



Health & Human
Services Coordinating
Council for Pinellas County

POLICY BOARD

Friday, September 19, 2008

1:30 p.m. to 3:30 p.m.

Juvenile Welfare Board • Meeting Room "A"
6698 68th Avenue North • Pinellas Park, FL 33781 • (727) 547-5600

*** AGENDA ***

I. CONSENT AGENDA

- A. Approval of Minutes - Meeting of June 20, 2008

II. PRESENTATIONS/REPORTS

- A. HHSCC Objectives for FY 2008-09 *Denise Groesbeck*
- B. Status Report on the 211 Project *Denise Groesbeck*
- C. Health Care for the Uninsured in Pinellas County
*Lynn Kiehne
and Denise Groesbeck*

III. UPDATES

- A. Executive Director's Report *Denise Groesbeck*

IV. ADJOURN

NEXT MEETING: December 2008 *(date/location to be announced)*

Web Address: www.hhscc-pinellas.org

HEALTH AND HUMAN SERVICES COORDINATING COUNCIL
POLICY BOARD

June 20, 2008

The Health and Human Services Coordinating Council (HHSCC) Policy Board met in the Garden House at the Hospice of the Florida Suncoast, 5771 Roosevelt Boulevard, Clearwater, Florida, at 1:39 P.M. on this date with the following members present:

Karen Williams Seel	Chairman; Pinellas County Commissioner
Jim Coats	Pinellas County Sheriff
Bernie McCabe	State Attorney; Juvenile Welfare Board (JWB)
Kenneth T. Welch	Pinellas County Commissioner

Absent:

Van Saylor	Vice-Chairman; JWB
Ronnie E. Duncan	Pinellas County Commissioner
Susan Latvala	Pinellas County Commissioner
Irene Sullivan	Circuit Court Judge; JWB

Others Present:

Denise Groesbeck	Executive Director, HHSCC
Joe Baldwin	Senior Planner, HHSCC
Maureen A. Freaney	Bureau Director, Pinellas County Human Services (PCHS)
Karen L. Harris	Administrative Manager, HHSCC
MaryAnn Penhale	Deputy Clerk, Pinellas County Board Records
Other interested individuals	

Welcome

Chairman Seel called the meeting to order and welcomed the attendees.

Consent Agenda

Upon presentation by Chairman Seel, Commissioner Welch moved, seconded by Mr. McCabe, that the following Consent Agenda Items A and B be approved:

- A. Approval of Minutes – Meeting of May 15, 2008
- B. HHSCC 2008-2009 Budget

Ms. Groesbeck indicated that she has a proxy vote from Judge Sullivan; whereupon, Chairman Seel confirmed the presence of a quorum with four members in attendance.

Upon call for the vote, the motion carried unanimously.

2-1-1 Tampa Bay Cares, Inc. Update

Chairman Seel referred to the JWB and recent meetings regarding 2-1-1 Tampa Bay Cares, Inc.; whereupon, she presented a brief update regarding the matter, and related that six or seven employees would be lost as a result of the proposed funding cuts; that with the loss of employees, it probably would not be possible to continue to staff the 2-1-1 telephone number; that the system would then probably become web-based only; that the original mission of 2-1-1 is information and referral; that a strategic planning meeting has been scheduled; that the feasibility of a merger with the crisis center in Hillsborough might be considered; and that the concept of a 3-1-1 system had been discussed in the past. Commissioner Welch and Mr. McCabe provided additional input regarding the matter of funding for 2-1-1 in the JWB budget, the fact that a final decision has not yet been made, the strategic focus areas of the JWB, and the provision of service to the community.

HHSCC Disaster Communications Plan for Pinellas County

Mark Holmgren, Chairman, Disaster Recovery Leadership Network, and Executive Vice President, United Way of Tampa Bay, conducted a PowerPoint presentation titled *Disaster Recovery Leadership Network (DRLN) Communications Plan for Pinellas County*, a copy of which has been filed and made a part of the record, wherein he discussed the following matters and responded to queries by the members, with additional input provided by Mr. Baldwin, Ms. Groesbeck, Assistant Director of Human Services Cliff Smith, and JWB Executive Director R. Gay Lancaster:

- Cone of uncertainty.
- Mission:
 - To ensure that priority human services are made available to the public at the earliest opportunity should a major disaster occur in Pinellas County.
- DRLN members from various organizations including:
 - United Way of Tampa Bay.
 - JWB.
 - City of St. Petersburg.
 - American Red Cross.
 - HHSCC.
 - Pinellas County Health Department.
 - Department of Children and Families.
 - Pinellas County Emergency Management.
 - Pinellas County Schools.
 - AAA of Pasco-Pinellas, Inc.
 - The Salvation Army.

