

MOBILE MEDICAL UNIT ADVISORY COUNCIL

HHS|HRSA – PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS
HEALTH CARE FOR THE HOMELESS GRANT | #H80CS00024

MEETING AGENDA

JULY 12, 2016 | 3:00 PM – 4:30 PM
JUVENILE WELFARE BOARD, 14155 58TH STREET N, CLEARWATER FL 33760
CONFERENCE CALL-IN: DIAL 1-727-582-2255; PASSCODE: 718007

Welcome | Introductions

1. Chairman's Report

- i) Recruitment/Appointment/Removal of Members
- ii) Consent Agenda
 - Approval of Minutes, May 3, 2016
 - Approval of Minutes, June 7, 2016
 - Credentialing & Privileging of Additional Providers
- iii) Unfinished Business/Follow-Up
 - Lealman Location Updates - *Daisy Rodriguez*
 - UPass Implementation Update - *Daisy Rodriguez*

2. Governance/Operations

- i) Board of County Commission Meeting 7/19 – *Daisy Rodriguez*
- ii) Strategic Planning / Focus Group Sub-Committee Updates – *Daisy Rodriguez*
- iii) MMU/Bayside Health Clinic Calendar – *Drew Wagner*
- iv) Patient Satisfaction Survey Results – *Drew Wagner/Dr. Chitra Ravindra*

3. Fiscal

- i) Delivery System Health Information Investment – *Elisa DeGregorio*
- ii) Notice of Awards – *Elisa DeGregorio*

4. Clinical

- i) AHCA & SA MAT Implementation Update – *Daisy Rodriguez*
- ii) HCH Client Trend Report (Medical & Dental) – *Drew Wagner*
- iii) Patient Centered Medical Home Update – *Dr. Chitra Ravindra*

5. Other Updates

- i) New Business

Adjournment | Next Meeting: Tuesday, August 2, 2016 @ 3:00 pm, Juvenile Welfare Board

MOBILE MEDICAL UNIT ADVISORY COUNCIL

HHS|HRSA – PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS
HEALTH CARE FOR THE HOMELESS GRANT | #H80CS00024

Nominees for Mobile Medical Unit Advisory Council:

- 1) **Nicole Fisher**, Consumer

Co-Applicant Board Composition Requirements

- Board must be composed of individuals, a majority of whom are being served by the center and, this majority as a group, must represent the individuals being served by the center in terms of demographic factors such as race, ethnicity, and sex.
- Board must have at least 9 but no more than 25 members, as appropriate for the complexity of the organization,
- No more than two (2) MMU Advisory Council members may be Pinellas County Board of County Commission members,
- The remaining non-consumer members of the board shall be representative of the community in which the center's service are is located and shall be selected for their expertise in community affairs, local government, finance and banking, legal affairs, trade unions, and other commercial and industrial concerns, or social service agencies within the community;
- No more than one half (50% - for CHCs) of the non-consumer board members may derive more than 10% of their annual income from the health care industry.
- No employee or immediate family member of an employee of the public agency, or the co-applicant may serve as a member of the co-applicant board.

TAB 1 – CONSENT AGENDA

- **Meeting Minutes – May 3, 2016 & June 7, 2016**
- **Credentialing & Privileging of Providers**
 - None

**Minutes of the Monthly Meeting of the
Mobile Medical Unit Advisory Council (MMUAC)
May 3, 2016 | 3:00 pm**

Location of Meeting:

Juvenile Welfare Board
14155 58th Street North
Clearwater, FL 33760

Present at Meeting: Valerie Leonard*, Pam Long, Mark Dufva, Sgt. Zachary Haisch, Jerry Wennlund, and Sean Murphy*. Staff and community members present: Drew Wagner, Daisy Rodriguez, Chitra Ravindra, M.D., Stephanie Reed, Brea Greene, Dale Williams, and Elisa DeGregorio. (*Consumer)

The regular meeting of the Mobile Medical Unit Advisory Committee (MMUAC) was called to order at 3:05 pm.

i. Chairman's Report

- i. **New Member Appointment:** Ms. Leonard welcomed back Sean Murphy, Jerry Wennlund and Pam Long to the meeting and has called for their nomination to the Council. Ms. Leonard also requested the removal of several members who have not shown up to meetings over the past year or have requested removal from the Council. They include Laurie Lampert (being replaced by Pam Long at Catholic Charities), Don Dean (resignation), Neil Gordon (non-attendance/no contact), Lisa Monte (non-attendance/no contact), Debra Lucas (non-attendance/no contact), Cassie Harrison (non-attendance/no contact), Robert Barnes (non-attendance/no contact), Laura Childress (non-attendance/no contact), and Phyllis Reis (non-attendance/no contact). A motion to appoint the 3 new members and remove the 9 members was made by Mark Dufva and seconded by Sgt. Haisch. The Council **voted unanimously to approve**.

The Council is now made up of 3 consumers (waiver granted by HRSA) and 6 community members for the minimum total of 9 members.

Ms. Rodriguez reported that she has spoken with another consumer from the Safe Harbor shelter who still expresses an interest, but has not been able to attend. She also spoke with HEP and continues to distribute flyers. Ms. Leonard also mentioned that she knows of two individuals who might be interested with whom she will follow-up with.

- ii. **Approval of Previous Minutes:** A motion to approve the minutes dated April 5, 2016, was made by Pam Long, seconded by Valerie Leonard and **unanimously approved**.
- iii. **Credentialing & Privileging:** Dr. Chitra Ravindra identified two new DOH dentists and two specialists recommended to the Council by the Medical Executive Committee for credentialing and Privileging. The list of names are highlighted in yellow in the meeting packet. Mark Dufva made a motion to accept the dentists and specialists for credentialing and privileging and the motion was seconded by Sgt. Haisch. The Council **unanimously approved** the motion.
- iv. **Unfinished Business:** In follow-up to last month's meeting, the following items were discussed:

- a. **HEP/Lealman Van Locations:** Due to the priority and finalization of the Bayside Health Clinic, the Lealman assignments were put on hold. A pilot for the May/June timeframe is still pending following the County Risk Department approval and outreach efforts started.

I. Governance/Operations

- i. **Strategic Planning Discussion:** Dr. Stephanie Reed attended the meeting to share and distribute the final report from the focus groups conducted in March for the homeless program. A copy of the PowerPoint presentation is included in the meeting materials. Prior to reviewing the recommendations, Dr. Reed reminded the group about the methodology, demographics, and that the information presented are perceptions and individual comments made by consumers and staff and while not all the issues presented may be fact, they are important to the individuals who participated.

She noted the common themes covered were surrounding 1) communication, 2) access, and 3) quality of care. Regarding **communication**, Dr. Reed stressed the importance of having a staff liaison and point of contact at the locations where the mobile van visits. And that the staff liaison is known to other staff members and can communicate information out to the staff and clients at that particular shelter. Clients offered that “text” messages were the most effective way to communicate with the clients. It is also recommended that a “list serv” be established to communicate with key community stakeholders.

Regarding **access and customer satisfaction**, it was recommended that the County reevaluate hours to accommodate working clients; add Saturday hours; and reassess lunch hours. Another recommendation is for additional sensitivity training for staff. There was also a recommendation to decrease wait times and to evaluate the process for triage to see more critical patients first rather than first come first serve.

Regarding **quality of care**, the recommendations include coordinating with other medical care providers where possible to cover gaps in care; to explore adding nurse and mental health counselors on-site and to expand services to include vision, hearing, and podiatry.

Discussion: Sgt. Haisch suggested that with the opening of Bayside (opened after focus groups took place) and the implementation of the U-pass for bus transportation for all clients should ease some of the concerns regarding access.

Mark Dufva asked if we had any care coordination established in the program. Mr. Wagner responded that we do now have dedicated care coordinators for the clients and for behavioral health. Mr. Dufva also asked that if a shelter has case managers working with clients, is it possible to engage them in the medical care to remind them of appointments or follow-up/referral care? County staff reminded the Council that any release of information must be signed by the client to the identified individual/organization prior to release.

There was also discussion related to the fragmented services available, thus the need for the care coordination – specifically citing individual comments related to diabetes. Mr. Murphy spoke about his personal experience and difficulty receiving referrals for the needed services and has learned of things through the grapevine about how and where to obtain services.

Ms. Rodriguez reported that the **next step** would be to put together a committee with key staff to review the recommendations and develop a prioritized action plan for the upcoming year(s).

- ii. **MMU Calendar:** The May calendar (included in the meeting packet) for the MMU and Bayside was presented to the Council by Andrew Wagner. The Bayside Health Clinic opened on April 18th and will be open Monday – Thursday from 8 am – 8 pm; Friday from 8 am – 5 pm; and Saturdays from 8 am – 12 noon; closed Sundays. Staff training will take place on 5/26 and 5/27 for ½ day for the Substance Abuse Medication Assisted Treatment Programs and for Motivational Interviewing.

The van was out of service from April 11th through May 2nd for maintenance and repairs.

- iii. **Patient Satisfaction Surveys:** The results from the April 2016 patient satisfaction survey were distributed to the Council in the meeting packet. 26 surveys were entered into the system with excellent results.

II. Fiscal

- i. **Notice of Awards:** Ms. DeGregorio reported that we received two Notice of Awards from HRSA dated 4/7/16 that adds a clinical service in relation to the Substance Abuse Service Expansion Award, and one dated 4/18 that completes the funding of the FY 2016 budget period at the grantee's current target funding level.

Valerie Leonard made a motion to accept the Notice of Awards from HRSA for the Substance Abuse Service Expansion Award. Pam Long seconded the motion and it was **unanimously approved** by the Council.

In addition, the Grant Agreement from the State Agency for Health Care Administration in the amount of \$485,419.12 was approved by the Board of County Commissioners on 3/29/16. A partially executed agreement was sent to the State for signature.

- ii. **New Access Point Funding Opportunity:** Ms. DeGregorio notified the Council that a new funding opportunity from HRSA was released for new access points and requested some additional thoughts and feedback. This opportunity gives health centers the chance to expand their services to sites not already in their scope, based on the demand and lack of service in existing areas of the geographic service area. The Council discussed the possibility of adding a more permanent facility/site in the South St. Petersburg area where there is a strong concentration of homeless individuals. If a new access point were established, we would have more flexibility on van to address areas that don't enough concentration for full-time services. Sgt. Haisch also pointed out that the numbers are down for this year and we should be cautious about additional sites without a verified, demonstrated need. Ms. DeGregorio thanked the Council for their thoughts and that we would finish reviewing the opportunity at the staff level and provide our final recommendation to the Council in June on whether or not to pursue the opportunity.
- iii. **340b Pharmacy Implementation:** Ms. DeGregorio updated the Council on the 340b implementation for pharmaceuticals for clients. With the addition of the new pharmacy provider this year, Citizens RX, the County is looking to implement 340b drug pricing starting in June/July of 2016. Citizens has evaluated our drug usage and has made recommendations for about 30 drugs would provide a cost savings to the County if used under the 340b pricing program. For example, for the implementation of the substance abuse MAT program, the County will be looking to obtain the drug Vivatrol under the 340b price reducing the price from about \$1300 per dose to \$500 per dose. This reduced price will allow us to potentially serve more clients than originally estimated.

III. Clinical

- i. **AHCA and Substance Abuse Service Expansion Update:** Both new grants received were to begin implementation in the first week of June. With the AHCA grant, we will have mental health counselors from BayCare on-site with the van and at Safe Harbor to handle urgent and critical care mental health issues. Once triaged and immediate issues are addressed, the BayCare counselors will work directly with the Directions staff to ensure a seamless handoff for long-term follow-up. For the substance abuse expansion, the medical staff will be looking to identify clients who may benefit from long-term, medication assisted treatment for substance abuse/opioid use. They will be referred to the Certified Addiction Professional with Operation PAR to further assess their eligibility and enroll them into the program.

Both grant programs have a high degree of coordination between varying providers and will be monitored closely to ensure a smooth start to these additional services for clients.

- ii. **Trend Report for Patient Counts/Encounters:** A copy of the April trend report was provided to the Council members indicating that a total of 915 unduplicated patients were recorded from January 1st through April 30th for the program. The numbers are still down from the same time period last year. Mr. Wagner noted that Dr. Mungara just returned from a six week vacation, and there was a transition from Safe Harbor to Bayside Health clinic during the month.

Bayside opened on April 18th and they have had over 260 appointments. We do expect that with the opening of Bayside, clients will travel to Bayside both to see Dr. Mungara as well as for greater availability of appointments. It is yet to be determined how the patient target numbers of the van will be impacted.

The Council also discussed the benefit of having seasoned veteran doctors working with the clients and the type of productivity that can be expected depending on the provider. Dr. Mungara, a veteran doctor and long-term doctor with this program has the ability to process/see more clients than some of our newer doctors in the program. While staff expect that the newer doctors will increase productivity over time, we should be aware of the impacts to the patient target numbers and the impact on clients, especially where the van visits where clients may only have 1 opportunity that week to see a doctor.

Dr. Ravindra also made the Council aware that Festes Agrygum, Physician Assistant will be leaving the program soon, and that the Dept. of Health, is started to search for a replacement.

- iii. **Patient Centered Medical Home:** Dr. Ravindra reported that the County is finishing the application process with NCQA and the final application is due in June.

IV. Other Updates

- i. **Bayside Health Clinic:** Mr. Wagner reported that since opening, we have put the building to the test with use of the panic alarm, the alarm system, broken A/C. They have not had too many no shows (1-2/day) but the evening hours need to be promoted more widely.
- ii. **New Business:** None.

The meeting was adjourned at 4:48 pm.

The next meeting will be held at **3:00 p.m. on Tuesday, July 5, 2016 at Juvenile Welfare Board.**

**Minutes of the Monthly Meeting of the
Mobile Medical Unit Advisory Council (MMUAC)
June 7, 2016 | 3:00 pm**

Location of Meeting:

Juvenile Welfare Board
14155 58th Street North
Clearwater, FL 33760

Present at Meeting: Sgt. Zachary Haisch, Jerry Wennlund, and Rhonda Abbott. Staff and community members present: Nicole Fischer*, Drew Wagner, Daisy Rodriguez, Chitra Ravindra, M.D., Dale Williams, and Elisa DeGregorio. (*Consumer)

The regular meeting of the Mobile Medical Unit Advisory Committee (MMUAC) was called to order at 3:00 pm.

Noted for the minutes, that this meeting was held one day after Tropical Storm Colin (June 5-6) threatened the region which may be the cause for the lack of attendance.

i. Chairman's Report

- i. **New Member Appointment:** Ms. Rodrigues welcomed Nicole Fischer to the meeting. Ms. Fischer is currently a patient in the program and was informed about the Council during the focus groups conducted this spring. If Ms. Fischer continues her interest after her first meeting, the Chair will make a motion to nominate her to the Council at the next meeting.

The Council is currently made up of 3 consumers (waiver granted by HRSA) and 6 community members for the minimum total of 9 members.

- ii. **Approval of Previous Minutes:** A motion to approve the minutes dated May 3, 2016 was postponed to the July meeting due to a lack of a quorum.
- iii. **Credentialing & Privileging:** No additional providers recommended this month.
- iv. **Unfinished Business:** In follow-up to last month's meeting, the following items were discussed:
 - a. **HEP/Lealman Van Locations:** Due to the priority and finalization of the Bayside Health Clinic, the Lealman location was put on hold. Mr. Wagner apologized for not reaching out to Mr. Neil Brickfield yet. Mr. Wagner also requested additional data in support of this location due to the unknown homeless count for the area.

I. Governance/Operations

- i. **Strategic Planning Discussion:** Daisy Rodriguez reported that we have reviewed the report prepared by the Strategic Planning team and that a sub-committee has formed to review the final recommendations and develop an action plan. The first meeting of the sub-committee is 6/8/16.
- ii. **MMU Calendar:** The June calendar (included in the meeting packet) for the MMU and Bayside was presented to the Council by Andrew Wagner. In June we experienced the Tropical Storm that put the van out of service for the day, however, staff worked at inside locations to provide

services. Bayside Health Clinic remained open. Mr. Wagner also made the Council aware of staffing shortage due to the Physician Assistant unexpectedly leaving due to a medical emergency. Physician schedules and hours are being adjusted, but the health center will still be down a physician for an unspecified period of time.

Mr. Wagner noted that while we have consistently been able to conduct services at inside locations at shelters when the van is down, this month, there were two locations that were unable to accommodate the staff on the given day. Mr. Wagner would follow-up with these locations to discuss the requested accommodations.

Mr. Wagner is also working with the shelters to provide space for the upcoming implementation of the AHCA Community & Primary Services grant behavioral health staff from BayCare and Directions.

- iii. **Patient Satisfaction Surveys:** The results from the May 2016 patient satisfaction survey were distributed to the Council in the meeting packet. Next month the Council requested to review the reports by site location and also to view a six-month trend report.

II. Fiscal

- i. **Notice of Awards:** Ms. DeGregorio reported that we received two Notice of Awards from HRSA (H80CS00024-15-04/H80CS00024-15-05) that formally deletes the Safe Harbor site/address from our list of sites/scope and adds the Bayside Health Clinic site/address to our list of sites/scope. Acceptance of these notices was postponed to the July 2016 meeting.

III. Clinical

- i. **AHCA and Substance Abuse Service Expansion Update:** Both new grants received were to begin implementation this month. With the AHCA grant, we will have mental health counselors from BayCare on-site with the van and at Safe Harbor to handle urgent and critical care mental health issues. Once triaged and immediate issues are addressed, the BayCare counselors will work directly with the Directions staff to ensure a seamless handoff for long-term follow-up.

For the substance abuse expansion, the medical staff will be looking to identify clients who may benefit from long-term, medication assisted treatment for substance abuse/opioid use. They will be referred to the Certified Addiction Professional with Operation PAR to further assess their eligibility and enroll them into the program.

Both grant programs have a high degree of coordination between varying providers and will be monitored closely to ensure a smooth start to these additional services for clients.

- ii. **Trend Report for Patient Counts/Encounters:** A copy of the May trend report was provided to the Council members indicating that a total of 1092 unduplicated patients were recorded from January 1st through May 31st for the program. The numbers are still down from the same time period last year. Mr. Wagner noted that while we are still below last year's #s, we are hoping to resume normal operations (pending no additional storms) and upon return of the physician assistant. Mr. Wagner noted that HEPs #s are also still low and he would follow up with Zach at HEP.

Mr. Wagner also noted that the implementation of the **UPass program** for unlimited bus transportation for clients has spiked the number of individuals coming into Bayside to enroll and obtain the bus pass. The MMU van currently does not have the printer capability to produce the new blue card/Upass. Discussion continued amongst the Council about the UPass program. Mr. Wagner noted that the staff, at the time of enrollment, are encouraging individuals to set up a medical appointment at the same time. Ms. Rodriguez responded that incentivizing the patients is good, but let's be sure not to deny someone the ability to receive the bus pass if they are unable to make the medical appointment. While a medical appointment is encouraged for re-enrollment next year, the County has not made this a formal requirement at this time. All County and DOH staff are currently experiencing high enrollment volume due to the implementation of the program, and Ms. Rodriguez encouraged Mr. Wagner to insure that those clients with medical needs in the clinic are served and not made to wait longer due to those individuals seeking bus passes only at that time. Ms. Fischer added that she has witnessed a steady flow of clients coming to the clinic for bus passes only. It was recommended that clients sign-in and reveal the reason for the visit so that staff could better assess the volume of clients coming to the clinic for bus passes only. Mr. Rodriguez suggested the Council follow-up next month to see if the volume reduces over time as the program gets implemented.

Mr. Wagner also brought to the attention of the Council the most recent **call volume report** for the Bayside Clinic/HCH program. With the new phone system in place, the health center can now track the # of phone calls and to an extent, the reason for the calls. In the month of May, the health center received 1,262 phone calls broken down as follows:

- 84 Pressed 1 for Office Hours/Locations
- 277 Pressed 2 for Medical Appointments/Cancellations
- 74 Pressed 3 for Dental Appointments/Cancellations
- 495 Pressed 4 for All Other Questions
- 64 Pressed 0 for the Operator
- 266 Timed Out/Error

The Timed Out/Error is due to the fact that if the receptionist is currently on a phone call or helping another customer, the client on hold continues to hear the ringing with no ability to leave a message. In most cases, they may be hanging up and trying to call back again. While this set-up was intentional, so as to not shuffle clients into a voicemail, the unintended consequence is the waiting time on hold. The staff will review options to remedy the situation.

- iii. **Patient Centered Medical Home:** Dr. Ravindra reported that the County is finishing the application process with NCQA and the final application is due in June.

IV. **Other Updates**

- i. **New Business:** Mr. Wagner encouraged the Council to come visit the van or Bayside any day and get a first-hand look at daily operations.

The meeting was adjourned at 4:29 pm.

The next meeting will be held at **3:00 p.m. on Tuesday, July 12, 2016 at Juvenile Welfare Board**. The date is changed from July 5th to July 12th due to the 4th of July holiday/vacations.

TAB 2 – BOARD OF COUNTY COMMISSIONERS

The County's Assistant County Administrator over Human Services, John Bennett, has requested and encouraged participation of the Chair, or designated representative, to attend future board meetings where the Board will act upon an agreement, or other action, related to the Health Care for the Homeless Program.



Staff Report

File #: 16-501D, **Version:** 1

Agenda Date: 8/23/2016

Subject:

Memorandum of Agreement with the State of Florida, Department of Health in Pinellas County for mass prophylaxis dispensing.

Recommended Action:

Approval and execution by the County Administrator of the Memorandum of Agreement with the State of Florida, Department of Health in Pinellas County (DOH Pinellas) for distribution and utilization of antibiotics, chemical antidotes, support medications and medical supplies for vulnerable populations in the event of a public health and safety threat or event.

Strategic Plan:

Deliver First Class Services to the Public and Our Customers

5.1 Maximize partner relationships and public outreach

5.3 Ensure effective and efficient delivery of county services and support

Ensure Public Health, Safety and Welfare

2.1 Provide planning, coordination, prevention and protective services to ensure a safe and secure community

Summary:

This Memorandum of Agreement (MOA) outlines the effective use of the Mobile Medical Unit (MMU) during an emergency requiring prophylaxis for vulnerable citizens.

The MOA defines the relationship between DOH Pinellas and the County to provide prophylaxis to the vulnerable homeless population via the Mobile Medical Unit (MMU) during an occurrence or condition which results in an actual or imminent threat of harm to public health and safety, such as infectious disease outbreaks or chemical exposures.

DOH Pinellas agrees to provide training, support, education and prophylactic supplies to a designee of the MMU. The County, via the MMU, will receive and transport the supplies, administer prophylactic medication to the identified population, and participate in training and administration-related activities.

Background/Explanation:

The Health Resources and Services Administration (HRSA) requires ongoing emergency planning for Federally Qualified Health Center locations. Under HRSA's Health Center Program Expectations, programs must engage in emergency planning, maximize linkages and collaborations, have procedures for communicating and sharing information, and maintain financial and operational

stability.

Human Services continues to work closely with DOH Pinellas on emergency planning efforts. As a partner in healthcare service delivery for over 2,000 active clients of the MMU, this agreement provides structure for how the MMU will be leveraged for distribution of antibiotics, chemical antidotes, support medications and medical supplies for vulnerable populations in the event of a public health and safety threat or event.

Fiscal Impact:

N/A

Delegated Authority:

Authority for the County Administrator to sign this Memorandum of Agreement is granted under Code Section 2-62 (a)(1).

