

Pinellas County

Department of Health and Human Services: Board of County Commissioners 2012 Workshop Session

Fiscal Year 2012

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Board of County Commissioners 2012 Health and Human Services Workshop Session

As the Board of County Commissioners begins its Fiscal Year 2012 workshop sessions with county departments, the Department of Health and Human Services has prepared this document to aid the discussion. It contains the activities that have occurred within the Department since the beginning of Fiscal Year 2012 that will have the desired outcomes identified in the Board's Strategic Direction, which focuses on improving the county's quality of life. Our department has fully embraced this plan and has outlined how our initiatives tie into the Board's desired outcomes, as well as the current status of these initiatives.

Board's Desired Outcomes	Health and Human Services Initiatives	Current Status of Initiatives
Periodically review and determine whether core services align with current community needs	Identification of community unmet needs in Health and Human Services focus areas of health and economic self-sufficiency	<ul style="list-style-type: none"> • Board discussion and approval of 2012 Work Plan and <i>Pathways</i> report in August 2011 • Redesign of department programs to target low-income populations with identified unmet needs • Programs will focus on having clients no longer qualify for county programs upon completion, as to prevent the county from incurring in additional costs
	Expand capacity and reduce cost of Health and Human Services to targeted communities	<ul style="list-style-type: none"> • Development of county agency workgroup with Juvenile Welfare Board and Pinellas County Health Department to discuss community unmet needs and appropriate overarching strategies
Communicate a clearly defined set of core services	Redesign of Health and Human Services	<ul style="list-style-type: none"> • Presentation of improvements to program to Board (outlined in this report)
Align budget and resources allocations with core services	Revision of Department budget to meet Board's priorities	<ul style="list-style-type: none"> • Alignment of budget and resource allocation upon completion of these workshops, following Board directives
Increase citizen satisfaction with the delivery of core services	Quarterly client satisfaction surveys	<ul style="list-style-type: none"> • Expansion of client surveys to better quantify citizen satisfaction on a quarterly basis
Deliver measurable savings and improved customer service from investments in technology	Implementation of CHEDAS	<ul style="list-style-type: none"> • Final stage of CHEDAS implementation – full implementation by March 2012
	Purchase of Advanced Reporting Tool for CHEDAS reports	<ul style="list-style-type: none"> • Board approval of Advanced Reporting Tool in December 2011 to finalize CHEDAS implementation
	Implementation of Medical Claim Management Services system	<ul style="list-style-type: none"> • Currently presenting Emdeon contract to Purchasing Director for approval to implement paperless medical claims billing system that interacts with CHEDAS and OPUS
	Implementation of an electronic enrollment process	<ul style="list-style-type: none"> • A centralized client eligibility determination process has been outlined that will be implemented in CHEDAS by March 2012

Board's Desired Outcomes	Health and Human Services Initiatives	Current Status of Initiatives
Utilize a data-driven approach to target opportunities for efficiencies	Redesign of Health and Human Services, including the development of appropriate outcome measures	<ul style="list-style-type: none"> • Creation of Contracts, Analysis, Management and Planning Unit to expedite redesign • Currently developing revised outcome measures for each program that align with approved Department strategic plan
Achieve measurable per service/per unit cost savings	Implementation of Advanced Reporting Tool to enable cost-benefit reporting through CHEDAS	<ul style="list-style-type: none"> • Integration of the Advanced Reporting Tool is in the process of completion and will enable us to get reports with necessary outcomes to better identify efficiencies and cost savings by June 2012
Achieve cost savings from a collaborative work group for consolidation And Collaborate with partners to implement countywide sustainability	Collaboration with Pinellas County's One-E-App community enrollment portal	<ul style="list-style-type: none"> • Discussions to participate in this initiative as a component in our "one-stop shop" service delivery model
	Leveraging community partnerships for new health care delivery system	<ul style="list-style-type: none"> • Established partnerships with over 24 community agencies • Pending Board approval to apply for the \$30 million <i>Center for Medicaid Services Health Care Innovation Challenge Grant</i> • Discussions to integrate electronic databases to implement shared medical records (through NextGen) • Expansion of 330e Federal Qualified Health Center status to bill at higher Medicaid rates
Empower employees to implement new ideas that improve service	Department meetings run by staff with quality improvement recommendations and ideas submitted to management	<ul style="list-style-type: none"> • Staff identified areas for program improvement and presented management team with cost efficiencies and improved service delivery strategies • Ideas presented by staff are being incorporated into program redesigns
	Changes in job classifications to promote career mobility	<ul style="list-style-type: none"> • Human Resources approved the promotion of Eligibility Specialists into Case Manager 1 once all tasks are mastered (already implemented) • Request for Office Support Specialist promotions to Eligibility Specialists
Increase employee satisfaction and engagement	Creation of multiple communication outlets to ensure new staff ideas are presented to management	<ul style="list-style-type: none"> • Development of a monthly department newsletter to inform staff of new developments and celebrate employee accomplishments • Direct access to Director and management team to enable clear communication
	Staff surveys after department meetings	<ul style="list-style-type: none"> • Completion of staff surveys to ensure new developments are clearly communicated, allowing for additional improvements

For ease of review, we will discuss our initiatives below by providing a review of the intent each area serves, followed by improvement and recommendations that align with both the Board's Strategic Direction and our own departmental goals.

I. Pinellas County Health and Human Services Initiatives

While the Department of Health and Human Services has always served those most in need in Pinellas County, its current emphasis is to aid individuals in becoming fully self-sufficient and/or receive any state or federal benefits they may be entitled to. This, in turn, will eliminate their use of county programs and ensure the county does not have to incur additional costs. In order to accomplish this, the Department has identified five areas for improvement and realigned these to better meet the strategic direction of the Board of County Commissioners. These include:

- Better technological capabilities to improve community-level outcomes
- An improved health care delivery system that prepares the county for the 2014 arrival of Federal Health Care Reform under the Patient Protection and Affordable Care Act
- A diversified funding stream for the Department to reduce reliance on General Funds
- Reorganizing the Department, starting with an improved client services delivery system with a centralized intake process that reduces duplication and is cost-efficient

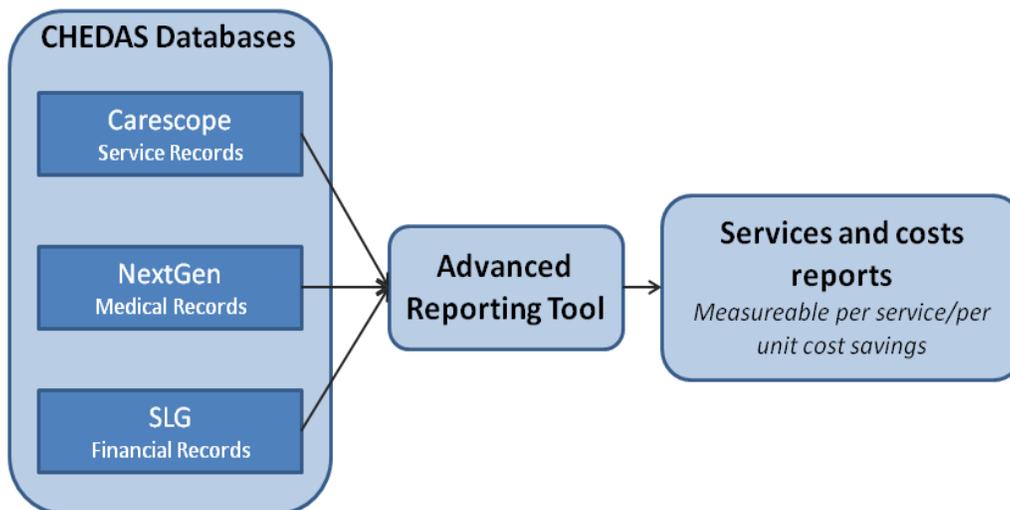
A) Improved Technological Capabilities

Our current priority is to focus on a Health and Human Services delivery system that is client-oriented, improves community health outcomes, and is cost-efficient. Full implementation of an integrated service delivery system will allow the county to collect community outcomes that demonstrate the impact access to healthcare and social services have in helping residents along a path towards better health and economic self-sufficiency. In order to do this, the Board invested in CHEDAS, a technological system that will enable Health and Human Services to *deliver measurable per service/per unit cost savings and improved customer service*.

Description: CHEDAS is composed of three distinct databases that collect all data necessary to report the quantity and cost of services delivered by the Department of Health and Human Services [Figure 1].

- **CareScope** is the service records database and provides access to service enrollment, case management, scheduling, and provider management. It also enables the Department to capture outcome measures tied to programmatic performance. This database provides a community portal which enables clients to apply for programs online and for community partners and agencies to access client information electronically.
- **NextGen** is the medical records database and also serves as a document management system, allowing the Department to become completely paperless. As we move into the development of a new community-centered health care delivery system (described in next section), this database can serve as an interface for shared medical records across multiple health agencies across the county.
- **SLG** is the financial records database, which allows for the electronic payment of all services provided by or contracted through the Department. This system enables CHEDAS billing information to be transferred electronically to the county's Oracle Financial database, creating a fluid data exchange. It also assists with monitoring department contract budget spend down rates and departmental compliance with the county purchasing ordinance.

Figure 1: CHEDAS Reporting Flow Process



While all three databases have been implemented and collect the required data to establish whether measurable savings and efficiencies are being met, the systems lacked a way to pull single reports that linked all information together. In December 2011, the Board approved the purchase of an Advanced Reporting Tool to enable Health and Human Services to run data reports that meet the Board’s desired outcomes of *utilizing data-driven approaches to target opportunities for efficiencies and achieving measurable per service/per unit cost savings*. The Advanced Reporting Tool also allows the Department to report on improved performance and outcome measures that demonstrate whether programmatic goals are being met. This will allow for better quality improvements and provide the Board with the information necessary to *periodically review and determine whether core services are in alignment with community needs*.

Features:

- Eligibility and enrollment
- Case management software
- Data collection and assessments
- Financial records
- Electronic medical records
- Comprehensive service and financial reports
- Measurable performance outcomes

Community Collaboration and Contracts: All agencies that contract with Health and Human Services will utilize CHEDAS to submit performance measures, improving the Department’s reporting capabilities.

Benefit to Pinellas County:

- Improved technological capacities
- Streamlined data collection
- Provision of community-level outcome measures
- Reduction in overhead costs
- Ability to interact with other community agency databases to share client information

Target Implementation Date: CHEDAS is currently in its last phases of implementation, with completion projected in March 2012.

B) Improved Health Care Delivery System

In anticipation of the full implementation of the Patient Protection and Affordable Care Act in 2014 and the direction of the Board, our efforts to partner with multiple community agencies include the development of an integrated health care delivery system that prepares the county for expanded Medicaid eligibility with resulting reductions in cost.

Current system: The Pinellas County Health Program was implemented at the start of fiscal year 2009 in response to the reporting limitations of WellCare, the previous health care services provider to uninsured, indigent residents. The program targets uninsured residents between the ages of 18 and 64 who are at or below 100% of the Federal Poverty Level. Pinellas County has 12 medical homes sites available through two community primary care providers, while Mobile Medical Unit clients can visit the clinic at any of the 13 strategically placed locations across the county. Medical homes focus on wellness and prevention by providing continuity of care through a team of medical providers. Preventive services represent cost-savings, as they help shift the cost away from more expensive services with lower health benefit, and cost less to deliver.

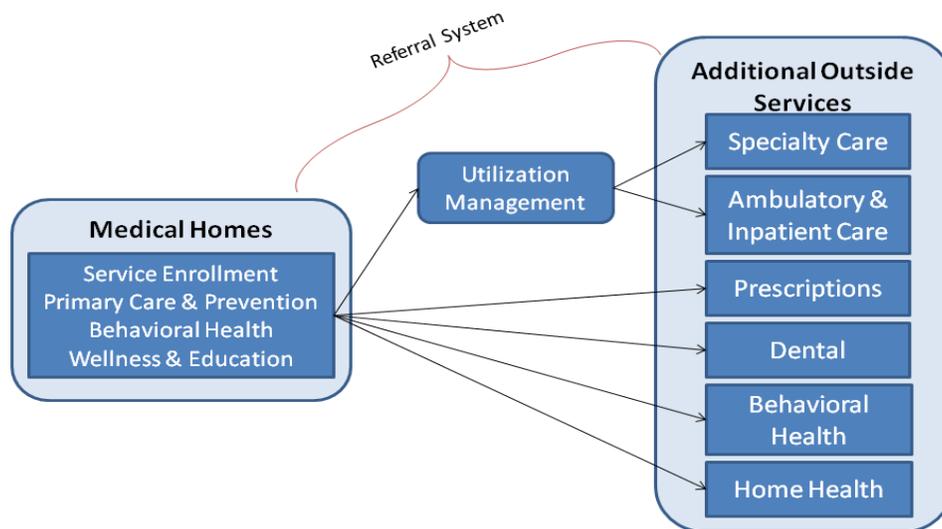
While primary care and prevention are the focus of this delivery system, the medical homes also incorporate behavioral health, wellness, and education services at the primary care sites. Additionally, clients have access to an external network of services that includes prescriptions, dental care, specialty care, ambulatory and inpatient care, off-site behavioral health care, and access to home health and durable medical equipment [Figure 2].