- Pinellas County Health and Human Services.
- 2-1-1 Tampa Bay Cares.
- Tampa Bay Healthcare Collaborative.
- DLRN objectives:
 - Help ensure that the HHS organizations are optimally prepared for any major disaster.
 - Develop and implement plans that will ensure that Pinellas County residents have access to HHS during long-term recovery from a major disaster.
 - Facilitate coordination and communication among network stakeholders during all phases of a disaster.
- Financial support for plan development:
 - Funding from Pinellas County Emergency Management.
- Communications Plan purpose:
 - Ensure notification of participants when a disaster looms or has occurred.
 - Activation of the Plan to achieve the objective of restoring services.
 - Establish procedures to facilitate communications between participants to manage service delivery and provide needed short-term assistance.
- Service Matrix
- Communication Flow Diagram:
 - Calls from public to 2-1-1.
 - Roles of:
 - HHS agencies
 - Recovery Management Center
 - Emergency Support Function (ESF) 8
 - Pinellas County HHS
 - Pinellas County Health Department
 - Citizens' Information Center (CIC)
 - Emergency Operations Center
 - ESF 15
 - Unaffiliated volunteers

Mr. Holmgren stated that 2-1-1 is funded until October 2008; that 2-1-1 is a cornerstone of the Communications Plan; that if 2-1-1 could no longer provide services at some point in the future, the current plan will not work and would require revisions; and that the DRLN will need to work with the members in the future regarding the status of the plan and any changes that may become necessary.

Responding to queries by the members, Micki Thompson, Executive Director, 2-1-1 Tampa Bay Cares, Inc., discussed mechanisms to address staffing needs during a disaster, including

technology that will allow employees to log in to the system from remote locations in order to continue to offer assistance to citizens. Additional input was presented by Mr. Baldwin, Ms. Groesbeck, and Ms. Thompson regarding the use of the Agency Status Report in determining the operability of services following a disaster, the role of the CIC, and the telephone lines at the Health Department.

Florida Housing Finance Corporation

Rick Butler, Co-Chairman, Low Income Housing Leadership Network (LIHLN), presented an update regarding the Florida Housing Finance Corporation; whereupon, he expressed concerns regarding the differences in funding for various counties in the state and referred to a letter dated May 31, 2008 to the Board of Directors of the Florida Housing Finance Corporation regarding the Universal Application Cycle regulations. He stated that he had an opportunity to speak at a recent Board meeting; that the LIHLN is attempting to become more active in the arena of obtaining funding; that some local names have been submitted for current vacancies on the Board; and that he believes the Florida Housing Finance Corporation seems to be focusing on addressing more immediate housing needs through single room occupancy and emergency-type housing. Responding to queries by Mr. McCabe, Mr. Baldwin stated that Set-Aside Unit Limitations (SAUL) affect the capacity to draw down tax credits for funding affordable housing; whereupon, Ms. Groesbeck provided input regarding the matter; and Sarah Snyder, Executive Director, Pinellas County Coalition for the Homeless, explained the methodology utilized in distributing unused SAULs to counties that have the largest number of applications. Responding to query by Commissioner Seel, Ms. Groesbeck indicated that she would provide additional information regarding the website.

Executive Director Report

Chairman Seel referred to the Executive Report included in the agenda packet, and in response to her query, Ms. Groesbeck indicated that she has provided a document titled *Pinellas County Health and Human Service Agencies by Revenue Tiers* as requested by Commissioner Welch at the last meeting, a copy of which has been filed and made a part of the record.

Ms. Groesbeck referred to the Health and Behavioral Health Network, and stated that a Behavioral Health Summit will be held in mid-September; and that recommendations will be submitted to the Behavioral Health Network at its October meeting.

Other Business

Responding to queries by Mr. McCabe, Ms. Groesbeck discussed the figures in the funding study; and at the request of Chairman Seel, indicated that she would provide additional information regarding the figures for the YMCA of the Suncoast, Inc. and the YMCA of Greater St. Petersburg.

June 20, 2008

Adjournment

There being no further business, Chairman Seel adjourned the meeting at 3:19 P.M.

PROPOSED OBJECTIVES

FISCAL YEAR 2008-09



1. ADMINISTRATIVE FORUM

- a. Complete asset mapping process for human services

2. LEADERSHIP NETWORKS

- a. Host a Behavioral Health Summit on October 21, 2008 with recommendations to the Health and Behavioral Health Leadership Network.
- b. Develop a funding plan for the Health and Behavioral Health Leadership Network's uninsured project.
- c. Conduct a disaster readiness provider summit prior to hurricane season.
- d. Complete an assessment of the DRLN's role in the establishment of a Long-Term Recovery Committee in Pinellas County.
- e. Develop estimates of supply and demand for Low-Income Housing using administrative data sources and FloridaHousingSearch.org.

3. SPECIAL PROJECTS

- a. Complete analysis of the 211 system with recommendations in the areas of: *Community Need; Service; Technology; Organizational Structure; and Funding.*
- b. Status Report: Data-Driven Decision-Making using existing Human Service Information Systems (211, Data Collaborative, and the Social Indicators Website.)