Staff Member Responsible:

Lourdes Benedict, Director, Human Services

Partners:

Florida Department of Health in Pinellas County
MMU Advisory Committee

Attachments:

Memorandum of Agreement

**MEMORANDUM OF AGREEMENT
REGARDING MASS PROPHALAXIS DISPENSING IN PINELLAS COUNTY
BETWEEN
STATE OF FLORIDA, DEPARTMENT OF HEALTH
205 Dr. M.L. King Street N., St. Petersburg, FL 33701
AND
PINELLAS COUNTY HUMAN SERVICES
2189 Cleveland St. Suite 230, Clearwater, FL 33765**

This Memorandum of Agreement is entered into by and between the STATE OF FLORIDA, DEPARTMENT OF HEALTH and PINELLAS COUNTY, a political subdivision of the State of Florida, through, PINELLAS COUNTY HUMAN SERVICES (hereinafter referred to as "Provider").

I. DEFINITIONS

- a. Alternative Dispensing Modality: A mechanism to augment traditional Points of Dispensing (POD) sites.
- b. Cities Readiness Initiative (CRI): A Centers for Disease Control and Prevention (CDC) program providing direct assistance to specific densely populated areas (known as Metropolitan Statistical Areas) to build the response capacity needed to prophylaxis 100 percent of their populations within a 48-hour period in the event of a catastrophic public health emergency.
- c. Closed Point of Dispensing (POD): A dispensing site location operated by an agency/business/organization for a specific population, (i.e. its employees, members, and their families) not open to the general public.
- d. Strategic National Stockpile (SNS): A national repository of antibiotics, chemical antidotes, antitoxins, life support medications, and medical supplies managed by the CDC that can be delivered anywhere in the United States within 12 hours of the decision to deploy.
- e. Metropolitan Statistical Area (MSA): CDC-designated MSAs are comprised of one or more highly populated jurisdictions that receive federal funding for the purpose of medical countermeasure dispensing and distribution planning, training, and exercise. In return, the MSAs are responsible for providing relevant data to the CDC.
- f. Point of Dispensing (POD): A designated site within a county for dispensing SNS medications and supplies. For purposes of this Agreement, "dispensing" means the provision of oral medications to an MSA population for purposes of prophylaxis in a CRI event. It specifically does not mean sec. 465.003(6), F.S. dispensing.
- g. County Single Drop Site: County site designated to receive SNS medications and supplies from the State.
- h. Prophylaxis: Medical countermeasures and related supplies designed to prevent the occurrence of disease or its dissemination.
- i. Provider: An agency/business/organization willing to provide mass prophylaxis to a pre-identified population.

- j. Identified Population: Vulnerable populations in Pinellas County such as the homeless population.

II. RECITALS

WHEREAS, the Centers for Disease Control and Prevention (CDC) has established the Cities Readiness Initiative program to assist certain densely populated areas, known as Metropolitan Statistical Areas (MSAs), in the event of a catastrophic biological incident; and

WHEREAS, the CDC has established the Strategic National Stockpile (SNS), which includes medical countermeasures and supplies; and

WHEREAS, the CDC will provide SNS assets to the STATE OF FLORIDA, DEPARTMENT OF HEALTH for the Tampa MSA in the event of a declared public health emergency which affects its jurisdiction; and

WHEREAS, the STATE OF FLORIDA, DEPARTMENT OF HEALTH approves the transfer of a pre-determined quantity of the aforementioned medical countermeasures and supplies to the Mobile Medical Unit Provider; and

WHEREAS, the STATE OF FLORIDA, DEPARTMENT OF HEALTH wishes to collaborate with the Provider to enhance its ability to respond to a catastrophic biological incident or other significant public health threat.

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

III. PURPOSE

- a. This Memorandum outlines the relationship between the STATE OF FLORIDA, DEPARTMENT OF HEALTH and the Provider to provide prophylaxis to vulnerable populations identified in Pinellas County (i.e. homeless population) via the Pinellas County mobile medical unit (MMU) during an occurrence or condition which results in an actual or imminent threat of harm to public health and safety due to: dangerously contagious or infectious disease outbreaks, bioterrorism or terrorism events, release of infectious agents, chemical agents, natural occurrences, or other situations that possesses substantial probability of death, long-term disability, or future harm in the affected population. The MMU will travel to multiple locations in Pinellas County serving homeless residents who may not otherwise make it to a public POD.
- b. This Memorandum serves as the Scope of Work between the Alternate Dispensing Modality (or MMU) Provider and the STATE OF FLORIDA, DEPARTMENT OF HEALTH.
- c. This MOA does not create a contractual relationship between the parties.

IV. SCOPE

- a. The provisions of this Memorandum apply to activities to be performed at the request of the STATE OF FLORIDA, DEPARTMENT OF HEALTH in conjunction with the implementation of the SNS Plan, an annex to the STATE OF FLORIDA, DEPARTMENT OF HEALTH Emergency Operations Plan.

- b. No provision in this Memorandum is intended to limit the activities of the STATE OF FLORIDA, DEPARTMENT OF HEALTH in performing local and state functions.

V. The STATE OF FLORIDA, DEPARTMENT OF HEALTH Agrees to:

- a. Provide a point of contact to the Provider to answer questions or concerns about this agreement.
- b. Give the Provider as much advance notice as is feasible of the decision to activate the SNS plan.
- c. Provide the pre-established quantities of medical countermeasures and related supplies required at pre-established locations, and appropriate site contact information.
- d. Provide the Provider and/or its corporate affiliates with patient registration forms and informational material to be used in the event of a catastrophic public health emergency requiring mass prophylaxis.
- e. Provide two (2) identification credentials for the person(s) designated by the Provider to pick up the medication from the pre-designated location.
- f. Provide mass prophylaxis training/education opportunities to identified staff of the Provider and/or its corporate affiliates.
- g. Provide after-action consultation to the Provider and/or its corporate affiliates.
- h. Not provide to Provider any "Hazardous Materials" as is defined in the latest version of Federal Standard No. 313 without prior approval from Provider.

VI. The Provider Agrees to:

- a. Provide emergency point of contact information to ensure timely notification of the Provider in the event of a public health emergency.
- b. Receive and transport its allotment of medication from the STATE OF FLORIDA, DEPARTMENT OF HEALTH designated location to its own facility (s).
- c. Provide an estimated number of prophylactic regimens needed at the time of request of the SNS. This estimate should cover the entire pre-identified population being served.
- d. Prophylax the pre-identified vulnerable populations using the medication provided by the STATE OF FLORIDA, DEPARTMENT OF HEALTH and as directed by the STATE OF FLORIDA, DEPARTMENT OF HEALTH. Unless superseded by additional law or by the terms of a declaration of emergency, each point of dispensing must have present at least one medical professional who is authorized by law to dispense. Distribution of medication or other medical materials is to be done under the supervision of a medical professional or professionals authorized to dispense pharmaceuticals pursuant to Florida and federal law.
- e. Not charge individuals for SNS medications or administration of SNS medications that have been provided through this agreement, except as permitted by the State of Florida or the CDC.

- f. Return any unused medications and completed registration forms to a location designated by the STATE OF FLORIDA, DEPARTMENT OF HEALTH.
- g. Contact the STATE OF FLORIDA, DEPARTMENT OF HEALTH if any additional forms and/or medications are required.
- h. Participate in STATE OF FLORIDA, DEPARTMENT OF HEALTH sponsored dispensing training/education opportunities if available.
- i. Maintain accurate records (inventory) of SNS medications dispensed and then provide those to STATE OF FLORIDA, DEPARTMENT OF HEALTH upon request.
- j. Compile and file an after-action report with the STATE OF FLORIDA, DEPARTMENT OF HEALTH, identifying shortfalls, and accomplishments of mass prophylaxis if requested.
- k. Provide equal opportunity to residents to receive prophylaxis and not illegally discriminate on the grounds of race, color, religion, sex, age, or national origin in fulfilling any and all obligations under this Memorandum.
- l. Register its employees and their immediate families prior to the dispensing of medication and distribute educational information using forms and other materials provided by the STATE OF FLORIDA, DEPARTMENT OF HEALTH.

VII. Conditions, Amendments, Termination and Indemnification:

- a. Where applicable, all parties to this MOA will comply with the Health Insurance Portability Accountability Act (HIPAA) as well as all regulations promulgated thereunder (45 CFR Parts 160, 162, and 164).
- b. **State Immunity:** STATE OF FLORIDA, DEPARTMENT OF HEALTH is a state agency or subdivision, as defined in Section 768.28, Florida Statutes, and agrees to be responsible only to the extent provided by Sections 768.28, Florida Statutes, for its own negligent acts or omissions or for the tortious acts of its of its own employees, agents or principals and agrees to be liable for any damages proximately caused by said acts or omissions. Nothing herein shall be construed as consent by STATE OF FLORIDA, DEPARTMENT OF HEALTH or any state agency or subdivision of the State of Florida to be sued by third parties in any matter arising out of this agreement. Nothing herein shall be construed as a waiver of sovereign immunity. Neither the STATE OF FLORIDA, DEPARTMENT OF HEALTH, nor any state agency or subdivision, indemnifies any other party or person beyond the extent permitted under state law, no matter what the circumstances.
- c. **Federal Immunity:** The Public Readiness and Emergency Preparedness (PREP) Act, 42 USC 247d-6d, set out certain immunities from suit and liability under Federal and State law with respect to all claims for loss caused by, arising out of, relating to, or resulting from the administration to use by an individual of a covered countermeasures if an emergency declaration has been issued with respect to such countermeasure and subject to other requirements for such immunity. See 42 USC ss 247d-6d(i)(7)-(7)(A)(ii). As a Covered Person, Provider may be immune from suit and liability under Federal and State law with respect to all claims for loss caused by, arising out of relating to, or resulting from

the administration to or the use by an individual of a covered countermeasure if the requirements of the law are met. See 42 USC ss 247d-6d.

- d. This Memorandum will not supersede any federal or state laws, rules, or regulations.
- e. This Memorandum will go in effect only at the request and direction of the STATE OF FLORIDA, DEPARTMENT OF HEALTH.
- f. The Provider shall act as a Closed POD in that it will not dispense medical countermeasures and supplies to the "general public" but to pre-identified vulnerable populations in the County.
- g. This Memorandum will be periodically reviewed to ensure it is in compliance with State or Federal laws and/or regulations. If found to be in conflict with State or Federal laws and/ or regulation, it will be revised. If any provision in this MOA should be determined to be in conflict with state or federal law or regulation or should be determined by settlement or by a court of competent jurisdiction to be invalid or unenforceable, the remaining provisions of this agreement shall remain in full force and effect notwithstanding.
- h. This Memorandum shall be effective from the date it is signed by the second party for a period of 3 years. Either party may terminate this contract at any time by giving 90 days written notice of intention to the other party. This Memorandum may be immediately terminated upon consent of all parties.
- i. This Memorandum may be modified or amended only with the written agreement of each of the parties.
- j. The parties intend that, as to this Memorandum of Agreement, the parties shall be independent contractors and have no other relationship other than the one created by this Memorandum of Agreement and shall not receive any benefits other than those expressly provided herein. Further, the parties expressly intend that no agent, contractor, or employee of one party shall be considered an agent, contractor, or employee of the other party.
- k. This Memorandum contains all the terms and conditions agreed upon by the parties. There are no provisions, terms, conditions, or obligations other than those contained herein.
- l. This Agreement shall be considered the full and complete agreement between the undersigned parties, and shall supersede any prior Memorandum of Agreement between the parties, written or oral, except for any executory obligations that have not been fulfilled.
- m. This Agreement may be executed in several parts, each of which shall be considered a valid Agreement, provided that each of the parties to the Agreement has executed at least one (1) original copy of the Agreement and has transmitted copy of its signature page to each of the other parties.
- n. This Agreement is made and entered into in the State of Florida, and shall be construed, performed, and enforced in all respects in accordance with the laws, rules, and regulations of the State of Florida. Venue shall lie in Pinellas County, Florida.
- o. **Provider Immunity:** Provider, Pinellas County, is a political subdivision of the State of Florida, as defined in Section 768.28, Florida Statutes, and agrees to be responsible only to the extent provided by Sections 768.28, Florida Statutes, for its own negligent acts or omissions or for the tortious acts of its

its own employees, agents or principals and agrees to be liable for any damages proximately caused by said acts or omissions. Nothing herein shall be construed as consent for Provider, Pinellas County to be sued by third parties in any matter arising out of this agreement. Nothing herein shall be construed as a waiver of sovereign immunity. Provider, Pinellas County, does not indemnify any other party or person beyond the extent permitted under state law, no matter what the circumstances.

IX. ASSIGNMENT

Other than an assignment (in whole or in part) by Provider to a corporate affiliate of Provider, the parties may not assign their duties under this Agreement without first obtaining the written consent of the other party.

IN WITNESS WHEREOF, the STATE OF FLORIDA, DEPARTMENT OF HEALTH and PINELLAS COUNTY HUMAN SERVICES have executed this Memorandum of Agreement effective upon date of signature.

PINELLAS COUNTY HUMAN SERVICES

By: _____

Title: _____

Date: _____

STATE OF FLORIDA, DEPARTMENT OF HEALTH

By:  _____

Title: Director _____

Date: 5/10/16 _____

APPROVED AS TO FORM

By:  _____

Office of the County Attorney

TAB 2 – STRATEGIC PLANNING DISCUSSION

Minutes from the Sub-Committee 6/28/2016

HCH Focus Groups

Follow-Up Subcommittee | Meeting Minutes | June 23, 2016

Participants

Daisy Rodriguez, Elisa DeGregorio, Stephanie Reed, Ph.D., Melissa VanBruggen, Andrew Wagner

Materials

Focus Group Presentation (PPT)

Recommendations

COMMUNICATIONS

With Homeless Service Providers:

- Create a ListServ (talk to Jane/BTS)
- List Development (Dee's distribution, Drew's shelter contacts)
- Frequency: Monthly with exceptions for special events, announcements, changes in service delivery/schedule
- Start Date: August 1
- Responsibility: Human Services – Daisy/Dale

Liaisons with MMU/Shelter Service Delivery Sites

- Establish a contact at each site (Drew, already done)
- Establish in writing expectations of liaison including their role in disseminating information.

Educate Providers

- Brochures: Update w/Communications as needed (Daisy/Dale)
- Distribution: HS to set up distribution list/schedule. DOH to distribute to MMU service sites when requested.
- HLB Providers Council: Daisy to speak to Lourdes about group

Shared Resource List

- Drew and Stephanie to compare/merge lists
- Post on website (send to Jane for posting when ready)

Direct Communication with Clients

- No specific patient information (appointments, results, reminders) – these are currently being handled by DOH
- Text is preferred as #1 method of communication, Email is second
- Prepare occasional “Did you know” tips, announcements, upcoming events.

Increase Marketing Efforts

- ER/Hospital Discharge: Follow-Up with at Hospital Meetings; have educational information disseminated
- Pharmacy/Minute Clinics: Send brochures to pharmacy list

ACCESS TO CARE

To be reviewed at next meeting, July 14th 11am

QUALITY OF CARE

To be reviewed at future meeting.

TAB 2 – CALENDAR

Attached is the calendar for the MMU and Bayside Health Clinic for July.

Monday

Tuesday

Wednesday

Thursday

Friday

				1 <u>St. Petersburg</u> Salvation Army One Stop 1400 4 th St. South St. Petersburg, FL. 33701 9:30am – 3:30 pm
4 <u>No Services</u> <u>4th of July</u>	5 <u>No Services</u> <u>Inservice Training</u>	6 <u>Clearwater</u> Pinellas Hope 5726 126 th Ave. North Clearwater, FL 33760 8:30am –4:00 pm VAN Maintenance 4:00 pm - 5:00 pm	7 <u>St. Petersburg</u> Salvation Army ARC 5885 66 th St. North St. Petersburg, FL. 33709 8:30am –5:00 pm	8 <u>St. Petersburg</u> Salvation Army One Stop 1400 4 th St. South St. Petersburg, FL. 33701 8:30am – 12:00 pm
11 <u>Clearwater</u> SVDP Soup Kitchen 1340 Pierce Street Clearwater, FL. 33756 8:30am – 12:30 pm HEP 1051 Holt Ave Clearwater, FL 33755 1:30pm – 5:00 pm	12 <u>St Petersburg</u> SVDP Center of Hope 401 15th Street North St. Petersburg, Fl 33713 8:30am –5:00 pm MMUAC Meeting 3:00 pm JWB	13 <u>Clearwater</u> Pinellas Hope 5726 126 th Ave. North Clearwater, FL 33760 8:30am –4:00 pm VAN Maintenance 4:00 pm - 5:00 pm	14 <u>St. Petersburg</u> Salvation Army ARC 5885 66 th St. North St. Petersburg, FL. 33709 8:30am – 5:00 pm	15 <u>St. Petersburg</u> Salvation Army One Stop 1400 4 th St. South St. Petersburg, FL. 33701 8:30am – 4:00 pm
18 <u>Clearwater</u> SVDP Soup Kitchen 1340 Pierce Street Clearwater, FL. 33756 8:30am – 12:30 pm Staff meeting 1:30 pm -3:30 pm	19 <u>Clearwater</u> HEP 1051 Holt Ave Clearwater, FL 33755 8:30am – 4:00 pm VAN Maintenance 4:00 pm - 5:00 pm	20 <u>Clearwater</u> Pinellas Hope 5726 126 th Ave. North Clearwater, FL 33760 8:30am –5:00 pm	21 <u>St. Petersburg</u> Salvation Army ARC 5885 66 th St. North St. Petersburg, FL. 33709 8:30am – 5:00 pm	22 <u>St. Petersburg</u> Salvation Army One Stop 1400 4 th St. South St. Petersburg, FL. 33701 8:30am – 4:00 pm
25 <u>Clearwater</u> SVDP Soup Kitchen 1340 Pierce Street Clearwater, FL. 33756 8:30am – 12:30 pm HEP 1051 Holt Ave Clearwater, FL 33755 1:30pm – 5:00 pm	26 <u>St Petersburg</u> SVDP Center of Hope 401 15th Street North St. Petersburg, Fl 33713 8:30am –5:00 pm	27 <u>Clearwater</u> Pinellas Hope 5726 126 th Ave. North Clearwater, FL 33760 8:30 am–5:00 pm	28 <u>St. Petersburg</u> Salvation Army ARC 5885 66 th St. North St. Petersburg, FL. 33709 8:30 am–4:00 pm VAN Maintenance 4:00 pm - 5:00 pm	29 <u>St. Petersburg</u> Salvation Army One Stop 1400 4 th St. South St. Petersburg, FL. 33701 8:30am – 4:00 pm

****No Appointment Necessary--Walk-ups Preferred** Last appointment 30 minutes before closing time**

www.pinellascounty.org/humanservices 727-453-7866

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

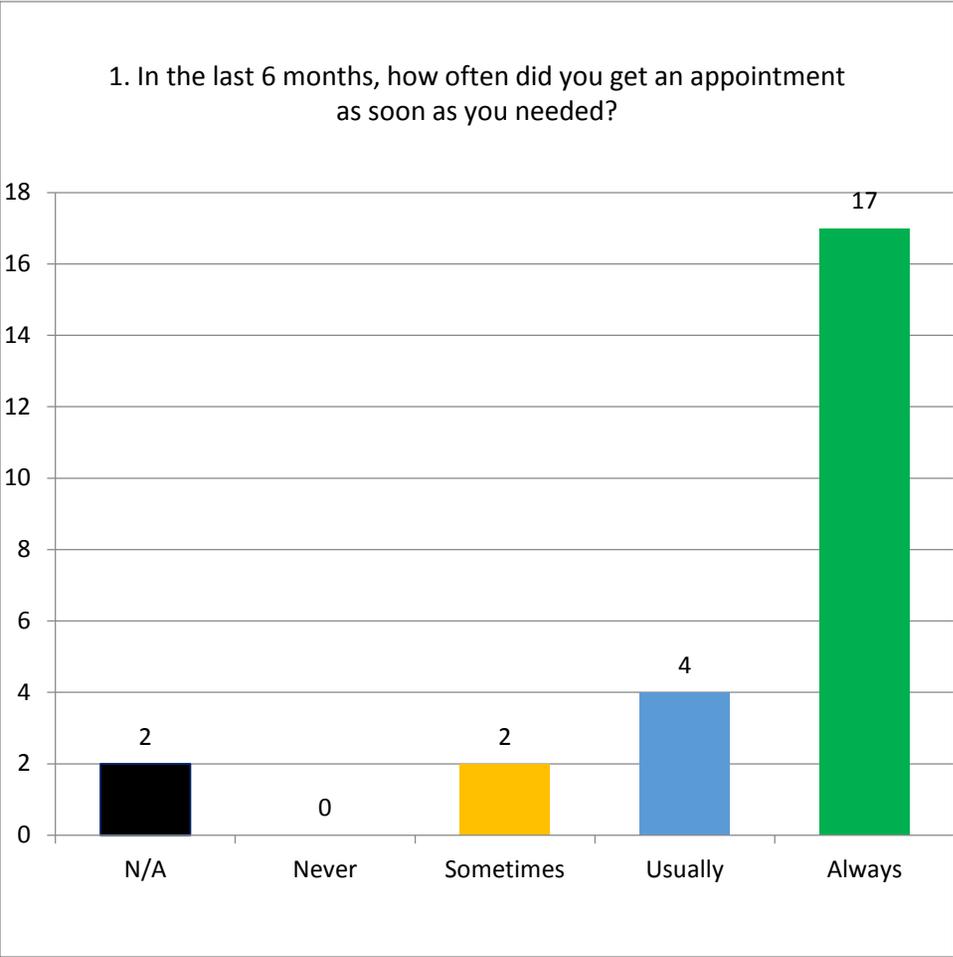
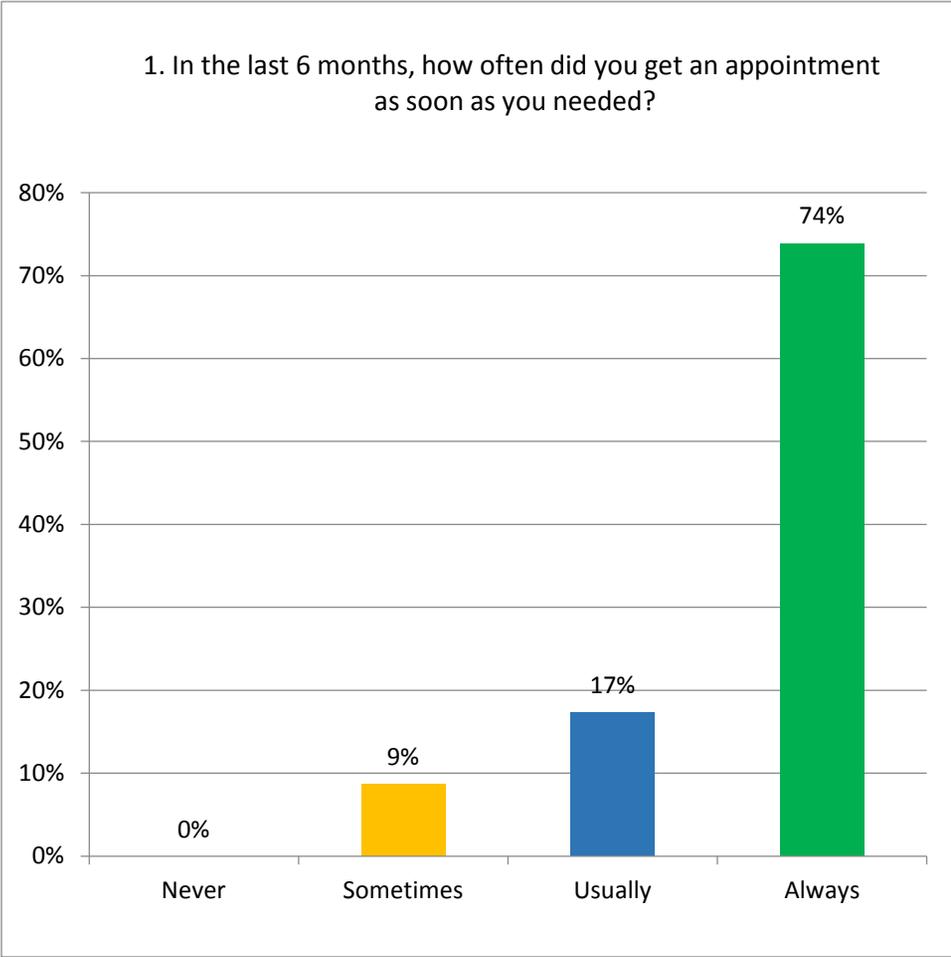
				1 <u>Clearwater</u> Bayside Clinic 14808 49 th St. No. Clearwater, FL. 33762 8:00am – 5:00pm	2 <u>No Services</u> Clinic Closed
4 <u>No Services</u> <u>4th of July</u>	5 <u>Clearwater</u> Bayside Clinic 14808 49 th St. No. Clearwater, FL. 33762 12:00 pm – 8:00pm	6 <u>Clearwater</u> Bayside Clinic 14808 49 th St. No. Clearwater, FL. 33762 12:00 pm – 8:00pm	7 <u>Clearwater</u> Bayside Clinic 14808 49 th St. No. Clearwater, FL. 33762 12:00 pm – 8:00pm	8 <u>Clearwater</u> Bayside Clinic 14808 49 th St. No. Clearwater, FL. 33762 8:00 am – 5:00 pm	9 <u>Clearwater</u> Bayside Clinic 14808 49 th St. No. Clearwater, FL. 33762 8:00 am -12:00 pm
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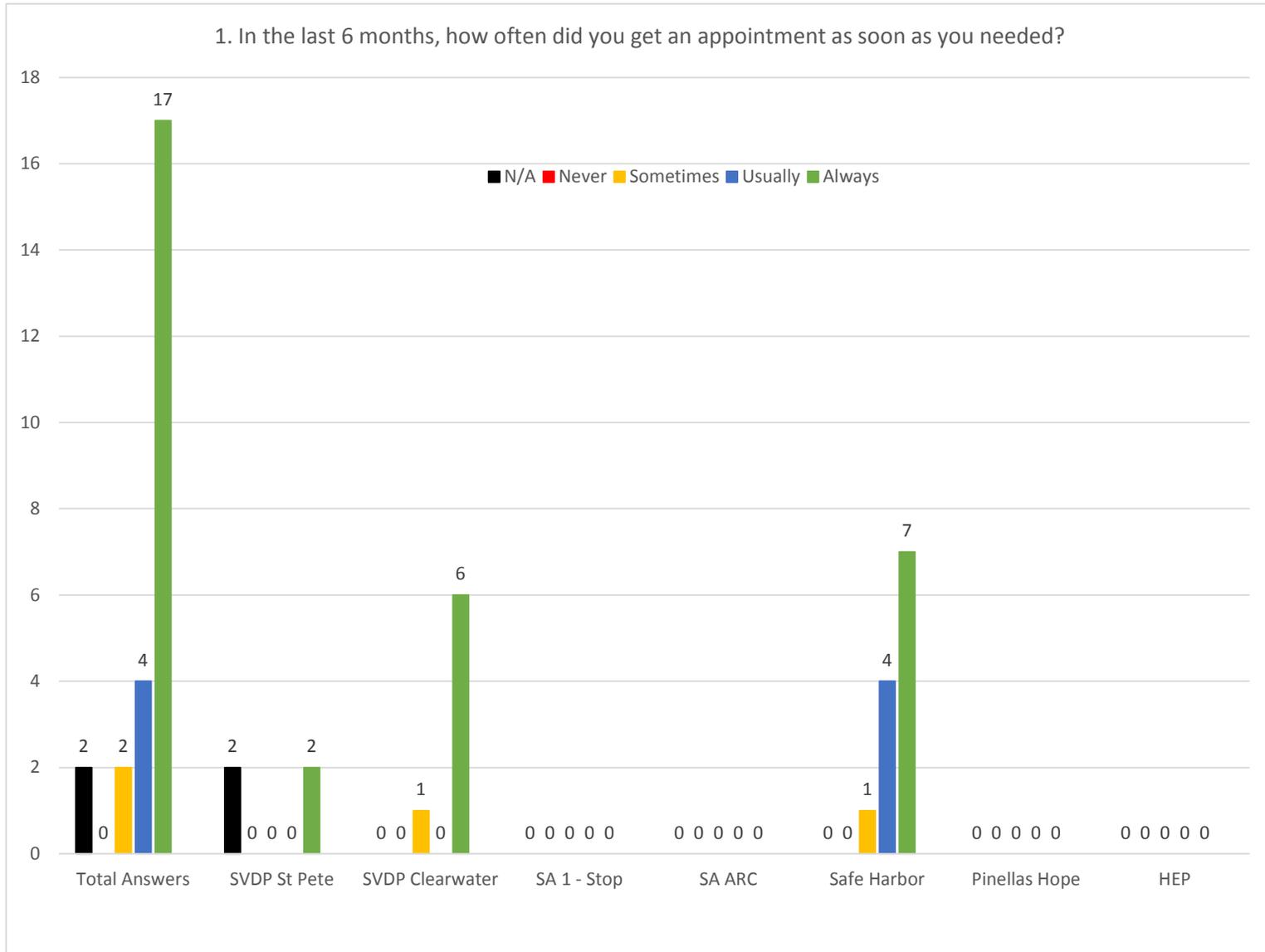
www.pinellascounty.org/humanservices 727-453-7866