In an effort to ensure appropriate usage of our specialty care network and ambulatory and inpatient care usage, a Utilization Management team overseen by our Medical Director evaluates the medical necessity, appropriateness, and efficiency of the use of health care services, procedures, and facilities under the program's provisions. A more detailed description of the current health program and its outcomes is available on page 21.

While the current system has been successful and cost-saving, the following limitations exist:

- Disproportionate number of residents without health care
 - 199,983 uninsured individuals in 2010
- Lack of capacity to serve the increasing number of indigent individuals requesting service
 - Indigent population of approximately 150,000
- Inadequate infrastructure and staffing resources
- Decreased impact on community health outcomes, resulting in increased medical and jail costs
- Costly access to specialized staff (specialists, hospital staff, etc.)
- Does not provide holistic services to the individual available through “one-stop” approach to Health and Human Services

**Figure 2: Current Pinellas County Health Care Delivery System
Pinellas County Health Program**



In August 2011, the Board directed staff to facilitate a series of discussions with other community health care agencies to identify efficiencies and design an improved health care delivery system in the county. Through these discussions, two areas for improvement were identified. First, there is limited or no connectivity in Pinellas County between agencies to eliminate client duplication, program hopping and excessive costs. This is partially driven by the lack of technologies that allow agencies to share information. Second, health care delivery for low-income populations in Pinellas County is designed to treat adults and children separately, instead of the family unit as a whole. Treating the family unit as a whole has been demonstrated to be more efficient and cost-effective. With this in mind, improvements to the health care delivery system are outlined below, focusing on *collaborations with partners to implement countywide sustainability*.

Improved System: The Department of Health and Human Services is committed to achieving its health care goals of increasing access to quality healthcare, improving the health outcomes of low-income/high-risk individuals, and reducing health disparities in targeted communities. To help achieve these goals, we have designed – along with our community partners – an improved healthcare delivery system that will provide better community health outcomes at a reduced cost. While we will continue operating the patient-centered medical homes, we will improve and expand services to include prevention practices that focus on improving outcomes on a community-wide and individual level. It will also link the family with social service agencies within the community to ensure any additional social and environmental factors impeding access to quality health care and better health outcomes are properly addressed.

The main tenants of this initiative include:

- A community-focused health care delivery system with multiple access points
- Improving technological capacities
- Expanding and retraining the health care workforce
- Engaging and educating the community on health outcomes
- Working with legislative bodies on issues that affect health outcomes

A community-focused health care delivery system with multiple access points. Access to health care is crucial in being able to improve community health outcomes. Therefore, we believe it is necessary to increase the number of access points to our county health care system. As previously mentioned in our August 2011 workshop with the Board, co-locating service agencies allows for families and other residents to have better access to available resources, while increasing overall service delivery in the community, eliminating unnecessary duplication among community agencies, reducing the costs of intake and administrative overhead, reducing the need for multiple service locations, creating a seamless delivery system, allowing for the measurement of community impact, eliminating program hopping, and simplifying client navigation. Co-location can be virtual (through the implementation of improved technologies that share enrollment and client information) or physical (through infrastructure that allows multiple agencies to be housed in the same location). The following local agencies have already agreed to partner with the county and participate in the new health care delivery system by implementing either virtual or physical “one-stop shops” as an attempt to co-locate service agencies:

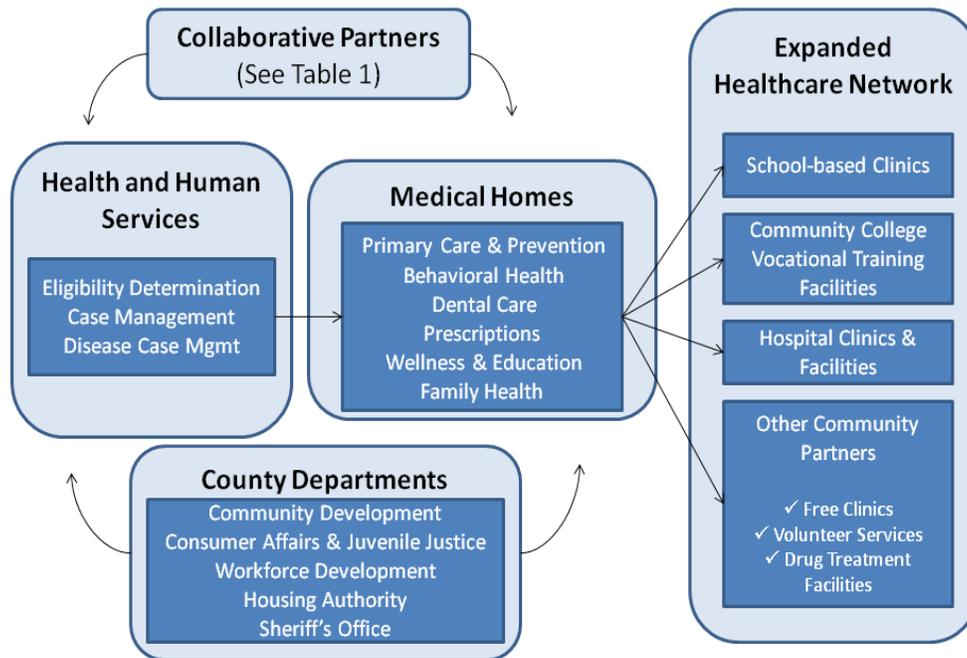
Table 1: Community Partnerships within the Pinellas County Health Collaborative

Department of Health and Human Services	Suncoast Center, Inc.	Baycare Health System
Pinellas County Health Department	Health and Human Services Coordinating Council	Bayfront Medical Center
Juvenile Welfare Board	Personal Enrichment Through Mental Health Services, Inc. (PEHMS)	Helen Ellis Memorial Hospital
Directions for Mental Health	Operation PAR, Inc.	All Children’s Hospital
Community Health Centers of Pinellas	Westcare	Justice and Consumer Services
St. Petersburg Free Clinic	Pinellas County Coalition for the Homeless	Pinellas County School Board
Health Councils	St. Vincent de Paul	211 Tampa Bay Cares
Community Development	St. Petersburg College	Pinellas Technical Education Centers
NOVA Southeastern University	Sheriff’s Office	

Outside of the medical homes, the improved system will provide an expanded health care network in order to provide access to primary care during evenings and weekends. This will ensure that additional family health needs are met, while providing avenues that prevent non-emergent emergency room visits. This network will include multiple primary care clinics and drug treatment facilities. Again, all facilities will serve as entry points, facilitating access into the system and using technology for “behind the scenes” billing through the use of scannable health care cards. Pinellas County public school clinics currently provide basic primary care and health education to students during the day and will be accessible to parents during evening hours. This will enable the family unit to access primary care services at locations utilized daily. Twenty-four hour hospital clinics and facilities will also provide primary care and divert eligible patients that can be treated at the clinics from the emergency room. State-of-the-art community college vocational training clinics will serve as both primary care and community health worker training facilities. The St. Petersburg Free Clinic will provide additional primary and urgent care with extended

evening hours. Finally, drug treatment facilities will allow clients with substance abuse problems to access quality care that meets their needs [Figure 3].

**Figure 3: New Pinellas County Health Care Delivery System
Pinellas County Health Collaborative**



Improving technological capacities. In order for the new health care delivery system to be successful, a more effective and efficient system-wide technological system must be developed. Currently, most participating community health agencies have electronic data systems to capture necessary data and information. However, it is essential to integrate these systems in order to allow for better continuity of care. First, a community-wide eligibility determination system must be developed, which has already begun through the county’s One-E-App initiative. One-E-App will serve as a common enrollment portal for multiple county programs, reducing overhead and administrative costs, simplifying client navigation, and reducing service duplication. Second, it is essential to share client medical records between participating health care providers. This will reduce costs related to duplicate lab work, family illness patterns, and diagnosis times. This can be accomplished utilizing CHEDAS’ NextGen database to serve as an interface for shared medical records across all participating health agencies.

In addition to sharing data, improved technological capabilities will allow for the multiple agencies participating in this health care delivery system to provide access to the entire family unit at one location and dealing with bill payments “behind the scenes”.

Expanding and retraining the health care workforce. In order to improve health disparities, it is essential to have a health care workforce that is culturally competent. First, agencies will participate in the cross-training of existing primary care and behavioral health providers. This will ensure that all entities

are aware of the new delivery system and how each organization fits into the overall structure. It will also allow for a transfer of knowledge to better assess patient needs holistically.

It is also important to further train current and future community health care workforce to ensure sustainable community health outcomes. Medical homes will also serve as practicum training sites for psychiatric nurse practitioners with the College of Nursing at the University of South Florida and observation sites for local Family Practice and Pediatric residency programs. Directions for Mental Health will continue to serve as a Post-Graduate Year 3 and 4 outpatient training site for the new Nova Southeastern University College of Osteopathic Medicine psychiatry residency program under this new model.

Finally, the system will also identify and train new individuals within the community to become community health workers through the development of a certificate program in partnership with St. Petersburg College. Community health workers will receive basic training in primary and behavioral health to serve as care coordinators and liaisons between the community and the health and social services system to facilitate access to services and improve quality and cultural competencies. By engaging members within the community to become a part of the health care delivery system, citizens will feel empowered to improve their own health and teach those around them how to do so as well.

Engaging and educating the community on health outcomes. A culturally diverse health education campaign is necessary to empower individuals to change their health behaviors. The health education component will be led by the Health and Human Services and the Pinellas County Health Department in conjunction with all other partnering agencies. It will utilize techniques in social marketing and health communications and be driven by leading public health theories. The campaign will utilize social media, television, radio, texts, internet, and print advertisements (flyers, brochures, bus stop ads). This will be done in conjunction with Pinellas County's Communications Department, as well as at all partner agencies throughout the community. All visual advertisements will have multiple racial and ethnic backgrounds represented to tailor messages to our target populations. They will also be available in multiple languages.

Another way to ensure community engagement in health will be through the deployment of community health workers in multiple settings. Each patient or family will have an assigned community health worker who has a unique understanding of their community. This will be coupled with the active participation of community members whom have personally benefited from improved health and how they achieved it.

Benefit to Pinellas County: Strategic partnerships will allow us to:

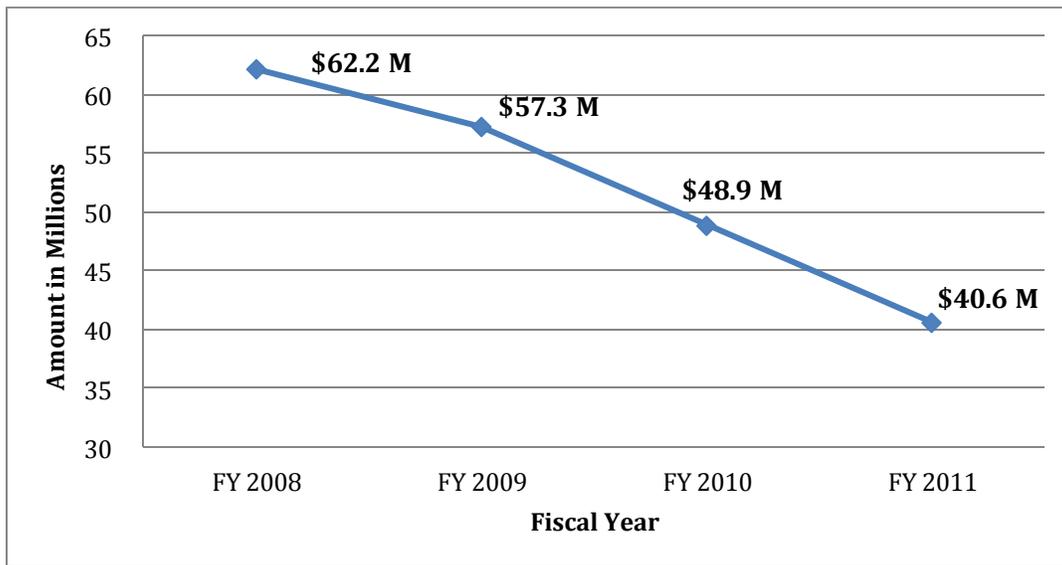
- Leverage a higher federal reimbursement rate
- Offset the cost of care
- Utilize already existing modern health clinics and trained staff
- Increase variety of health services offered
- Expand access to quality healthcare
- Offset the impact of inadequate transportation

Target Implementation Date: It is anticipated that the Pinellas County Health Collaborative will be fully implemented by October 2012.

C) Diversified Funding Stream

The economic downturn has resulted in a 56% decrease in Health and Human Services program funding over the past four years, although service delivery needs have increased [Figure 4]. Thus, we must continue to leverage additional funds in order to provide a full spectrum of services that meet the community's needs, as a supplement to the Department's allocated General Funds. With Board approval, Health and Human Services has begun this effort, which includes developing an Indigent Health Trust, aggressively seeking and applying for grant opportunities, expanding our 330e Federally Qualified Health Center designation, and leveraging resources from community partnerships.

