										
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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																																																						
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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 <span style="float: right;">[A]</span> 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)																																																										
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17. OBJ. CLASS: 41.60		18. CRS-EIN: 1596000800A5		19. FUTURE RECOMMENDED FUNDING: \$0.00																																																						
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## 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](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](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](http://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 item... For 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](mailto:PMSSupport@psc.hhs.gov). For additional information please visit the Division of Payment Management Website at [www.DPM.PSC.GOV](http://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: [Hotps@oig.dhhs.gov](mailto:Hotps@oig.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](http://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/OFAW/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, Inc.

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](http://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 Camous. 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 Homeless Leadership Network

5180 62<sup>nd</sup>, Avenue North, Pinellas Park, FL 33781  
Phone: 727/528-5762 Fax: 727-528-5764

Nov. 4, 2011

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,

A handwritten signature in black ink, appearing to read "Sarah K. Snyder".

Sarah K. Snyder  
Executive Director





## **Pinellas County Coalition for the Homeless, Inc.**

5180 62<sup>nd</sup> Avenue North, Pinellas Park, FL 33781

Phone: 727/528-5763 Fax: 727/528-5764

[www.pinellashomeless.org](http://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 black 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  
(813) 464-4400

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 black ink, appearing to read "Tim Burns".

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.

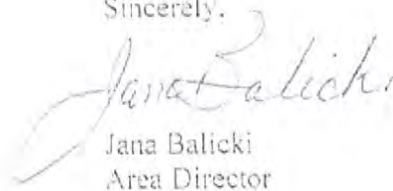
The County has an opportunity to improve access to and capacity of services for homeless individuals by building a "one-stop" facility as an extension of the Mobile Medical Unit that will be called the Pinellas County Health Campus. This facility will be a stationary medical facility that will have exam 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 dark ink, 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**

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**Pinellas County Sheriff's Office**

*"Leading The Way For A Safer Pinellas"*

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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", written over a horizontal line.

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](http://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](mailto:info@211tampabay.org), live chat with 2-1-1 staff via the 2-1-1 online searchable database at [www.211connects.org](http://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](http://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

115 South Pinellas Avenue  
Dunedin, Florida 34689  
727-342-5000



## 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 49<sup>th</sup> 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](http://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](http://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\Contracts\12-13\MOU









## PINELLAS COUNTY COMMUNITY HEALTH CAMPUS



**FleischmanGarcia**  
ARCHITECTURE • PLANNING • INTERIOR DESIGN







EXHIBIT J



**Pinellas County  
Health Facility  
14790 – 49<sup>th</sup> Street North, Clearwater, FL**

**DESIGN CRITERIA PACKAGE**

RFP: 123-0276-NC

**March 8, 2013**

**PINELLAS COUNTY HEALTH FACILITY  
DESIGN CRITERIA PACKAGE  
March 8, 2013**

**JURISDICTIONAL AUTHORITIES**

- The Design/Build Team shall be responsible for reviewing the Project with all authorities having jurisdiction and for obtaining all required approvals and permits.
- Authorities having jurisdiction over the Project include, but are not limited to, the following:
  - Southwest Florida Water Management District (SWFWMD)
  - Pinellas County Building Development Review Services Department (BDRS)
  - Pinellas Park Fire Marshal
  - City of Largo sewer
  - Pinellas County water
  - Florida Department of Transportation (FDOT)

**JURISDICTIONAL CODES**

The Design/Build Team shall design and construct the new health care facility in accordance with the latest edition of the following codes:

- ADA Title III (28 CFR Part 36), Latest Edition
- ASHRAE Handbook, Latest Edition
- NFPA 10 – Standard for Portable Fire Extinguishers
- NFPA 70 – National Electrical Code
- NFPA 72 – National Fire Alarm Code
- NFPA 90A – Standard for the Installation of Air Conditioning and Ventilating Systems
- NFPA 101, Life Safety Code, and Chapter 32 for Additional Standards
- NFPA 101A – Guide on Alternative Approaches to Life Safety
- NFPA 101B – Standard on Means of Egress for Buildings and Structures
- NFPA 241 – Standard for Safeguarding Construction, Alteration, and Demolition Operations
- NFPA 703 – Standard for Fire Retardant-treated Wood and Fire Retardant Coatings for Building Materials
- Florida Building Code (FBC)
- FBC Existing Building Code
- FBC Mechanical Code
- FBC Plumbing Code
- Florida Fire Prevention Code (reference F.A.C. Chapter 69A-60)
- UL, Inc. Fire Resistance Directory – Latest Edition
- UL, Inc. Building Materials Directory – Latest Edition

**PROJECT NARRATIVE**

The selected Design/Build (DB) Team will complete the programming, design, permit, and construct a health care facility to be located at 14790 – 49<sup>th</sup> Street North, Clearwater in the present paved surface parking area immediately east of the existing Pinellas Safe Harbor facility.



Following meetings and interviews with the appropriate users and authorities and after thorough research, the DB team shall prepare a complete program incorporating all project requirements identified during the process. Once the County has approved the program, the DB team shall proceed with design and construction documents, obtaining County approval at the end of each phase. Also, at each stage of development, the DB team shall assure the project design is within the established total budget to be established from within the Health Resources and Services Administration capital grant requirements. Once 50% complete construction documents have been developed, the DB team shall prepare a firm stipulated sum for construction through a structured subcontractor bidding process with qualified subcontractors confirming that the project falls within the established budget.

### **PROJECT SCOPE**

- Identify, confirm, and comply with all jurisdictional authorities involved in permitting site development and building construction.
- Design and construct the facility in a manner that would be able to achieve LEED certification (certified level).
- In designing the health care facility, include complete research to determine the scope of permits required from all pertinent jurisdictional authorities. Include in Phase 1 all work, applications, fees, etc. required to procure all permits applicable for construction.
- Develop full Auto CAD documents and provide the Owner with complete electronic and hard copy documents at the end of construction including as-built documents.
- Research, design, and submit options in Phase 1 for both interior and exterior lighting around the facility including options for occupancy lighting, LED lighting, and/or magnetic ballasts.
- Develop a construction phasing plan including a parking plan for use during construction.
- Research, assess, and propose alternative locations (i.e. over on site retention, etc.) for the parking facility.
- **Existing Site**
  - A copy of a boundary survey is attached for general reference.
  - A conceptual site plan is attached showing the approximate proposed location of the facility immediately east of the Pinellas Safe Harbor Shelter.
  - Research, identify, locate, demolish, and remove all existing site and underground structures and services as required to prepare for the new health care facility.
  - Research and design a construction sequence including locating contractor facilities and staging on site. The plan shall include maintenance of traffic patterns to and across the site. Pedestrian and vehicle access to Safe Harbor will be maintained without interruption throughout the course of construction.
  - Check all jurisdictional requirements and plan all adjustments required to existing landscaping, setbacks, retention, green space, pedestrian and vehicular traffic patterns, and lighting.

## RFP" 123-0276-NC

- **New Facilities**

- Design and construct a new health care facility on the site in accordance with all applicable codes.
- The facility shall be designed to meet minimal jurisdictional code requirements for wind resistance.
- The DB team shall present the Owner with three substantially different schematic design options for their consideration.
- Based on the DB team's proposal and assessment of different structural systems (i.e. precast, cast in place, concrete block/concrete, etc.) to be employed on the facility, the County shall make a determination as to which direction to proceed.
- Provide an elevator in the new facility.