**Independent analysis of Pinellas County information and referral services
and ancillary services delivered by 211**

Status Report
September 19, 2008

- Eddie Burch from JWB was assigned as the project manager for the 211 project.
- A team with representatives from HHSCC, JWB, Pinellas County, United Way and 211 met throughout the summer to define the deliverables for this contract.
- Denise Groesbeck and Eddie Burch met with 211 Tampa Bay Cares, Inc. Board members on August 26 to review the process for the analysis.
- The Invitation to Bid was issued on Friday, September 12, 2008. The announcement was sent to six candidates.
- The bidders' conference is scheduled for September 18, 2008.
- The deadline for bids is October 1, 2008.
- The bid is to be awarded by October 15, 2008.



Health & Human
Services Coordinating
Council for Pinellas County

INVITATION TO BID FOR

Independent analysis of Pinellas County information and referral services and ancillary services delivered by 211

FINAL DATE FOR SUBMISSION:

October 1, 2008

NUMBER OF COPIES REQUESTED:

one (1) original and five (5) copies

TABLE OF CONTENTS

INTRODUCTION	3
INVITATION TO BID PROJECT SCHEDULE	4
SERVICES TO BE FUNDED	5
LIST OF DELIVERABLES	5
PART I: ANALYSIS OF OVERALL AGENCY STRUCTURE AND FUNDING	6
PART II: ANALYSIS OF INFORMATION AND REFERRAL CALL CENTER	7
PART III: ANALYSIS OF TAMPA BAY INFORMATION NETWORK (TBIN)	10
REQUESTED INVITATION TO BID (ITB) PROPOSAL CONTENTS	13
CONSULTANT SELECTION PROCESS	13
VENDOR DISQUALIFICATION	13
"ATTACHMENT A": SCORING RUBRIC	15



Introduction

Background

The Health and Human Services Coordinating Council for Pinellas County (HHSCC) works to improve the health and human services system in Pinellas County. The mission of the HHSCC is to develop new and more seamless health and human service delivery systems that are characterized by user friendliness, quality and productive use of resources.

After the 2008-09 fiscal year, 211 Tampa Bay Cares, Inc., the agency providing health and human services information and referral services for Pinellas County, may no longer receive funding from the JWB Children's Services Council of Pinellas County (JWB). JWB funds accounted for a projected \$290,665 of 211 Tampa Bay Cares, Inc.'s \$1,081,723 fiscal year 2007-08 budget. This reduction in funding precipitated a need to review 211 Tampa Bay Cares, Inc.'s operations against community need.

The Policy Board of the HHSCC has agreed to assume responsibility for an independent analysis of the community need for an information and referral system for social services, as well as for the ancillary services offered by 211 Tampa Bay Cares, Inc. in order to ensure that Pinellas County residents do not lose needed services.

Prior analyses and reports regarding 211 Tampa Bay Cares, Inc. can be found at www.hhsc-pinellas.org.

Purpose

HHSCC is seeking proposals to select and contract with a consultant or consultants who will conduct an independent analysis of the information and referral system for social services, as well as for the ancillary services offered by 211 Tampa Bay Cares, Inc. and supported by the JWB and the Pinellas County Board of County Commissioners. The results of the analysis should be summarized in a report to the HHSCC Policy Board with recommendations for improved efficiencies and funding beyond the 2008-09 fiscal year. The final report should include a multi-year plan for implementation and sustainability of the recommendations. **A draft report will be due to the 211 Transition Team by March 3, 2009 with a final report due to the HHSCC Policy Board on March 20, 2009.**

All agreement(s) resulting from this Invitation to Bid will be negotiated following a public, competitive review and award process. HHSCC will enter into a written agreement with the selected consultant.



Please direct all inquiries and proposals in writing to:

**Mr. Eddie Burch
c/o Ms. Karen Harris
Health & Human Services Coordinating Council
for Pinellas County
501 First Avenue North, Suite 500
St. Petersburg, FL 33701
E-mail: klharris@hhscc-pinellas.org
Phone: (727) 547-5676 or (727) 582-7951**

1. All proposals must be received in a sealed packet at the HHSCC office located at 501 First Avenue North, Suite 500, St. Petersburg, Florida 33701, no later than 5:00 p.m. on October 1, 2008. Applications may not be faxed or e-mailed. Applications received after 5:00 p.m. on October 1, 2008 will not be accepted.
2. All proposals must not exceed Fifty Thousand and 00/100 Dollars (\$50,000). Please provide a break-out of costs for each component part (i.e., Part I, Part II and Part III) of the deliverables as provided herein.
3. The proposal must be signed by a person authorized to bind the organization to the proposed activity. One (1) original and five (5) copies must be submitted at that time to accommodate the review process. All bid packets will be publicly opened and recorded immediately following the submission deadline date and time.
4. HHSCC reserves the right to cancel the Invitation to Bid process, to reject any and all applications, to waive any non-substantive deficiency or irregularity, remedy or waive technical or immaterial errors, to request any necessary clarifications or proposal data without changing the terms of the proposal, and to award a contract in what it believes to be the best interest of HHSCC, JWB and Pinellas County.