Figure 4: Health and Human Services Budget, Fiscal Years 2008 to 2011



Indigent Health Trust: On September 15, 2011, the Board established the Pinellas County Trust Account as a means to accept contributions to support medical services provided through the Pinellas County Health Program. The funds deposited into the trust account will remain under control of the County and are restricted solely for the purpose of providing medical care for our low-income uninsured citizens. The initial monies deposited into the trust account currently total \$10.6 million and come from:

- The leveraged funds received by the hospitals in previous years from participation with the County in the Medicaid Buy-Back and Low Income Pool programs. Previously, hospital partners were holding these funds in trust for payment of eligible bills incurred by the Pinellas County Health Program. To date, Bayfront Medical Center, BayCare Health System and Helen Ellis Memorial Hospital have transferred the total \$9.1 million they were holding into the trust account. HCA Hospitals and Palms of Pasadena Hospital are also holding funds received in previous years and have been asked to transfer these dollars to the trust account, which would amount to an additional \$2.1 million.
- Bayfront Medical Center's initial \$1.5 million contribution as a part of the Services Agreement they signed to help fund additional Pinellas County Health Program expenses. Additional contributions totaling \$6.1 million are expected in fiscal year 2012.

Grant Opportunities: Since October 2011, we have worked on three grant applications that could secure the county a total of up to \$35.5 million, and continue to seek additional federal grant opportunities. We will receive award notifications for these between April and May 2012.

- The *Health Resources and Services Administration Capital Development-Immediate Facility Improvements Grant* would secure \$500,000 in non-clinical exterior renovations to the Health and Human Services St. Petersburg office location, which has not been renovated since its purchase in 1987.
- The *Health Resources and Services Administration Capital Development Grant* would secure another \$5 million to increase access to care for Pinellas County homeless individuals by providing a medical clinic at Safe Harbor, as well as expanding the Mobile Medical Unit's ability to treat more clients.
- The *Center for Medicaid Services Health Care Innovation Challenge Grant* would provide up to \$30 million dollars over a three year period to implement the community-centered health care delivery system, eliminating county-wide service duplication.

Federally Qualified Health Center Designation Expansion: Additionally, we have the opportunity of expanding our Federally Qualified Health Center designation from a 330h into a 330e. Federally Qualified Health Centers are governed by the Health Centers Consolidation Act of 1996. 330e Federally Qualified Health Center can apply for additional grant opportunities to help fund building and equipment costs, managed care networks, and practice management networks. These grants can also help pay for the costs of operations, homeless health care, and public housing residents. Additionally, a 330e designation will allow the Pinellas County Health Collaborative bill at a higher Medicaid reimbursement rate for services, decreasing its dependency on county General Funds. We are in the process of working with the law department, who is assisting us with our application. The minimum steps in this process are outlined below:

- Establishment of a Federally Qualified Health Center generally requires the creation of a governing board composed of at least 50% consumers of the health center services. An exception to this general requirement is made though where a public entity operates the health center.
- If Pinellas County creates a public board to operate a health center, a separate "consumer" board must also be created. The consumer board will be responsible for setting policy, while the public board will make all fiscal and personnel decisions.
- The two boards will enter into a Memorandum of Understanding that will clarify their distinct responsibilities. After setting up this structure, the dual boards will be allowed to apply for grants as one unit.

As we continue, we will update the Board on the status of this endeavor through regular reports.

Leveraging Community Partnerships: Partnering with other county agencies to deliver improved health and human services to the community is crucial in cost-savings initiatives that eliminate unnecessary duplication. As previously outlined on Table 1, we are actively working to realign relationships with multiple county agencies, having already gained the support of 25 agencies for the Pinellas County Health Collaborative. Continuing these efforts with other agencies will enable Pinellas County Health and Human

Services clients to receive services in a faster, more efficient way. In addition to the partnerships created by the Pinellas County Health Collaborative:

- Representatives from the Juvenile Welfare Board, Health and Human Services, the Early Learning Coalition, Pinellas County Health Department, and the Health and Human Services Coordinating Council formed a committee in early 2011 to determine if a common eligibility process could be created for families in need of services to increase cost-savings and program access. The committee decided to pilot a project to consolidate the eligibility determination process for Health and Human Services' Family Homelessness Prevention program and the Early Learning Coalition's subsidized child care School Readiness program. This was done to assess the advantages and disadvantages of consolidating eligibility determination processes and the feasibility of extending the pilot throughout Pinellas County. The pilot was completed in December 2011 and results are currently being analyzed by the Juvenile Welfare Board.
- Discussions between Health and Human Services, Juvenile Welfare Board, Directions Mental Health, and the Pinellas County Health Department have begun to discuss the co-location of services in the community. Community health outcomes increase multi-fold when community delivery systems that provide social services are implemented, mainly because individuals can get all their needs taken care of in one place. It becomes laborious and cumbersome when individuals need to access services in silos, rather than being able to enroll into all services they qualify for at one location. Co-locating service agencies will allow for families and other residents to have better access to available resources, while increasing overall service delivery in the community. This reduces costs of intake and administrative overhead, creates a seamless delivery system, allows for the measurement of community impact, and simplifies navigation. Co-locating services also allows for the implementation of centralized eligibility determination, eliminating unnecessary duplication among community agencies. While the design of the Pinellas County Health Collaborative has already begun, creating an expanded Health and Human Services delivery system will include additional partnerships. Designing this system will be enabled by advanced technologies being implemented, such as CHEDAS and One-E-App.

Benefits to Pinellas County:

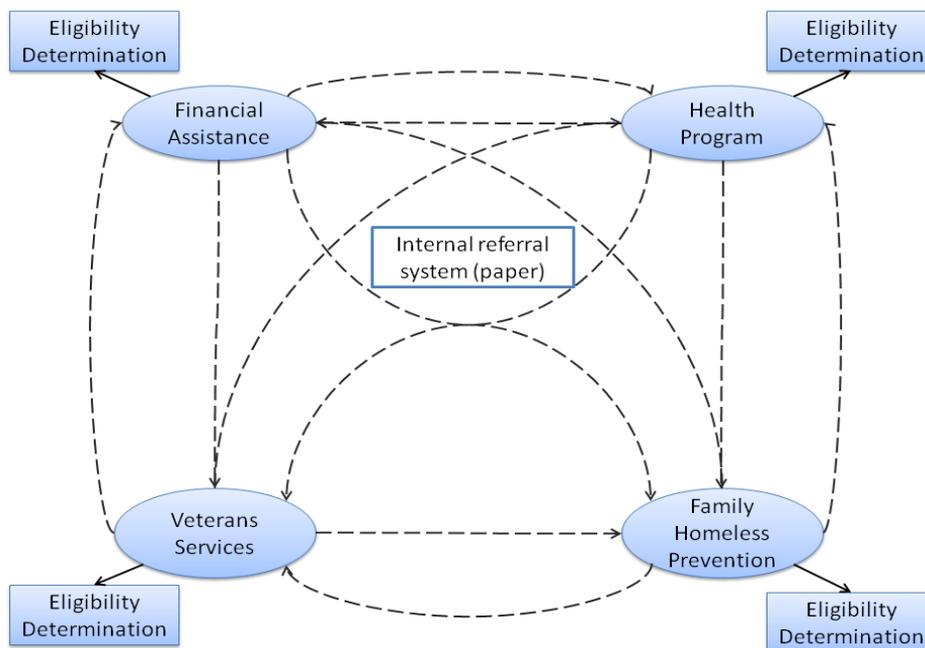
- Increased citizen satisfaction with the delivery of core services
- Achievement of cost savings from a collaborative work group for consolidation
- Partner collaborations to implement countywide sustainability
- Elimination of duplicate services
- Expansion of available resources beyond allocated General Funds

D) Departmental Reorganization

The process of restructuring the Department of Health and Human Services is crucial in being able to provide quality services to county residents. We are focused on increasing available resources to strengthen staffing capabilities, empower staff, streamline service delivery and eliminate duplication in this system.

Improved Client Service Delivery System: Currently, clients seeking aid through the county's Department of Health and Human Services enroll into each qualifying program independently, with an internal referral system implemented in order to receive multiple services. This creates a multi-faceted service delivery system that is cumbersome to navigate [Figure 5].

Figure 5: Previous Client Service Flow Process for main programs managed by Pinellas County's Department of Health and Human Services



In order to improve this system and better align it with the Board's desire to *deliver measurable savings and improved customer service from investments in technology* and *increase citizen satisfaction with the delivery of core services*, staff has developed a centralized client eligibility determination process to maximize access to quality community services. This simplified process allows for clients to navigate the department more effectively, linking them to all services they qualify for in order to decrease the time it takes them to achieve better health and economic self-sufficiency.

Part of this initial reorganization phase included realigning staff responsibilities in order to improve service delivery. We will have staff with the same positions managed under one supervisor and new training opportunities available to expand technological and community resources knowledge. Additionally, management has been working with Human Resources to secure job classifications with career mobility. We have successfully implemented the promotion of Eligibility Specialists into Case

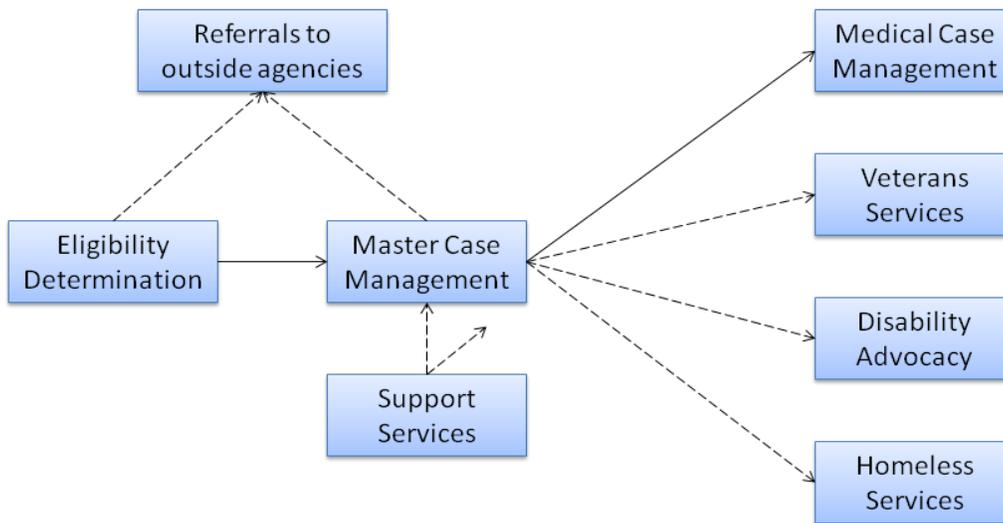
Manager 1 once all tasks are mastered and are currently discussing the promotion of Office Support Specialists into Eligibility Specialists. These administrative changes will lead to the Board's desired outcome of *increased employee satisfaction and engagement* and enables case managers to better tend to individual client needs.

The new client service delivery process has the following staff and responsibilities:

- **Eligibility Specialists** will assist with client enrollment process.
- **Master Case Managers** will identify client needs, complete a financial assessment, and develop a client service plan.
- Specialized staff (**Medical Case Managers, Disability Advocates, Veterans Services Officers, and Homelessness Specialists**) will provide program-specific services to enrolled clients.
- **Support Specialists** will ensure clients' structural and environmental needs are readily available and administered (such as access to bus passes, rent/utilities vouchers, etc.)

The new eligibility determination process [Figure 6] allows for faster enrollment, as one application with simplified eligibility criteria is utilized. This application will reduce client burden by being accessible electronically on our website, allowing for self-certification, using technology to verify eligibility criteria, and having eligibility determined within 48 hours. Clients must also complete a self-assessment that allows them to identify their goals and their barriers to those goals. Once a client is deemed eligible or potentially eligible for services, they are assigned a master case manager to work with in a holistic manner. The master case manager will then discuss their self-assessment and identify their specific needs. As we see it, clients that are otherwise deemed eligible for services but are pending providing support documentation after their application is submitted should be able to see a master case manager. This *increases citizen satisfaction with the delivery of core services*. However, no cash assistance may be disbursed prior to final eligibility determination. Furthermore, if client is not eligible for services, they will be referred to appropriate community agencies that can assist with any needs that have been identified in the client self-assessment process. Clients complete a financial assessment with their master case manager and be enrolled into the appropriate programs for which they qualify. The next chapter identifies all the programs and contracts managed by Health and Human Services and provides our recommendations on how these can be improved to better meet the Board's strategic direction.

Figure 6: New Client Service Flow Process for main programs managed by Pinellas County's Department of Health and Human Services



Staff empowerment: In addition, management has already begun *empowering employees to implement new ideas that improve service*. In our October 2011 department meeting, staff was assigned to identify areas for improvement for every department program and presented the management team with solutions. The management team then met with staff to respond to their ideas and discuss which could be feasibly incorporated into the new service delivery model. This quality improvement process will continue as the reorganization moves forward.

We have implemented staff task forces to ensure everyone is engaged in the reorganization process. Assigned staff will aid in the design and implementation of program procedures, assessments, tools, and any other necessary input throughout the reorganization. This will ensure that all employees are aware of upcoming changes and empowered to assist in the process.