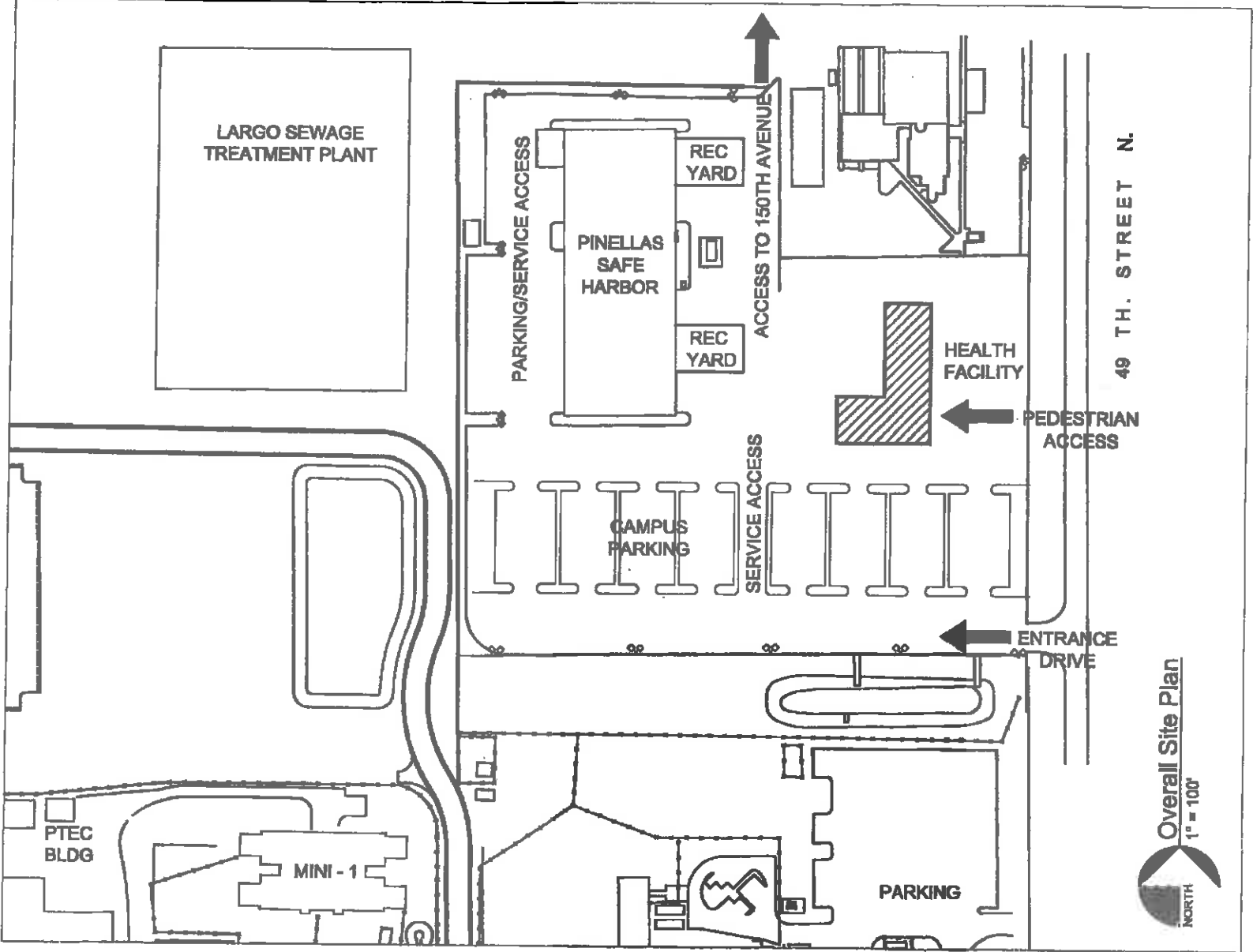
RFP: 123-0276-NC

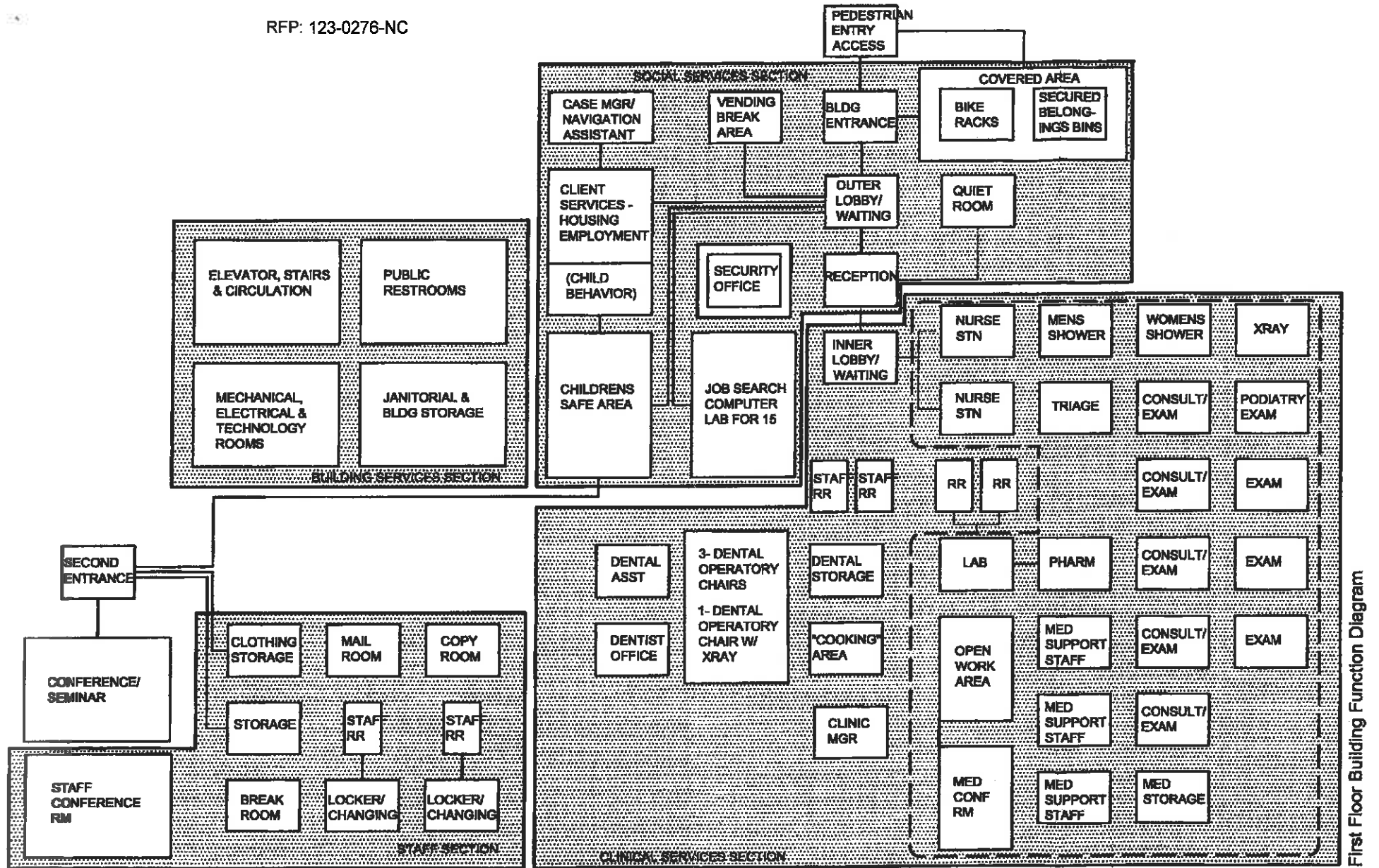
**ATTACHMENTS**

- Site Aerial
- Overall Site Plan
- First Floor Building Function Diagram
- Second Floor Building Function Diagram
- Executive Summary - Pinellas County Health Campus Operating Plan
- Site Plan and Exterior Renderings by Fleischman-Garcia
- Topographic & Boundary Survey, sheets 4 of 12 thru 7 of 12



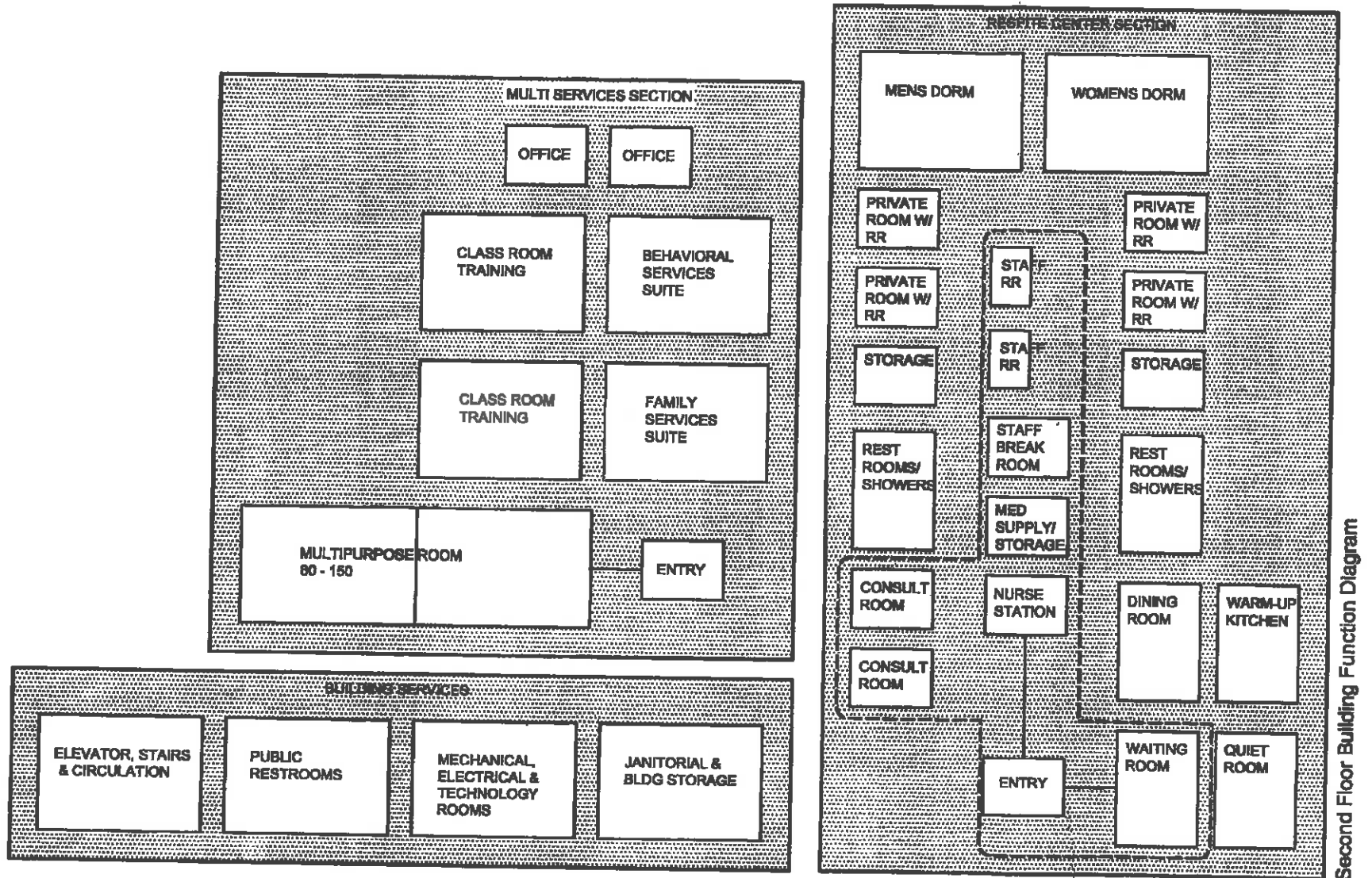






First Floor Building Function Diagram





Second Floor Building Function Diagram

## **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 14790 49<sup>th</sup> 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