TAB 2 – PATIENT SATISFACTION SURVEY

**Pinellas County I MMU/Safe Harbor Program
Patient Satisfaction Survey Results Report
June 2016: Total surveys = 25**

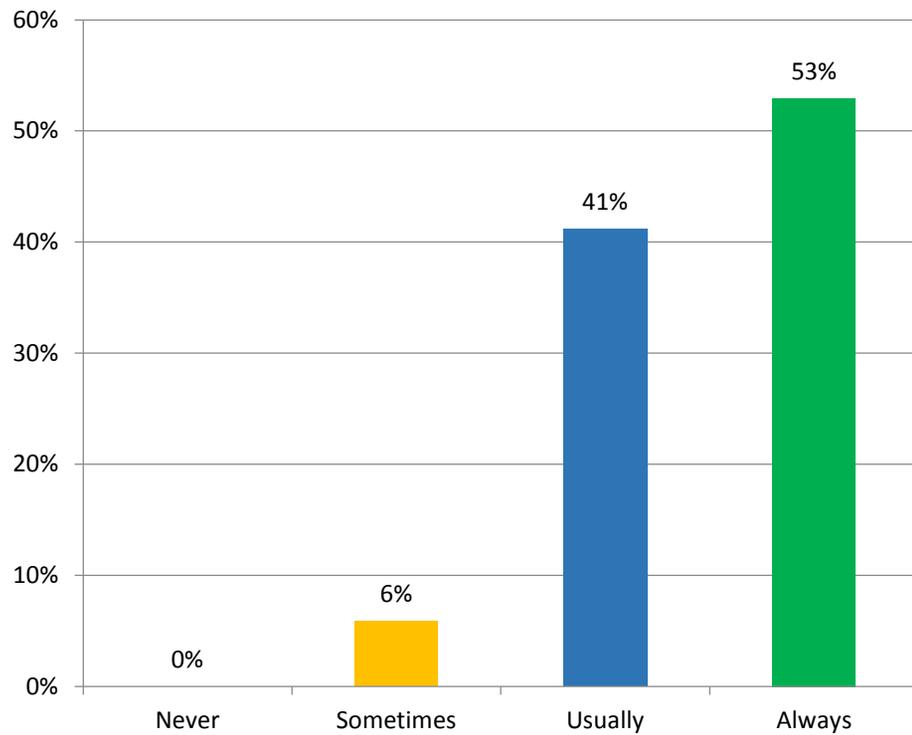


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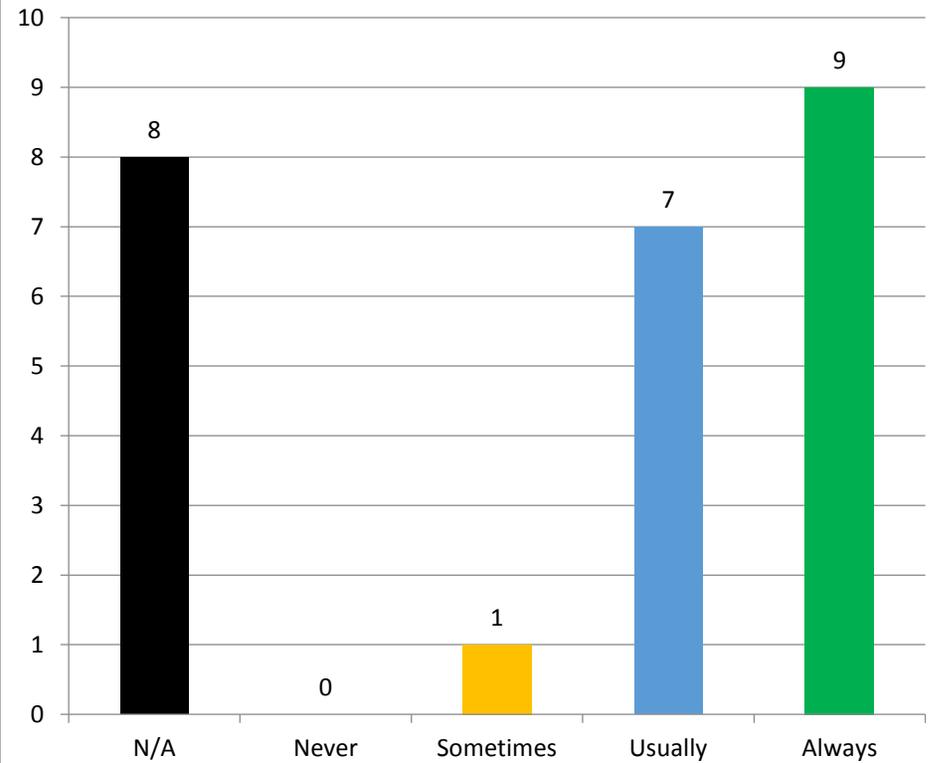


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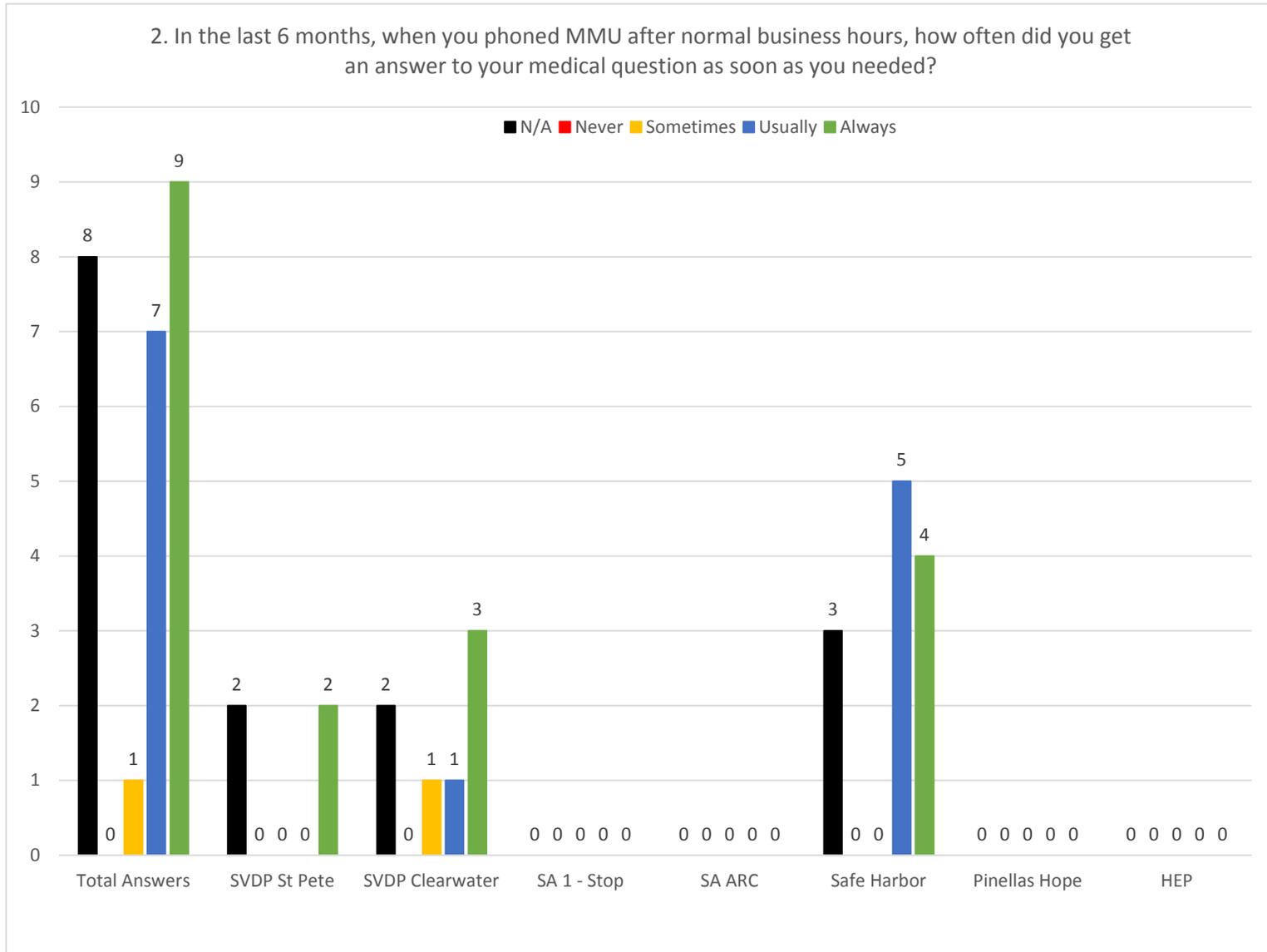
2. In the last 6 months, when you phoned MMU after normal business hours, how often did you get an answer to your medical question as soon as you needed?



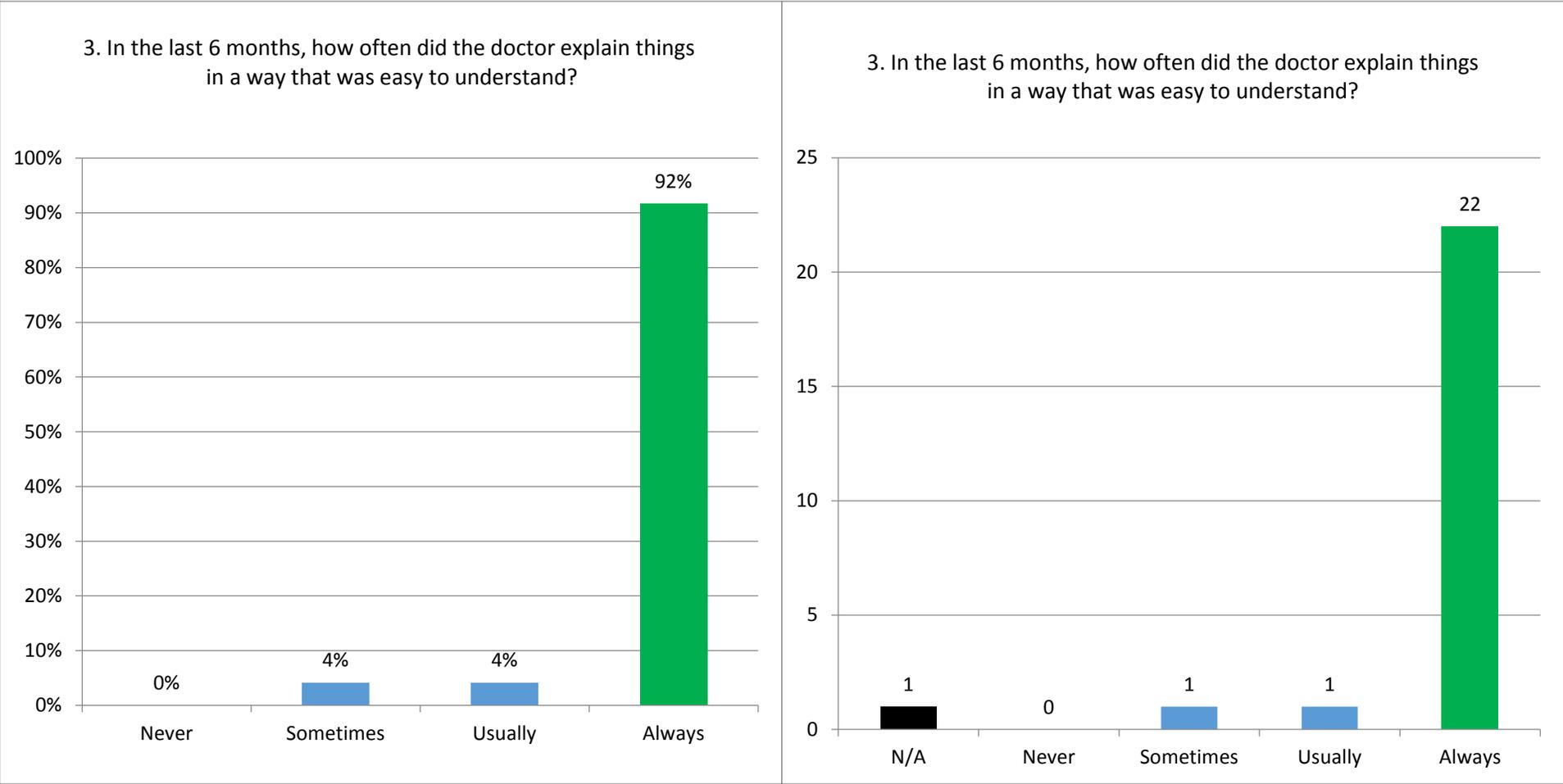
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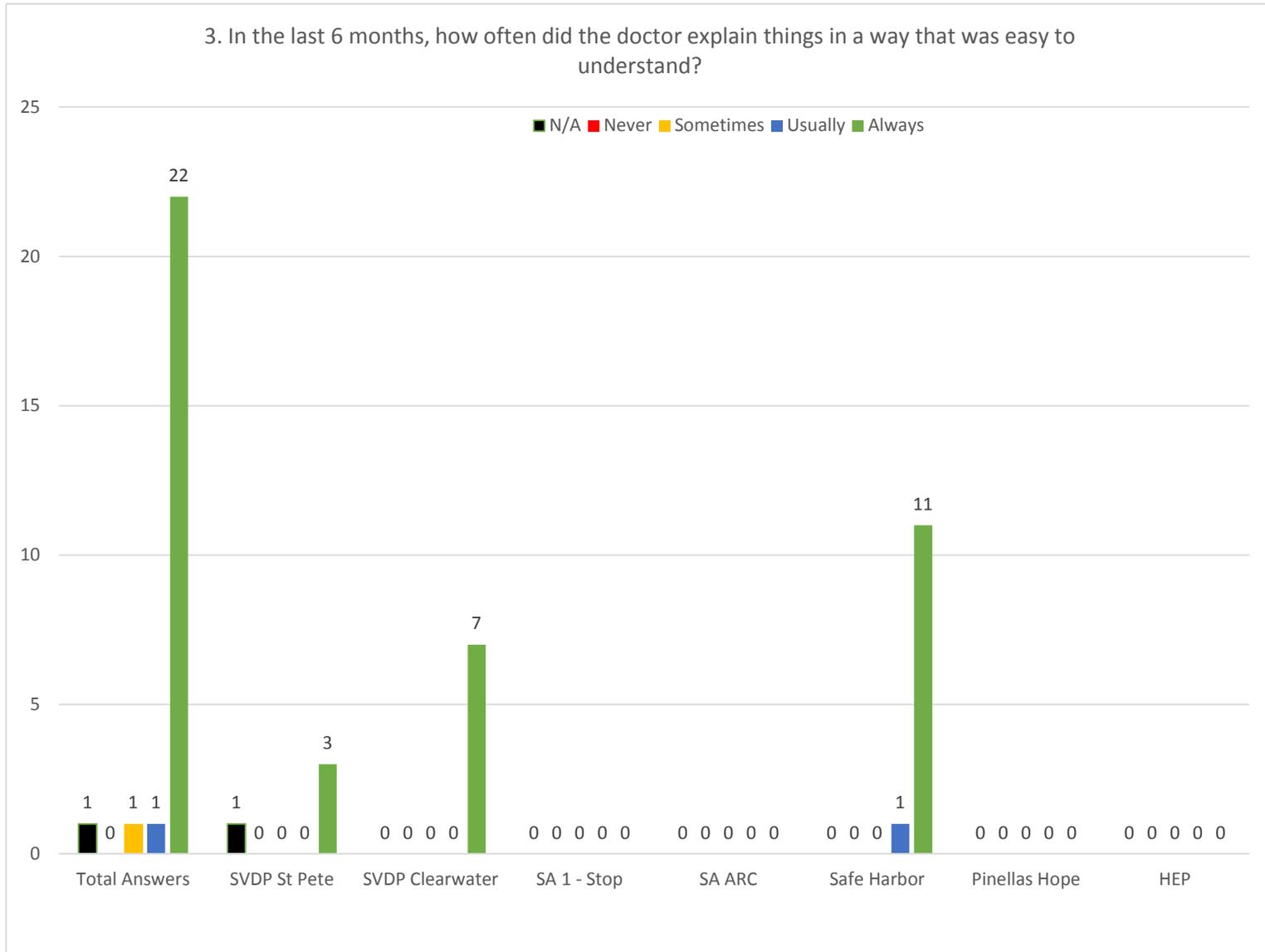
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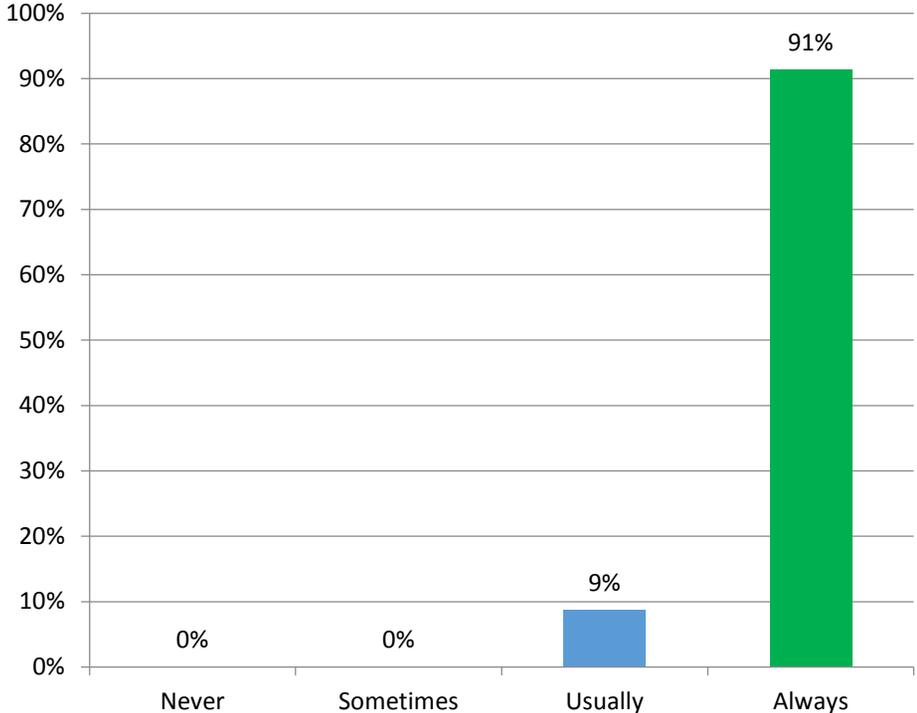