Planning/Contracts Administration: In order to complete the reorganization, a new unit was created to assist in this endeavor. The Contracts, Analysis, Management and Planning Unit (CAMP) is responsible for contract development and management, planning, research, performance and outcomes measures, data analysis, grant writing, and quality assurance and improvement.

Next Steps:

- Development of procedures for new eligibility process
 - Delineation of specific tasks
 - Development of tools necessary for process
- Completion of application and assessments
 - Final documents given to assigned task forces to make final revisions
- Preparation of CHEDAS to align with this phase of the centralized eligibility process
- Implementation of quality improvement recommendations that management believe complement the new system

Benefits to Pinellas County:

- Increased citizen satisfaction with the delivery of core services
- Increased employee satisfaction and engagement
- More efficient process that relies on technology
 - Online application
 - Use of electronic databases to verify eligibility criteria
- Work environment that allows staff to achieve personal goals and objectives
 - Training provided to expand technological and community resources knowledge
 - Opportunities for career mobility

Target Implementation Date: Completion of the departmental reorganization is anticipated by October 2012.

Chapter Summary

Improving technology, redesigning the health care delivery system, diversifying funding sources, and reorganizing the Department of Health and Human Services are all critical. Consistent with the Board’s strategic direction, the following outcome areas will be met with the implementation of these initiatives:

Board of County Commissioners’ Strategic Outcomes	Status
• Increase citizen satisfaction with the delivery of services	<input checked="" type="checkbox"/>
• Deliver measurable savings and improved customer service from investments in technology	<input checked="" type="checkbox"/>
• Utilize a data-driven approach to target opportunities for efficiencies	<input checked="" type="checkbox"/>
• Achieve measurable per service/per unit cost savings	<input checked="" type="checkbox"/>
• Increase employee satisfaction and engagement	<input checked="" type="checkbox"/>
• Achieve cost-savings from collaborative workgroup for consolidation	<input checked="" type="checkbox"/>

Moving forward, we will be reviewing all core program areas to ensure that these also meet the Board’s directives. The next chapter focuses on how Health and Human Services intends to review its programs in order to better align them with the above scorecard. It also outlines the department’s budget for the last two fiscal years.

II. Improving the Department of Health and Human Services' Programs

In order to implement the initiatives outlined in Chapter I, the Department has begun realigning its current programs and services to better meet the Board's strategic direction. For ease of reading, a scorecard with the top programmatic outcomes the Board desires to achieve has been created, with programs being rated accordingly. This scorecard reflects the status of the program upon finalization of both CHEDAS (our technological system) and the departmental reorganization. In some cases, further recommendations to the Board are provided to ensure the program meets its target outcomes in the best possible way.

The following section will consist of the departmental budget, followed by each program operated.

Health Care Program General Fund Budget: \$15,969,540

Health Programs	FY10	FY11	FY12
Primary Care – Medical Homes	4,750,000	5,060,000	5,060,000
Mobile Medical Unit	903,880	860,770	844,970
Behavioral Health	0	1,000,000	1,000,000
Dental	350,000	350,000	350,000
Pharmacy	4,800,000	5,425,800	5,425,800
Mednet	265,000	265,000	265,000
Specialty Care	3,200,000	5,735,000	6,500,000
Inpatient and Ambulatory Care	3,000,000	3,000,000	3,000,000
Durable Medical Equipment & Home Health	650,000	550,000	550,000
Total Health Programs	17,918,880	22,246,570	22,995,770

Financial Assistance Program Budget: \$5,932,600

Financial Assistance Programs	FY10	FY11	FY12
Financial Assistance and Homeless Prevention	5,407,530	4,262,530	4,131,550
Veterans Services	543,540	511,010	490,070
Emergency Home Energy Assist for Elderly	150,000	150,000	465,490
Indigent Burials and Cremation Program	280,000	280,000	345,490
Summer Foods Program	500,000	500,000	500,000
Total Financial Assistance Programs	6,881,070	5,703,540	5,932,600

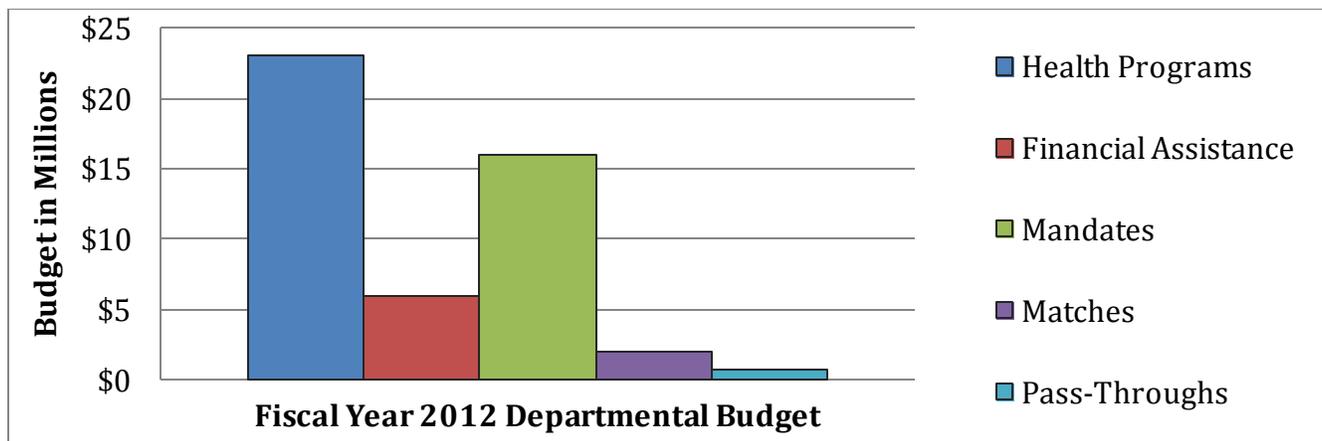
Budget for Mandates, Matches and Pass-Through Programs

Mandated Programs	FY10	FY11	FY12
Local Medicaid Matching Funds *	11,457,775	16,250,000	13,000,000
Local Mental Health Matching Funds	2,174,710	2,174,710	2,174,710
Indigent Burials and Cremation Program	280,000	280,000	345,490
Healthcare Responsibility Act	450,000	450,000	450,000
Total Mandated Programs	14,452,485	19,154,710	15,970,200

*Actual Cost

Matched Programs	FY10	FY11	FY12
Pinellas County Coalition for the Homeless	72,000	69,800	69,800
Community Funded Programs (Social Action Funding)	415,000	200,000	200,000
211 Tampa Bay Cares	375,000	375,000	375,000
Pinellas Hope, Catholic Charities	500,000	500,000	500,000
Permanent/Supportive Housing Project	437,650	317,480	317,480
HHS Coordinating Council	125,100	125,100	125,100
Homeless Shelter Beds	371,220	371,220	371,220
Total Match Programs	2,295,975	1,958,600	1,958,600

Pass - Through Programs	FY10	FY11	FY12
Homeless Street Outreach	300,000	300,000	300,000
Homeless Initiative Funding	200,000	200,000	200,000
Daystar, Inc. Support	15,000	15,000	15,000
Victims of Domestic Violence	139,000	139,000	139,000
Total Pass- Through Programs	645,000	645,000	645,000



A) Department Programs

The county operates a total of eight programs that provide services to low-income populations needing help to achieve a higher level of self-sufficiency and/or need access to quality healthcare:

- Health Programs
 - Pinellas County Health Program
 - Mobile Medical Unit
- Financial Assistance Programs
 - Financial Assistance 3-Track Program
 - Family Homelessness Prevention Program
 - Emergency Home Energy Assistance for the Elderly Program
- Veteran Services
- Indigent Burial and Cremation Program
- Summer Foods Program

The following pages provide a summary of each program, the community need for these services, intended outcomes and performance measures for fiscal years 2010 and 2011, benefits to the county, and our recommendations for each program moving forward with the Board's strategic direction. We also briefly describe the activities performed by our Financial Accounting and Data Systems unit.

Health Program: Overall Description

Prior to October 2008, the Department of Health and Human Services provided Pinellas County's uninsured indigent residents health care services through WellCare, a managed care company. Instead of focusing its efforts on wellness and prevention, Wellcare emphasized on treating those who were very sick and required extensive inpatient and specialty care. Additionally, WellCare was unable to provide the outcomes data necessary for the program's evaluative component to aid with decision-making and resource allocation processes. In response to these limitations, the Board directed the implementation of the Pinellas County Health Program at the start of fiscal year 2009. The program is based on the patient-centered medical home model, which has shown to be cost-effective and adopted nationwide. In recent years, more than 7,600 clinicians and 1,500 sites have been recognized as patient-centered medical homes, with the vast majority achieving recognition by the National Committee for Quality Assurance in 2010. Additionally, 44 states have either passed laws or begun initiatives related to this model. Medical homes focus on wellness and prevention by providing continuity of care through a team of medical providers.

Community Unmet Need: Over 20% of the population in Pinellas County is uninsured, while approximately 200,000 people living at or below 100% of the Federal Poverty Level. Another 10.3% is unemployed. Access to health care is crucial among populations dealing with unemployment and homelessness. Furthermore, chronic conditions that are not controlled – such as diabetes or hypertension – may become exacerbated, leading to emergency room and inpatient hospital visits that are unaffordable and undermine continuity of care. Ultimately, these are financed by other taxpayers in the community and directly affect the quality of life for all residents.

Target Population: Indigent county residents between the ages of 18 and 64

Eligibility Criteria:

- Pinellas County resident
- U.S. citizen
- Living at or below 100% Federal Poverty Level
- Not eligible for other medical coverage programs

Services Provided:

- Primary care - Medical Homes
- Mobile Medical Unit
- Behavioral health
- Dental care
- Pharmacy
 - MedNet Program
- Specialty care
- Inpatient and ambulatory surgical care
- Durable medical equipment and home health
- Case management

Total Program Budget Fiscal Year 2011: \$22,246,570

Intended Programmatic Outcomes:

- Improve quality of life for low-income, uninsured county residents
- Reduce non-emergent use of the emergency department
- Reduce cost of care for low-income, uninsured county residents

Performance Measures:

- Annual number of clients enrolled in the program
- Average annual cost per client
- Client satisfaction with program

Contracts: All services provided within the program are conducted through community partner contracts with two local entities to provide primary care services, 88 specialty care provider groups comprising over 288 physicians, 22 ancillary services providers, one provider for home health care and durable medical equipment, one behavioral health care provider, five dentists and one oral surgeon. These are further discussed on pages 22 to 28.

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

Alignment to the Board's Strategic Outcomes upon Implementing Technology and Reorganization:

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

Recommendations: The Pinellas County Health Program has managed to decrease costs to \$1,442 per client – an astonishing improvement when compared to Wellcare's 2008 approximate cost per client of \$5,927. We recommend expanding the overall health care service delivery model into the Pinellas County. While the overall scoring sheet shows meeting all outcomes, a specific breakdown by service provider is outlined below.

Pinellas County Health Program: Primary Care (Medical Homes)

Pinellas County has 12 medical homes sites available through two community primary care providers – the Pinellas County Health Department and the Community Health Centers of Pinellas. Clients are able to receive a multitude of services at one location based on their specific needs.

Community Unmet Need: Pinellas County often ranks poorer than the State of Florida and the United States in leading health indicators for diabetes, obesity, cardiovascular, and other chronic diseases. Some rankings – especially for the underserved populations – are in the national “severe” benchmark category. The medically unserved and underserved populations contribute significantly to these rankings. Minorities – particularly African Americans – are disproportionately represented. Clients in our medical program have even higher rates of chronic diseases, some up to three times higher. Prevalent chronic diseases include obesity (61%), diabetes (44%), and hypertension (35%).

Services Provided:

- Primary care
- Prevention and Wellness
- Health education
- Laboratory services and radiology
- Case management and disease case management
- Prescriptions (discussed below)
- Behavioral health (discussed below)

Total Program Budget Fiscal Year 2011: \$5,060,000

Performance Measures:

- Percent of clients with chronic diseases
- Average annual number of visits per client

Pinellas County Health Program Primary Care Activity

	FY 10	FY 11
Total Number of Clients Served	12,534	12,084
Total Cost of Program	\$4,750,000	\$5,060,000
Average Cost Per Client	\$379	\$419

Benefit to Pinellas County: Medical homes focus on wellness and prevention by providing continuity of care through a team of medical providers. Working with this population on prevention and behavior change through the medical homes is central to lowering specialty and inpatient care costs. For example, screening and treating diabetes-related complications early reduces the lifetime occurrence of kidney failure by 26%, blindness by 35%, and lower extremity amputations by 22%. This translates to reduced future medical costs.

Alignment to the Board's Strategic Outcomes upon Implementing Technology and Reorganization:

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

Recommendations: No recommendations at this time.

Pinellas County Health Program: Mobile Medical Unit

The Mobile Medical Unit is a full service health center that has provided primary health care for the homeless population of Pinellas County since 1988. The Mobile Medical Unit is a Federally Qualified Health Center funded in part by the Health Resources and Services Administration through the Bureau of Primary Health Care. In order to qualify for Mobile Medical Unit services, an individual must be homeless as defined by the Bureau of Primary Health Care/Health Resources and Services Administration. Clients served through the Mobile Medical Unit can visit the clinic at any of the 13 strategically placed locations across the county.