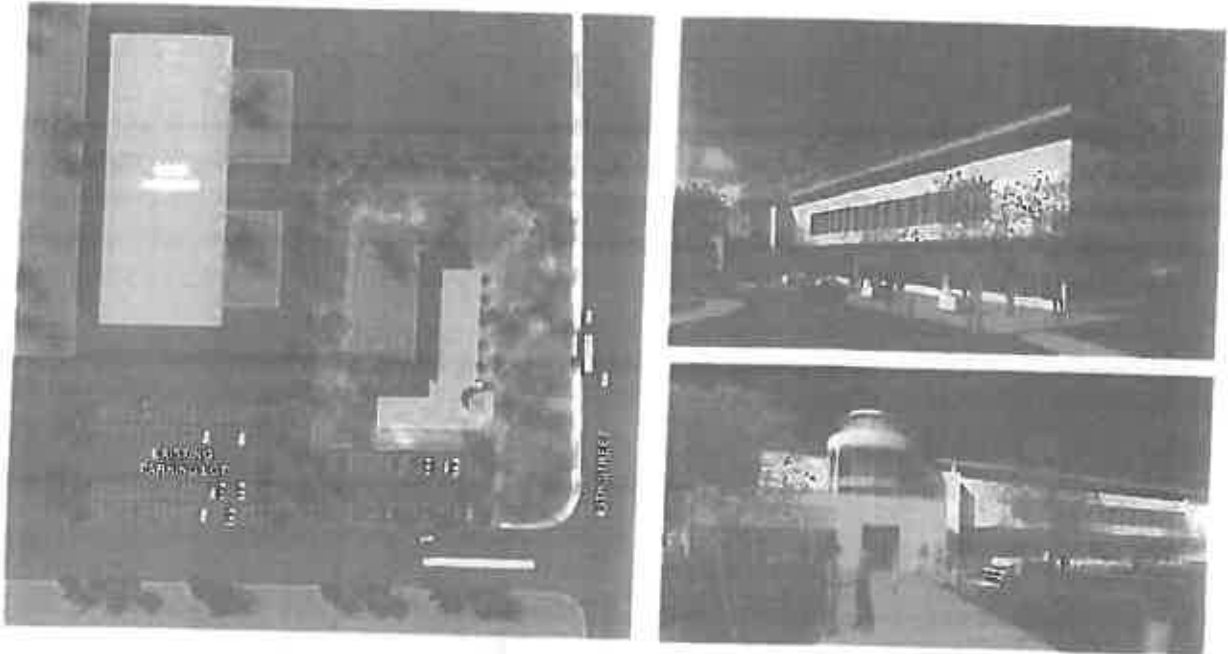


systems. CHEDAS is comprised of three databases: CareScope, NextGen, and SLG. CareScope is a service records database that allows for service enrollment, case management, and provider management and includes a community portal where clients can apply for services and providers can access and update client 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.

**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**

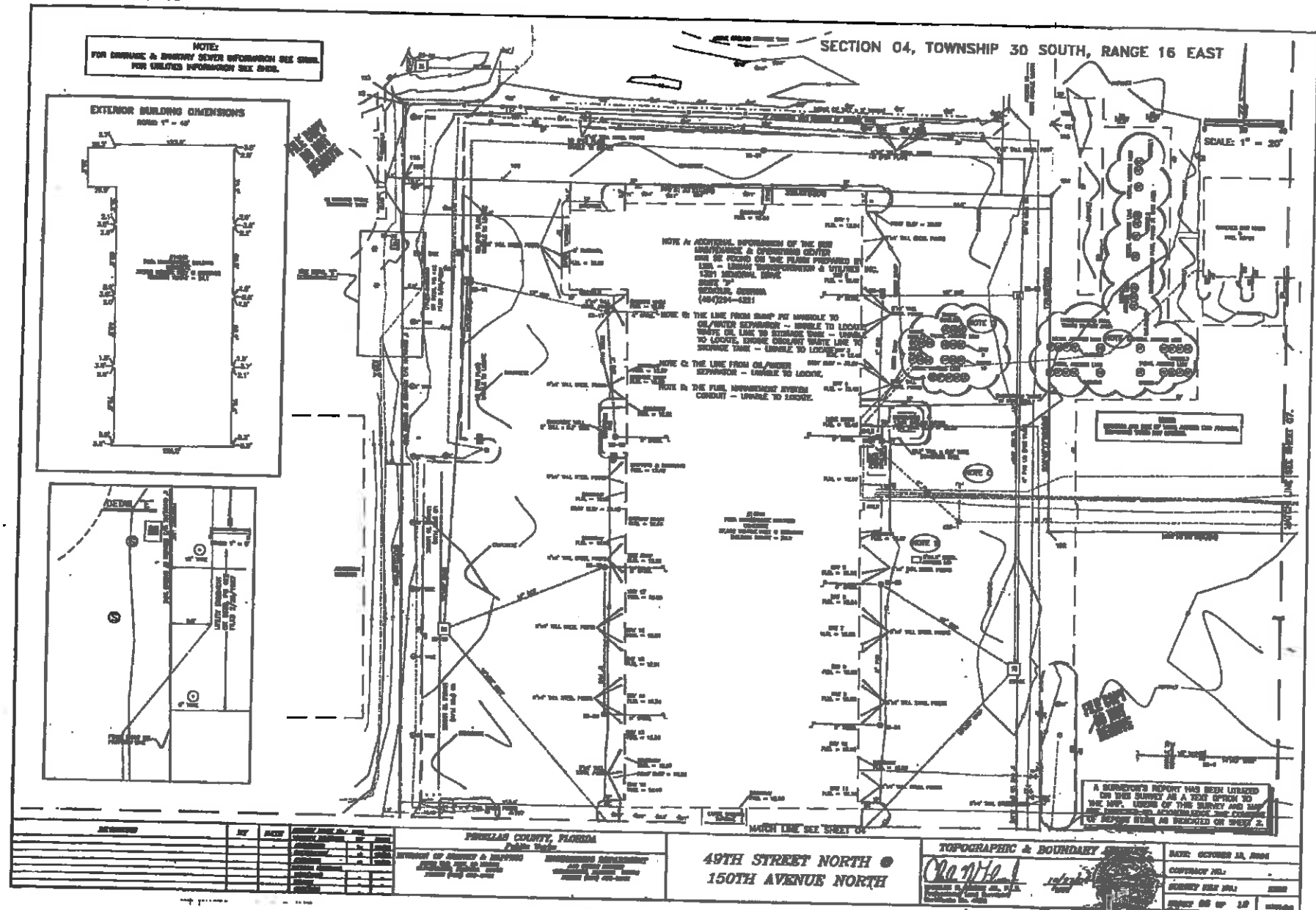


**Rendering of the Building Exterior – Facing 49<sup>th</sup> Street North**









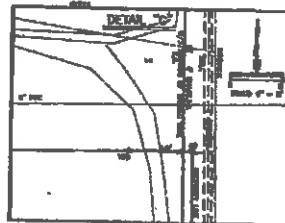
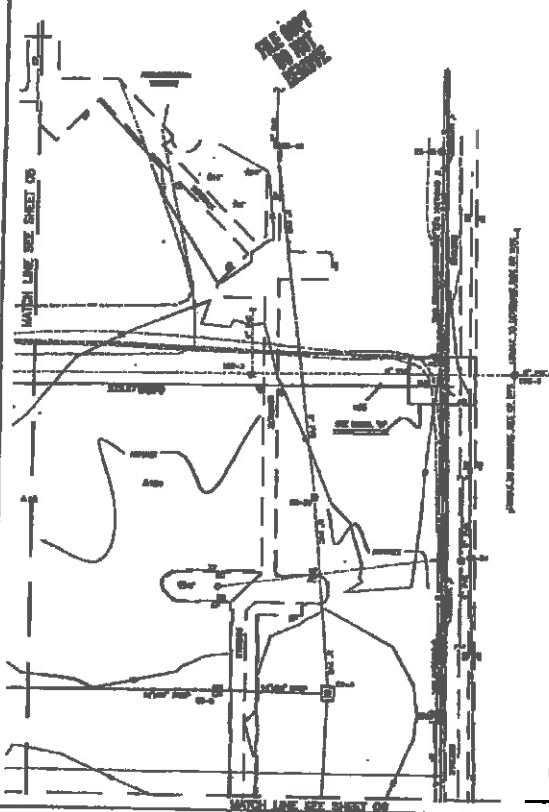


## SECTION 04, TOWNSHIP 30 SOUTH, RANGE 16 EAST

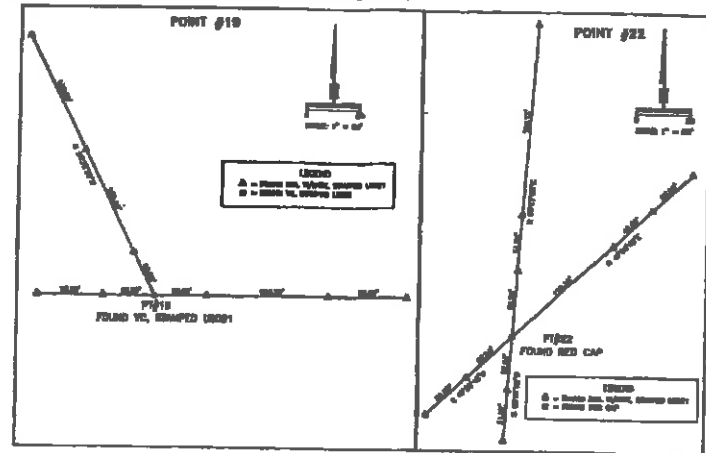


NOTE:  
FOR ELEVATION & SURVEY DATA INFORMATION SEE SHEET 1.  
FOR VOLUME INFORMATION SEE SHEET 2.