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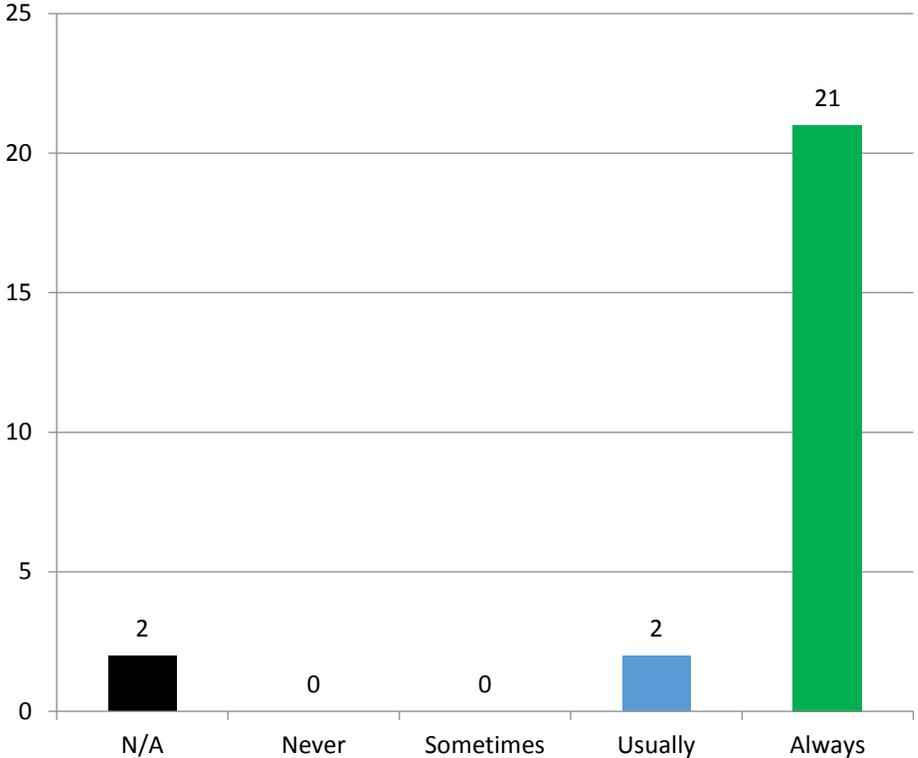


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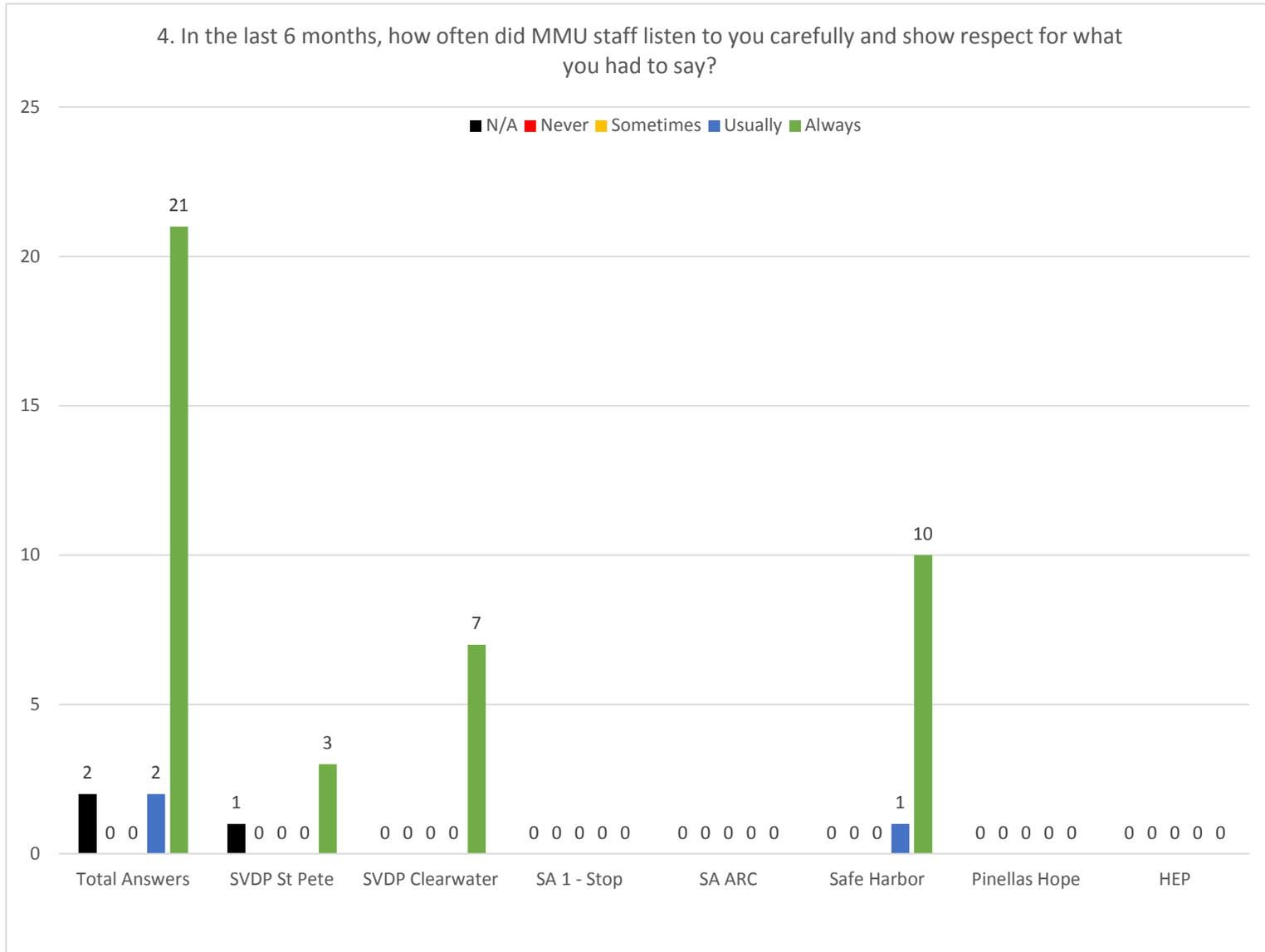
4. In the last 6 months, how often did MMU staff listen to you carefully and show respect for what you had to say?



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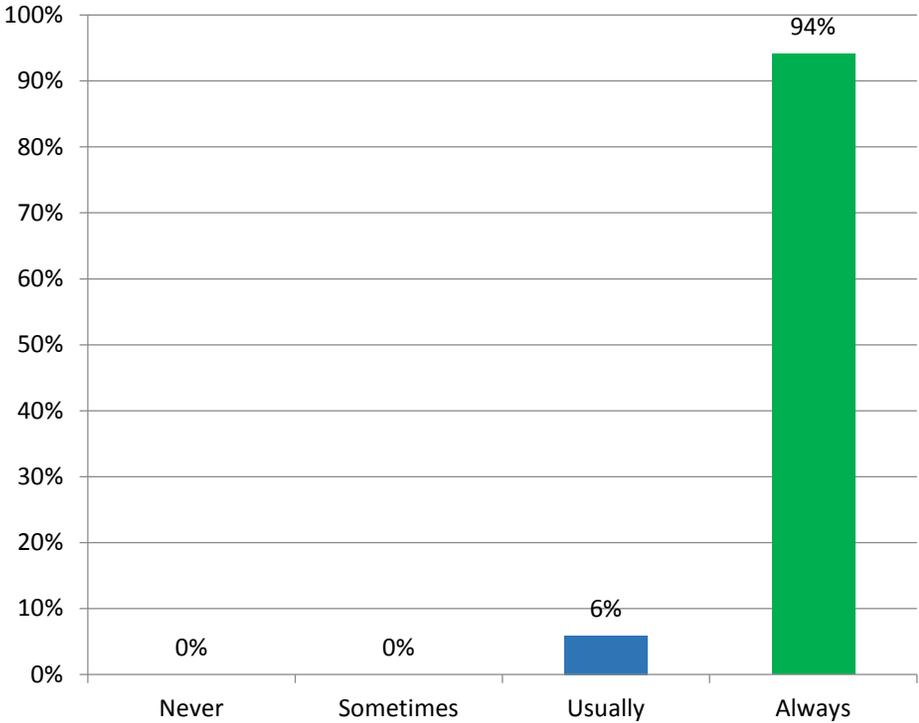


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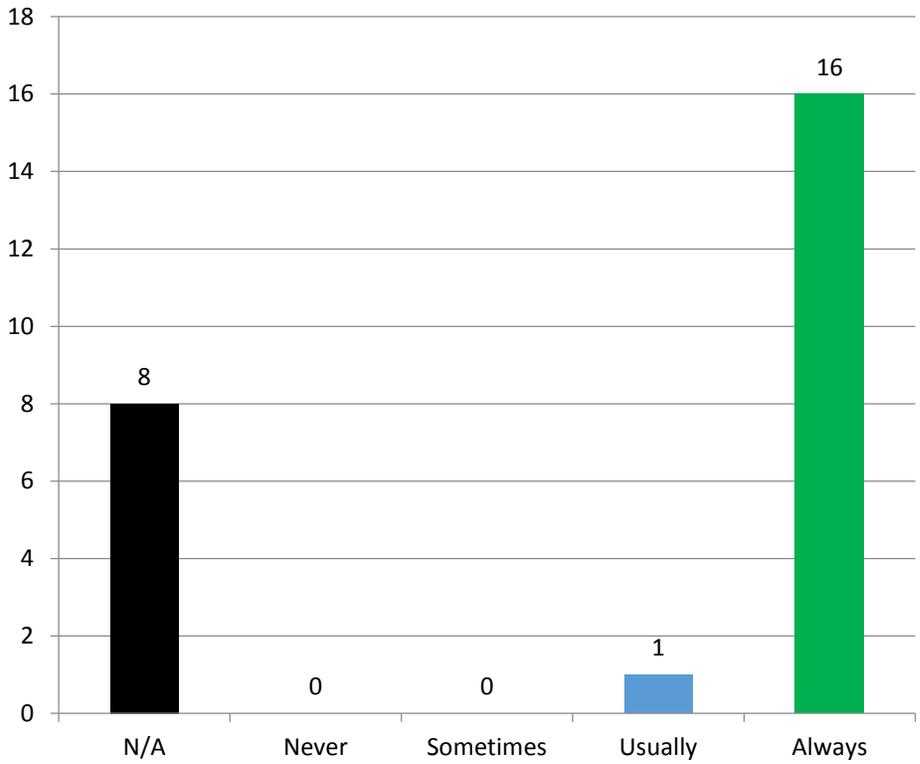


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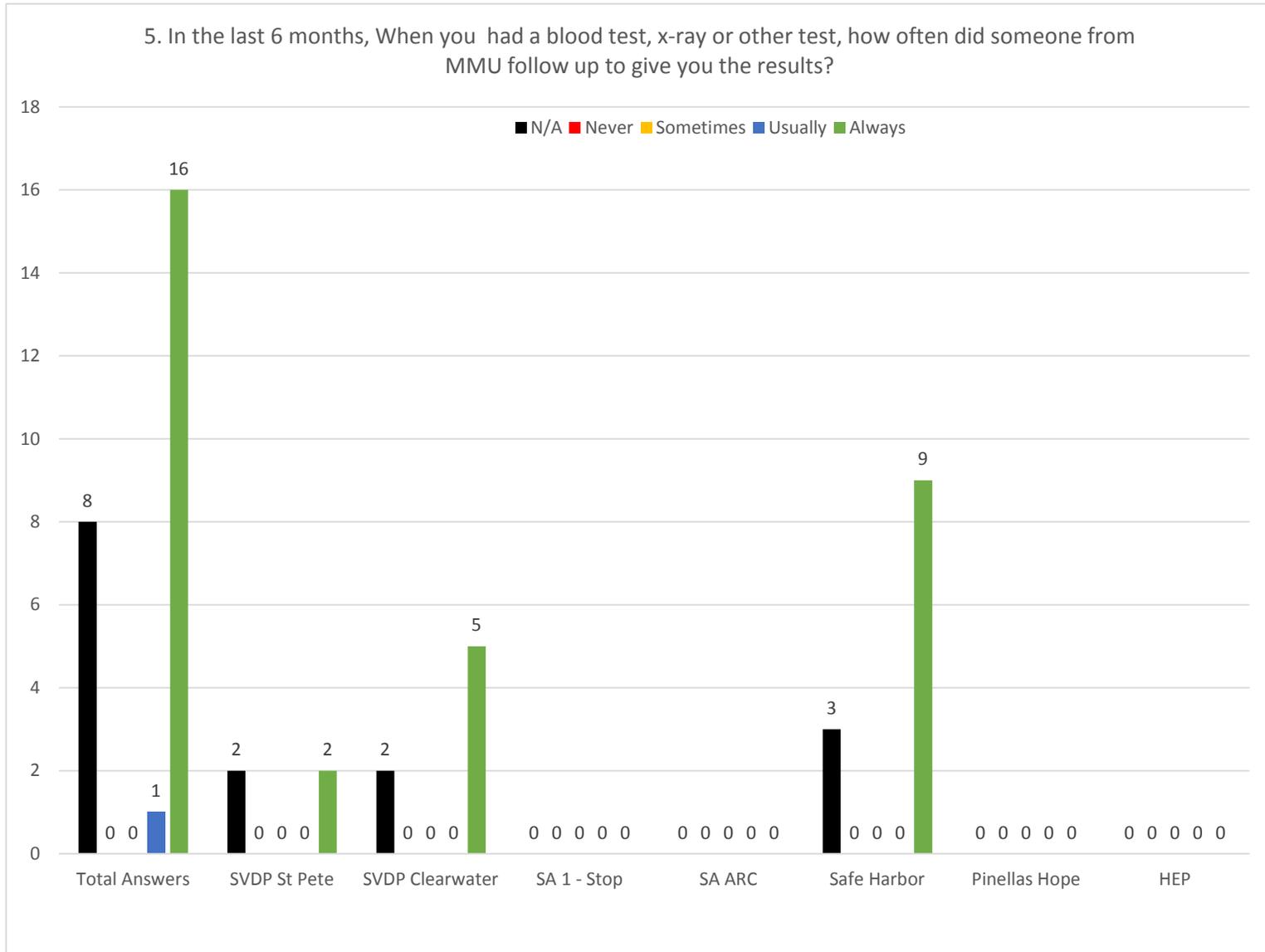
5. In the last 6 months, When you had a blood test, x-ray or other test, how often did someone from MMU follow up to give you the results?



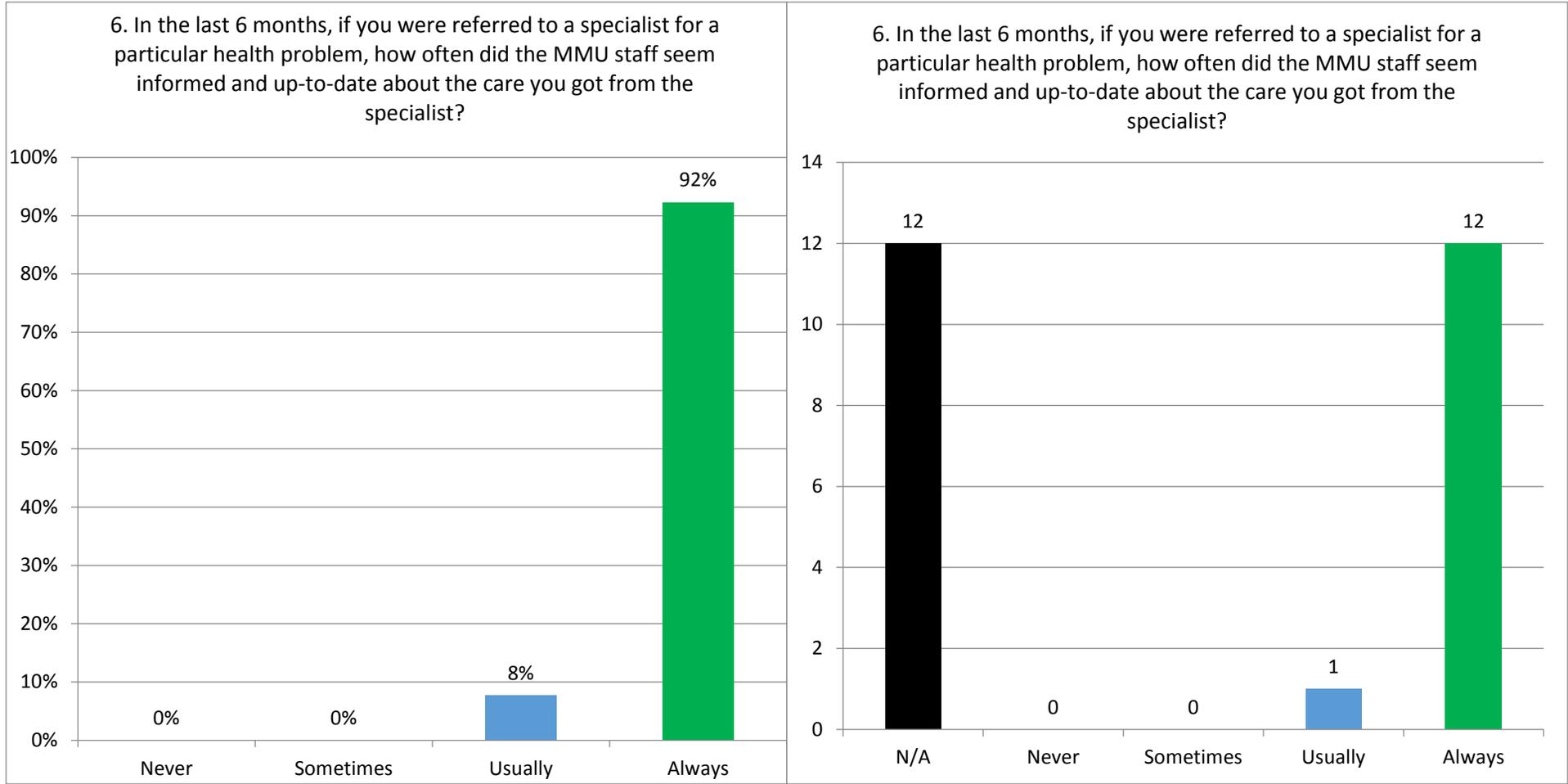
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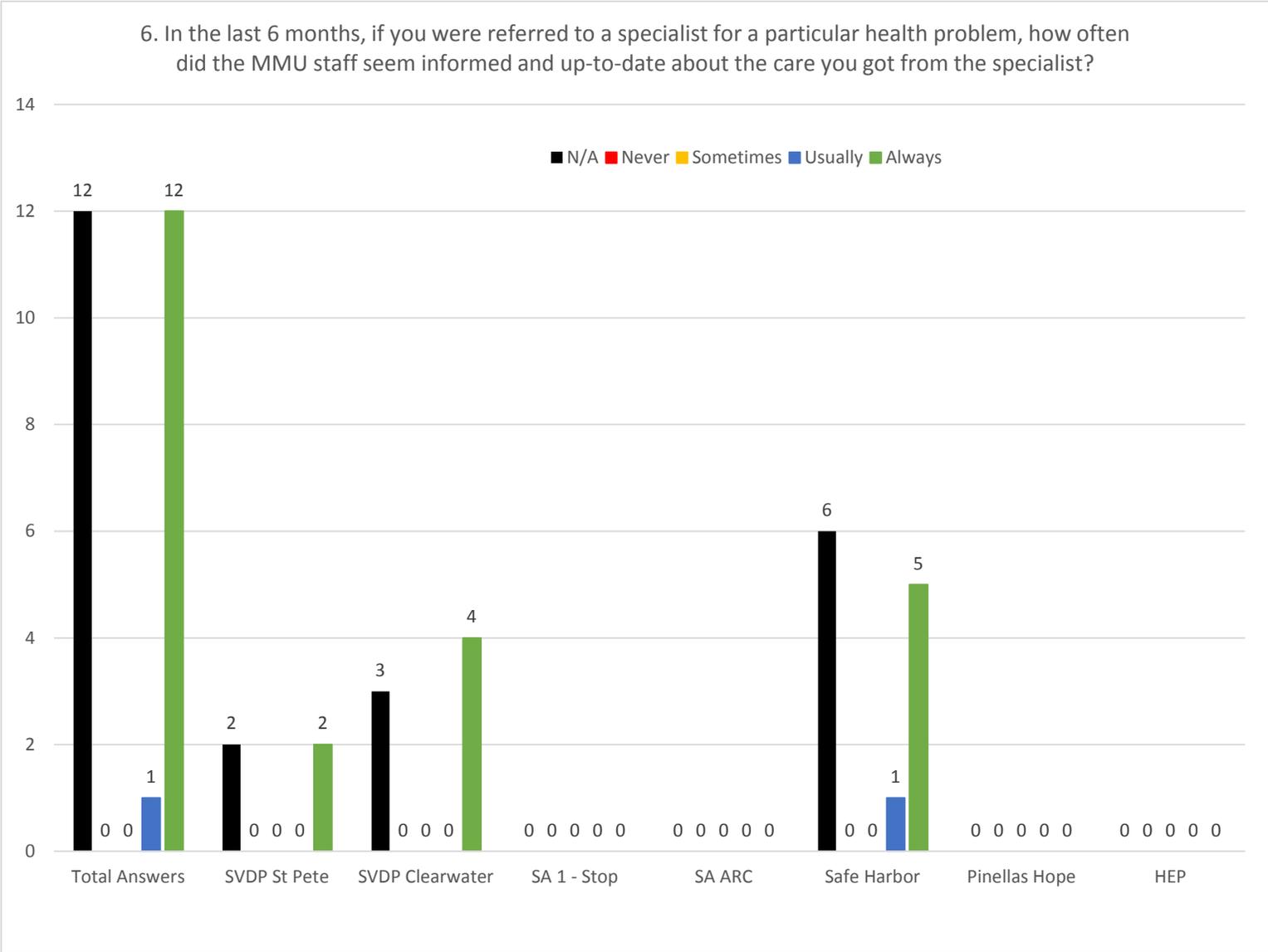
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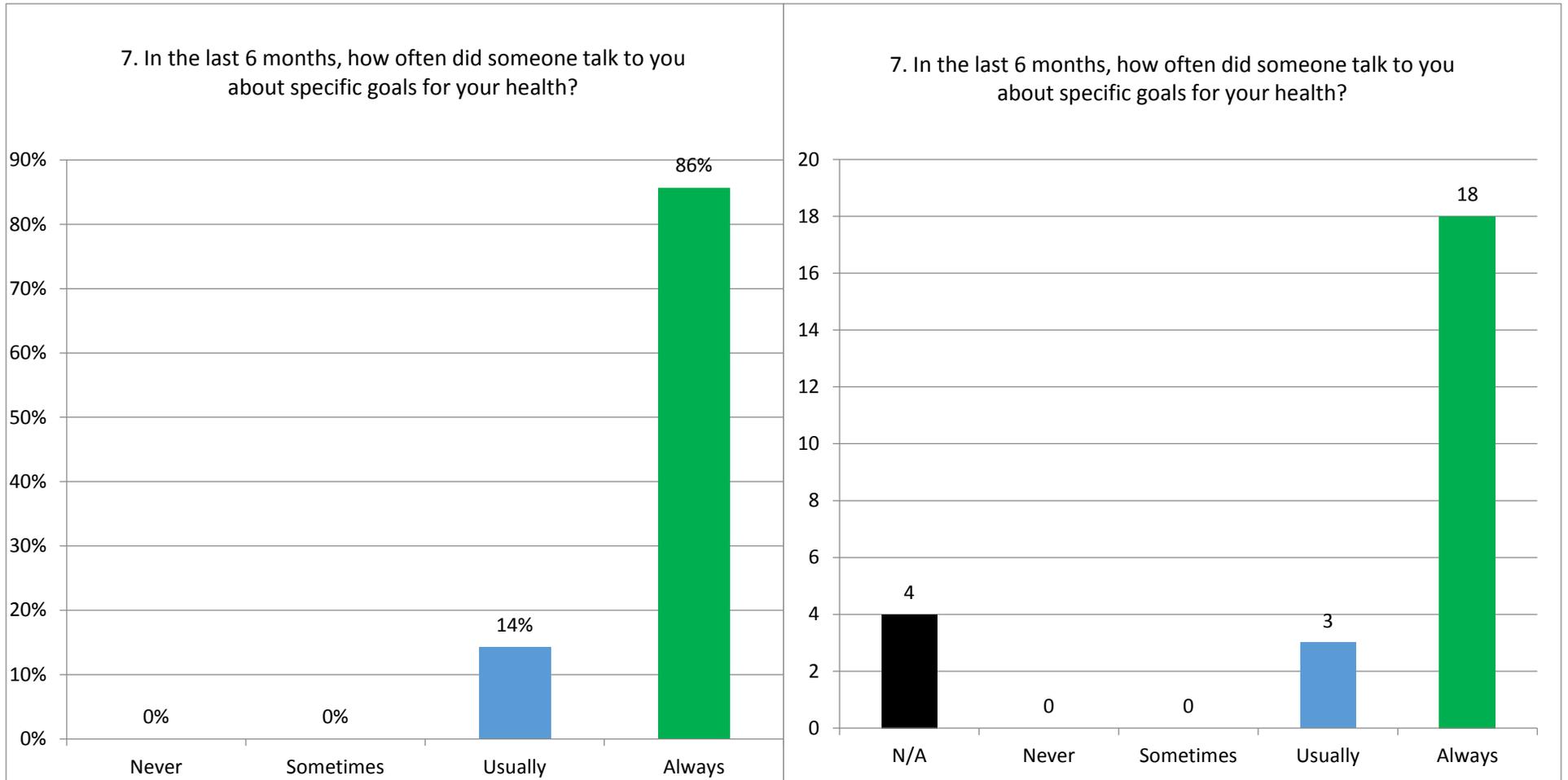
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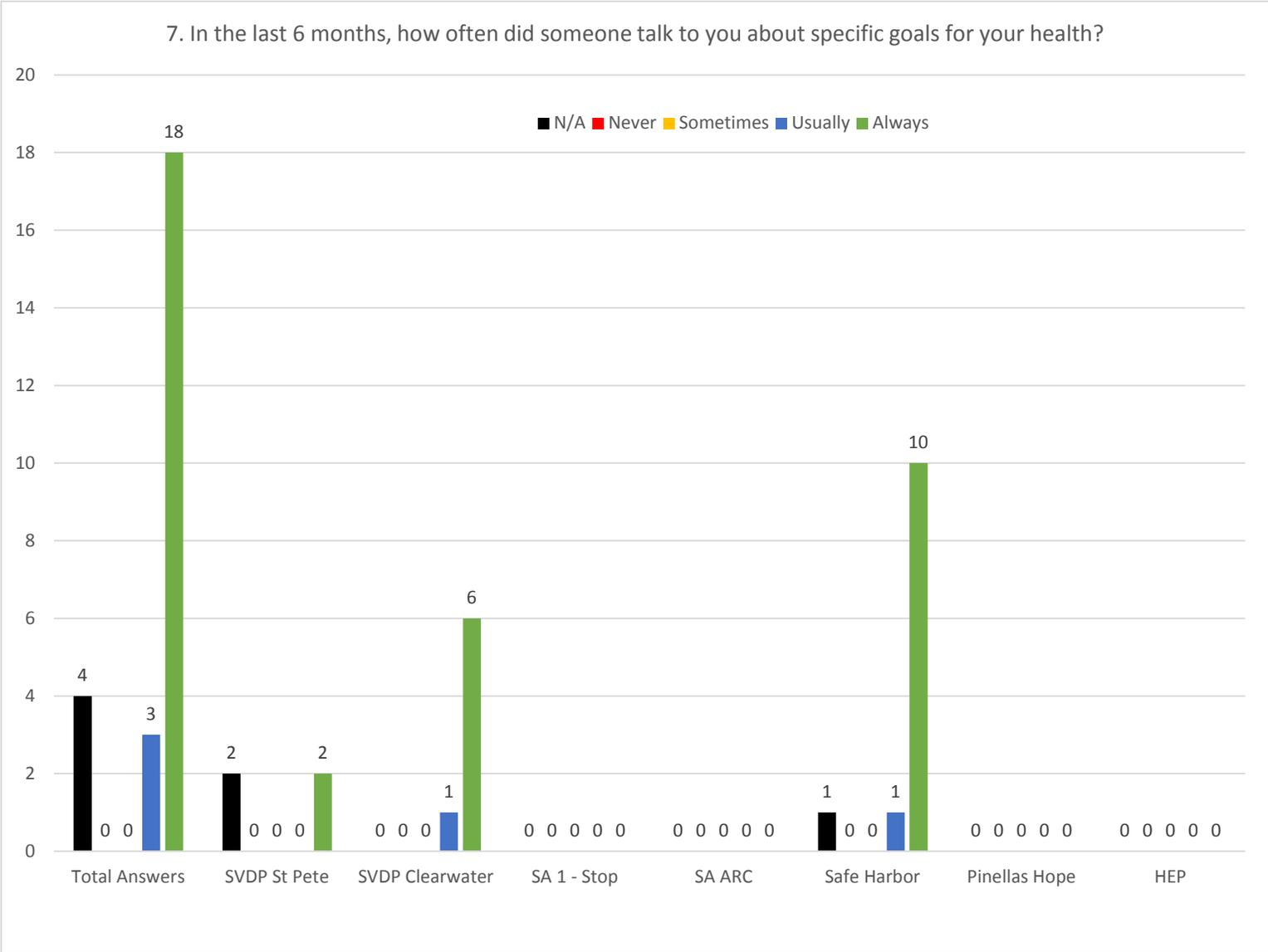
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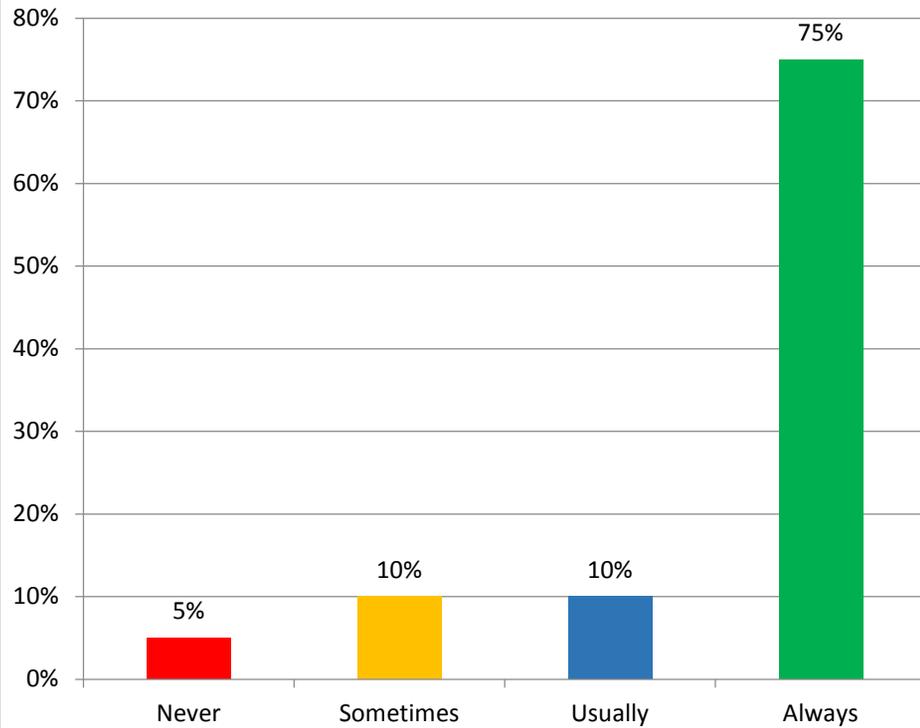