Community Unmet Need: Over 20% of the population of Pinellas County is uninsured. In January 2011, the Pinellas County Point in Time count identified 5,887 homeless individuals residing in the county. This translates to more than 22,000 incidents of homelessness during 2011 in Pinellas County, as people go in and out of homelessness for the most part over the course of 12 months.

Target Population: Homeless county residents

Eligibility Criteria:

- Pinellas County resident
- Homeless individual
- Living at or below 150% Federal Poverty Level
- Not eligible for other medical coverage programs

Services Provided: Same services provided by the Pinellas County Health Program

- Primary care
- Behavioral health
- Dental care
- Pharmacy
- Specialty care
- Inpatient and ambulatory surgical care
- Durable medical equipment and home health
- Case management

Total Program Budget Fiscal Year 2011: \$860,770

Intended Programmatic Outcome(s):

- To reduce the use of emergency rooms at local hospitals, by providing access to high quality and comprehensive primary and preventive health care for people who are low income, uninsured, or face other obstacles to getting health care.

Performance Measures:

- The Bureau of Primary Health Care uses a consistent set of measurements for all 330h grantees. Required areas relative to the Mobile Medical Unit focuses on prevention and treatment of basic health care issues such as hypertension, body mass index, and diabetes.
- Internally, staff reviews for the Mobile Medical Unit using the same measurements as the Pinellas County Health Program.

Pinellas County Health Program Mobile Medical Unit Activity

	FY 10	FY 11
Total Number of Clients Served	3,272	3,624
Total Cost of Program	\$903,880	\$860,770
Average Cost Per Client	\$276	\$238

Community Collaboration and Contracts for Services: Homeless Leadership Network; Bureau of Primary Care, St. Vincent De Paul (St. Pete & Clearwater) Salvation Army One Stop, Salvation Army Adult Rehabilitation Center, Pinellas Hope, Haven of Rest, Everybody’s Tabernacle, West Care Residential, King of Peace Metropolitan Community, Peace Memorial Presbyterian Church, Touched by an Angel, and Safe Harbor.

Benefit to Pinellas County: The Mobile Medical Unit provides a unique opportunity to give health care to homeless individuals in areas they access frequently. Additionally, by securing grants through the Health Resources and Services Administration, it diversifies the Department’s funding stream.

Alignment to the Board’s Strategic Outcomes upon Implementing Technology and Reorganization:

Board of County Commissioners’ Strategic Outcomes	Status
• Increase citizen satisfaction with the delivery of services	<input checked="" type="checkbox"/>
• Deliver measurable savings and improved customer service from investments in technology	<input checked="" type="checkbox"/>
• Utilize a data-driven approach to target opportunities for efficiencies	<input checked="" type="checkbox"/>
• Achieve measurable per service/per unit cost savings	<input checked="" type="checkbox"/>
• Increase employee satisfaction and engagement	<input checked="" type="checkbox"/>
• Achieve cost-savings from collaborative workgroup for consolidation	<input checked="" type="checkbox"/>

Recommendations: As mentioned in the previous chapters, we recommend expanding the Mobile Medical Unit’s Federal Qualified Health Center designation from a 330h to a 330e, as to secure a higher Medicaid reimbursement rate for services provided through the Pinellas County Health Collaborative.

Pinellas County Health Program: Behavioral Health Care

Clients who need mental health or substance abuse treatment beyond their medical home capabilities are eligible to receive behavioral health care services through the Pinellas County Health Program's contracted provider, Directions for Mental Health, Inc.

Community Unmet Need: The National Council for Community Behavioral Health Care's 2009 study indicated that 73% of uninsured Floridians in need of behavioral health care did not receive services. Meanwhile, over 20% of the population in Pinellas County is uninsured. Providing behavioral health services to clients is crucial in the medical home model, especially when delivering care to populations dealing with the stresses and hardships of homelessness, unemployment, and chronic diseases. These situations can also trigger stress-related illnesses, including depression, anxiety, and other mental health disorders. Additionally, it can exacerbate chronic conditions, such as heart disease and obesity.

Services Provided:

- Outpatient behavioral health treatment
- Adult and intensive case management
- Recovery services
- Outreach activities

Total Program Budget Fiscal Year 2011: \$1,000,000

Performance Measures:

- Improved mental and physical health outcomes as measured by established assessments
 - Assessments include baseline data of personal/family history of diabetes, hypertension, cardiovascular disease, substance use/abuse, tobacco use, medications
- Annually, fasting blood sugar levels will be checked; if diabetic, checked more frequently as clinically indicated

Pinellas County Health Program Behavioral Health Activity

	FY 11*
Total Number of Clients Served	1,710
Total Cost of Program	\$1,000,000
Average Cost Per Client	\$585

*Since contract implementation in February 2011

Benefit to Pinellas County: By integrating behavioral health care into the medical homes, it is easier to diagnose and treat conditions early on. Earlier interventions minimize more costly hospitalizations and emergency room visits.

Alignment to the Board’s Strategic Outcomes upon Implementing Technology and Reorganization:

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

Recommendations: We will be seeking additional grant opportunities to expand this program due to increased number of homeless individuals who present with behavioral health issues.

Pinellas County Health Program: Dental Care

The health program provides clients with basic dental care through contracts with Gulfcoast Dental Outreach, the Pinellas County Health Department, four community dentists, and one oral surgeon. Since 2008, budget constraints have limited dental services to relief-of-pain only. During the summer of 2011, a trial run of added preventive and restorative dental care was offered at the Pinellas County Health Department, with continuing efforts focusing on providing dental care to those with diabetes and/or cardiovascular diseases.

Community Unmet Need: Good oral health is essential to overall health. Lack of dental care is the key contributor to oral health problems, with low-income and minorities facing particular barriers to care. Roughly 40% of low-income individuals lack access to dental care. Poor oral health results in chronic, low level inflammation, which is a common link to both cardiovascular disease and diabetes. Left untreated, periodontal disease develops, resulting in worsening glycemic control in people with diabetes, as well as an increased risk for diabetic complications such as coronary artery disease, renal disease, and increased death. Similar problems exist for clients at risk for or already diagnosed with cardiovascular disease.

Services Provided:

- Relief of pain
- Tooth removal
- Oral surgeon services in case of dental trauma or life threatening injuries

Total Program Budget Fiscal Year 2011: \$350,000

Performance Measures:

- Total number of annual dental extractions
- Total number of clients receiving dental extractions

Pinellas County Health Program Dental Care Activity

	FY 10	FY 11
Total Number of Clients Served	1,376	1,169
Total Cost of Program	\$350,000	\$350,000
Average Cost Per Client	\$254	\$299

Benefit to Pinellas County: In Pinellas County, dental issues (usually pain) are among the top ten reasons people go to the emergency room. When clients are treated by local dentists, they can receive care in a more economical manner.

Alignment to the Board’s Strategic Outcomes upon Implementing Technology and Reorganization:

Board of County Commissioners’ Strategic Outcomes	Status
• Increase citizen satisfaction with the delivery of services	<input type="checkbox"/>
• Deliver measurable savings and improved customer service from investments in technology	<input checked="" type="checkbox"/>
• Utilize a data-driven approach to target opportunities for efficiencies	<input checked="" type="checkbox"/>
• Achieve measurable per service/per unit cost savings	<input checked="" type="checkbox"/>
• Achieve cost-savings from collaborative workgroup for consolidation	<input checked="" type="checkbox"/>

Recommendations: We intend on identifying resources to expand preventive care for dentistry through grand opportunities and expanding efficiencies. Our agency’s goal is to move people into economic self sufficiency; a smile that shows confidence and character impacts an individual’s ability to seek employment.

Pinellas County Health Program: Pharmacy

Pharmacy services are provided at no cost to Pinellas County Health Program clients through a contract with Sweetbay Pharmacy, allowing clients to obtain their medications at multiple Pinellas County locations. Prescription coverage is limited to medications listed on the pharmacy formulary, with a maximum of 10 prescriptions per month, with a 90 day supply.

Community Unmet Need: Prior to the implementation of the Pinellas County Health Program, controlled substances and muscle relaxant prescriptions ranked near the top, far above medications for cardiovascular, diabetes and respiratory diseases. Since changing from Wellcare, this distribution has changed to more closely parallel our clients' chronic illnesses, while still assuring coverage for acute pain and cancer.

Total Program Budget Fiscal Year 2011: \$5,425,800

Pinellas County Health Program Pharmacy Activity

	FY 10	FY 11
Total Number of Clients Served	8,448	8,037
Total Cost of Program	\$4,800,000	\$5,425,800
Average Cost Per Client	\$568	\$675

Community Collaboration: In addition to providing clients with medicines on our formulary, the Suncoast Health Council MedNet Program – which is funded by the county – also provides access to prescription medications for uninsured adults with chronic health conditions. Health and Human Services allocates a total of **\$265,000** of General Fund dollars to this program. Providers and clients are expected to utilize pharmaceutical corporate Prescription Assistance Programs as coordinated through the MedNet Compassionate Drug Assistance Program for prescriptions not covered by the Pinellas County Health Program's pharmacy formulary. The medical home is responsible for facilitating the Prescription Assistance Program process, with medications provided to clients at no cost. In 2011, 35% of MedNet Program participants were enrolled in the Pinellas County Health Program, saving the county approximately \$3.2 million in prescriptions.

Performance Measures:

- Monitor utilization of formulary drugs to assure that costs are within expected ranges.
- Achieve highest utilization of generic drugs so as to minimize overall costs.

Benefit to Pinellas County: Monitoring the utilization of drugs that are formulary and using generics when possible assure that costs are within expected ranges. Additionally, medications are received through the MedNet Program at no additional costs. These mechanisms help the county achieve cost-savings.

Alignment to the Board’s Strategic Outcomes upon Implementing Technology and Reorganization:

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

Recommendations: No recommendations at this time.

Pinellas County Health Program: Specialty Care

Clients who need care beyond their medical home are eligible to receive specialty care services through the Pinellas County Health Program’s network of specialty physicians. Currently have 88 specialty care contracts with community providers – totaling 288 specialty care physicians in the areas mentioned below.

Services Provided: Allergy/Immunology, Cardiology, Cardiovascular and Thoracic Surgery, Dermatology, Endocrinology, Gastroenterology, General Surgery, Gynecology, Hematology/Oncology, Infectious Diseases, Nephrology, Neurology, Neurosurgery, Ophthalmology, Orthopedics, Otolaryngology, Physical Medicine Rehabilitation, Podiatry, Pulmonology, Radiation Oncology, Radiology, Rheumatology, Urology, and Vascular Surgery.

Total Program Budget Fiscal Year 2011: \$5,735,000

Performance Measures:

- Total clients receiving specialty care services, by specialty
- Total specialty care encounters, by specialty

Pinellas County Health Program Specialty Care Activity		
	FY 10	FY 11
Total Number of Clients Served	4,699	4,675
Total Cost of Specialty Care	\$3,200,000	\$5,735,000
Average Cost Per Client	\$681	\$1,227

Benefit to Pinellas County: Utilizing our specialty care network reduces the use of emergency rooms at local hospitals, by providing client with access to high quality and comprehensive specialty care. The provision of specialty care addresses many of these conditions before they become more serious and more costly.

Alignment to the Board’s Strategic Outcomes upon Implementing Technology and Reorganization:

Board of County Commissioners’ Strategic Outcomes	Status
• Increase citizen satisfaction with the delivery of services	<input checked="" type="checkbox"/>
• Deliver measurable savings and improved customer service from investments in technology	<input checked="" type="checkbox"/>
• Utilize a data-driven approach to target opportunities for efficiencies	<input checked="" type="checkbox"/>
• Achieve measurable per service/per unit cost savings	<input checked="" type="checkbox"/>
• Achieve cost-savings from collaborative workgroup for consolidation	<input checked="" type="checkbox"/>

Recommendations: This component is currently under review. We are looking at improved cost reduction methods for specialty care, including the profile of clients eligible for services, as well as increasing the number of general practitioners at the medical homes as to provide a wider access of care.

Pinellas County Health Program: Utilization Management

In an effort to establish quality control mechanisms that are cost-saving, the Utilization Management team was implemented in 2009. Utilization Management evaluates the medical necessity, appropriateness, and efficiency of the use of health care services by reviewing requests and claims for specialty care services. This team is overseen and monitored by the Pinellas County Health Program’s Medical Director, and they utilize nationally vetted best practices criteria and Pinellas County Health program guidelines, providing authorizations for services that meet these criteria. Historically, this service has been provided by a contract with Pinellas County Health Department staff.

Intended Programmatic Outcome:

- Serve as specialty care referral clearing house for the Pinellas County Health Program
- Reduce specialty care service costs

Performance Measures:

- Specialty care referrals
- Turnaround of responses notifying medical homes of requests approved/denied
- Percentage of approved and denied referrals

Pinellas County Health Program Utilization Management Activity

	FY 10	FY 11
Total Number of Service Referrals	29,246	37,376
Total Cost of Contract	\$675,920	\$675,920
Average Cost per Referral	\$23	\$18

Contracts: Health and Human Services currently contracts with the Pinellas County Health Department to provide Utilization Management services. However, the Pinellas County Health Department also provides primary care services through the medical homes, which can be perceived as a conflict of interest.