49TH STREET



## REFERENCES:



FILE COPY  
IN THE  
OFFICE

A SURVEYOR'S REPORT HAS BEEN UTILIZED  
ON THIS SURVEY AS A TEST OPTION TO  
THE SURVEY. THE SURVEY AND MAP  
ARE DESIGNED TO ACCOMMODATE THE CONTENT  
OF REPORT FROM AS REQUESTED ON SHEET 2.

DATE	BY	REVISION
10/20/04	JD	1.0
10/20/04	JD	1.1
10/20/04	JD	1.2
10/20/04	JD	1.3
10/20/04	JD	1.4
10/20/04	JD	1.5
10/20/04	JD	1.6
10/20/04	JD	1.7
10/20/04	JD	1.8
10/20/04	JD	1.9
10/20/04	JD	2.0

FLORIDA COUNTY, FLORIDA Public Works	APPROVED BY SURVEYOR DATE: 10/20/04 PROJECT: 123-0276-NC	APPROVED BY ENGINEER DATE: 10/20/04 PROJECT: 123-0276-NC
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49TH STREET NORTH @  
150TH AVENUE NORTH

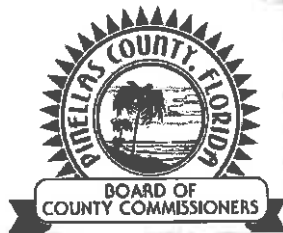
## TOPOGRAPHIC &amp; BOUNDARY

10/20/04  
JD

DATE: OCTOBER 20, 2004
CONTRACT NO.:
PROJECT FEE NO.:
SHEET 04 OF 10



*PINELLAS COUNTY GOVERNMENT IS COMMITTED TO PROGRESSIVE PUBLIC POLICY,  
SUPERIOR PUBLIC SERVICE, COURTEOUS PUBLIC CONTACT, JUDICIOUS EXERCISE  
OF AUTHORITY AND SOUND MANAGEMENT OF PUBLIC RESOURCES, TO MEET THE  
NEEDS AND CONCERNS OF OUR CITIZENS TODAY AND TOMORROW*



PINELLAS COUNTY DESIGN/BUILD AGREEMENT

FOR

PINELLAS COUNTY HEALTH FACILITY

RFP: 123-0276-CN(RM)

FIRM NAME

AGREEMENT PREPARED BY

DEPARTMENT OF REAL ESTATE MANAGEMENT

## PROJECT DESCRIPTION

The applicant, Pinellas County Board of County Commissioners began in 1911. The County's Health and Human Services Department provides state social service mandates and is the last resort for medical and financial assistance. The Mobile Medical Unit (MMU), a 330(h) grantee since 1988 provides last resort services to the homeless and provides services solely by a van.

There are approximately 22,000 homeless individuals in Pinellas County, Florida.

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 and the fact that the homeless population has increased significantly since the van's origination, a bricks/mortar site is essential to providing care to this population. The substantially increased space and flexibility associated with a freestanding structure will increase direct medical service capacity. The vision includes a facility that provides access to medical care, behavioral health care, substance abuse counseling, and a respite wing- respite care is essential for 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.

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. Through this project, Pinellas County 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.

The project entails building a 16,500 square foot, two-story facility with six exam rooms, offices for confidential counseling, dental office, pharmacy, intake areas on the first floor. On the second floor, there will be a respite wing and a detoxification area. The project will take approximately 21 months; 3 months for the bid process, 6 months for design, and 1 year for construction. During that time, collaborative groups will be working out details of providing service and funding for activities as well as outlining staff and an implementation plan to make the public aware to ensure that when the facility is completed, service can begin immediately.

This property will be located in an area easily accessible by the homeless population, mid-county. At the proposed site, 417 homeless individuals reside daily; less than three miles away, another homeless shelter provides tents and casitas for 410 residents daily. A medical clinic in this vicinity is appropriate, a priority given the need, and would enhance and increase access to services immediately upon completion of the project.

## **INTRODUCTION**

The applicant, Pinellas County Board of County Commissioners began in 1911. The County's Health and Human Services Department provides state social service mandates and is the last resort for medical and financial assistance. The Mobile Medical Unit (MMU), a 330(h) grantee since 1988 provides last resort services to the homeless and provides services solely by a van. The MMU service area is Pinellas County, an urban county in Florida with 916,542 people. Pinellas is a densely populated county in Florida with 3,348 persons/square mile. The poverty rate is 14% with disparity among minority residents (W: 11.8% B: 30.9%, H: 11.8%), children (20%) and the unemployed (29%). Pinellas faces economic challenges due to budget shortfalls, unemployment and the construction and housing market bust. Pinellas had 10.3% unemployment in September, 2011, versus 9.1% nationally (US Department of Labor). The economy is based on tourism and the service sector with low paying jobs that offer few if any health insurance benefits.

## **NEED**

### **Target Population**

22,000 homeless individuals reside in Pinellas County (Pinellas County Coalition for the Homeless (PCCH), 2011). From the 2011 Point in Time (PIT) Count by the PCCH that gives a snapshot of the larger Pinellas homeless population, 5,887 were counted homeless in one day. (The following percentages are in relation to the PIT count of 5,887.) 3,661 (62%) were homeless, slept in shelters or places not designed for regular sleeping accommodations. The majority of homeless are White (58%), male (65%) and have a high school diploma or less (69%). Most reside in St. Petersburg (40%) and Clearwater (18%). Nearly 40% of unsheltered homeless reported being homeless the entire year; 17% reported more than 3 years without permanent housing. A lost job, financial problems/not enough income was the most frequently reported reason for losing permanent housing (71%) and keeping them from permanent housing (67%). More than 60% reported receiving no income from any source in the last 30 days. Primary income sources: earned income (35%) and Social Security (19%). 20% of individuals reported working in the last month but 83% reported it was temporary. Of those not working, 43% reported looking for work. Over 53% received non-cash benefits, such as Food Stamps (76%) and Medicaid (16%). The most common health problems were depression (33%), physical disability (32%), chronic health problems (25%), mental illness (23%) and alcohol abuse (21.2%). Of those needing medical care, 28% were unable to receive care and 39% used emergency rooms.

### **Capacity**

MMU is the only medical unit dedicated to the homeless in Pinellas. MMU services include adult/child primary and preventive care, immunizations, physicals, health screenings, labs, TB screenings, mental health, substance abuse recovery services and case management. Specialty care, dental, mental health, substance abuse, prescriptions, legal assistance, education, employment and housing services are provided by referral via contractual agreements and informal linkages. MMU visits shelters, soup kitchens, drop-in centers and other places frequented by the homeless population. In 2009, an American Recovery and Reinvestment Act-Increased Demand for Services (IDS) grant expanded access to 600 homeless in Pinellas. Current MMU providers are: .2 FTE Medical Director, .5 FTE Program Supervisor, 1 FTE Physician, 2



FTE RNs, 2 FTEs Case Manager, . 5 FTE Physician Assistant, 2 FTEs Support Service, and .6 FTE contractual ARNP.

In 2010, the MMU program served 2,383 homeless patients. 40% of homeless individuals are under 18, doubled since 2005. Homeless families have increased from 697 or 11% of homeless population in 2009 to 990 or 17% of the homeless population in 2011. Unsheltered homeless has decreased from 36% in 2009 to 28% in 2010, in part due to opening the 500 person capacity Pinellas Safe Harbor shelter located mid-County. This sheltered homeless site requires a stationary service location. Increased demand and patient complexity has outgrown a 2 exam room MMU.

#### Barriers to Health Care

Lack of health insurance is a significant barrier to health care locally. 18% of the population lacks health insurance, 53% among the unemployed (US Census Bureau, 2010) and 45% among low-income adults (US Census SAHIE, 2009). In 2010, 28% of low income adults reported inability to see a doctor in the past year due to cost (Behavioral Risk Factor Surveillance System).

Other barriers for homeless individuals include limited public transportation and geographic isolation from the resources of the St. Petersburg-Clearwater area. Bus fares are \$4.00 round-trip. Discounted rates are offered for seniors, students and disabled persons, but not for low-income persons. Dangerous roads are a barrier (3.02 pedestrian deaths per 100,000 people in Pinellas), double the national average (Pinellas County Pedestrian Safety Action Plan, 2009). Other barriers include an infrastructure of 24 independent cities and minority isolation in pockets of poverty throughout Pinellas.