Invitation to Bid Project Schedule

- | | | |
|----|--------------------------|---|
| a. | September 12, 2008 | ITB availability |
| b. | September 18, 2008 | Bidders' conference |
| c. | October 1, 2008 | Application due |
| d. | Week of October 15, 2008 | Award decision/notice |
| e. | Week of October 15, 2008 | Sign contract(s) |
| f. | March 3, 2009 | Draft report due to 211 Transition Team |
| g. | March 10, 2009 | Final report due to HHSCC Policy Board |
| h. | March 20, 2009 | Presentation to HHSCC Policy Board |



Activities to be Funded

HHSCC is seeking a highly qualified consultant or consultants to assess the needs of Pinellas County users and key stakeholders of the human services information and referral system and ancillary services provided by 211 Tampa Bay Cares, Inc. (hereinafter referred to as “211”) and review the process by which those services are delivered to identify opportunities for improved service.

List of Deliverables

The HHSCC Policy Board wishes to conduct a review of the services provided by 211. The purpose of this review is to:

- a. Provide an analysis of the following issues:
 - Identify agency component parts and their functional relationships.
 - Identify the “users” of the 211 system and their needs/demands. (Users are defined as funders, health and social services providers, school and court personnel, law enforcement and individual members of the community, etc.)
 - Does the capacity of the current 211 system meet identified needs?
 - Identify what components (programs) that funders have a vested interest in and to what extent such funders are willing to support said programs.

- b. Provide recommendations
 - Identify potential agency-level reorganizations or process improvements that could reduce costs.
 - Identify any administrative process improvements that could potentially reduce costs.
 - Identify any opportunities for partnerships, alliances or mergers of administrative functions that could improve service or reduce costs.
 - Mid-term progress reports shall be provided to the designated parties.



The review should encompass the following issues:

PART I: Analysis of Overall Agency Structure and Funding

A. Background

1. History and evolution of local 211
2. Review of prior 211 studies
3. A description of a “typical” 211 system for communities of a comparable size illustrating the commonalities and differences within the 211 system

B. Agency Overview

1. Administrative Management:
 - a. Detailed organizational chart
 - b. Process flow chart depicting relationships between and among programs
 - c. Staffing analysis – review each of the following components against industry standards:
 - i. Numbers of full- and part-time staff, as well as numbers of volunteers and positions occupied
 - ii. Staff qualifications relative to position descriptions and staffing patterns
 - iii. Staff turnover rates and salaries
 - iv. Staff training and multi-lingual capacity

C. Financial Management

1. Budget Information: last year, current year and projected year by revenue and expenditures.
2. Detailed financial analysis by agency and program. In addition, address:
 - a. Impact of contracts, other than primary contracts (JWB, Pinellas County and United Way of Tampa Bay), on fiscal performance.



- b. Impact of external after-hours and out-of-county services on the Information and Referral System's fiscal performance.
 - c. Identify any non-reimbursed services.
 - d. Identify opportunities for increased funding from the U.S. Department of Housing and Urban Development (HUD), the Florida Department of Children and Families (DCF), or other sources, as well as demands for future service enhancements.
3. Review of performance relative to Pinellas County funder contractual obligations.
 4. Analysis of current accounting methodology for monitoring individual program cost center performance.
 5. Determine if costs can be reduced by administering all or part of the entire program through another agency.
 6. Provide comparative analysis of funding sources of other 211 call center organizations (national, state and local).

D. Information Management/Data Services

1. Analysis of the electronic system (hardware and software needs necessary for the various components to operate).

PART II: Analysis of the Information and Referral System (I & R System)

A. I & R System *(inclusive of the Call Center, web-based information and referral and supporting database)*

1. Best Practice Reviews of Other Communities
 - a. Conduct a review of best practice models for business and social service information and referral systems from across the country. How are they organized? What services do they offer? What are their strengths and weaknesses and applicability to Pinellas County? What is their role in the community human services system? How do they relate to local government information and referral services?



- b. Analysis of the I & R System and the Resource Department's role relative to I & R System operations.
2. Community Needs Assessment
- a. Identify core users. (At a minimum, users should include: funders, health and social services providers, school and court personnel, law enforcement and consumers of the I & R System.)
 - b. Conduct needs assessments with various users to determine what they want from an information and referral call center.
 - c. Identify duplication and overlap issues for consolidation/partnership opportunities – Provision of information and referral services by other local service providers (e.g., Operation PAR, Neighborly Senior Services, Senior Help Line, etc.).
3. Service Assessment
- a. What services does the I & R System offer and for whom?
 - b. Include the demographics and zip codes of individuals utilizing the I & R System.
 - c. For each service, discuss service purpose, objectives and ability of the current I & R System to meet objectives. Discuss objectives in relation to identified community needs.
 - d. Relationship of each service to the agency's core mission.
 - e. Determine peak call times and volume to staff ratios. Analyze current web-based information and referral system relative to user need, ease of operation, and user satisfaction. Provide any recommendations for system improvement and provide projected costs for any improvements.