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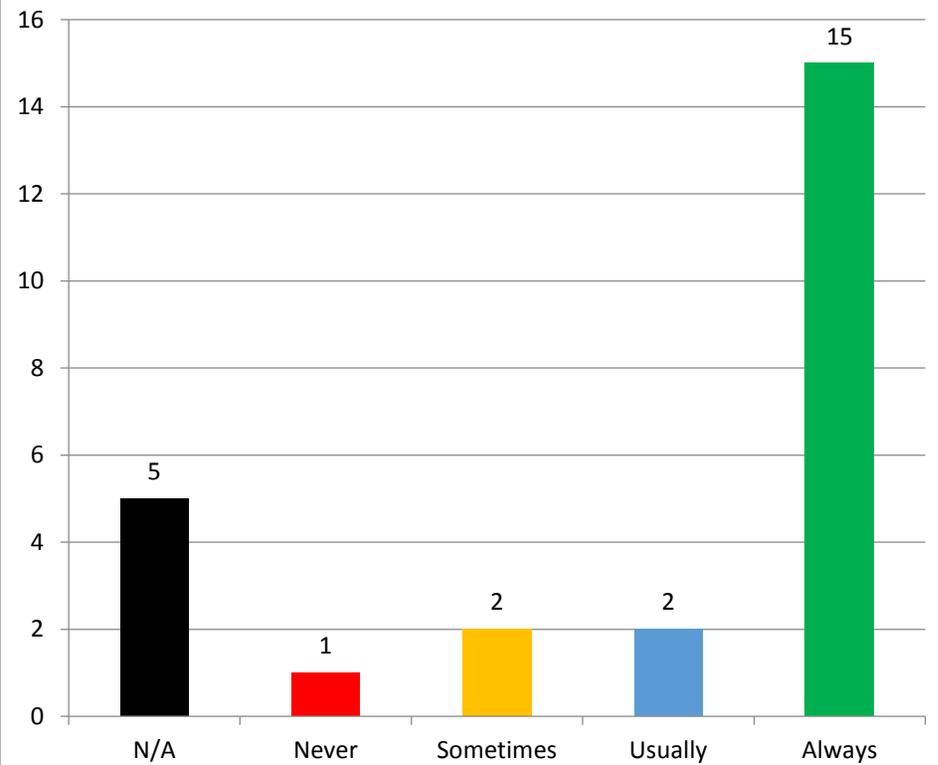


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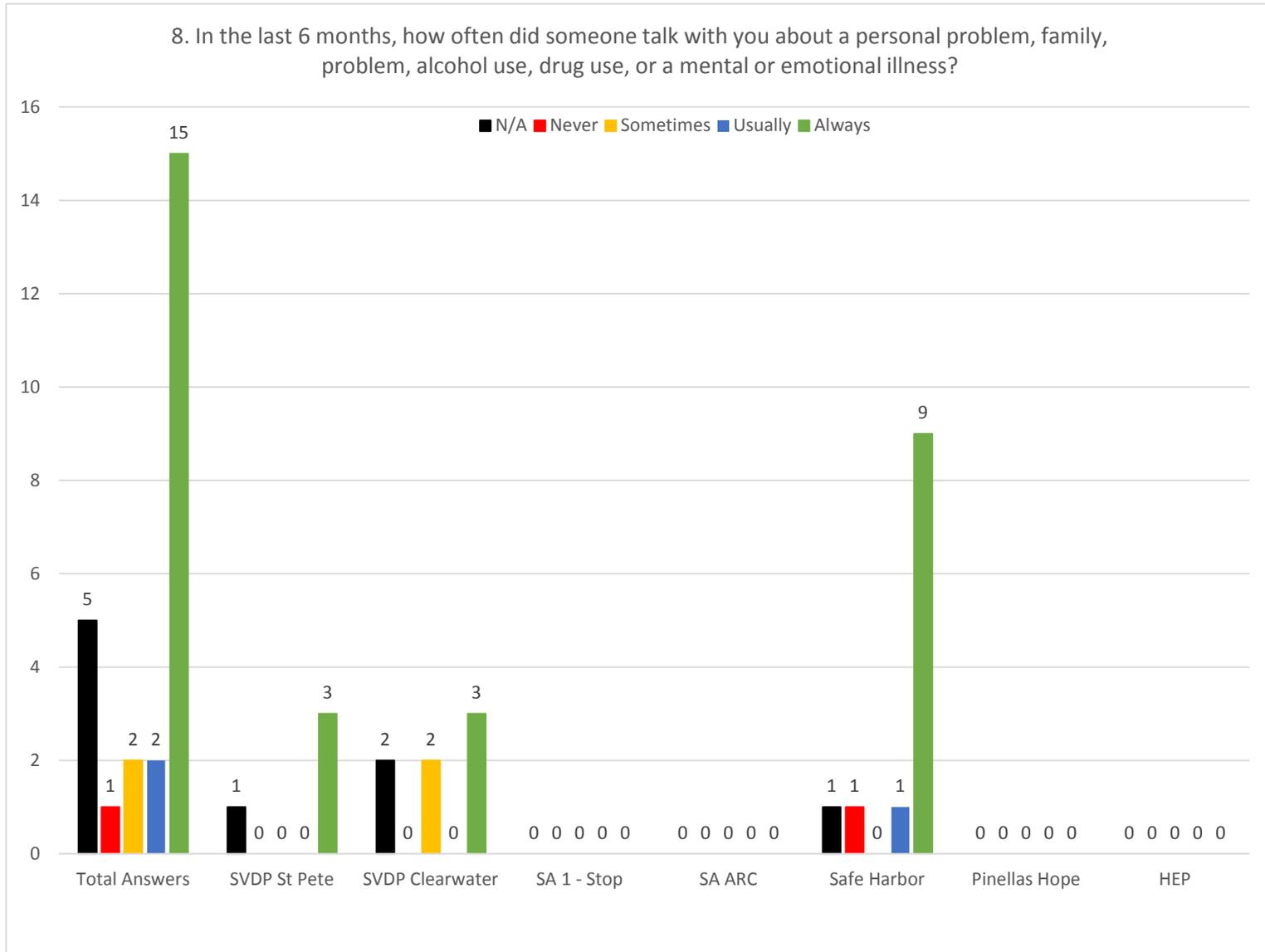
8. In the last 6 months, how often did someone talk with you about a personal problem, family problem, alcohol use, drug use, or a mental or emotional illness?