#### Unmet Need

Pinellas County's overall rates of licensed physicians and dentists are lower than Florida's. There are 263 licensed physicians in Pinellas per 100,000 people (FL: 299) and 60.7 licensed dentists per 100,000 people (FL: 62.6) (County Health Rankings). Fewer physicians accept Medicaid as reimbursement, 10% below the national average (CMS, 2007). Pinellas has five Medically Underserved Populations and six designated Health Professional Shortage Areas. There is a shortage of 22 primary medical care FTEs and 20 Dental FTEs.

#### Other Providers

Section 330 Health Centers: Community Health Centers of Pinellas, Inc. (CHCP) is the only other FQHC (330(e) grantee), provides primary care to low income residents of Pinellas at five primary care centers. There are no Pinellas FQHC Look-Alikes.

Health Department: The Pinellas County Health Department delivers adult primary care to 6000 low-income, uninsured and provides preventive services including STD, Family Planning and pediatric dental services.

Community Clinics: St. Petersburg Free Clinic provides food, shelter, medical care and limited financial assistance, and functions as a walk-in urgent care clinic for adults without insurance and who do not qualify for government assistance. The Clearwater Free Clinic, a community

clinic, provides primary care for low income uninsured families who do not qualify for government assistance. Community clinics provide basic care for acute and chronic conditions only.

**Inpatient Services:** Inpatient services for medically underserved populations are provided by Bayfront Medical Center, BayCare Health System and All Children's Health System. Bayfront Medical Center, (St. Petersburg), is a private, non-profit hospital that serves a disproportionate share of the uninsured, low income residents as the county lacks City or County hospitals. BayCare Health System, the county's largest community-based non-profit health care system has four hospitals countywide. All Children's Health System, (St. Petersburg) is the only specialty licensed children's hospital on Florida's west coast.

**Service Area Overlap:** Pinellas County has a 330(e) and (h) grantee, but served only 12% of the low income in 2010; 238,185 remain unserved. There was a 23% increase in patients from 2008 to 2010. Executive Resources, LLC in 2010, indicated Pinellas has less 330 grantees and less service sites than the average comparable County. An estimated 198 FTE physicians are needed to provide 830,117 visits for the 270,000 low income residents throughout Pinellas County.

## **PROJECT RESPONSE**

### **Appropriateness of Project**

The Pinellas County Board of County Commissioner's Mobile Medical Unit (MMU) is a current Health Resources and Services Administration (HRSA) 330 (h) grantee. For the past 23 years, the MMU has provided primary healthcare for the homeless solely by a van; the team includes 1.5 medical providers, 2 nurses, 2 case managers and 2 clerical support staff. The MMU travels countywide to multiple sites where homeless individuals frequent: shelters, drop-in centers, soup kitchens, and residential substance abuse treatment centers. The MMU does not have a bricks and mortar facility for clients to receive services in one location daily. While the MMU provides a vitally needed service, travel time to and from sites in addition to the equipment set up and take down process impact direct service delivery time, capacity and availability.

MMU's proposed project, the Pinellas County Health Campus, is appropriate because it will both expand and enhance an existing Pinellas County owned facility currently being used as a shelter for homeless individuals and add a building for clients to receive medical services daily. There are 417 residents at the shelter daily; 2425 unduplicated homeless have come through the shelter since it opened in January 2011. The shelter is much like a warehouse with portioned areas for sleeping, eating, and attending self-help groups. There are a few small offices for individual counseling and areas for storage of personal items for the homeless residents. Services provided at the facility include case management, legal assistance, employment and housing referrals, and substance abuse relapse prevention groups. At this shelter, the MMU provides onsite primary medical care (twelve hours per week) and behavioral health care (eight hours per week). With the amount of homeless individuals in this one location and the ability of other homeless individuals to also receive medical services at the site, it is imperative that a full clinic be made available daily to meet the overwhelming need. Additionally, the MMU has been stretched to its maximum capacity in seeing clients within the allotted time frames they are at various sites. For the homeless population, accessing care, even with a mobile unit, can be a hardship. The current

facility, while appropriate to shelter homeless individuals, does not have accommodations for homeless individuals who are in need of respite care. Respite care is essential for 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. A 330B pharmacy will also be in the facility increasing access for clients to obtain their medications quickly and without having to travel.

The new facility would increase access to care for Pinellas County homeless individuals by providing a centralized, mid-county clinic for daily medical services as well as provide respite care and expand the Mobile Medical Unit's ability to treat more clients.

#### Utilization Post Construction

Once completed, the Pinellas County Health Campus will open to homeless individuals needing primary, behavioral health and respite care; substance abuse counseling; and dental services. Pinellas County's Health and Human Services Department has a long history of collaboration with multiple community partners: the local Health Department, area hospitals, pharmacies, behavioral health providers and dentists. These entities are committed to supporting post project care for the homeless population. The new clinic will reduce barriers and enhance continuity of care through daily clinical services.

#### Project Construction

Construction for the new facility has not begun due to funding limitations. The need for such a facility has long been discussed by City municipalities and County government, hospital representatives and health care providers, the Homeless Leadership Network and Coalition which includes community homeless service providers. While no contracts have been established, Health and Human Services has initiated project specific discussions with the Department of Health and the County's Justice and Consumer Services, Real Estate Management, Sheriff's Office and Planning Departments. If awarded, the County's Purchasing Department will initiate the Request for Proposals. The Real Estate Department is experienced in and will handle project management, zoning and permits.

#### Appropriateness of Project

The Pinellas County Health Campus is an appropriate high priority project due to the population's service provision needs. Homelessness significantly increases one's risk of illness, injury, and death according to Dr. Jim O'Connell (2005), in an article on premature mortality in homeless populations. Today, non-homeless Americans live to an average age of 78. Homeless Americans live to an average age of 50; the age at which Americans died in 1900. There are 164,978 uninsured individuals in Pinellas County; the homeless population is roughly 13 percent or 22,000 according to the Pinellas County Coalition for the Homeless. The MMU is able to treat 2500 unduplicated homeless clients annually based on projections for calendar year 2011. The MMU travels to 13 locations, usually at all sites two times per month. Staff provides care to an average of four clients per hour; site visits are four to six hours per day with one evening site one day per week.

Unsheltered homeless percentages decreased from 36% in 2009 to 28% of the homeless population in 2010 according to the one day, Homeless Point in Time Count in January 2011. With so many homeless individuals now in shelters, particularly the County owned facility, it



necessitates a more stable location of providing primary care where homeless persons are sheltered so more can be reached with the same amount or minimal increase of resources. There is only one facility in the County providing medical respite care access to homeless individuals and their capacity is 12 clients daily with a length of stay between (14) days and (6) months.

The shelter facility where the construction will be completed currently houses over 417 homeless individuals daily. Clients seen by the MMU at this site are presenting with multiple issues, in numbers that the team cannot cover in twelve hours per week. Client issues include medical and respite care, behavioral health, and substance abuse treatment needs. The new facility would allow for additional space for exam rooms, confidential counseling rooms, and respite care.

#### **Project Implementation Timeframe**

The anticipated time frames are: three (3) months contract procurement process, (6) months for permits, and (1) year for construction, inspections and equipment purchases.

The County owned facility includes maintenance and facilities staff that can provide upkeep for the new facility. These resources would be incrementally increased to cover maintenance and repair issues incurred with the new facility. The County currently provides for utility costs with the shelter and would ensure the additional utility needs will be covered. If the Affordable Care Act is in effect, many of the MMU clients would be eligible for Medicaid. Dollars received for medical services could offset operating costs. Partnerships with local providers will also help offset costs.

Capital debt is not expected. The County will ensure that the project construction costs will not extend beyond grant dollars. However, the County is prepared to cover overages through adjustments in other budgeted areas. Pinellas County already owns the land the facility will be built on and the County does not pay taxes.

#### **COLLABORATION**

##### **Safety-net Providers**

Within Pinellas County, 164,978 people lack health insurance. The homeless population, in this number, relies on the Mobile Medical Unit (MMU) or safety-net providers for medical services. Several health safety net providers are in Pinellas County. None are within 5.38 miles of the project site. The County has developed relationships with the safety net providers focusing on a healthier community with improved social determinants of health through health and human service delivery systems. These systems rely on communication, process and structure, data collecting-analyzing-sharing, quality improvement, and leveraging resources. Collaborations will continue post project. Safety net providers include:

Community Health Centers of Pinellas, Inc. (CHCP) is the only other FQHC (330(e) grantee), provides primary care to low income residents of Pinellas at five primary care centers. There are no Pinellas FQHC Look-Alikes.

Health Department: The Pinellas County Health Department delivers adult primary care to 6000 low-income, uninsured and provides preventive services including STD, Family Planning and pediatric dental services.

**Community Clinics:** St. Petersburg Free Clinic provides food, shelter, medical care and financial assistance, and functions as a walk-in urgent care clinic for adults without insurance and who do not qualify for government assistance. The Clearwater Free Clinic is a community clinic that provides primary care for low income uninsured families who do not qualify for government assistance. Community clinics provide basic care for acute and chronic conditions only.