Benefit to Pinellas County: The Utilization Management team ensures cost savings by reviewing specialty care referrals before approving services. This has potentially saved the county approximately \$4.2 million in specialty care costs.

Alignment to the Board’s Strategic Outcomes upon Implementing Technology and Reorganization:

Board of County Commissioners’ Strategic Outcomes	Status
• Increase citizen satisfaction with the delivery of services	<input checked="" type="checkbox"/>
• Deliver measurable savings and improved customer service from investments in technology	<input checked="" type="checkbox"/>
• Utilize a data-driven approach to target opportunities for efficiencies	<input checked="" type="checkbox"/>
• Achieve measurable per service/per unit cost savings	<input checked="" type="checkbox"/>

Recommendations: We are currently exploring avenues to provide Utilization Management services by directly hiring staff to review specialty care referrals, as to avoid the appearance of conflict of interest due to their presence in both providing primary care services as well as reviewing all specialty care requests. We additionally intend on purchasing evidence-based nationally recognized software programs (for example, INTERQUAL) and their associated costs instead of creating a Request-for-Proposals.

Pinellas County Health Program: Inpatient and Ambulatory Care

Clients enrolled in our Pinellas County Health Program also receive inpatient and ambulatory surgical care as needed. Our local hospital partners – including Bayfront Medical Center, Baycare Health System, and Helen Ellis - represent six area hospitals and hospital-based ambulatory surgical centers throughout Pinellas County. While Hospital Corporation of America (HCA) also provided care during fiscal years 2010 and 2011, the hospital no longer wishes to partner with the Pinellas County Health Program. Currently, the hospitals receive and share \$3 million and have agreed to continue serving clients even after their contracted dollars are depleted. An additional 22 ancillary care contracts cover the costs of any ancillary services tied to ambulatory or inpatient services provided to clients who are admitted for inpatient stays in Pinellas County hospitals (radiology, pathology, anesthesia, and hospitalists). These ancillary services also get approved by Utilization Management.

Community Unmet Need: In 2009, 35% of all emergency room encounters for partnering hospitals (including HCA) were among self-payers, most of which are uninsured individuals. Offering inpatient and ambulatory care to clients within the Pinellas County Health Program can limit the amount of uninsured individuals that go to the emergency department for non-emergent care.

Services Provided:

- Inpatient care
- Ambulatory surgical care
- Other procedures done in a day hospital facility

Total Program Budget Fiscal Year 2011: \$3,000,000

Intended Programmatic Outcome:

- Increase access to quality health care for uninsured, low-income county residents
- Reduce non-emergent utilization of emergency department

Performance Measures:

- Client use of approved inpatient and ambulatory care services
- Client use of emergency rooms
- Estimated Medicaid reimbursement rate for services provided, as an approximation to service costs

Pinellas County Health Program Inpatient and Ambulatory Care Activity*

	FY 10	FY 11**
Total Number of Clients Served	1,267	1,032
Total Cost of Program	\$3,000,000	\$3,000,000
Average Cost Per Client	\$2,368	\$2,907

*Totals include total clients served at HCA

**As of March 31st, 2011

Benefit to Pinellas County: Earlier interventions minimize more costly hospitalizations and emergency room visits. The county is currently collecting necessary data to evaluate whether program participation has led to a reduction in non-emergent emergency room utilization. This report is anticipated to be available by April 2012, for it requires data standardization, the establishment of baseline and comparison data, an analysis of reduction, and classifying the urgency in utilization.

Alignment to the Board’s Strategic Outcomes upon Implementing Technology and Reorganization:

Board of County Commissioners’ Strategic Outcomes	Status
• Increase citizen satisfaction with the delivery of services	<input checked="" type="checkbox"/>
• Deliver measurable savings and improved customer service from investments in technology	<input checked="" type="checkbox"/>
• Utilize a data-driven approach to target opportunities for efficiencies	<input checked="" type="checkbox"/>
• Achieve measurable per service/per unit cost savings	<input checked="" type="checkbox"/>
• Achieve cost-savings from collaborative workgroup for consolidation	<input checked="" type="checkbox"/>

Recommendations: No recommendations at this time.

Pinellas County Health Program: Durable Medical Equipment and Home Health

Clients who meet criteria for enrollment in Pinellas County Health Program may receive Home Health Care services upon discharge from a hospital, as well as durable medical equipment ordered by the medical provider. This is orchestrated by a contract with BayCare Home Care.

Services Provided:

- Limited Home Health services and provision of Durable Medical Equipment
 - Examples include: crutches, wheel chairs, oxygen, in-home wound care, in-home intravenous therapy, physical and speech therapy.

Total Program Budget Fiscal Year 2011: \$550,000

Intended Programmatic Outcome:

- Reduce length of inpatient stay at hospital facilities
- Reduce cost of inpatient stay
- Reduce hospital re-admissions

Performance Measures:

- Total clients receiving durable medical equipment and/or home health care upon discharge
- Average length of stay prior to discharge
- Average cost per client

Pinellas County Health Program Durable Medical Equipment and Home Health Activity

	FY 10	FY 11
Total Number of Clients Served	485	489
Total Cost of Program	\$650,000	\$550,000
Average Cost Per Client	\$1,340	\$1,125

Benefit to Pinellas County: Arranging home care or medical equipment needs reduces overall length of stay in the hospital and is a more economical method to continue to treat these clients. It also can reduce the hospital re-admissions.

Alignment to the Board’s Strategic Outcomes upon Implementing Technology and Reorganization:

Board of County Commissioners’ Strategic Outcomes	Status
• Increase citizen satisfaction with the delivery of services	<input checked="" type="checkbox"/>
• Deliver measurable savings and improved customer service from investments in technology	<input checked="" type="checkbox"/>
• Utilize a data-driven approach to target opportunities for efficiencies	<input checked="" type="checkbox"/>
• Achieve measurable per service/per unit cost savings	<input checked="" type="checkbox"/>
• Achieve cost-savings from collaborative workgroup for consolidation	<input checked="" type="checkbox"/>

Recommendations: No recommendations at this time.

Financial Assistance Division: Overall Description

The Financial Assistance Division provides services to low-income individuals and families to help them become economically self-sufficient. Short-term financial assistance is provided through the Financial Assistance 3 Track Program and the Family Homelessness Prevention Program. Additionally, the Emergency Home Energy Assistance for the Elderly Program provides financial assistance to low-income seniors experiencing a home energy emergency. These programs provide temporary assistance to ease clients' financial crisis – ultimately reducing their dependency on government services.

Community Unmet Need: According to the 2010 Census, there are 120,000 people living at or below the poverty level in Pinellas County. Many of these individuals need short-term financial assistance to prevent them from becoming homeless or help obtaining benefits if they are permanently disabled and cannot work.

Target Population: Indigent county residents between the ages of 18 and 64 (with exception of elderly program)

Eligibility Criteria:

- U.S. citizen
- Pinellas County resident
- Living at or below 100% of the Federal Poverty Level
- Adult between the ages of 18 and 64

Services Provided:

- Cash subsidies to assist with rent, mortgage, utilities, or groceries.
- Housing search assistance.
- Habitability and lead-based paint housing inspections.
- Assistance with applying for and obtaining Social Security Insurance and Social Security Disability Insurance.
- Comprehensive case management and coordination of community referrals and resources.

Total Program Budget Fiscal Year 2011: \$4,412,530

Intended Programmatic Outcomes:

- To improve the quality of life and promote self-sufficiency among low-income or disabled residents.

Benefit to Pinellas County: Providing temporary cash subsidies to prevent low-income families from becoming homeless and helping them reach self-sufficiency ultimately reduces their dependency on government services. Preventing individuals and families from becoming homeless decreases the strain on local emergency shelters and resources and allows shelter providers to serve families with greater needs. Assisting disabled individuals with applying for and obtaining Supplemental Security Income or Social Security Disability Insurance increases the number of available dollars that enter the county and generate taxable revenues.

Alignment to the Board’s Strategic Outcomes upon Implementing Technology and Reorganization:

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

The following section outlines each financial assistance program in detail, with appropriate outcomes and recommendations.

Financial Assistance 3-Track Program

The Financial Assistance 3-Track program provides assistance with housing and basic needs to single adults who are unable to work due to an illness or disability. Currently, the program assists only clients who are permanently disabled and in pursuit of Social Security Disability Insurance and/or Supplemental Security Income (previously known as Track 3 clients) for up to 24 months. Prior to October 2011, two additional tracks existed: Track 1, which provided up to 3 months of financial assistance for clients with acute conditions who were expected to recover quickly; and Track 2, which provided up to 9 months of assistance for clients with chronic, non-disabling conditions who were expected to be able to return to work after vocational training. Enrollment in tracks 1 and 2 was suspended in October 2011 because the majority of clients enrolled in these tracks timed out of the program before they could secure income or stable housing. The time limit of these tracks did not allow enough time for the participants to get well, go to training, complete job search, and secure an income.

Community Unmet Need: According to the 2010 Census, there are 120,000 people living at or below the poverty level in Pinellas County. Many of these individuals need short-term financial assistance to prevent them from becoming homeless or help obtaining benefits if they are permanently disabled and cannot work.

Target Population: Single, disabled adults between the ages of 18-64

Eligibility Criteria:

- Pinellas County resident
- Be permanently disabled and unable to work due to an illness or medical condition
- Have income less than \$450 a month
- Own assets less than \$500
- Must pass drug test

Services Provided:

- Up to \$450 a month for help with rent, mortgage payments, utilities and food
- Assistance in applying for/obtaining Social Security Disability and Supplemental Security Income (SSI) benefits
- Financial planning classes

Total Program Budget Fiscal Year 2011: \$3,647,825

Intended Programmatic Outcome:

- Promote self-sufficiency among disabled residents by assisting them in pursuing Social Security Disability Insurance and/or Supplemental Security Income

Performance Measures:

- Percentage of clients approved for Social Security Disability Insurance and/or Supplemental Security Income benefits.

Financial Assistance Program Activity*

	FY 10	FY 11
Total Number of Clients Served	3,135	1,897
Total Cost of Services	\$5,407,530	\$3,647,825
Average Cost Per Client	\$1,725	\$1,923

*3-track program still implemented.

Community Collaboration and Contracts for Services: The Financial Assistance program contracts with Industrial Medical Associates to provide a consultative exam and a drug screening test to evaluate the client’s ability to participate in work-related activities. Staff plays an active role in the Pinellas County Coalition for the Homeless and the Homeless Leadership Board. The Department of Health and Human Services coordinates the Human Services Coalition quarterly meetings.

Benefit to Pinellas County: The Financial Assistance program assists disabled residents in obtaining federal disability benefits, thereby reducing their dependence on county resources, for clients receiving disability benefits no longer qualify for the county’s health program. Additionally, Track 3 has allowed the county to recover over \$1.4 million in Social Security Disability Insurance and Supplemental Security Income reimbursements. It also assists disabled residents maintain housing while application for Supplemental Security Income or Social Security Disability is pending. Additionally, the county is reimbursed for Financial Assistance benefits that were issued while the disability claim was pending once the client is approved.

Alignment to the Board’s Strategic Outcomes upon Implementing Technology and Reorganization:

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

Recommendations: Due to its success, Track 3 will continue, since 80% of all clients received their Supplemental Security Income or Social Security Disability during fiscal year 2011. Moving forward, the department intends to revisit Track 2 (the vocational track) by working with community partners like PTEC and the Department of Vocational Rehabilitation to accept referrals for clients who already enrolled or enrolling in school/vocational training, are motivated to achieve self-sufficiency, and capable of achieving self-sufficiency within a reasonable timeframe. Finally, we recommend Track 1 stay closed, as its intent does not fit into the Health and Human Services’ strategic plan.

Family Homelessness Prevention Program

The Family Homelessness Prevention Program provides housing stabilization services, including rent and utility assistance, to families with minor children who are at imminent risk of becoming homeless. In addition, clients who are approved for financial assistance also receive 3 months of case management services to assist them in remaining stably housed. The maximum amount of assistance is 3 months or \$3000, whichever comes first. Once the family is determined eligible for assistance, they will receive 3 months of case management services. Families can qualify for assistance from the Family Homelessness Prevention Program once every 3 years.

Community Unmet Need: Decreases the strain on family emergency shelters by preventing clients from becoming homeless. Assists at-risk families with maintaining their housing or moving to other housing if at imminent risk of losing housing due to eviction, housing has been condemned, doubled-up or have severe housing cost burden.