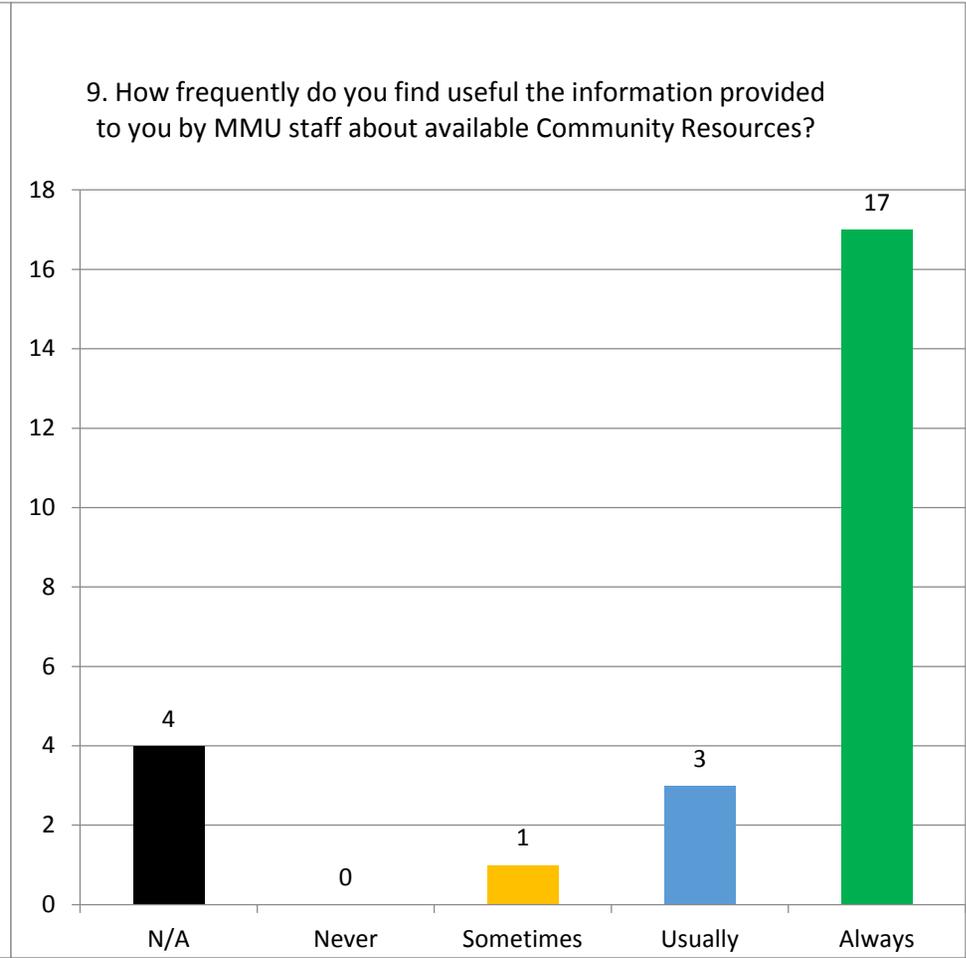
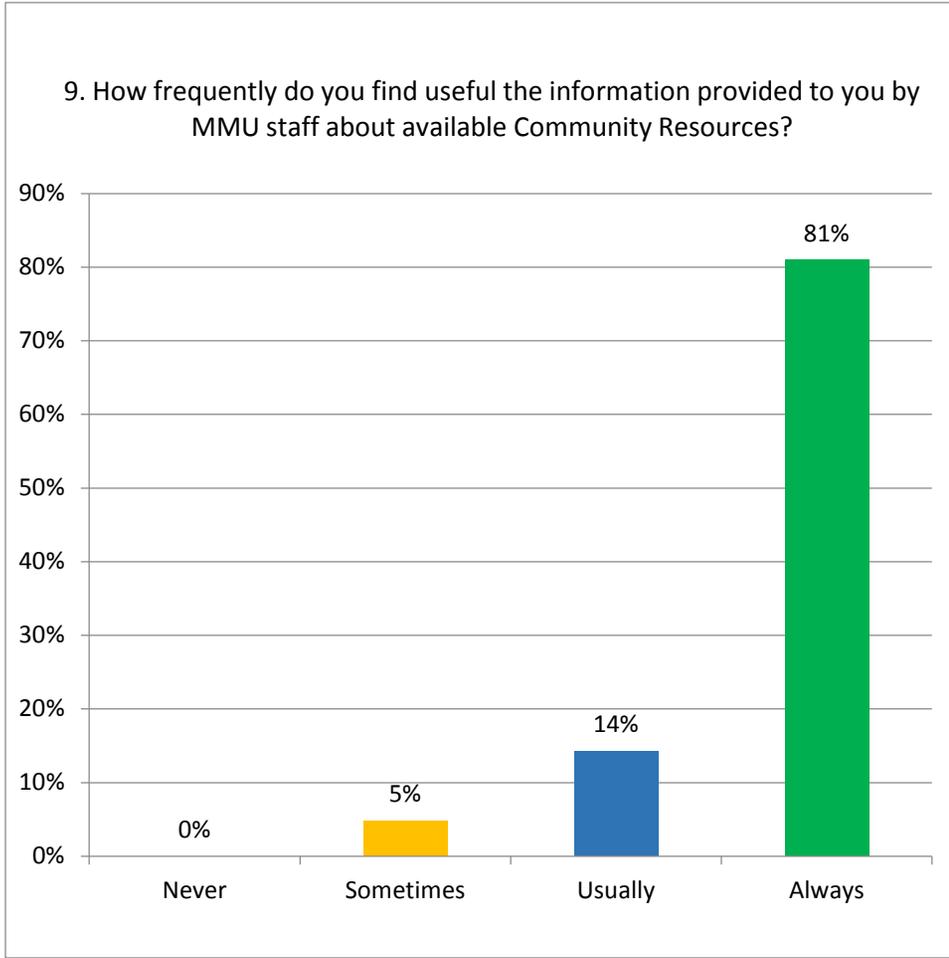
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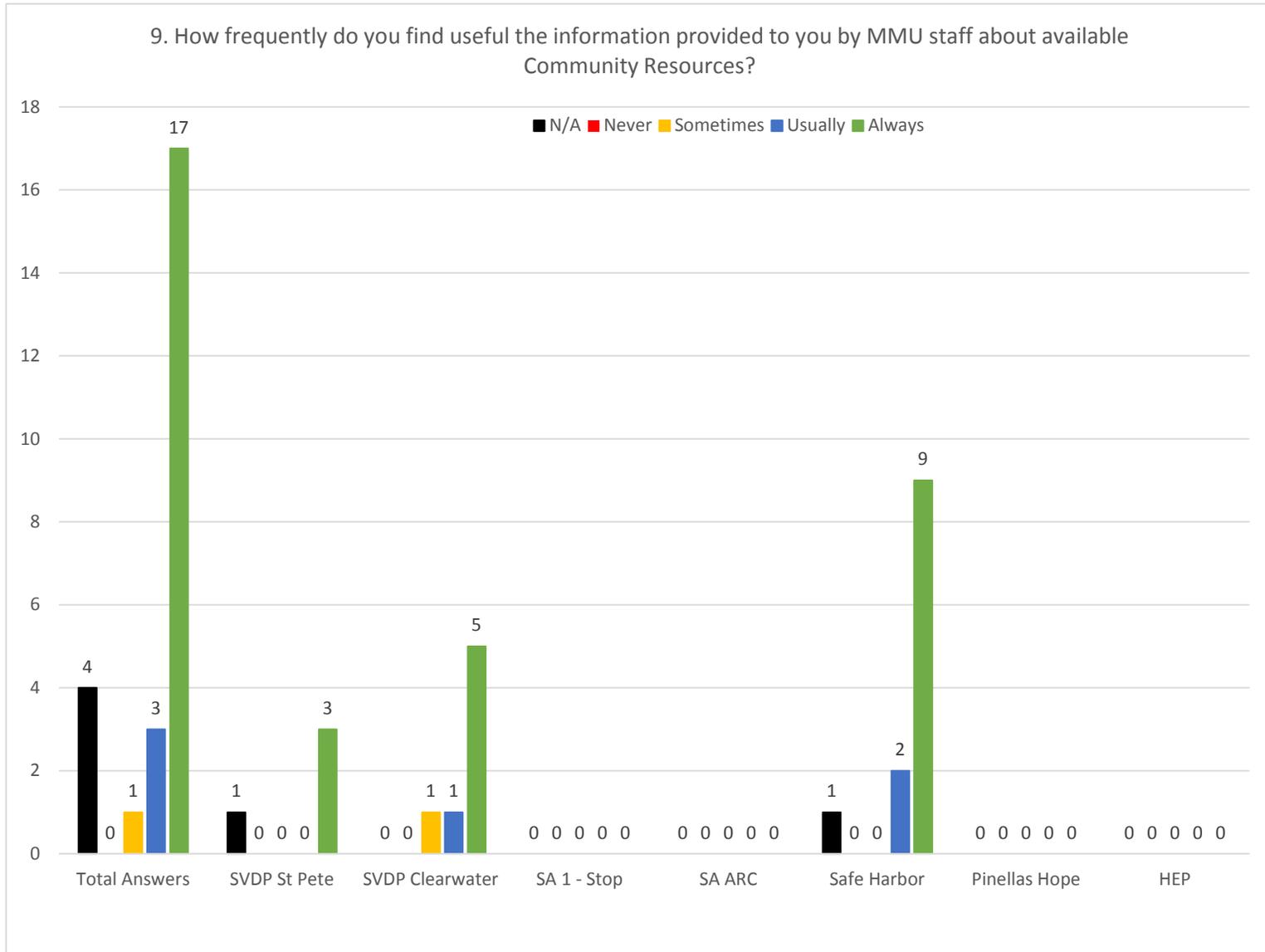
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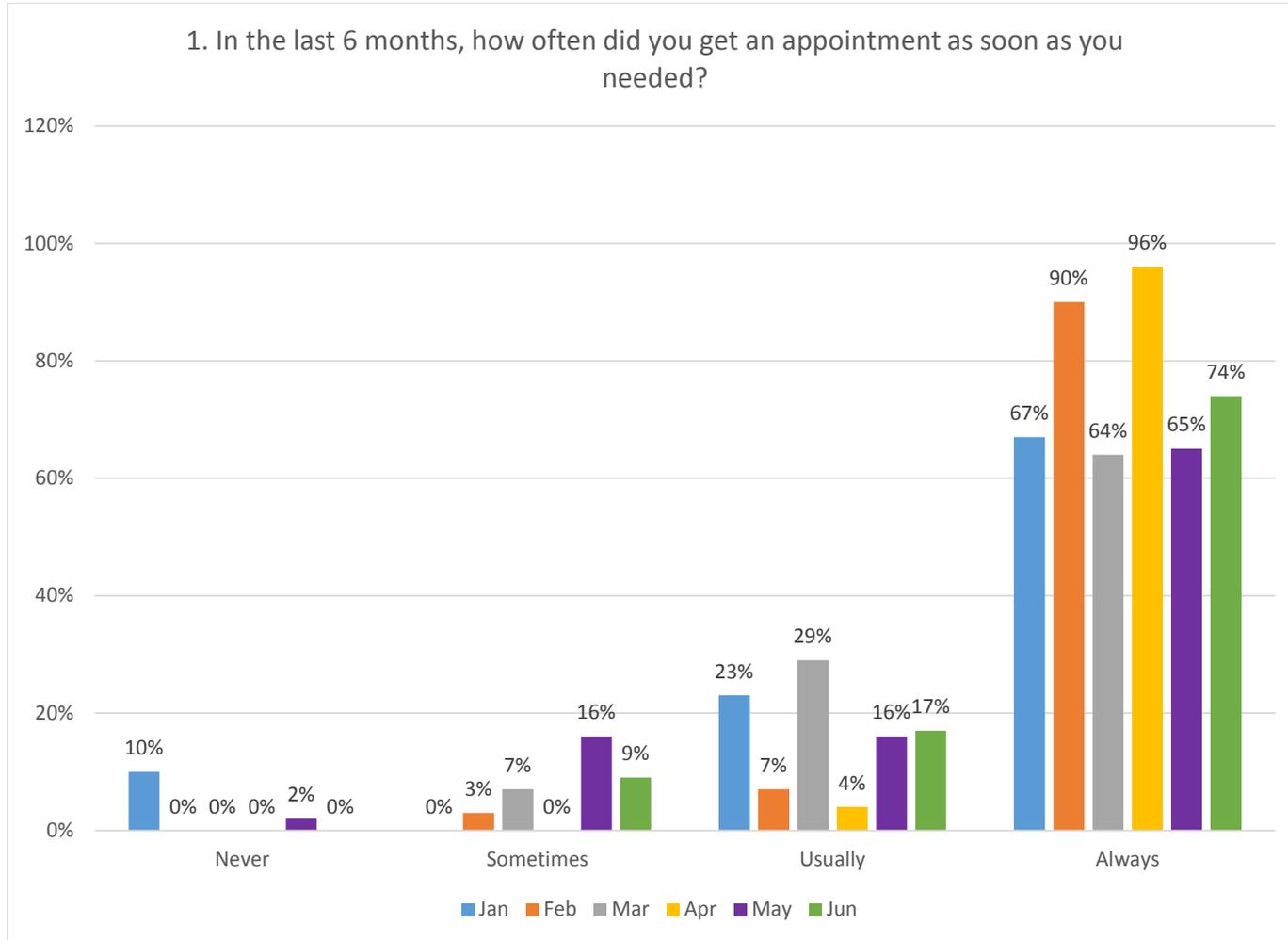
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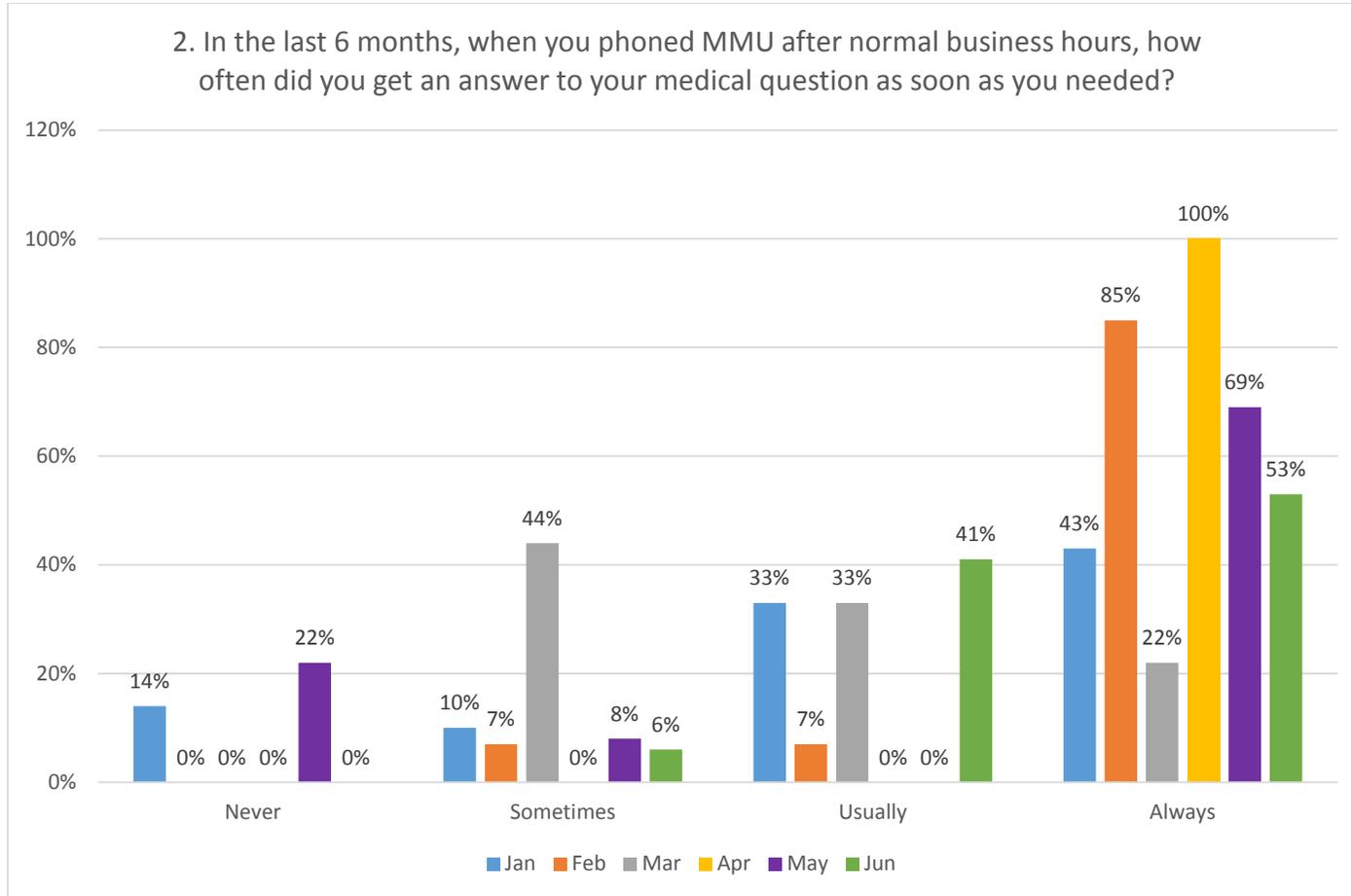
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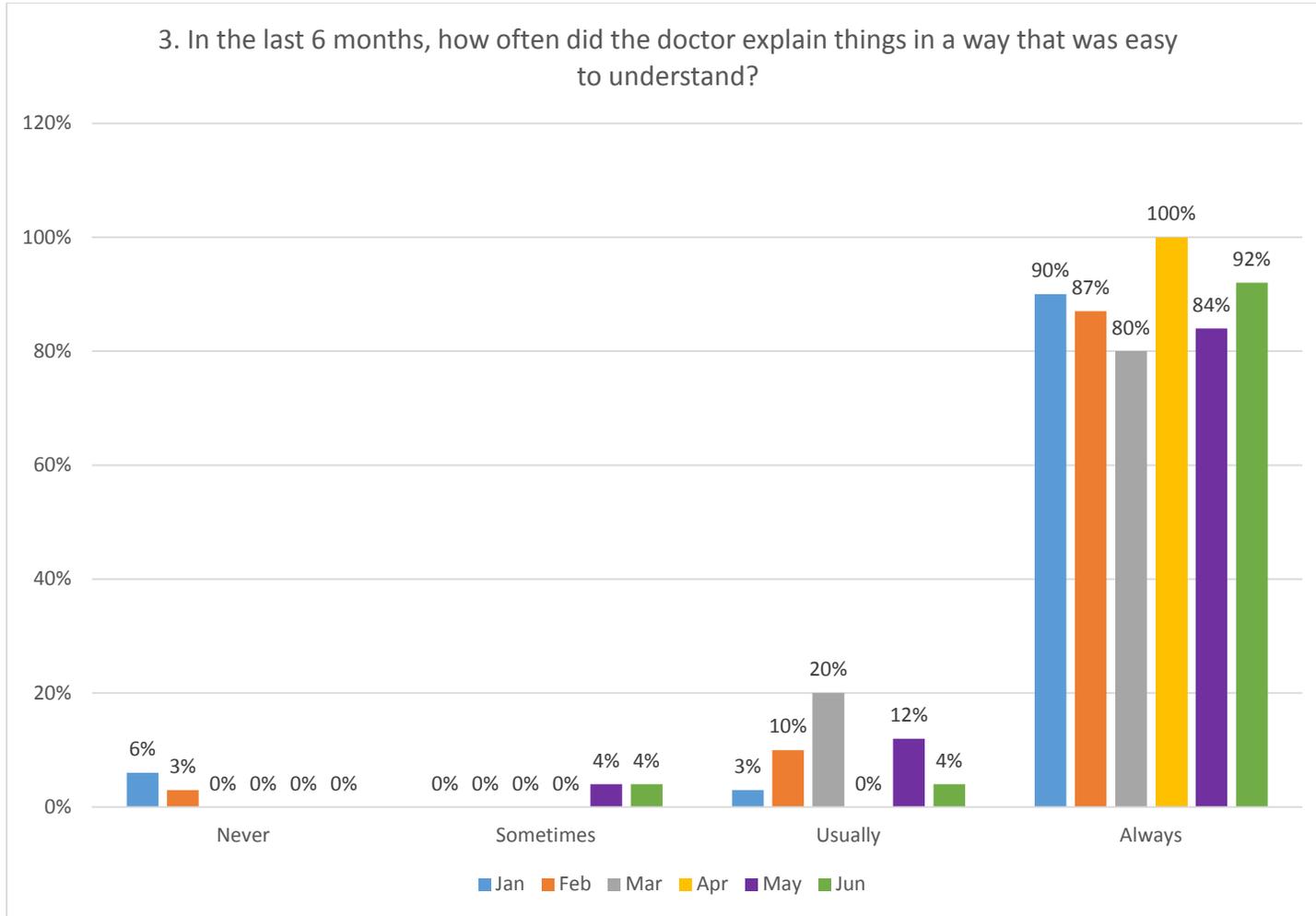
**Pinellas County I MMU/Safe Harbor Program
Patient Satisfaction Survey 6 Month Trend Report
January-June 2016**



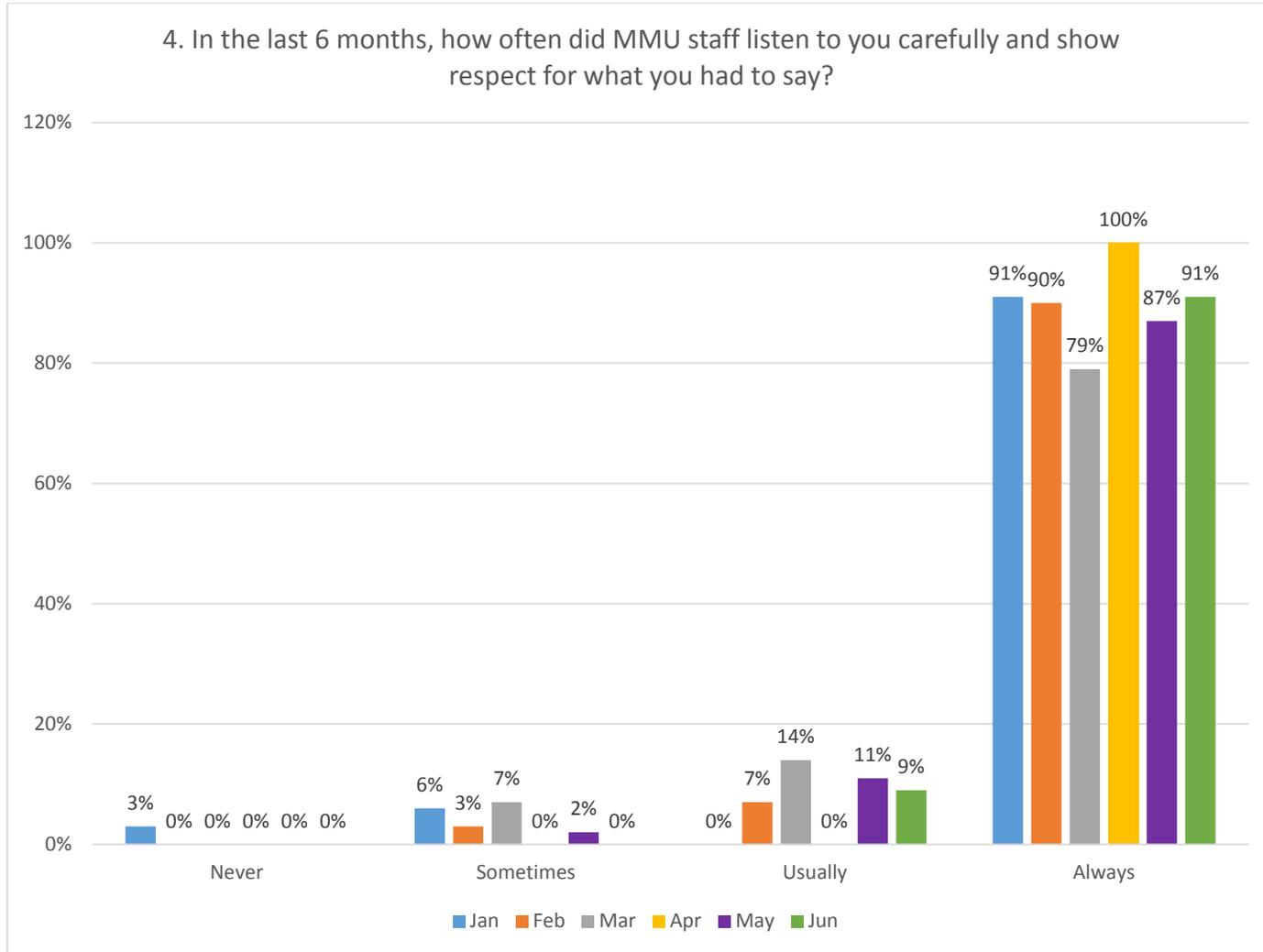
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January-June 2016**



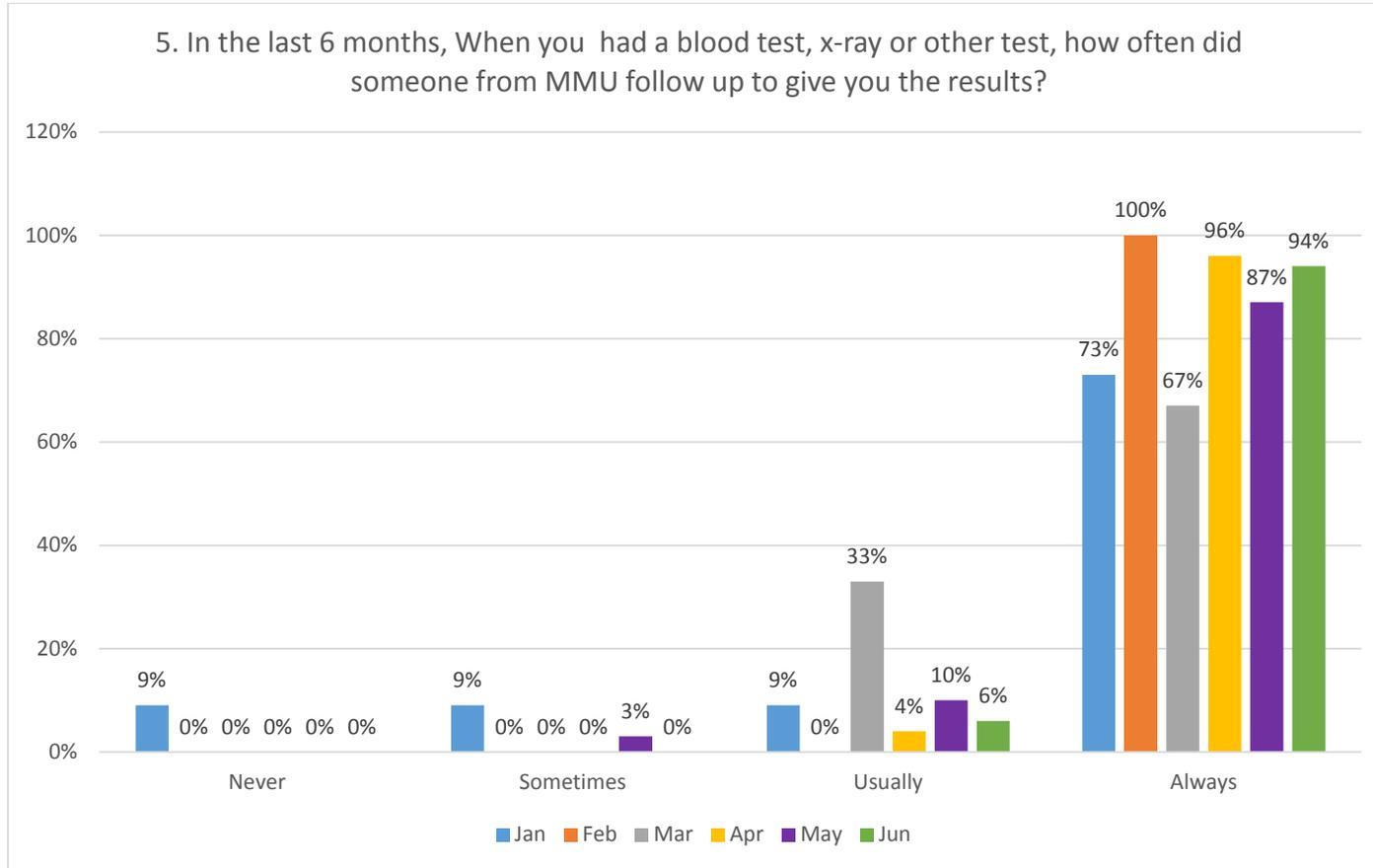
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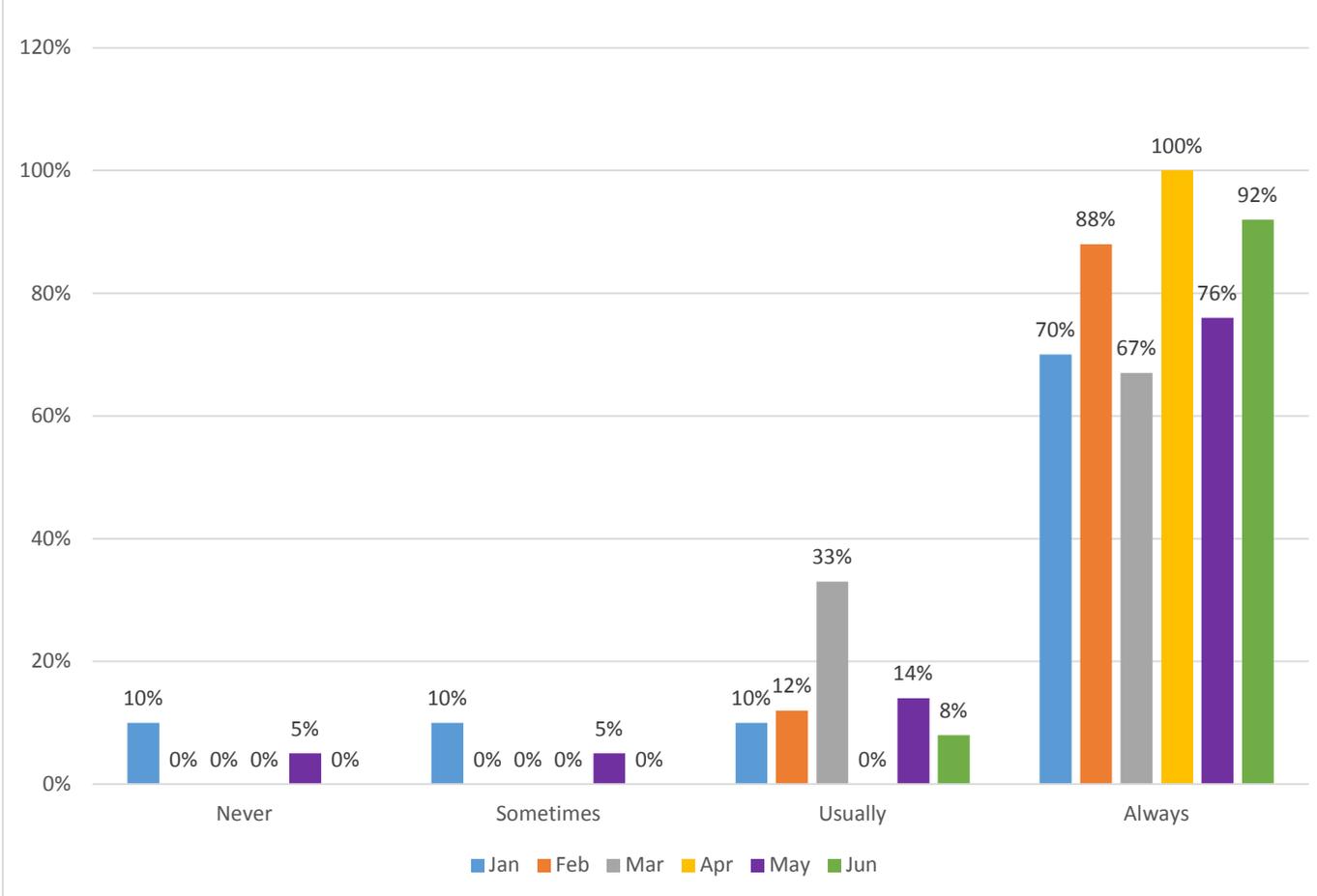