**Inpatient Services:** Inpatient services for medically underserved populations are provided by Bayfront Medical Center, BayCare Health System and All Children's Health System. Bayfront Medical Center, (St. Petersburg), is a private, non-profit hospital that serves a disproportionate share of the uninsured, low income residents as the county lacks City or County hospitals. BayCare Health System, the county's largest community-based non-profit health care system has four hospitals countywide. All Children's Health System, (St. Petersburg) is the only specialty licensed children's hospital on Florida's west coast.

#### Existing/Proposed Collaborations

Pinellas County has formal and informal linkages with agencies to provide services to mutual clients. Formal collaborations through initiated contracts include lab services, specialty care, pharmacy, behavioral health, hospital inpatient services, radiology/x-ray services, disease case management, home health and dental care. Annual contracts are primarily based on a fee for service or a specific rate for a certain amount of clients served. Services are compensated through a reimbursement process. Contracts detail specific terms including type and delivery of service, compensation, service goals/objectives, contract limitations, timelines, data collection and sharing, and reporting.

An example of coordination of services begins through medical evaluation on the MMU. Referrals are provided to clients for the specific need; an electronic contact is made to the provider regarding the referral. For specialty care, the County's Utilization Management Unit receives the referral directly from the MMU physician, processes the referral and sends the approval for service to the specialty care provider who sets an appointment for the client. After the client has received the referral service, results are faxed back to the MMU physician to follow-up with the client for further treatment. These coordinated efforts will continue and be expanded post project implementation.

While pharmacies have a formal contract to provide services, an informal linkage exists for MMU clients that entail pharmacies approving medications based on receiving an e-script (electronic prescription) from the physician before the computerized program verifies the client is in the system for payment. This measure allows MMU clients to receive their medications on their first trip to the pharmacist instead of having to return multiple times creating a hardship. Through Pinellas' contract with the local bus company (Pinellas Suncoast Transit Authority), MMU clients receive discounted bus passes to pick up their medications or use for specialist appointments.

Additional informal linkages for services include substance abuse counseling, vocational training assistance, obtaining identification cards assistance, and entry into substance abuse recovery programs. The MMU is also able to go to sites with the van to provide medical care to clients. Agreements have been made with the facilities to allow the MMU to provide care on their property or inside their facility if the van is inoperable. Some sites are unable to provide a clinical area within their facility and if clients do not see the van, they are reluctant to go inside the site for services even though signs may be posted that the MMU team is there.

Pinellas County's Homeless Leadership Network and Coalition for the Homeless provide a continuum of care for homeless residents. Partnerships have been formed between faith-based groups, social service agencies and local government to address the issues of homelessness and to build a network of care for the homeless. Pinellas is a forerunner in these activities helping to establish Homeless Street Outreach teams to assist clients from being on the street by taking them to shelters including the project site for safety and other resources such as medical care. Both formal and informal contracts/agreements will continue post project. Contract samples are included as attachments.

#### Neighborhood Revitalization

Solely operating as a mobile unit without a bricks and mortar facility, the MMU has not directly been involved in any neighborhood revitalization activities. However, Pinellas County has participated/sponsored numerous revitalization efforts such as a habitat restoration project at Sawgrass Lake Park in St. Petersburg and the Florida-Friendly Landscape program designed to guide County residents to conserve water in the landscape and make positive changes in the environmental quality of their yards, neighborhoods and surrounding waterways. Pinellas County received \$4.6 million from the U.S. Department of Housing and Urban Development for a Neighborhood Stabilization Program used to stabilize neighborhoods whose viability have been, and continue to be, damaged by the economic effects of properties that have been foreclosed upon and abandoned.

#### Primary Health Services Leveraged

Pinellas County provides health care to indigent populations through the Pinellas County Health Program. The program is based on the patient-centered medical home model. The County has 12 medical homes sites available through primary care providers: the Pinellas County Health Department and the Community Health Centers of Pinellas. Both entities provide onsite dental and the Health Department maintains a list of volunteer specialty care physicians for services not covered under the County Program. MMU accesses dental care and volunteer specialists for clients through these linkages.

One of the Pinellas contracts involves home health care. Due to not having a stable residence, it is often impossible for MMU to provide home health services to homeless individuals. This proposal seeks a facility to provide respite 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 called low income pool or buy-back programs through the federal government. The County provides the money to access a return on funding that is doubled by the federal government for the hospitals who in turn, donate the original County donation in services such as inpatient care to indigent residents/MMU's homeless population.

### **SERVICE IMPACT**

#### Service Delivery Impact

Clients receive medical, case management and behavioral health services and dental referrals on the Mobile Medical Unit (MMU) at various sites throughout the County. The MMU is stationed at sites for a set amount of time and provide care to as many clients as possible. In 2010, the MMU saw 2383 unduplicated clients.



Dr. Robert Marbut, founder of Haven for Hope in San Antonio, Texas, consulted on the care model for homeless individuals in the County, and recognized that many agencies work in silos. Dr. Marbut recommended collaboration among agencies and local governments to streamline services. This would reduce homelessness in Pinellas County and enhance resources for the community. He recommended the community develop a centralized shelter with hubs starting mid-county. The shelters would provide multiple services including medical.

A centralized shelter plan was executed in January 2011 for homeless individuals at the mid-County location. The shelter began with 125 clients, growing to over 350 on a daily basis in three months. The total unduplicated count of residents since it opened is 2425, with the average length of stay at the shelter 30 days. This project will allow for a minimum of 30 more clients to be seen daily based on clinical providers at 1.5 FTEs. The projected number of unduplicated clients the MMU would treat at the medical clinic would be 7800; a 227% increase in client services for the MMU.

#### Quality of Care/Access to Care Enhancement

The Pinellas County Health Campus will enhance the quality of care and patient outcomes while improving access to care, provide multiple services daily, and a respite care component in one location. This one stop will minimize clients lost to care. Through an electronic health record, the client's total care can be shared, monitored and tracked by physicians, dentists, case managers and therapists. Disease case management will be offered to educate clients on their health issues and engage them in making healthy lifestyle choices through nutrition classes, smoking cessation classes, and exercise, positively impacting outcomes. Clients in need of respite care will recuperate in a sterile and safe environment; further impacting health outcomes. Baseline data will be collected, including specific indicators such as diabetes and hypertension monitoring to track client's improvements over the course of their care annually. Client surveys will be used to measure quality of and access to care enhancements, providing ongoing quality improvement.

The MMU enjoys excellent rapport with the homeless population in Pinellas. The team has seen marked improvements over the past three years in the areas of diabetes (HbA1c - levels with <9 being fair, <7 being excellent); and hypertension (HTN – percentage of clients with hypertension whose blood pressure was controlled < 140/90 for two or more visits). The following chart illustrates improvements for MMU clients compared to the state of Florida and national numbers.

	HbA1c	2008	2009	2010	HTN 140/90	2008	2009	2010
MMU	<7 <9	40% 54%	36% 53%	49% 74.3%		37%	49%	57%
FL State	<7 <9	39.5% 69.3%	34% 62%	63.3% 34.5%		58%	57%	59%
National	<7 <9	42.5% 73%	39.8% 70.7%	39.8 71%		62.2%	63.1%	63.2%

#### Sustainability of Services

The population at the Safe Harbor homeless shelter is 24 % female; 76 % male. Primary health issues include hypertension, diabetes, and respiratory. Due to the number of residents at the

shelter and other homeless individuals being able to seek medical care at the new facility, the MMU will need more staff to provide medical service to everyone. The Pinellas County Sheriff's Department oversees the Safe Harbor shelter program. MMU will partner with the Sheriff's Department and Department of Health to obtain additional staffing for medical services at the Pinellas County Health Campus as well as continue to partner with local behavioral health agencies and dentists. Through the support of multiple community agencies and municipalities, this facility will serve as the initial point of entry for services geared to help homeless individuals become temporarily to permanently housed and obtain assistance toward self-sufficiency with a primary focus on taking care of the client's physical health and mental well-being. Support and commitment letters are included in this proposal.

#### **Improved Access to Health Services at the Health Center**

The MMU is the only FQHC that provides care at the shelter location for up to twelve hours per week for over 350 residents. The residential facility can house up to 500 people nightly. The closest FQHC is 7.16 miles away; the nearest health department is 6.13 miles away. The nearest hospital is 5.38 miles away. Clients must either walk, catch the bus if they have money or a bus pass, or obtain rides to another FQHC or the health department, meet the MMU at other sites within the County, or wait until their illness has escalated to the need for a medical hospital visit or to be baker acted to a psychiatric ward in a hospital. Having the medical facility on site and in a stationary location provides a health center for the homeless community in a centralized area and opened to address immediate needs daily or scheduled appointments as needed.

Currently, most communication takes place via emailed calendars to sites and various agencies throughout the County to make the public aware of where the MMU team will be any day of the week. If the van breaks down or there is inclement weather and the van is unable to be driven to a site, it is difficult to get information to clients ahead of time. It becomes a hardship for clients to reschedule appointments and making the soonest available appointment may mean traveling to meet the van at a location that may not be in the area where a particular homeless individual lives. The stationary facility with daily access eliminates these issues.

The facility will provide respite care. The closest shelter providing respite care for homeless individuals is approximately three miles away but only has 12 casitas or structures for clients who are very ill or injured but not sick enough to be admitted or remain in the hospital. The proposed site takes into account best practice models in San Antonio, Texas (Haven for Hope) and Boston, Massachusetts (McInnis House). Programs in these areas boast improvements in health outcomes as well as decreases in their overall homeless population. In addition, both of these programs provide medical services with a respite component.