4. Outcome Measures
 - a. Identify standard 211 information and referral systems model outcome measures and performance objectives; benchmark the performance of this agency's information and referral program against the industry standards.
 - b. For all other services offered by the I & R System, identify outcome measures and procedures for tracking those measures.
 - c. Describe current agency outcome measures and the mechanisms in place for the routine collection of data related to these measures.
 - d. If not addressed in Paragraph 4 (a), are there mechanisms for evaluating that the caller received the service that they requested.
 - e. Are there business practices that could improve service or reduce costs?
5. Technology Assessment (*This section requires review of the I & R System hardware and software, as well as the supporting human service structure*).
 - a. Discuss the adequacy of the current I & R System toward meeting the expressed community need. Identify strengths, weaknesses and opportunities to improve the system.
 - b. Discuss the adequacy of the current web-based information and referral system toward meeting the expressed community need. Identify strengths, weaknesses and opportunities to improve the system. (Include ease of use, appropriateness of information).
 - c. Discuss communication technology trends and opportunities.
 - d. Discuss the functionality of the current software system to address unmet community needs.
6. Information Management
 - a. Identify data elements collected, purpose of the information and usage.
 - b. Analyze processes for information entry, maintenance and delivery. As part of this analysis, identify responsible parties for each process and methods for accountability.



- c. Conduct tests of the accuracy/quality of the data in the I & R System.
- d. Discuss methods and reports for monitoring data, version control, etc.
- e. Review the process for systematic updates of provider information, including ease of entry, testing of updates, etc.
- f. Analyze reporting capability
- g. Review requests for reports (ie. requestor, frequency of reports, ad hoc or routine requests, etc.)
- h. Review requests for services beyond the scope of the funder contracts.
- i. Survey users who have made requests of 211 and determine what additional services are requested, the frequency of the requests, timeframes for response, etc.
 - Determine the willingness to pay for additional requested services.
 - Suggest a proposed fee schedule. (If unable to pay, who do they think should pay for it?)
- j. Identify best practice processes for managing requests for reports.

PART III: Analysis of Tampa Bay Information Network (TBIN)

The analysis of TBIN should include the Community Voice Mail Program, the Resource Department and the Homeless Management Information System (HMIS), exclusive of the I & R System. Emphasis should be on data collection, data analysis, and reporting capacity.

1. Best practice reviews of other communities
 - a. Conduct a review of best practice models for data collection, data analysis and reporting from across the country (including other HMIS systems). How are they organized? What services do they offer? What are their strengths and weaknesses and applicability to Pinellas County?



2. Community Needs Assessment
 - a. Identify core users/customers.
 - b. Conduct needs assessments with various users to determine needs.
 - c. Identify duplication and overlap issues for consolidation/partnership and/or data sharing opportunities.

3. Service Assessment
 - a. What services are offered and to/for whom?
 - b. For each service, discuss service purpose, objectives and ability of the TBIN system to meet objectives, and discuss the objectives in relation to identified community needs.
 - c. Relationship of each service to the agency's core mission. For each service, identify methods for monitoring outcomes of service provision.
 - d. Survey users regarding their satisfaction with the TBIN system and identify the improvements they would recommend.
 - e. Project the resources needed to provide each of the recommended improvements.
 - f. Identify any business practices that could improve service or reduce costs.
 - g. Identify standard outcome measures and targets; benchmark the performance of this agency's program to the industry standards.
 - h. Identify methods for continually tracking standard program outcomes; i.e., consumer satisfaction surveys, etc.

4. Technology Assessment
 - a. Discuss the internal adequacy of the current TBIN system toward meeting the expressed user need. Identify strengths, weaknesses and opportunities to improve the system. (Address support staffing needs, skills, credentialing, and training requirements specific to this system.)



- b. Discuss the adequacy of the current customer-interface system toward meeting the expressed user need. Identify strengths, weaknesses and opportunities to improve the system. (Include ease of use, appropriateness of information).
- c. Discuss communication technology trends and opportunities.

5. Information Management

- a. Identify data elements collected, purpose of the information and usage.
- b. Analyze processes for information entry, maintenance and delivery. As part of this analysis, identify responsible parties for each process and methods for accountability.
- c. Conduct tests of the accuracy/quality of the data in the TBIN system. Discuss methods and reports for monitoring data, version control, etc.
- d. Review the process for systematic updates of provider information, including ease of entry, testing of updates, etc.

6. External to Contractual Demands

- a. For those survey users who have made demands, determine what additional services are requested and the frequency of the requests.
- b. Determine the willingness to pay for additional requested services. (if unable to pay, who do the users think should pay for it)?