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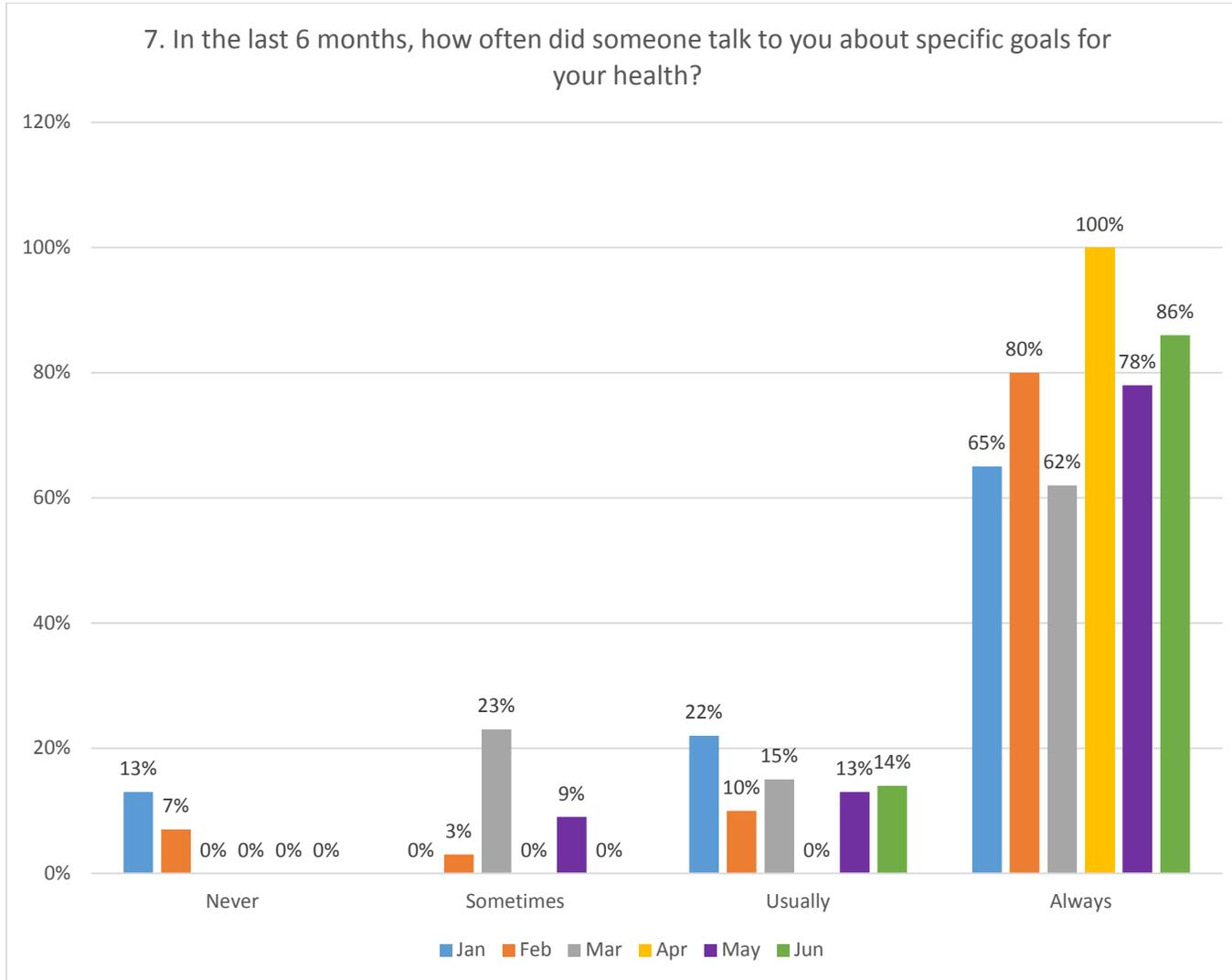


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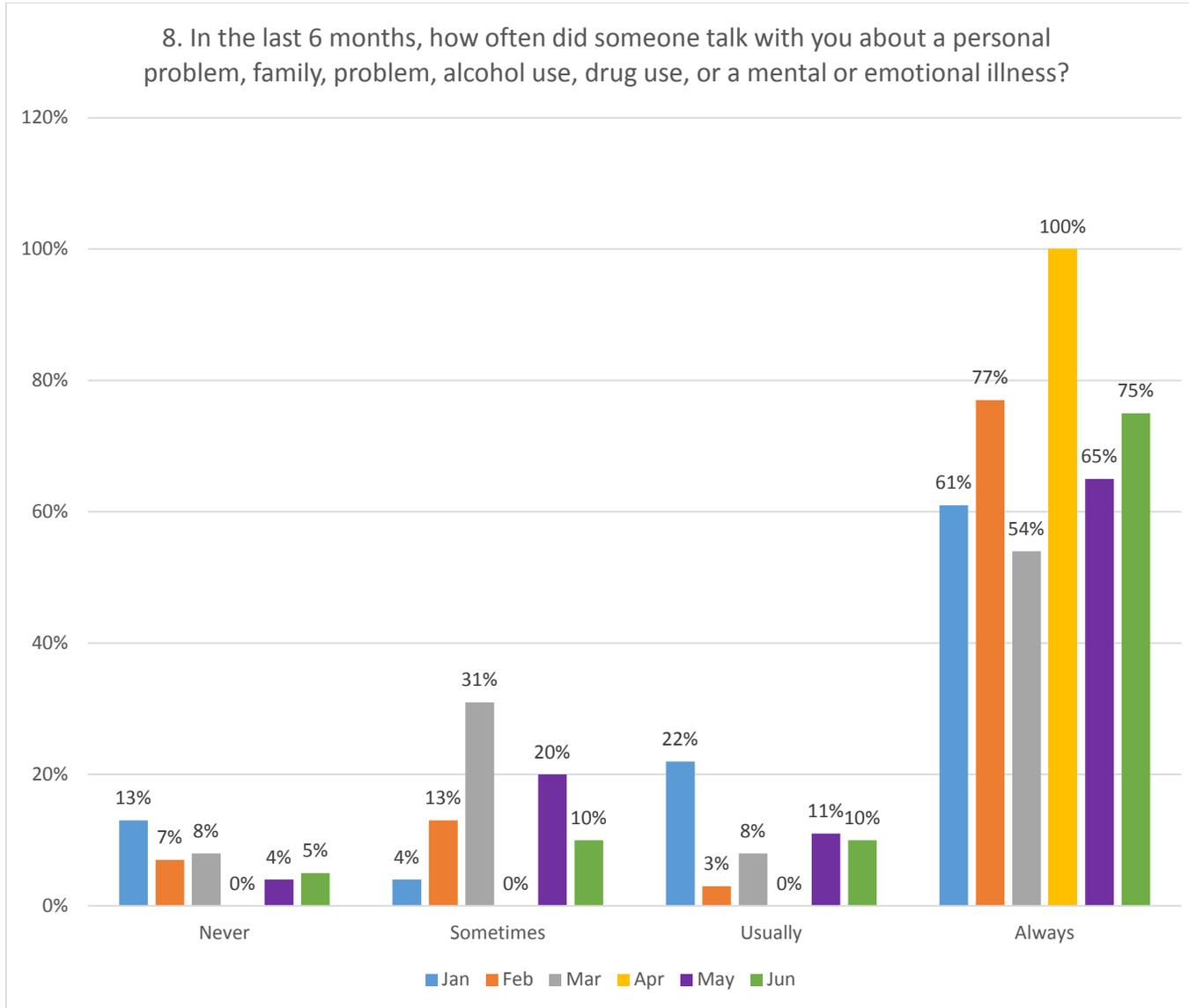
6. In the last 6 months, if you were referred to a specialist for a particular health problem, how often did the MMU staff seem informed and up-to-date about the care you got from the specialist?



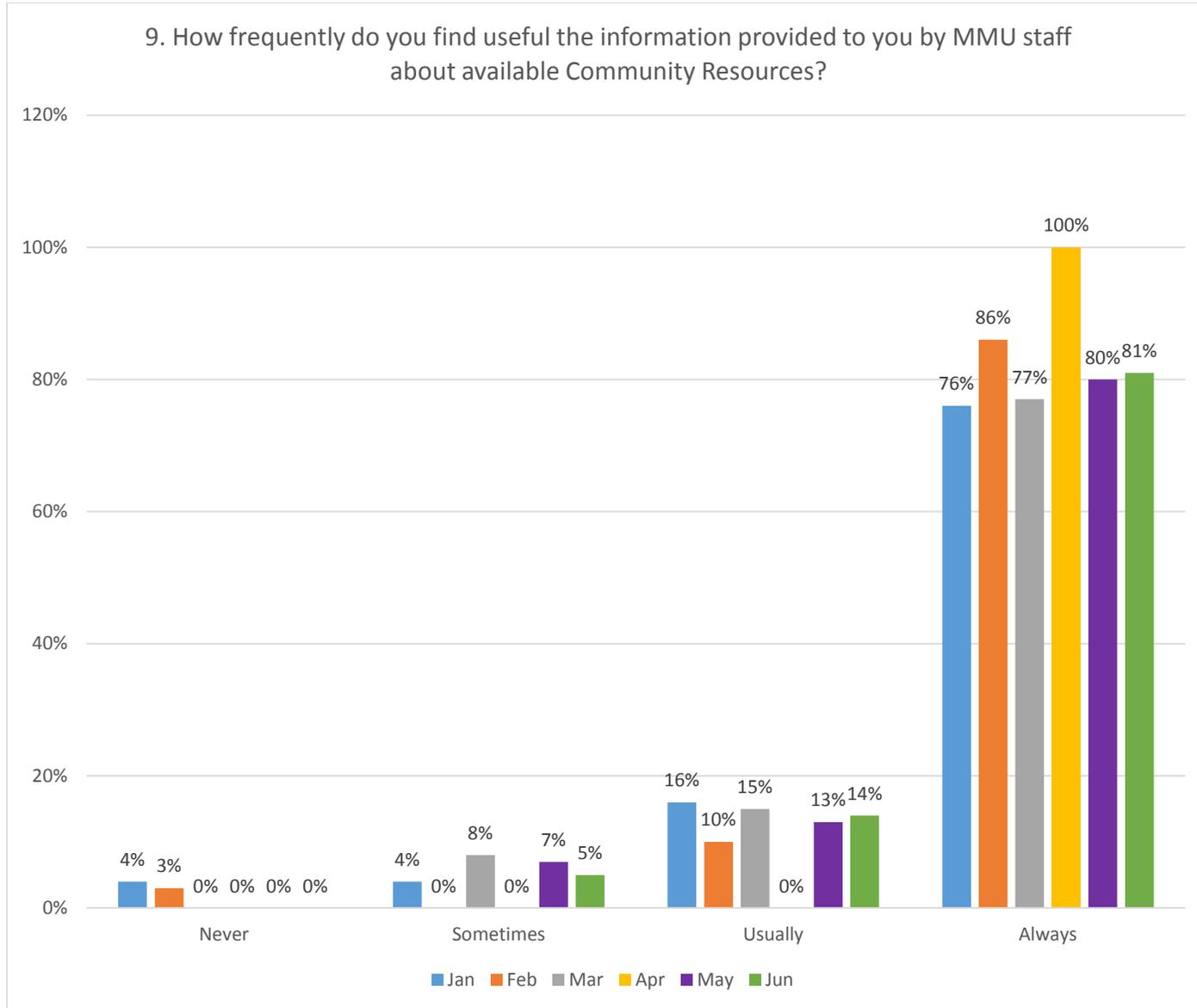
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**Pinellas County I MMU/Safe Harbor Program
Patient Satisfaction Survey 6 Month Trend Report
January-June 2016**



TAB 3 – NEW FUNDING OPPORTUNITIES

HHS | HRSA | Delivery System Health Information Investment, \$42,239 | Due July 20, 2016

DeGregorio, Elisa N

From: HRSA GEMS <oitgems@hrsa.gov>
Sent: Monday, June 20, 2016 5:41 PM
To: DeGregorio, Elisa N
Subject: Supplemental Funding Application Open: FY 2016 Delivery System Health Information Investment (DSHII)

The Fiscal Year (FY) 2016 Delivery System Health Information Investment (DSHII) supplemental funding application is now available in the HRSA Electronic Handbooks (EHB). This one-time supplemental funding opportunity is available to support eligible health centers in making strategic investments in health information technology (health IT) enhancements to accelerate their transition to value-based models of care, improve efforts to share and use information to support better decisions, and increase engagement in delivery system transformation.

Follow these steps to submit your application no later than July 20 (5:00 PM ET):

1. Review the **FY 2016 DSHII Application Instructions** and other resources available on the [DSHII technical assistance website](#). The Application Instructions include detailed information on and examples of allowable uses of DSHII funding.
2. Access the **User Guide** for step-by-step instructions to complete the application in EHB (also available on the [DSHII technical assistance website](#)).
3. **Pinellas County Board of County Commissioners (grant number H80CS00024) may request up to \$42,239 in one-time funding.**
4. To access the DSHII supplemental funding application in EHB:
 - 1) Go to:
<https://grants.hrsa.gov/2010/Web2External/Interface/FundingCycle/ChooseOrganizationL.aspx?FundingCycleId=8595B71C-944B-43F9-8DD4-FD53128B3C64>
 - 2) When prompted, enter the following funding cycle eligibility code: 6839
 - 3) Under '**Type of Application**' select '**Supplemental**' and then '**Increase Award.**'
5. Use the following information to complete the Budget Summary form. The "Section A -- Budget Summary" form must break out the supplemental funding request proportionate to your current special populations (or 'sub-program') funding. Enter the amounts provided below in the "Section A -- Budget Summary" in the "New or Revised Budget – Federal" line:

CHC Amount:	\$0
HCH Amount:	\$42,239
MHC Amount:	\$0
PHPC Amount:	\$0
6. Complete the rest of the FY 2016 DSHII supplemental funding application by following the steps outlined in the **User Guide**.

Submission Deadline

The deadline for submitting FY 2016 DSHII supplemental funding applications in EHB is **5:00 PM ET on July 20, 2016**.

Note: To submit a DSHII application, you must have the 'Submit' privilege. This privilege must be given by

the Project Director (PD) to the Authorizing Official (AO) or designee. If you are not the AO, a ‘Submit to AO button’ will be displayed at the bottom of the Submit page. Click the button to notify the AO that the application can be submitted to HRSA. **Applicants are strongly encouraged to notify the AO directly and ensure that they leave adequate time for the AO to complete the submission process prior to the deadline.**

Application Assistance

Refer to the information and contacts listed below for assistance in completing your application:

ASSISTANCE NEEDED	RESOURCE/CONTACT
Technical Assistance Resources	A DSHII technical assistance website has been established to provide instructions, an EHB user guide, sample forms, FAQs, and other resources
Program related issues	DSHII Supplemental Funding TA Team Bureau of Primary Health Care bphcdshii@hrsa.gov
Budget or other fiscal issues	Mona Thompson Office of Federal Assistance Management Division of Grants Management Operations mthompson@hrsa.gov
Electronic submission issues	BPHC Helpline 1-877-974-BPHC (2742) Send email through Web Request Form

Note: **This is a system generated message. Please do not respond to this email.**

TAB 3 - NOTICE OF AWARDS

Pinellas County received two (2) Notice of Awards

- 1) H80CS00024-15-04: Adds a clinical service required with the substance abuse service expansion grant
- 2) H80CS00024-15-05: Completes funding of the FY 2016 budget period at the grantee's current target funding level.
- 3) H80CS00024-15-06: Confirms deletion of site from Scope for Safe Harbor address
- 4) H80CS00024-15-07: Confirms addition of site to Scope for Bayside Health Clinic address

VOTE to accept needed....

1. DATE ISSUED: 06/07/2016		2. PROGRAM CFDA: 93.224	
3. SUPERSEDES AWARD NOTICE dated: 04/18/2016 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
4a. AWARD NO.: 6 H80CS00024-15-04		4b. GRANT NO.: H80CS00024	5. FORMER GRANT NO.: H66CS00382
6. PROJECT PERIOD: FROM: 11/01/2001 THROUGH: 02/28/2019			
7. BUDGET PERIOD: FROM: 03/01/2016 THROUGH: 02/28/2017			



NOTICE OF AWARD
AUTHORIZATION (Legislation/Regulation)
 Public Health Service Act, Title III, Section 330
 Public Health Service Act, Section 330, 42 U.S.C. 254b
 Affordable Care Act, Section 10503
 Public Health Service Act, Section 330, 42 U.S.C. 254, as amended.
 Authority: Public Health Service Act, Section 330, 42 U.S.C. 254b, as amended
 Public Health Service Act, Section 330, 42 U.S.C. 254b, as amended
 Public Health Service Act, Section 330(e), 42 U.S.C. 254b
 Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b, as amended) and Section 10503 of The Patient Protection and Affordable Care Act (P.L. 111-148)
 Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b)
 Public Health Service Act, Section 330, as amended (42 U.S.C. 254b)
 Section 330 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b, as amended)

8. TITLE OF PROJECT (OR PROGRAM): HEALTH CENTER CLUSTER

9. GRANTEE NAME AND ADDRESS:
 Pinellas County Board of County Commissioners
 315 Court Street
 Clearwater, FL 33756-5165
DUNS NUMBER:
 055200216
 BHCMS # 042040

10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)
 Daisy Rodriguez
 Pinellas County Board of County Commissioners
 440 Court Street, 2nd floor
 Clearwater, FL 33756-5139

11. APPROVED BUDGET:(Excludes Direct Assistance)
 Grant Funds Only
 Total project costs including grant funds and all other financial participation

a . Salaries and Wages :	\$0.00
b . Fringe Benefits :	\$0.00
c . Total Personnel Costs :	\$0.00
d . Consultant Costs :	\$0.00
e . Equipment :	\$0.00
f . Supplies :	\$20,835.00
g . Travel :	\$1,388.00
h . Construction/Alteration and Renovation :	\$0.00
i . Other :	\$97,392.00
j . Consortium/Contractual Costs :	\$2,130,519.00
k . Trainee Related Expenses :	\$0.00
l . Trainee Stipends :	\$0.00
m . Trainee Tuition and Fees :	\$0.00
n . Trainee Travel :	\$0.00
o . TOTAL DIRECT COSTS :	\$2,250,134.00
p . INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00
q . TOTAL APPROVED BUDGET :	\$2,250,134.00
i. Less Non-Federal Share:	\$1,002,955.00
ii. Federal Share:	\$1,247,179.00

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$1,247,179.00
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$0.00
ii. Offset	\$0.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Awards(s) This Budget Period	\$1,247,179.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$0.00

13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
16	\$1,371,615.00
17	\$1,371,615.00

14. APPROVED DIRECT ASSISTANCE BUDGET:(In lieu of cash)

a. Amount of Direct Assistance	\$0.00
b. Less Unawarded Balance of Current Year's Funds	\$0.00
c. Less Cumulative Prior Awards(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00

15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:
A=Addition B=Deduction C=Cost Sharing or Matching D=Other **[D]**
 Estimated Program Income: \$2,000.00

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:
 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 75 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.

REMARKS: (Other Terms and Conditions Attached []Yes []No)

Electronically signed by Sheila Gale , Grants Management Officer on : 06/07/2016

17. OBJ. CLASS: 41.51 **18. CRS-EIN:** 1596000800A2 **19. FUTURE RECOMMENDED FUNDING:** \$0.00

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
16 - 3980879	93.224	16H80CS00024	\$0.00	\$0.00	HCH	HealthCareCenters_16
16 - 398879F	93.527	16H80CS00024	\$0.00	\$0.00	HCH	HealthCareCenters_16

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://grants3.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx> 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 remarks, terms, conditions, or reporting requirements 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 Release Date**

Due Date: Within 120 Days of Award Release Date

CIS Tracking Number: CIS00035838

Delete Service Delivery Site: Pinellas County Bayside Health Clinic

14840 49th St N, Clearwater, FL 33762-2835

Within 120 days of the release date of this award (i.e., the date HRSA emailed you this Notice of Award), you **MUST** verify deletion, as required via the related EHB submission deliverable.

To access the deliverable, go to your grant folder/handbook.

Grant Specific Term(s)

1. (CIS Tracking Number: CIS00035838) This Notice of Award (NoA) reflects approval of a proposed change in scope as of 05/30/2016:

Delete Service Delivery Site: Pinellas County Bayside Health Clinic

14840 49th St N, Clearwater, FL 33762-2835

Verification of deletion (see condition above) is **REQUIRED** to officially change your scope of project.

This change in scope must be supported within the level of grant funds currently awarded. This approval in no way obligates the Health Resources and Services Administration (HRSA) to any future support.

All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email
Daisy Rodriguez	Program Director	darodriguez@pinellascounty.org
Daisy M Rodriguez	Authorizing Official	darodriguez@pinellascounty.org
Daisy Rodriguez	Point of Contact	darodriguez@pinellascounty.org

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Arlene Walker at:
DHHS/HRSA/BPHC
61 Forsyth St SW
Atlanta, GA, 30303-8931
Email: arlene.walker@hrsa.hhs.gov
Phone: (404) 562-4150
Fax: (404) 562-7999

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Eric Brown at:

1. DATE ISSUED: 06/07/2016		2. PROGRAM CFDA: 93.224	
3. SUPERSEDES AWARD NOTICE dated: 04/18/2016 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
4a. AWARD NO.: 6 H80CS00024-15-05		4b. GRANT NO.: H80CS00024	5. FORMER GRANT NO.: H66CS00382
6. PROJECT PERIOD: FROM: 11/01/2001 THROUGH: 02/28/2019			
7. BUDGET PERIOD: FROM: 03/01/2016 THROUGH: 02/28/2017			



NOTICE OF AWARD
AUTHORIZATION (Legislation/Regulation)
 Public Health Service Act, Title III, Section 330
 Public Health Service Act, Section 330, 42 U.S.C. 254b
 Affordable Care Act, Section 10503
 Public Health Service Act, Section 330, 42 U.S.C. 254, as amended.
 Authority: Public Health Service Act, Section 330, 42 U.S.C. 254b, as amended
 Public Health Service Act, Section 330, 42 U.S.C. 254b, as amended
 Public Health Service Act, Section 330(e), 42 U.S.C. 254b
 Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b, as amended) and Section 10503 of The Patient Protection and Affordable Care Act (P.L. 111-148)
 Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b)
 Public Health Service Act, Section 330, as amended (42 U.S.C. 254b)
 Section 330 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b, as amended)

8. TITLE OF PROJECT (OR PROGRAM): HEALTH CENTER CLUSTER

9. GRANTEE NAME AND ADDRESS:
 Pinellas County Board of County Commissioners
 315 Court Street
 Clearwater, FL 33756-5165
DUNS NUMBER:
 055200216
 BHCNIS # 042040

10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)
 Daisy Rodriguez
 Pinellas County Board of County Commissioners
 440 Court Street, 2nd floor
 Clearwater, FL 33756-5139

11. APPROVED BUDGET:(Excludes Direct Assistance)
 Grant Funds Only
 Total project costs including grant funds and all other financial participation

a . Salaries and Wages :	\$0.00
b . Fringe Benefits :	\$0.00
c . Total Personnel Costs :	\$0.00
d . Consultant Costs :	\$0.00
e . Equipment :	\$0.00
f . Supplies :	\$20,835.00
g . Travel :	\$1,388.00
h . Construction/Alteration and Renovation :	\$0.00
i . Other :	\$97,392.00
j . Consortium/Contractual Costs :	\$2,130,519.00
k . Trainee Related Expenses :	\$0.00
l . Trainee Stipends :	\$0.00
m . Trainee Tuition and Fees :	\$0.00
n . Trainee Travel :	\$0.00
o . TOTAL DIRECT COSTS :	\$2,250,134.00
p . INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00
q . TOTAL APPROVED BUDGET :	\$2,250,134.00
i. Less Non-Federal Share:	\$1,002,955.00
ii. Federal Share:	\$1,247,179.00

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$1,247,179.00
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$0.00
ii. Offset	\$0.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Awards(s) This Budget Period	\$1,247,179.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$0.00

13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
16	\$1,371,615.00
17	\$1,371,615.00

14. APPROVED DIRECT ASSISTANCE BUDGET:(In lieu of cash)

a. Amount of Direct Assistance	\$0.00
b. Less Unawarded Balance of Current Year's Funds	\$0.00
c. Less Cumulative Prior Awards(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00

15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:
A=Addition B=Deduction C=Cost Sharing or Matching D=Other **[D]**
 Estimated Program Income: \$2,000.00

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:
 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 75 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.