#### **Project's Contribution to Goals in MMU's Strategic Plan**

The project will provide an immediate impact on the availability of medical services. Clients will also be able to receive dental services on site. One area of strategic interest to the Mobile Medical Unit is to increase women's health screenings. While the MMU van's exam rooms are large enough to accommodate pap smears, female clients are hesitant regarding the tests being performed on the van and when given a referral to go to another Federally Qualified Health Center (FQHC), clients are reluctant to go. With a stand along facility on site, it is hopeful that

women will feel more comfortable participating in these screenings and potential issues can be dealt with sooner.

The MMU is becoming a certified patient-centered medical home. MMU is proficient in providing care in a culturally and linguistically appropriate manner. Providing a stationary medical clinic right in the heart of where a large number of homeless individuals reside directly aligns with our strategic plan. By organizing care around the clients; working in clinical teams; and coordinating and tracking care over time through the MMU's electronic health record; it is hoped that clients will become more involved in their care, outcomes will continue to improve, and clients will begin to serve as medical access.

## **RESOURCES/CAPABILITIES**

### **Capabilities**

Pinellas County is governed by a seven member Board of County Commissioners, elected officials, who oversee a 1.7 billion dollar County Budget. Monies for programs such as the Mobile Medical Unit, come from the General Fund, 433 million dollars for fiscal year 2012. Finances are derived from a wealth of resources including ad valorem property taxes, fee for services, grants at the federal and state level, and savings through in-kind services. Pinellas County has established relationships with local government agencies, various community service organizations, hospital and medical providers, and private organizations and businesses. Partnerships have formed from the relationships and especially during the current economic climate, combining efforts has helped to expand resources and sustain needed services to Pinellas County citizens. The County has sought creative and innovative solutions to providing services to the community while downsizing human resources due to decreased revenue. For example, by using web-based technology to provide information on a continuous basis to the public, the County was able to eliminate several outreach offices and the accompanying operating expenses.

A recent innovative idea that demonstrates the County's capability to successfully implement and complete a proposed project is a new County-wide financial management computer system called OPUS. This program allows better tracking of vendor accounts, payments, purchasing, account receivables, legal records such as marriage licenses and provides data that can be analyzed to show inefficiencies or areas that are effective and cost efficient. This system also has many self-service capabilities for employees including managing annual benefit enrollments, time sheet management, vacation requests, training requests, and travel reimbursements. Less than a year ago, all of these functions were conducted through paper trails and boxes of storage units that also needed to be maintained.

The County decided what the needs of the whole organization were short term and long term, reviewed many software packages, and purchased the several million dollar OPUS program. Along with the OPUS project manager, the County developed an efficient implementation strategy to handle the task of merging data from multiple systems, then migrating that data into OPUS eliminating a 70 year old paper deluged operation and then training staff (over 2000 employees in phases) on the new software based on job specific needs and responsibilities. This project has taken over two years to implement and still has some added features not yet active.



Other examples of resources and capabilities include executing several hundred contracts annually. Most contracts have a reimbursement component which means the County must be able to pay for services and then bill the grant source for reimbursement.

### **Acquisition Strategies**

Pinellas County has a Purchasing Department that works in conjunction with the Department that is requesting the goods and services. Under the Board of County Commissioners, Purchasing follows a procurement ordinance that complies with federal requirements. The process involves developing complete and accurate specifications or criteria proposal requests, administering deadlines with times, ensuring transparency for the bid process including communication from potential vendors being handled through Purchasing and shared with all vendors. Sound business practices and procedures are followed in determining the best offer. Pinellas County (Purchasing) issues a purchasing order containing terms, conditions, and price. Once all items have been verified, payment is authorized and forwarded to the Clerk of the Court Accounts Payable Department for processing.

For construction projects, the project manager meets with the vendor and ensures the vendor works within the timeline and communicates with other departments for items such as permits, inspections, zoning and addresses/mitigates any risk to completion developments.

Pinellas Board of County Commissioners established a process which requires major construction and renovation purchases greater than \$100,000 be provided by firms having met specific financial and experience criteria. Approvals for prequalification are based on experience, capability, and company worth. The vendor list is maintained by Purchasing is available to the public.

The Board met on November 8, 2011, and approved the application for this project.

### **Administrative Structure**

Pinellas County relies on its extensive history of managing contracts and follows business processes for procurement through the Purchasing Department. Currently, the County has several hundred active contracts; 115 are greater than or equal to 1 million dollars; 38 are greater than 5 million dollars and 7 are construction contracts that are project managed through the Real Estate Department. The project manager, Tom Borawski has 25 years of experience and expertise in project management and worked on projects such as the Pinellas County Jail Tower, Pinellas Safe Harbor Shelter, Jail Healthcare Facility, and Communications Building. All projects came in within budget and on time. Team members include: Tim Burns, Director of Justice and Consumer Services over 10 years in contract/grant management; Paul Sacco, Director of Real Estate, extensive experience with building construction, planning, permits, zoning laws; Lynn Kiehne, Health Care Administrator, extensive experience in hospital management and will work with providers to establish protocols/plans for service post construction; Dr. Paulette Thompson, Medical Director, over 25 years in the medical profession will provide input in clinical areas/needs; Joe Lauro, Purchasing Department Director, extensive history with proposals and procurement; and a team of support players from the Real Estate Department. The County Departments work closely together and take a check and balance approach to completing tasks within large scale projects. In order to be able to select and work with expert vendors and maintain the public's trust with funds, the County must maintain a proven track record of getting

projects to the finish line on time and within budget. All projects and funding for projects are subject to the Sunshine Law; making them public record and available for public viewing.

#### **Financial Management**

Pinellas County has a current financial accounting system. Within the Health and Human Services annual budget, medical services programs expend 13.5 million dollars, serving 13,599 uninsured/underinsured individuals within the County in 2010. Some of these dollars also fund the Mobile Medical Unit. While all departments strive to stay within their allotted budgets and generally do, in the event additional funds are needed, departments are backed by Pinellas County Government.

#### **Debt Capacity**

Capital funding is not anticipated. In the event it would be necessary, the Department of Health and Human Services would look toward the Board of County Commissioners and community partners for additional funding for this project. Discussions regarding risk mitigation and the budget have begun between the Board of County Commissioners and the Departments of Health and Human Services, Real Estate, Planning, Purchasing, and the Sheriff's Office. As the land is already County owned, construction will not require addition funding to support the project.

**Application Attachments**

Purpose: Attachment 1		
Document Name: <a href="#">support letters.pdf</a>	Size: 2.33 MB	Date Attached: 11/9/2011 5:43:44 PM
Description:		
Purpose: Attachment 2		
Document Name: <a href="#">HRSA-12-115 Organizational Budget.pdf</a>	Size: 65.17 KB	Date Attached: 11/9/2011 5:45:04 PM
Description: Organizational Budget - Sustainability		



## PROJECT DESCRIPTION OVERVIEW

Pinellas County seeks 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 applied for a Health Resources and Services Administration (HRSA) Capital Development grant in November 2011, for the purpose of alteration/renovation or new construction to house this service delivery system. The total grant awarded to the County is \$5 million.

The County’s Health and Human Services Department provides last resort medical and financial assistance. Health and Human Services’ Mobile Medical Unit (MMU) provides last resort medical services to the homeless and provides services solely by a van. The building of a medical clinic will compliment the MMU service provision.

Pinellas County will enhance and build capacity for medical care access for Pinellas’ homeless population through the new construction of a stand-alone facility. For the past 23 years, the County’s MMU 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 and the fact that the homeless population (particularly families with children) has increased significantly since the van’s origination, a bricks/mortar site is essential to providing care to this population. The substantially increased space and flexibility associated with a freestanding structure will increase direct medical service capacity. The vision includes a facility that provides access to medical care, behavioral health care, substance abuse counseling, and a respite wing for 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.