Requested Invitation to Bid (ITB) Proposal Contents

Response to the ITB must include and address the following:

1. Description of qualifications of applicant and individuals assigned to the project
2. Identification of all individuals assigned to the project
3. A description of previous experience of applicant and other individuals assigned to the project
4. Resumes of applicant and other individuals assigned to the project
5. Project budget and timeline
6. References for applicant to include:
 - a. Names, addresses, and telephone numbers
 - b. Brief description of project work activities completed
 - c. Project strategy with timelines
 - d. Sample of prior work product

Consultant Selection Process and Process and Proposal Evaluation

A team of JWB, HHSCC, Pinellas County professional staff and a representative from the human services provider community will evaluate all proposals. Applications will be rated on how well the proposal meets the proposal contents, the overall intent of the ITB and the needs of HHSCC, JWB and Pinellas County. One finalist will be recommended for the final contract award.

Proposals will be evaluated utilizing the criteria summarized below:

- | | |
|--|-----------|
| 1. Qualifications, background and prior experience of applicant and individuals assigned to this project | 25 points |
| 2. Project strategy, budget and timeline..... | 20 points |
| 3. Contract terms and competitive fee..... | 10 points |
| 4. References | 10 points |
| 5. Maximum point total..... | 65 points |

VENDOR DISQUALIFICATION: A bidder or affiliate who has been placed on the discriminatory vendor list pursuant to Section 287.134, F. S. is disqualified from submitting a proposal.



Pinellas County Health and
Human Services:
our new health plan
“no wrong door”

September 2008



Recognizing we have

- Less funding
- Potentially more reductions in the future
- Therefore,
 - How to optimize clinical care
 - Access to care
 - Continuity of care
 - Integration of care
 - Maximize private sector resources



Critical elements of new strategy

- Collaboration
 - Payors, hospitals, providers
- Transparency
 - Quality and safety standards, new payment and reporting methods, data integration
- Accountability



Opportunity

- Focus on “medical home”, not ER
- Case and disease case managers provide early intervention
- Expand use of Compassionate Drug Program
- Design outcome measures to determine effectiveness of changes



Objectives

- Improve access to primary care, specialty care and oral health services
- Reduce unnecessary use of hospital inpatient and emergency room services
- Improve client's health status so they can seek assistance from an employment case manager and find a job, or pursue alternative benefits for the fully disabled