Target Population: Families with minor children who are at imminent risk of becoming homeless

Eligibility Criteria:

- Pinellas County resident
- Household must consist of a family with minor children or a pregnant woman in her third trimester
- Living at or below 50% of Area Median Income and fall within asset guidelines
- Household must be at imminent risk of homelessness for one of the following reasons:
 - Being evicted because of executed foreclosure of rental housing or applicant owned property;
 - Living in housing that has been condemned by housing officials and is no longer considered meant for human habitation
 - Living in a hotel or motel
 - Being evicted from a private dwelling due to a recent, verifiable reduction or loss of income
 - Being evicted from a private dwelling due to a recent, legitimate, verifiably paid and unforeseen expense
 - Moving into affordable housing due to eviction from housing with a severe cost burden (greater than 50% of income for housing costs)
 - Moving into independent housing from being doubled up with another family
- Have no other housing options or other resources/support networks
- Have a plan to remain stably housed within 3 months of receiving assistance

Services Provided:

- Case management
- Financial assistance for rent, utilities, and deposits
- Inspections on rental properties if the family is moving

Total Program Budget Fiscal Year 2011: \$614,705

Intended Programmatic Outcomes: To help reduce occurrences of family homelessness in Pinellas County by assisting families who are at risk of becoming homeless remain stably housed.

Performance Measures: The percentage of clients who remain stably housed 3 months, 6 months, and 1 year after services were received.

Family Homelessness Prevention Program Activity

	FY 11*
Total Clients Served	337
Total Benefit Distributed	\$614,705
Average Benefit Amount Per Client	\$1,823

*Family Homelessness Prevention Program was implemented on 2/21/11.

Community Collaboration and Contracts for Services: Pinellas County Coalition for the Homeless, the Homeless Leadership Board, and the Low-Income Housing Leadership Network. McCright & Associates perform lead and habitability inspections when clients are moving into a new rental property.

Benefit to Pinellas County: According to the National Alliance to End Homelessness, families often become homeless due to an “unforeseen financial challenge”. The Family Homelessness Prevention Program offers assistance to families during this time so that an unexpected expense or temporary loss of income does not escalate into homelessness. Preventing homelessness from occurring when possible decreases the strain on local emergency shelters and resources, allowing them to serve families with greater needs.

Alignment to the Board’s Strategic Outcomes upon Implementing Technology and Reorganization:

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

Recommendations: While our department is committed to help reduce homelessness in Pinellas County, its current focus is on targeting the increased numbers of homeless families with children due to the economic recession. We are currently implementing changes to our Family Homeless Prevention Program to better address the needs of homeless families. Among these changes is targeting the enrollment of highly motivated, employed individuals with a desire to transition from homelessness into economic self-sufficiency. We additionally want these individuals to remain permanently housed after they exit the program. We recommend tailor service delivery to specific client needs, instead of standard services. Finally, master case managers will develop a family service plan and work with families through the provision of financial coaching and tailored needs assessments, so that they increase their level of self

sufficiency within 18 months. The clients will also have a monthly savings requirement that will be equal to the amount of rental subsidy the family is receiving from Health and Human Services. The savings requirement begins on day 1 of the program. During the first 6 months, Health and Human Services pays 100% of the rent and the family saves the equivalent every month. After 6 months, the rental subsidy will decrease and the family will have to contribute the remainder of the rent. Health and Human Services' contributions will decline gradually until the family is paying 100% of the rent.

Elderly Home Energy Assistance for the Elderly Program

The Emergency Home Energy Assistance for the Elderly Program provides financial assistance to low-income seniors experiencing a home energy emergency. Payments are for home heating or cooling and other emergency energy-related costs during the heating (October to March) and cooling (April to September) seasons. The funding for this program originates with the U.S. Department of Health and Human Services, in partnership with the State of Florida Department of Elder Affairs, and administered through the Area Agency on Aging of Pasco-Pinellas, which contracts locally with Pinellas County Department of Health and Human Services to provide this service.

Community Unmet Need: Assists low-income seniors with their heating and cooling costs. Program enables low-income seniors to remain in their homes by providing assistance with their energy needs.

Target Population: Low-income seniors, age 60 and older

Eligibility Criteria:

- Pinellas County resident
- Household must have a heating or cooling emergency
- Household must have at least one individual age 60 or older in the home
- Be at or below 150% of the Federal Poverty Level

Services Provided:

- Heating and cooling assistance during the season
- Vouchers to purchase blankets, portable heaters and fans
- Pay for repairs to existing heating or cooling equipment or for reconnection fees

Total Program Budget Fiscal Year 2011: \$465,490

Intended Programmatic Outcomes:

- Enable low-income seniors to remain in their homes by assisting with their heating and cooling costs
- Maximize the number of low-income seniors that can be assisted with these funds

Performance Measures:

- The staff reviews the total number of elderly clients who receive heating and cooling services and keeps track each client from year to year.

Emergency Home Energy Assistance for the Elderly Program Activity

	FY 10	FY 11
Total Number of Clients Served	1,117	933
Total Benefit Distributed	\$150,000	\$465,490
Average Benefit Amount Per Client	\$134	\$499

*Estimate: Households include duplication, as they may receive service in each season.

Community Collaboration and Contracts for Services: This program is federally funded by the U.S. Department of Health and Human Services in partnership with the State of Florida Department of Elder Affairs and administered locally through the Area Agency on Aging of Pasco-Pinellas. Pinellas County has a cost reimbursement agreement and a business associate agreement with the Area Agency on Aging of Pasco-Pinellas to provide this service to the low-income senior population in Pinellas County.

Benefit to Pinellas County: Vulnerable, low-income Pinellas County seniors benefit from receiving energy assistance and avoiding the harmful effects of having their utilities disconnected. Assistance enables many at-risk seniors to remain in their homes.

Alignment to the Board’s Strategic Outcomes:

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

Recommendations: Although this program provides a needed service in Pinellas County, it does not align with the target population of the other programs administered by the Department. This is the only program that Health and Human Services administers that targets the senior population. There are other agencies in the community that work specifically with this population and could benefit from adding this program to their repertoire of services. Furthermore, the increased number of citizens requesting aid in this program well exceeds our capacity. We are recommending that we work with the Area Agency on Aging to transition this program to a more appropriate agency.

Veterans Services

Pinellas County Veterans Services assists veterans and their families in obtaining veterans benefits, services and information from the U.S. Department of Veterans Affairs. It provides assistance to veterans in Pinellas County – the 3rd highest veteran population in Florida at nearly 100,000 – as well as their spouses/surviving spouses, dependent children, and parents.

Community Unmet Need: The county has the 3rd highest population of veterans in Florida, at nearly 100,000 as well as their spouses/surviving spouses, dependent children, and parents.

Target Population/Eligibility Criteria: Pinellas County Veterans and their dependents and/or survivors

Services Provided:

- Information/advocacy on full range of Veterans Affairs benefits, including Veterans Affairs compensation, pension, death benefits, insurance, health care and others.
- Information/advocacy for numerous other benefits and services available that mainly emphasize providing financial and/or medical aid to disabled or indigent veterans.

Total Program Budget Fiscal Year 2011: \$511,010

Intended Programmatic Outcomes:

- Obtain benefits/services for eligible clients
- Maximize federal Veterans Affairs dollars paid to Pinellas County residents

Performance Measures:

- Comparative data on revenue generated through our claims service assistance
- Total revenue for our veterans/other claimants
- Total processed claims actions

Veterans Services Activity

	FY 10	FY 11
Total Number Claims Actions	7,285	7118
Total Cost of Program	\$543,540	\$511,010
Average Cost Per Client	\$75	\$72

Benefit to Pinellas County: Approximately \$15 million in new Veterans Affairs revenue was secured for Pinellas County in 2011.

Alignment to the Board's Strategic Outcomes:

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

Recommendations: Our department is committed to help reduce homelessness in Pinellas County. With an increasing number of homeless Veterans in the county, the Department is shifting its service delivery to include homeless Veterans and help them secure their benefits. Services will continue to be offered to all Veterans, but increased outreach and visibility will go towards homeless Veterans.

Indigent Burial and Cremation Program

The Indigent Burial and Cremation Program is a state mandated program that requires Florida counties to make appropriate arrangements for the disposition of indigent and unclaimed citizens. This service is provided through a contract with A Life Tribute Funeral Care.

Community Unmet Need: State mandate to provide disposition of remains services for indigent and unclaimed citizens.

Target Population: Indigent and unclaimed bodies

Eligibility Criteria: As required by Chapter 245 of the Florida Statutes, Pinellas County must assume financial responsibility for the disposition of any unclaimed or indigent bodies that have expired in Pinellas County. The following criteria must be met:

- A body is considered to be unclaimed when there is no legally responsible relative or when no other person (e.g. relative, friend, organization) has accepted financial responsibility for the body
- The indigent criteria is met if a deceased and the immediate family members do not have sufficient resources to provide for a cremation and no one has assumed financial responsibility for disposition of the body

Services Provided:

- Payment for the cremation of indigent and unclaimed bodies and for the scattering of the cremated remains
- Payment for removal fees and transportation to the nearest National Cemetery for honorably discharged veterans

Total Program Budget Fiscal Year 2011: \$280,000

Intended Programmatic Outcome:

- To provide appropriate disposition of indigent and unclaimed bodies in accordance with Chapter 245 of Florida Statutes.

Performance Measures:

- Ensure program complies with Florida Statutes and ensure services are provided timely and in a dignified manner.

Indigent Burial and Cremations Program Activity

	FY 10	FY 11
Total Number of Clients Served	759	710
Total Cost of Program	280,000	\$280,000
Average Cost Per Client	\$369	\$394

Contracts: A contract with A Life Tribute Funeral Care to provide indigent burial/cremation services and an agreement with St. Petersburg College Funeral Services Program for embalming of bodies that will be

buried in the National Cemetery. A program agreement with the Anatomical Board for unclaimed bodies that are in suitable condition for teaching and research purposes throughout state universities.

Benefit to Pinellas County: Ensures that all persons who expire in Pinellas County are handled in a dignified manner.

Alignment to the Board’s Strategic Outcomes Upon Implementing Technology and Reorganization:

Strategic Outcomes	Status
• Increase citizen satisfaction with the delivery of services	<input type="checkbox"/>
• Deliver measurable savings and improved customer service from investments in technology	<input type="checkbox"/>
• Utilize a data-driven approach to target opportunities for efficiencies	<input type="checkbox"/>
• Achieve measurable per service/per unit cost savings	<input type="checkbox"/>
• Increase employee satisfaction and engagement	<input type="checkbox"/>
• Achieve cost-savings from collaborative workgroup for consolidation	<input type="checkbox"/>

Recommendation: While this program has been implemented to comply with Florida Statute 406.50, it does not align with the mission of Health and Human Services. It is recommended that this program be transferred to the Medical Examiner’s office, as they already work with this target population.

Summer Food Service Program

The Summer Food Service Program is a federal nutrition program that local non-profits and schools use to make sure kids in their communities don't go hungry during the summer. It provides free, nutritionally balanced meals that meet USDA guidelines to low income children at eligible sites within Pinellas County during the summer months when school is not in session.

Community Unmet Need: Many low-income families rely on free or reduced-price lunches to feed their children during the school day. In the summer, with school out of session, there isn't an opportunity to ensure that the children are being fed and oftentimes, not enough money to provide these meals at home. In 1975, The United States Department of Agriculture created the Summer Food Service Program to ensure that these low-income children are getting the nutrition they need when school is out.

Target Population: States approve meal sites as open, enrolled, or camp sites:

- Open sites operate in low-income areas where at least half of the children come from families with incomes at or below 185 percent of the Federal poverty level, making them eligible for free and reduced-price school meals. Meals are served free to any child at the open site.
- Enrolled sites provide free meals to children enrolled in an activity program at the site where at least half of them are eligible for free and reduced-price meals.
- Camps may also participate in the program. They receive payments only for the meals served to children who are eligible for free and reduced-price meals.

Eligibility Criteria:

- School sites qualify by having more than 50% of their students eligible for the Free and Reduced School Lunch Program during the school year.
- Non-school sites qualify by having a nearby non-participating school with 50% or more of its students eligible for free or reduced priced lunch or by using the U.S. Census Data to verify if the site is located in an area where average incomes are at or below 185% of the Federal Poverty Level.
- Children 18 and younger may receive free lunches and snacks through summer meal sites.
- Meals and snacks are also available to persons with disabilities over the age of 18 who participate in school programs for people who are mentally or physically disabled.

Services Provided:

- Lunch and an afternoon snack are provided to each child daily at eligible sites

Intended Programmatic Outcome:

- To feed as many children at as many eligible sites in Pinellas County as possible.

Performance Measures:

- The number of nutritious meals provided to low-income children of Pinellas County.

Total Program Budget Fiscal Year 2011: \$500,000

- The State Department of Education reimburses providers \$2.98 per lunch for food costs and 26 cents per lunch for administrative/delivery costs, for a total reimbursement of \$3.24 per lunch.

- The Department of Education reimburses providers 69 cents per snack for food costs and 7 cents per snack administrative/delivery costs, for a total reimbursement of 76 cents per snack.
- Unspent funds are rolled over to the next fiscal year

Summer Food Service Program Activity

	FY 10	FY 11
Total Number of Children Served	107,800	101,819
Total Number of Sites	58	62
Total number of snacks served	100,005	102,055
Total number of lunches served	107,654	99,122
Total days of operation	40	40
Average cost per lunch	\$2.70	\$2.75
Average cost per snack	\$.67	\$.68

Contracts: Health and Human Services staff often goes out to the community to speak on the Summer Food Service Program and encourage participation from community groups. The State contracts with a marketing company to advertise for the program in an effort to locate new sites and new children.