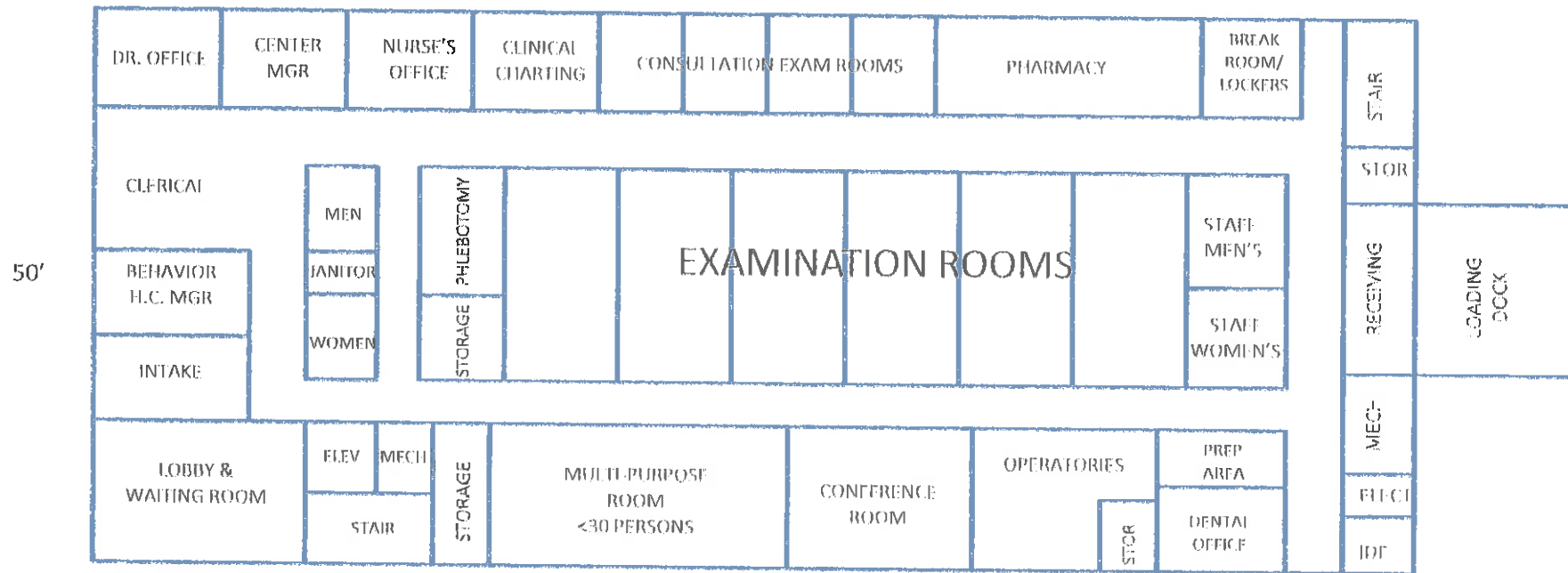
We recognize that health care for the homeless is complex. Pinellas County boasts a strong network of collaborating agencies working together for the Homeless. Through this project, Pinellas County will be able to maximize an integrated approach to delivery of health and social services, so often vital to moving this population to self-sufficiency and not being lost to care.

The project entails building a 16,500 square foot, two-story facility with six exam rooms, offices for confidential counseling, dental office, pharmacy, intake areas on the first floor. On the second floor, there will be a respite wing and meeting space. The project will take approximately 21 months; 3 months for the bid process, 6 months for design, and 1 year for construction. During that time, collaborative groups will be working out details of providing service and funding for activities as well as outlining staff and an implementation plan to make the public aware to ensure that when the facility is completed, service can begin immediately.

This property will be located at 14840 49<sup>th</sup> Street North, Clearwater, Florida in an area easily accessible by the homeless population, mid-county.

Pinellas County Board of County Commissioners  
H80CS00024

190'

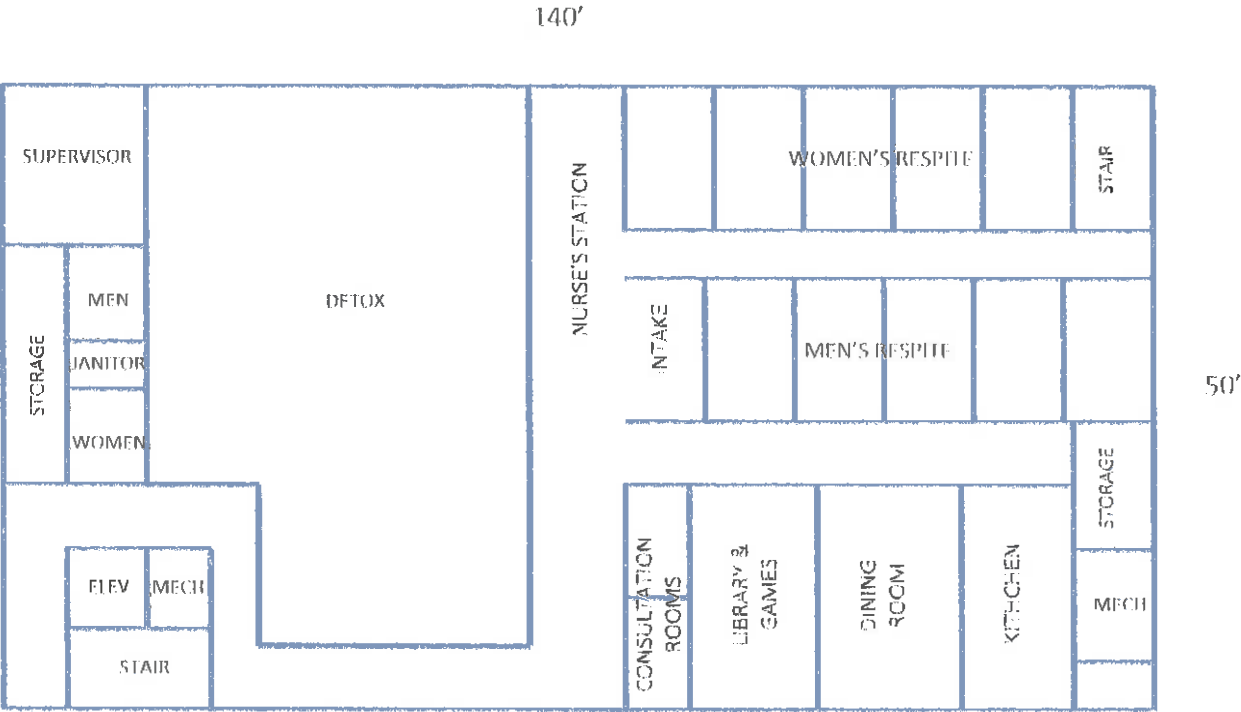


FIRST FLOOR  
9,500 S.F.

Drawing Not To Scale



Pinellas County Board of County Commissioners  
H80CS00024

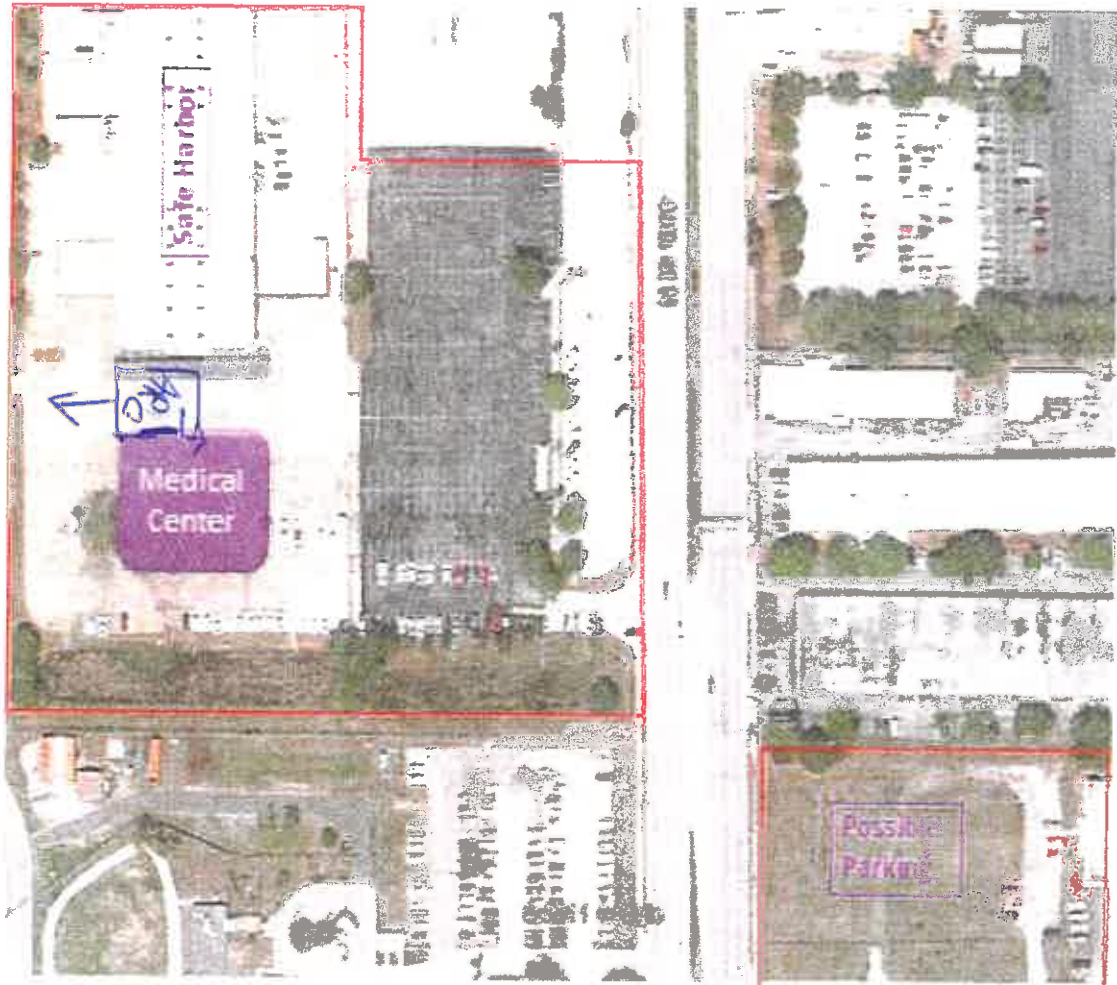


SECOND FLOOR  
7,000 S.F.

Drawing Not To Scale







## List of Services

### Medical Care

- Primary
- Preventive

### Behavioral Health Care

- Screenings
- Counseling

### Substance Abuse

- Screenings

### Dental Care

### Respite Care

### Pharmacy

### Case Management

- Eligibility Determination for various services
- Referrals

### WorkNet

### Housing Assistance Services

### Health & Human Services Community Meetings