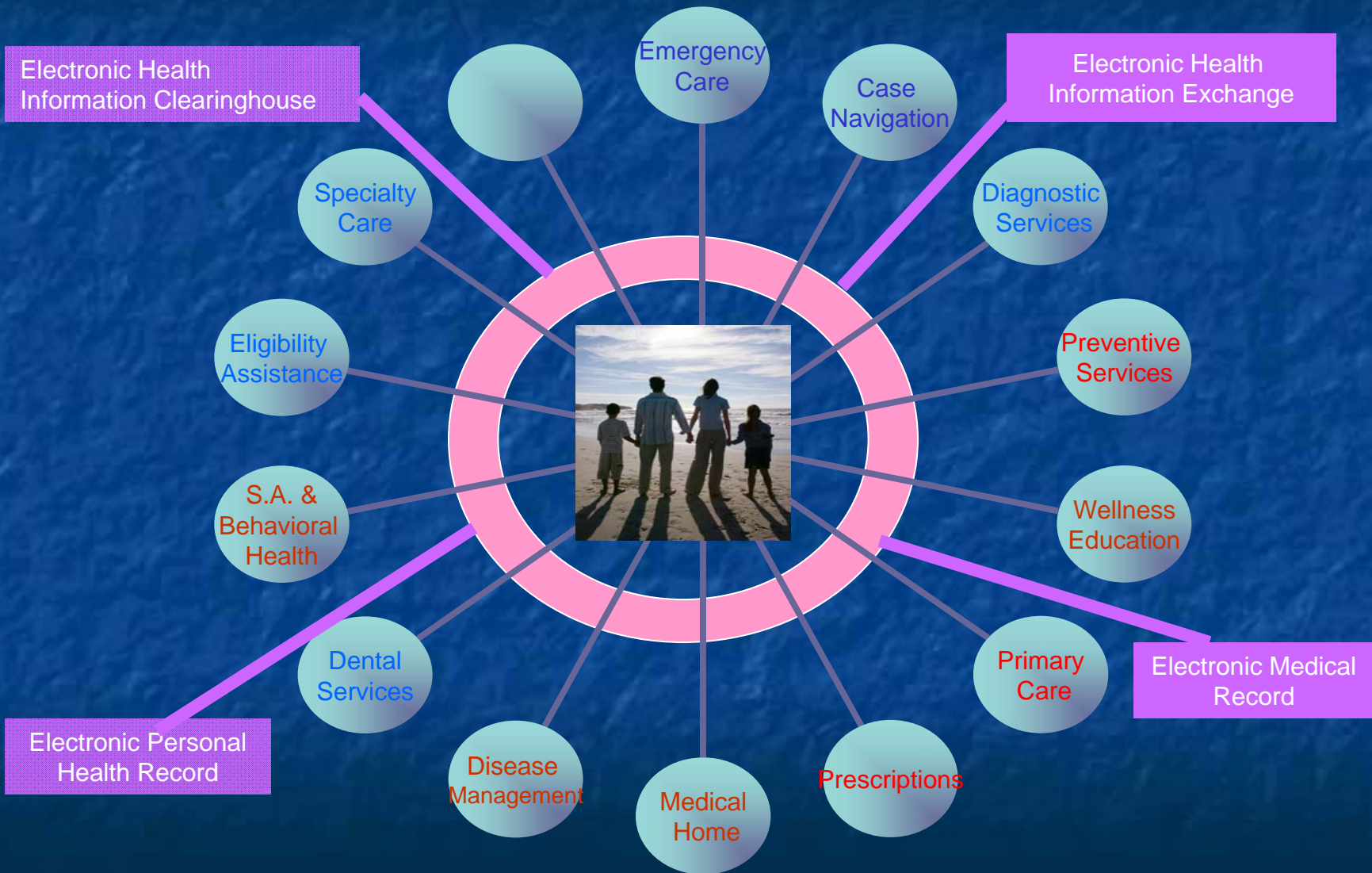


Medical home definition

- Focus: **Client** centered care that is culturally competent
- **Team** care including physicians, mid-level examiners, nurses, mental health providers, dental care, etc. - support as clients move through different care settings for prevention as well as treatment
- **Data and education** that supports clients and the team
- **Evidence based medicine**

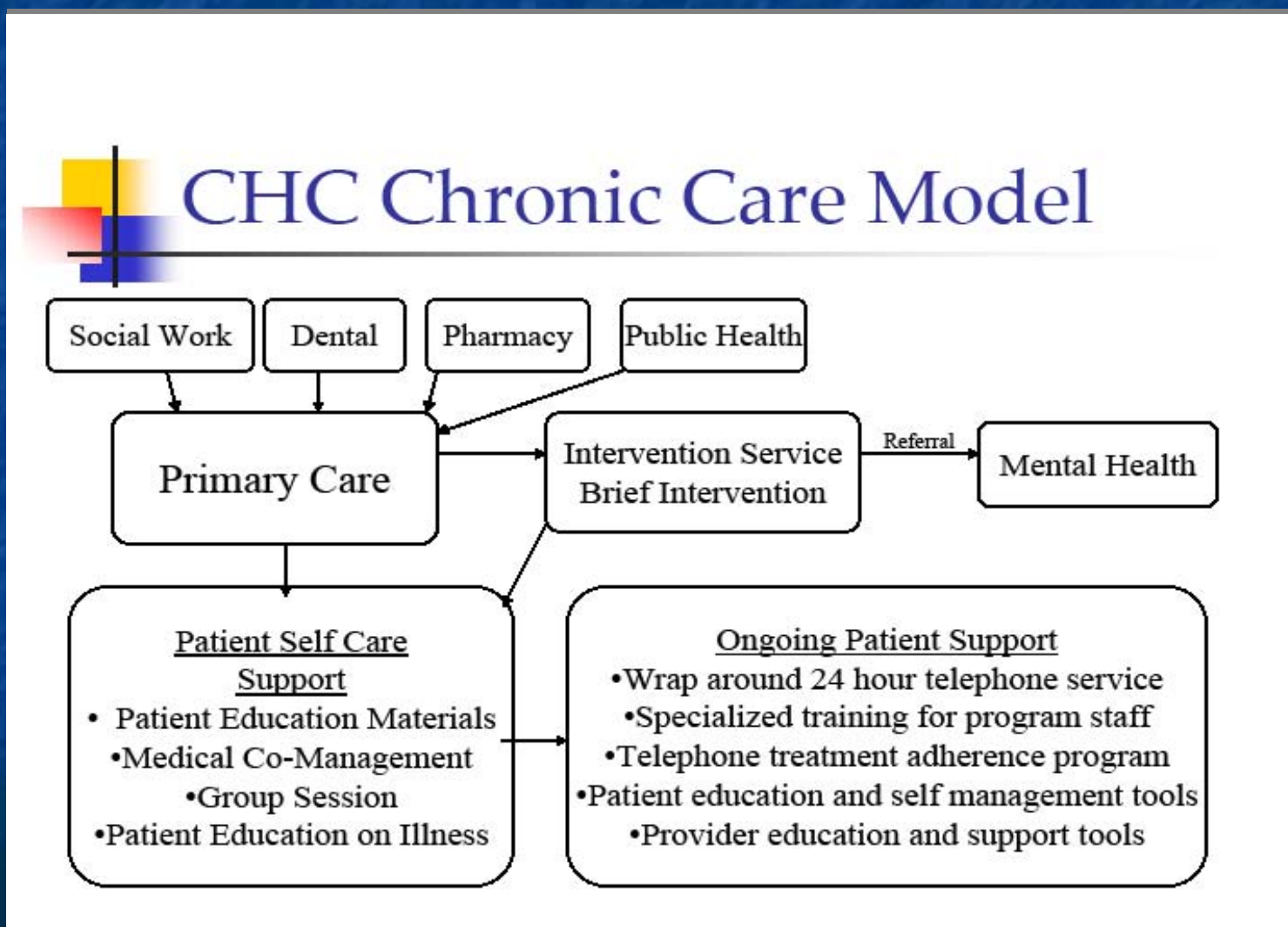


Client centered care



What might this model look like?