REMARKS: (Other Terms and Conditions Attached []Yes []No)

Electronically signed by Sheila Gale , Grants Management Officer on : 06/07/2016

17. OBJ. CLASS: 41.51 **18. CRS-EIN:** 1596000800A2 **19. FUTURE RECOMMENDED FUNDING:** \$0.00

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
16 - 3980879	93.224	16H80CS00024	\$0.00	\$0.00	HCH	HealthCareCenters_16
16 - 398879F	93.527	16H80CS00024	\$0.00	\$0.00	HCH	HealthCareCenters_16

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://grants3.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx> 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 remarks, terms, conditions, or reporting requirements 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 Release Date**

Due Date: Within 120 Days of Award Release Date

(CIS Tracking Number: CIS00035837 - Add Service Delivery Site: Bayside Health Clinic

14808 49th Street N., Clearwater, FL 33762)

Within 120 days of the release date of this award (i.e., the date HRSA emailed you this Notice of Award), you **MUST** verify implementation of this CIS, as required via the related EHB submission deliverable.

To access the deliverable, go to your grant folder/handbook.

Grant Specific Term(s)

1. (CIS Tracking Number: CIS00035837) This Notice of Award (NoA) reflects approval of a proposed change in scope as of 06/03/2016:

Add Service Delivery Site: Bayside Health Clinic

14808 49th Street N., Clearwater, FL 33762

Verification of implementation (see condition above) is **REQUIRED** for your CIS request to be officially included in your scope of project.

This change in scope must be supported within the level of grant funds currently awarded. This approval in no way obligates the Health Resources and Services Administration (HRSA) to any future support.

2. Grantees are reminded that separate Medicare enrollment applications must be submitted for each "permanent unit" at which they provide services. This includes units considered both "permanent sites" and "seasonal sites" under their HRSA scope of project. (For the definition of permanent and seasonal sites under the scope of project, see Section III of Program Information Notice 2008-01, Defining Scope of Project and Policy for Requesting Changes at <http://bphc.hrsa.gov/policiesregulations/policies/pin200801defining.html>) Therefore, for Medicare purposes, a single health center organization may consist of two or more FQHCs, each of which must be separately enrolled in Medicare and submit bills using its unique Medicare Billing Number.

The Medicare enrollment application can be located at <http://www.cms.hhs.gov/cmsforms/downloads/cms855a.pdf>. To identify the address where the package should be mailed, please refer to http://www.cms.hhs.gov/MedicareProviderSupEnroll/downloads/contact_list.pdf. The appropriate Medicare contractor is listed next to "Fiscal Intermediary."

Successful enrollment in Medicare as an FQHC does not automatically qualify a health center for payment as an FQHC under its State Medicaid program. Health centers should contact their State Medicaid office directly to determine the process and timeline for becoming eligible for payment as an FQHC under Medicaid.

All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email
------	------	-------

Daisy Rodriguez	Point of Contact	darodriguez@pinellascounty.org
Daisy M Rodriguez	Authorizing Official	darodriguez@pinellascounty.org
Daisy Rodriguez	Program Director	darodriguez@pinellascounty.org

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Arlene Walker at:
DHHS/HRSA/BPHC
61 Forsyth St SW
Atlanta, GA, 30303-8931
Email: arlene.walker@hrsa.hhs.gov
Phone: (404) 562-4150
Fax: (404) 562-7999

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Eric Brown at:
5600 Fishers Lane
RM 10SWH03
Rockville, MD, 20857-
Email: Ebrown@hrsa.gov
Phone: (301) 945-9844

1. DATE ISSUED: 06/17/2016		2. PROGRAM CFDA: 93.224	
3. SUPERSEDES AWARD NOTICE dated: 06/07/2016 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
4a. AWARD NO.: 6 H80CS00024-15-06		4b. GRANT NO.: H80CS00024	5. FORMER GRANT NO.: H66CS00382
6. PROJECT PERIOD: FROM: 11/01/2001 THROUGH: 02/28/2019			
7. BUDGET PERIOD: FROM: 03/01/2016 THROUGH: 02/28/2017			



NOTICE OF AWARD
AUTHORIZATION (Legislation/Regulation)
 Public Health Service Act, Title III, Section 330
 Public Health Service Act, Section 330, 42 U.S.C. 254b
 Affordable Care Act, Section 10503
 Public Health Service Act, Section 330, 42 U.S.C. 254, as amended.
 Authority: Public Health Service Act, Section 330, 42 U.S.C. 254b, as amended
 Public Health Service Act, Section 330, 42 U.S.C. 254b, as amended
 Public Health Service Act, Section 330(e), 42 U.S.C. 254b
 Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b, as amended) and Section 10503 of The Patient Protection and Affordable Care Act (P.L. 111-148)
 Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b)
 Public Health Service Act, Section 330, as amended (42 U.S.C. 254b)
 Section 330 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b, as amended)

8. TITLE OF PROJECT (OR PROGRAM): HEALTH CENTER CLUSTER

9. GRANTEE NAME AND ADDRESS:
 Pinellas County Board of County Commissioners
 315 Court Street
 Clearwater, FL 33756-5165
DUNS NUMBER:
 055200216
 BHCMS # 042040

10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)
 Daisy Rodriguez
 Pinellas County Board of County Commissioners
 440 Court Street, 2nd floor
 Clearwater, FL 33756-5139

11. APPROVED BUDGET:(Excludes Direct Assistance)
 Grant Funds Only
 Total project costs including grant funds and all other financial participation

a . Salaries and Wages :	\$0.00
b . Fringe Benefits :	\$0.00
c . Total Personnel Costs :	\$0.00
d . Consultant Costs :	\$0.00
e . Equipment :	\$0.00
f . Supplies :	\$20,835.00
g . Travel :	\$1,388.00
h . Construction/Alteration and Renovation :	\$0.00
i . Other :	\$97,392.00
j . Consortium/Contractual Costs :	\$2,130,519.00
k . Trainee Related Expenses :	\$0.00
l . Trainee Stipends :	\$0.00
m . Trainee Tuition and Fees :	\$0.00
n . Trainee Travel :	\$0.00
o . TOTAL DIRECT COSTS :	\$2,250,134.00
p . INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00
q . TOTAL APPROVED BUDGET :	\$2,250,134.00
i. Less Non-Federal Share:	\$1,002,955.00
ii. Federal Share:	\$1,247,179.00

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$1,247,179.00
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$0.00
ii. Offset	\$0.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Awards(s) This Budget Period	\$1,247,179.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$0.00

13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
16	\$1,371,615.00
17	\$1,371,615.00

14. APPROVED DIRECT ASSISTANCE BUDGET:(In lieu of cash)

a. Amount of Direct Assistance	\$0.00
b. Less Unawarded Balance of Current Year's Funds	\$0.00
c. Less Cumulative Prior Awards(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00

15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:
A=Addition B=Deduction C=Cost Sharing or Matching D=Other [D]
 Estimated Program Income: \$2,000.00

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:
 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 75 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.

REMARKS: (Other Terms and Conditions Attached []Yes []No)

This NoA is issued to remove one or more Grant Conditions imposed on projects.

Electronically signed by Sheila Gale , Grants Management Officer on : 06/17/2016

17. OBJ. CLASS: 41.51 **18. CRS-EIN:** 1596000800A2 **19. FUTURE RECOMMENDED FUNDING:** \$0.00

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
16 - 3980879	93.224	16H80CS00024	\$0.00	\$0.00	HCH	HealthCareCenters_16
16 - 398879F	93.527	16H80CS00024	\$0.00	\$0.00	HCH	HealthCareCenters_16

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://grants3.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx> 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 remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. The grant condition stated below on NoA 6 H80CS00024-15-05 is hereby lifted. Due Date: Within 120 Days of Award Release Date

(CIS Tracking Number: CIS00035837 - Add Service Delivery Site:Bayside Health Clinic

14808 49th Street N., Clearwater, FL 33762)

Within 120 days of the release date of this award (i.e., the date HRSA emailed you this Notice of Award), you **MUST** verify implementation of this CIS, as required via the related EHB submission deliverable.

To access the deliverable, go to your grant folder/handbook.

2. This Notice of Award (NoA) confirms the CIS verification as follows:

Status: Service Delivery Site Addition Confirmed

Operational Date: 06/07/2016

Verification Tracking No.: SCPV015294

CIS Tracking No.: CIS00035837

This site is now included as operational in the health center's scope of project:

Site ID: BPS-H80-018057

Site Name: Bayside Health Clinic

Site Address: 14808 49th Street N., Clearwater, FL 33762

The grant condition stated below on NoA 6 H80CS00024-15-05 is hereby **LIFTED**: Due Date: Within 120 Days of Award Release Date (CIS Tracking Number: CIS00035837 - Add Service Delivery Site:Bayside Health Clinic 14808 49th Street N., Clearwater, FL 33762)

Within 120 days of the release date of this award (i.e., the date HRSA emailed you this Notice of Award), you **MUST** verify implementation of this CIS, as required via the related EHB submission deliverable.

To access the deliverable, go to your grant folder/handbook.

All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email
Daisy M Rodriguez	Authorizing Official	darodriguez@pinellascounty.org
Daisy Rodriguez	Point of Contact	darodriguez@pinellascounty.org
Daisy Rodriguez	Program Director	darodriguez@pinellascounty.org

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Arlene Walker at:
DHHS/HRSA/BPHC
61 Forsyth St SW
Atlanta, GA, 30303-8931
Email: arlene.walker@hrsa.hhs.gov
Phone: (404) 562-4150
Fax: (404) 562-7999

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Eric Brown at:
5600 Fishers Lane
RM 10SWH03
Rockville, MD, 20857-
Email: Ebrown@hrsa.gov
Phone: (301) 945-9844

1. DATE ISSUED: 06/21/2016		2. PROGRAM CFDA: 93.224	
3. SUPERSEDES AWARD NOTICE dated: 06/17/2016 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
4a. AWARD NO.: 6 H80CS00024-15-07		4b. GRANT NO.: H80CS00024	5. FORMER GRANT NO.: H66CS00382
6. PROJECT PERIOD: FROM: 11/01/2001 THROUGH: 02/28/2019			
7. BUDGET PERIOD: FROM: 03/01/2016 THROUGH: 02/28/2017			



NOTICE OF AWARD
AUTHORIZATION (Legislation/Regulation)
 Public Health Service Act, Title III, Section 330
 Public Health Service Act, Section 330, 42 U.S.C. 254b
 Affordable Care Act, Section 10503
 Public Health Service Act, Section 330, 42 U.S.C. 254, as amended.
 Authority: Public Health Service Act, Section 330, 42 U.S.C. 254b, as amended
 Public Health Service Act, Section 330, 42 U.S.C. 254b, as amended
 Public Health Service Act, Section 330(e), 42 U.S.C. 254b
 Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b, as amended) and Section 10503 of The Patient Protection and Affordable Care Act (P.L. 111-148)
 Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b)
 Public Health Service Act, Section 330, as amended (42 U.S.C. 254b)
 Section 330 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b, as amended)

8. TITLE OF PROJECT (OR PROGRAM): HEALTH CENTER CLUSTER

9. GRANTEE NAME AND ADDRESS:
 Pinellas County Board of County Commissioners
 315 Court Street
 Clearwater, FL 33756-5165
DUNS NUMBER:
 055200216
 BHCNIS # 042040

10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)
 Daisy Rodriguez
 Pinellas County Board of County Commissioners
 440 Court Street, 2nd floor
 Clearwater, FL 33756-5139

11. APPROVED BUDGET:(Excludes Direct Assistance)
 Grant Funds Only
 Total project costs including grant funds and all other financial participation

a . Salaries and Wages :	\$0.00
b . Fringe Benefits :	\$0.00
c . Total Personnel Costs :	\$0.00
d . Consultant Costs :	\$0.00
e . Equipment :	\$0.00
f . Supplies :	\$20,835.00
g . Travel :	\$1,388.00
h . Construction/Alteration and Renovation :	\$0.00
i . Other :	\$97,392.00
j . Consortium/Contractual Costs :	\$2,130,519.00
k . Trainee Related Expenses :	\$0.00
l . Trainee Stipends :	\$0.00
m . Trainee Tuition and Fees :	\$0.00
n . Trainee Travel :	\$0.00
o . TOTAL DIRECT COSTS :	\$2,250,134.00
p . INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00
q . TOTAL APPROVED BUDGET :	\$2,250,134.00
i. Less Non-Federal Share:	\$1,002,955.00
ii. Federal Share:	\$1,247,179.00

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$1,247,179.00
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$0.00
ii. Offset	\$0.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Awards(s) This Budget Period	\$1,247,179.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$0.00

13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
16	\$1,371,615.00
17	\$1,371,615.00

14. APPROVED DIRECT ASSISTANCE BUDGET:(In lieu of cash)

a. Amount of Direct Assistance	\$0.00
b. Less Unawarded Balance of Current Year's Funds	\$0.00
c. Less Cumulative Prior Awards(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00

15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:
A=Addition B=Deduction C=Cost Sharing or Matching D=Other [D]
 Estimated Program Income: \$2,000.00

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:
 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 75 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.

REMARKS: (Other Terms and Conditions Attached []Yes []No)

This NoA is issued to remove one or more Grant Conditions imposed on projects.

Electronically signed by Sheila Gale , Grants Management Officer on : 06/21/2016

17. OBJ. CLASS: 41.51 **18. CRS-EIN:** 1596000800A2 **19. FUTURE RECOMMENDED FUNDING:** \$0.00

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
16 - 3980879	93.224	16H80CS00024	\$0.00	\$0.00	HCH	HealthCareCenters_16
16 - 398879F	93.527	16H80CS00024	\$0.00	\$0.00	HCH	HealthCareCenters_16

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://grants3.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx> 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 remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. The grant condition stated below on NoA 6 H80CS00024-15-04 is hereby lifted. Due Date: Within 120 Days of Award Release Date

CIS Tracking Number: CIS00035838

Delete Service Delivery Site: Pinellas County Bayside Health Clinic

14840 49th St N, Clearwater, FL 33762-2835

Within 120 days of the release date of this award (i.e., the date HRSA emailed you this Notice of Award), you **MUST** verify deletion, as required via the related EHB submission deliverable.

To access the deliverable, go to your grant folder/handbook.

2. This Notice of Award (NoA) confirms the CIS verification as follows:

Status: Service Delivery Site Deletion Confirmed

Site Deleted Date: 06/14/2016

Verification Tracking No.: SCPV015324

CIS Tracking No.: CIS00035838

This site is no longer included in the health center's scope of project:

Site ID: BPS-H80-012120

Site Name: Pinellas County Bayside Health Clinic

Site Address: 14840 49th St N, Clearwater, FL 33762

The grant condition stated below on NoA is hereby **LIFTED**: Due Date: Within 120 Days of Award Release Date

CIS Tracking Number: CIS00035838

Delete Service Delivery Site: Pinellas County Bayside Health Clinic 14840 49th St N, Clearwater, FL 33762-2835

Within 120 days of the release date of this award (i.e., the date HRSA emailed you this Notice of Award), you **MUST** verify deletion, as required via the related EHB submission deliverable.

To access the deliverable, go to your grant folder/handbook.

All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email
Daisy Rodriguez	Point of Contact	darodriguez@pinellascounty.org
Daisy Rodriguez	Program Director	darodriguez@pinellascounty.org
Daisy M Rodriguez	Authorizing Official	darodriguez@pinellascounty.org

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Arlene Walker at:
DHHS/HRSA/BPHC
61 Forsyth St SW
Atlanta, GA, 30303-8931
Email: arlene.walker@hrsa.hhs.gov
Phone: (404) 562-4150
Fax: (404) 562-7999

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Eric Brown at:
5600 Fishers Lane
RM 10SWH03
Rockville, MD, 20857-
Email: Ebrown@hrsa.gov
Phone: (301) 945-9844

TAB 4 – TREND REPORT

The trend report for June 2016 is attached.

The 2017 patient target for unduplicated patients is 2,940.

MMU 2015-2016 Trend Report for Unduplicated Patients & Qualified Medical Encounters by RM O'Brien

Data source: NextGen EPM 7/5/16 @ 12:30 PM; and 2015-2016 Trend Reports

Unduplicated Patients				
Calendar Month	2016 Totals			2015 Totals
	Monthly increase, all sites except Safe Harbor	Safe Harbor/Bayside ONLY monthly increase	Monthly cumulative including expanded clinic, Safe Harbor	Monthly cumulative including expanded clinic
January	216	135	351	413
February	154	65	570	626
March	104	63	737	840
April	71	107	915	1024
May	78	99	1092	1165
June	50	171	1313	1354
July				1512
August				1657
September				1794
October				1980
November				2109
December				
Total for year	<u>673</u>	<u>640</u>	1313	2241* less 2 test patients

Qualified Medical Encounters				
Calendar Month	2016 Totals			2015 Totals
	Monthly increase, all sites except Safe Harbor	Safe Harbor/Bayside ONLY monthly increase	Monthly cumulative including expanded clinic, Safe Harbor	Monthly cumulative including expanded clinic
January	252	209	461	505
February	276	165	902	991
March	257	179	1338	1542
April	222	261	1821	2117
May	270	225	2316	2587
June	239	314	2869	3148
July				3708
August				4208
September				4715
October				5371
November				5841
December				
Total for year	<u>1516</u>	<u>1353</u>	2869	6375

MMU Unduplicated Patients report for 1/1/16-6/30/16 by RM O'Brien

Data source: NextGen EPM 7/5/16 @ 12:30 PM

Location/Site	2016 Totals for 1/1/16-6/30/16	
	Unduplicated Patient Count	Percentage of Total Unduplicated Patient Count
Ex Offender Showcase	0	0%
Pinellas Hope	155	12%
Safe Harbor/Bayside	640	49%
Salvation Army (ARC)	153	12%
Salvation Army 1-Stop (St. Petersburg)	144	11%
St. Vincent DePaul (Clearwater)	87	7%
St. Vincent DePaul (St. Petersburg)	92	7%
Homeless Emergency Project (HEP)	42	3%
Totals (1313)	1313	100%

MMU Qualified Medical Encounter report for 1/1/16-6/30/16 by RM O'Brien

Data source: NextGen EPM 7/5/16 @ 12:30 PM

Location/Site	2016 Totals: Qualified Medical Encounters for 1/1/16-6/30/16			
	New: 99201-99205	Established: 99211-99215	Total of New & Established: 99201-99215	Percentage of Total New and Established
ExOffender Showcase	0	0	0	0%
Pinellas Hope	64	317	381	13%
Safe Harbor/Bayside	280	1073	1353	47%
Salvation Army ARC	51	350	401	14%
Salvation Army 1-Stop (St. Petersburg)	38	259	297	10%
St. Vincent DePaul (Clearwater)	19	135	154	5%
St. Vincent DePaul (St. Petersburg)	32	136	168	6%
Homeless Emergency Project (HEP)	27	88	115	4%
Totals (2869)	511	2358	2869	100%



Florida Department of Health in Pinellas County

Trend Report for Bayside Dental Clinic

Date Report Run 7/6/2016

Unduplicated MMU/Safe Harbor Dental Patients at all PCMH Dental Clinics including the Bayside Dental Clinic		
From 12/1/2015 to 2016-06-30		
Calendar Month	Monthly Increase	Cumulative
Totals for Year Percentages	0	

Unduplicated MMU/Safe Harbor Dental Patients at all PCMH Dental Clinics including the Bayside Dental Clinic					
Calendar Month	PCHP	MMU/BaySide	NoMedHome	Monthly Increase	Cumulative
April 2016	31	26	3	60	60
May 2016	7	32	1	40	100
June 2016	8	45	1	54	154
Totals for Year Percentages	46 29.87%	103 66.88%	5 3.25%	154	

Dental Encounters		
From 12/1/2015 to 2016-06-30		
Calendar Month	Monthly Increase	Cumulative
Totals for Year Percentages	0	

Dental Encounters					
From 12/1/2015 to 2016-06-30					
Calendar Month	PCHP	MMU/BaySide	NoMedHome	Monthly Increase	Cumulative
April 2016	38	36	4	78	78
May 2016	51	89	6	146	224
June 2016	56	143	2	201	425
Totals for Year Percentages	145 34.12%	268 63.06%	12 2.82%	425	



Florida Department of Health in Pinellas County

Trend Report For MMU Dental Clients

For Date the Range of: 1/1/2016 Thru 6/30/2016

Service Site	Number of Patients	Service Encounters
PINELLAS PARK HEALTH CENTER	26	53
TARPON SPRINGS HEALTH CENTER	1	1
MID COUNTY HEALTH CENTER	24	36
LARGO HEALTH CENTER	52	126
ST PETE HEALTH CENTER-SPECIALTY CARE	12	14
BAYSIDE CLINIC-MOBILE MEDICAL UNIT 2	106	269
OUTREACH SITE	1	1
ST PETERSBURG HEALTH CENTER	43	94
CLEARWATER HEALTH CENTER	16	29
All Sites	238	623

The sum of the patients at each service site will not equal the total unduplicated number of patients any time a patient receives treatment at more than one service site.

TAB 4 – PATIENT CENTERED MEDICAL HOME RECOGNITION

Level One Recognition

DeGregorio, Elisa N

From: Rodriguez, Daisy M
Sent: Monday, July 11, 2016 3:41 PM
To: DeGregorio, Elisa N
Subject: FW: Notification of Recognition Decision

As requested,

[Certificate to follow in a couple of weeks](#)

From: NCQA Auto Email [mailto:rpnoreply@ncqa.org]
Sent: Thursday, July 07, 2016 7:26 AM
To: Rodriguez, Daisy M <darodriguez@co.pinellas.fl.us>
Subject: Notification of Recognition Decision

Dear Applicant,

On behalf of the National Committee for Quality Assurance (NCQA), thank you for your application to the Recognition Programs.

We are happy to acknowledge that the following application has been successful and has been granted Recognition:

Pinellas County Human Services
PCMH 07/01/2016 - 07/01/2019
Level: 1

The following clinician(s) are linked to this Recognition:

Chitra Ravindra MD
Festus Agyekum PA
Padmanabha Raju Mungara MD
Jennifer Griffin MD

Within a month you will receive a Recognition packet that includes a Certificate of Recognition. NCQA will also list you on our web site with a Recognition seal for the program and applicable active recognition dates.

To view the results of your survey, login to iss.ncqa.org. For instruction on how to view the results in ISS, [click here](#), and navigate to the section titled, "Technical Assistance (ISS and Online)." If you have any questions or difficulty viewing your results, please contact NCQA via the Policy Clarification System (<https://my.ncqa.org/>).

NCQA has created seals and graphics to help you champion your achievements. Follow the marketing and advertising guidelines link below:

<http://www.ncqa.org/Programs/Recognition/Practices/PatientCenteredMedicalHomePCMH/AfterKeepitPCMH.aspx#maintain>

If you would like to request an add-on survey to allow your practice site to add documentation to improve your overall score for elements that you select, please see important deadlines below:

- 6/30/17 - Last day to request PCMH 2014 Add-on Surveys for any currently recognized or recently denied PCMH 2014 practice site
- 9/30/17 – Last day to submit all PCMH 2014 Site Surveys (including practice site add-ons, conversions, renewals, initial individual and initial multi-site practice-level surveys). If you have any questions about your Recognition, please contact Abiola Isola at isola@ncqa.org.

You can also submit your questions via this link:<https://my.ncqa.org/> click “My Questions”, select “Ask a Question,” and then select “Policy/Program Clarification Support.”

Please ensure that your contact information remains current in NCQA’s systems. NCQA will e-mail an expiration notice to the contact on record prior to your practice site's expiration date to help you keep the recognition active.

Congratulations on your success and thank you for doing your part to advance quality in health care!

Sincerely,

NCQA Recognition Programs

[ref:a0WG000000M5s9IMAR\:]

TAB 5 – OTHER UPDATES

No attachments.