Benefit to Pinellas County:

- Provides nutritional continuity to children throughout the summer months.
- Eases the burden on low-income families of having to provide lunches and snacks every day during the summer when these meals would've otherwise been provided at school.
- Strengthens the educational, developmental, and recreational activities of not-for-profit summer programs.
- Brings federal dollars to local economies to meet the needs of hungry children.
- Children return from the summer well-nourished and ready to learn.

Alignment to the Board's Strategic Outcomes upon Implementing Technology and Reorganization:

Strategic Outcomes	Status
• Increase citizen satisfaction with the delivery of services	<input checked="" type="checkbox"/>
• Deliver measurable savings and improved customer service from investments in technology	<input checked="" type="checkbox"/>
• Utilize a data-driven approach to target opportunities for efficiencies	<input type="checkbox"/>
• Achieve measurable per service/per unit cost savings	<input checked="" type="checkbox"/>
• Increase employee satisfaction and engagement	<input type="checkbox"/>
• Achieve cost-savings from collaborative workgroup for consolidation	<input type="checkbox"/>

Recommendations: While this program has been run by the Department of Health and Human Services for over 20 years, we do not believe it aligns with the mission of the organization. Currently, the Department contracts school staff to run the program during the summer months. We recommend it is transitioned to the public school system, which already runs a similar school lunch program during the school year and has the appropriate staff to do so.

B) Mandated Programs

There are only four State mandated programs the Department currently runs. These account for 36% of the Health and Human Services budget.

- Local Medicaid Matching Funds
- Local Mental Health Matching Funds
- Disposition of Indigent and Unclaimed Bodies (Indigent Burial and Cremations Program)
- Health Care Responsibility Act

Local Medicaid Matching Funds

Florida Statute: 409.915

“... (1) (a) For both health maintenance members and fee-for-service beneficiaries, payments for inpatient hospitalization in excess of 10 days, but not in excess of 45 days, with the exception of pregnant women and children whose income is in excess of the federal poverty level and who do not participate in the Medicaid medically needy program, and for adult lung transplant services. (b) For both health maintenance members and fee-for-service beneficiaries, payments for nursing home or intermediate facilities care in excess of \$170 per month, with the exception of skilled nursing care for children under age 21. (2) A county’s participation must be 35 percent of the total cost, or the applicable discounted cost paid by the state for Medicaid recipients enrolled in health maintenance organizations or prepaid health plans, of providing the items listed in subsection (1), except that the payments for items listed in paragraph (1)(b) may not exceed \$55 per month per person. (3) Each county shall set aside sufficient funds to pay for items of care and service provided to the county’s eligible recipients for which county contributions are required, regardless of where in the state the care or service is rendered...”

Total Fiscal Year 2011 Budget: \$16,250,000

This program accounts for the county mandated share of matching funds for State Managed Healthcare, which provides inpatient hospitalization services and nursing home services. The county is billed by the State for Medicaid and the Department of Health and Human Services reviews the bills for patients that are not county residents. The any bills for non-county residents are rejected. Pinellas County pays the State 35% of the total cost for inpatient hospital care for days 11 through 45, as well as \$55 per month/per person for nursing home care. This amount may increase in the future since the current amount has not increased for decades. Current services are at the minimum mandated level.

Recommendation: Continue funding, per state mandate.

Local Mental Health Matching Funds

Florida Statute: 394.76

“(9)(a) State funds for community alcohol and mental health services shall be matched by local matching funds as provided in paragraph (3)(b) [...All other contracted community alcohol and mental health services and programs, except as identified in s. 394.457(3), shall require local participation on a 75-to-25 state-to-local ratio]. The governing bodies within a district or subdistrict shall be required to participate in the funding of alcohol and mental health services under the jurisdiction of such governing bodies. The amount of the participation shall be at least that amount which, when added to other available local matching funds, is necessary to match state funds.

Total Fiscal Year 2011 Budget: \$2,174,710

This program accounts for the county mandated share of matching funds for state contracted local mental health service providers treating the severely persistent mentally ill. The county directly contracts with local mental health service providers and is responsible for providing matching funds to the eligible state funded programs on a state-to-local ratio of 75:25, to the extent that other local funds are not provided. Current services are at the minimum mandated level.

Recommendation: Continue funding, per state mandate.

Disposition of Indigent and Unclaimed Bodies

Florida Statute: 406.50

“All public officers, agents, or employees of every county, city, village, town, or municipality and every person in charge of any prison, morgue, hospital, funeral parlor, or mortuary and all other persons coming into possession, charge, or control of any dead human body or remains which are unclaimed or which are required to be buried or cremated at public expense are hereby required to notify, immediately, the anatomical board, whenever any such body, bodies, or remains come into its possession, charge, or control. Notification of the anatomical board is not required if the death was caused by crushing injury, the deceased had a contagious disease, an autopsy was required to determine cause of death, the body was in a state of severe decomposition, or a family member objects to use of the body for medical education and research.”

Total Fiscal Year 2011 Budget: \$280,000

The county contracts with a local funeral home and a transportation service provider for embalming and funeral care services including cremation, and veteran burials. The county is responsible for performing background checks on the deceased to inform family members and ensure eligibility for the program. Current services are at the minimum mandated level.

Recommendation: While this program has been implemented to comply with Florida Statute 406.50, it does not align with the mission of Health and Human Services. It is recommended that this program be transferred to the Medical Examiner’s office, as they already work with this target population.

Health Care Responsibility Act

Florida Statute: 154.306

“Ultimate financial responsibility for treatment received at a participating hospital or a regional referral hospital by a qualified indigent patient who is a certified resident of a county in the State of Florida, but is not a resident of the county in which the participating hospital or regional referral hospital is located, is the obligation of the county of which the qualified indigent patient is a resident. Each county shall reimburse participating hospitals or regional referral hospitals as provided for in this part, and shall provide or arrange for indigent eligibility determination procedures and resident certification determination procedures as provided for in rules developed to implement this part. The agency, or any county determining eligibility of a qualified indigent, shall provide to the county of residence, upon request, a copy of any documents, forms, or other information, as determined by rule, which may be used in making an eligibility determination.”

Total Fiscal Year 2011 Budget: \$450,000

The county is invoiced for emergency health care services by out of county hospitals and is responsible for paying inpatient hospital Medicaid rates for the services provided. The county is responsible for ensuring that the individual is a county resident and meets program eligibility requirements. Current services are at the minimum mandated level.

Recommendation: Continue funding, per state mandate.

C) Matches

The programs listed below have historically been funded based on the presumption of a mandated state Statute or County Ordinance; however, in review of our available recourses, no such legislature has been found to substantiate mandated funding. Currently, we are seeking more information from program sources to better ascertain under what provisions these programs were developed and under what basis funding was allocated. We will provide this information in another report.

Pinellas County Coalition for the Homeless

Total Fiscal Year 2011 Budget: \$69,800

The Pinellas County Coalition for the Homeless is a non-profit organization that works to coordinate services for the homeless population, educate and train the community about homelessness, coordinates the annual Point-in-Time Homeless Survey, serves as the lead agency for the U.S. Department of Housing and Urban Development's Continuum of Care funding, as well as the State of Florida homeless funding programs. In January 2012, the Pinellas County Coalition for the Homeless merged with the newly created Homeless Leadership Board. This board is comprised of elected officials and community leaders. The new Homeless Leadership Board will assume the duties previously performed by the Pinellas County Coalition for the Homeless and will work to develop local solutions to homelessness in Pinellas County.

Community Funded Programs (Social Action Funding)

Total Fiscal Year 2011 Budget: \$200,000

The Social Action Funding Program provides funding to private non-profit agencies serving the health, economic, or social well being of the adult population in Pinellas County. Funding is provided annually on a competitive basis. On August 23, 2011 the Board of County Commissioners designated the following priority areas for funding during fiscal year 2012: food and nutrition, health, legal assistance for homeless prevention, and one-time technology cost for implementation of the Tampa Bay Information Network. The Board is scheduled to approve the Social Action Funding recommendations at their January 24, 2012 meeting.

2-1-1 Tampa Bay Cares

Total Fiscal Year 2011 Budget: \$375,000

2-1-1 provides 24-hour access to crisis intervention, counseling, information and referral services on community human services, mental health and substance abuse programs. 2-1-1 also coordinates the County's Homeless Management Information System which is an important key in determining the unmet needs of the homeless and is required in order to receive Federal HUD funding.

Pinellas County provides funding to 2-1-1 Tampa Bay Cares, Inc. for support of 2-1-1 call center staff who are qualified to address issues and inform callers about available community resources, human services, financial assistance, medical and behavioral healthcare, substance abuse programs and volunteer opportunities. Funding is also provided to enhance coordination and integration of the capacity of 2-1-1's

unique information system and data base resources to support the County's role on the Health and Human Services Coordinating Council and its efforts to improve the efficiency and the effectiveness of the funding and delivery of community services.

Pinellas Hope, Catholic Charities

Total Fiscal Year 2011 Budget: \$500,000

Pinellas Hope is a program operated by Catholic Charities DOSP, Inc. that began as a pilot project to address the problem of increased population of homeless persons in Pinellas County during the winter months of the year. Pinellas Hope continues to provide temporary housing, employment opportunities and homeless services to homeless Pinellas County residents.

Permanent/Supportive Housing Project (Boley Housing Project)

Total Fiscal Year 2011 Budget: \$317,480

The funding for Boley's supportive housing is to assist Boley Centers, Inc. in the maintenance of its Grove Park Village project, which will provide permanent affordable housing assistance to the chronically homeless population in Pinellas County. Boley provides assistance to the mentally impaired homeless population by providing them with housing and access to support services such as medical care, vocational training and job placement, as well as linkage to other community services. The Agency is currently funded primarily through a United States Department of Housing and Urban Development, and needs local match funds in order to maintain these programs for the mentally impaired homeless. These transitional and permanent supported housing projects are consistent with the affordable housing strategies as outlined in "Opening Doors of Opportunity", a Ten Year Plan to End Homelessness in Pinellas County".

Health and Human Services Coordinating Council

Total Fiscal Year 2011 Budget: \$125,100

On February 14, 2005 the Board of County Commissioners approved the establishment of the Health and Human Services Coordinating Council. This council works to coordinate the planning and funding of the county's health and human services system to more efficiently meet the needs of our citizens. It is composed of a policy board, an administrative forum, and public management networks. Funding is provided by Pinellas County and the Juvenile Welfare Board.

Homeless Shelter Beds (St. Pete/St. Vincent de Paul)

Total Fiscal Year 2011 Budget: \$137,220

Shelter beds for homeless adults are utilized as the primary source of shelter/housing for the clients encountered by the Pinellas County Homeless Street Outreach program. The homeless street outreach

program consists of teams working with homeless citizens living in the Cities of St. Petersburg, Pinellas Park, and in Lealman and the unincorporated areas of Pinellas County. The outreach teams will attempt to engage and link hard to reach homeless citizens with needed shelter and supportive programs. Shelter for the clients encountered by the street outreach teams will be a key component of the program.

D) Pass-Through Programs

The following programs are services the Board previously identified as needed in the community and identified an outside legally constituted agency to provide them. They are funded through this department.

Homeless Street Outreach Program

Total Fiscal Year 2011 Budget: \$300,000

The program provides outreach to the street homeless population. The goal is to connect people living on the streets to appropriate programs and services that can assist them in getting off the streets and back to self-sufficiency. Referrals are made for shelter/housing, health/behavioral health services, ID, transportation, financial assistance, and other needed services. There are five street outreach teams serving the target areas of St. Petersburg, Clearwater, Pinellas Park, Tarpon Springs, Lealman as well as other areas in the county that have a high concentration of street homeless. Each team consists of a law enforcement officer paired with a street outreach social worker.

Homeless Initiative Funding Program

Total Fiscal Year 2011 Budget: \$200,000

The Homeless Initiative program assists local social service agencies that focus on providing services to or assisting the homeless in Pinellas County. There are 10 social service agencies receiving Homeless Initiative program funding.

Daystar Life Center

Total Fiscal Year 2011 Budget: \$15,000

Daystar Life Center currently maintains a Traveler's Aide Emergency Assistance Program for individuals residing in Pinellas County. This program assists homeless individuals and families who find themselves displaced in Pinellas County to return to destinations that previously provided stability in a safe and supportive environment, and provides other essential support services to assist these individuals in regaining stability. Pinellas County assists Daystar Life Center by matching the cost of maintaining the Traveler's Aide Program, which provides enhanced delivery of human services for county residents.

Victims of Domestic Violence

Total Fiscal Year 2011 Budget: \$139,000

The County provides funding for to two agencies that provide counseling and support services for victims of domestic violence. Those agencies are Community Action Stops Abuse, Inc. and Religious Community Services, Inc. The goals of both agencies are to improve the living situation of homeless persons by providing emergency shelter and supportive services and assisting them in obtaining and sustaining permanent housing.