Example:



Best Practice: Austin, TX

- Brackenridge ER - clients who go to ER at least six times per year or 3 inpatient admissions per year - ER case managers assigned to assist them
 - Pre-intervention - 8.3 hospital or clinic visits per client/6 months
 - Post-intervention - 1.8 hospital or clinic visits per client/6 months



Clinical setting - case manager

- Responsible for an assigned caseload of clients.
- Work includes obtaining health, financial and social services for clients; provides assessments, and develops and implements case management plans.



Disease Case manager positions in clinics/ER

- Responsible for managing clients experiencing complex or catastrophic illness, injury and/or specialty illnesses such as open heart surgery, transplant, CHF, COPD or other chronic condition, to insure cost effective and efficient utilization of health services.
- Acts as a client advocate, seeking and coordinating creative solutions to client's health care needs without compromising quality of outcomes.



Status: September 2008

- New primary care sites at Willa Carson Resource Center; Pinellas Park and St. Petersburg (Pinellas County Health Department sites)
- Closing current plan to new clients
- Clinic/ER staff transitions in process
- Final determination/ contract with WellCare re: clients who will stay in WellCare
- 5 CHCP sites will convert to formal medical homes October 1, 2008
- Other locations are currently being contracted to continue to see clients (formerly seen via WellCare)

New Plan Coverage:

- Potential target population: 10,000-20,000
- Federal Poverty Limit: 100%, no asset determination, no co-pay
- Primary Care Providers aka Medical Homes will determine eligibility
- Clients will know plan limitations when they enter the program: no surprises



New Model Coverage

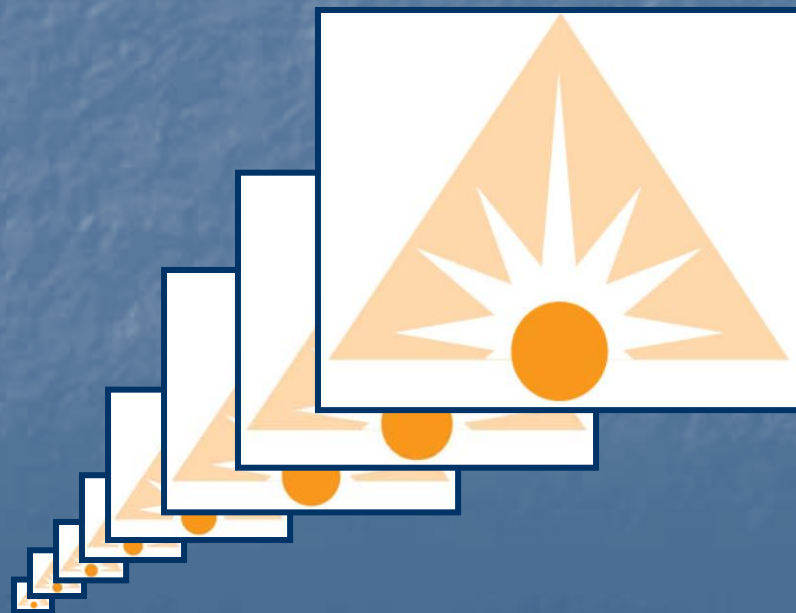
- Wellness, Prevention and Primary Care
- Laboratory, Radiology and selected Specialty Care
- Generic Prescription Medication
 - Brand Name coverage only when not available through other resources
 - Controlled Medications (narcotics) coverage only under selected conditions
- Case and Disease Management
- Elective inpatient and ambulatory surgery based on approval by medical home providers

Questions/comments



HHSCC Policy Board

September 19, 2008



Health & Behavioral Health Leadership Network

Established
September 2007

Purpose:

- Identify short-, intermediate and long-term changes to increase health and behavioral health care services to the un-insured or underinsured.

Health and Behavioral Health Leadership Network

Objectives

- Health and behavioral health care plan for uninsured residents of Pinellas County.
- Behavioral health care for residents of Pinellas County.
- Improve the system of care for specialized populations.



Health & Behavioral Health Plan for Uninsured Residents

Target Population:

- Uninsured residents of Pinellas County who fall below [150%] [200%] of the Federal Poverty Level
- All ages



Health & Behavioral Health Plan for Uninsured Residents

■ *Overview:*

- Medical Home.
- Full continuum of services diagnostics, specialty care, ancillary services, pharmacy.
- Centralized eligibility and enrollment
- Disease management, Care Coordination
- After hours, walk-in, and mobile van

Health & Behavioral Health Plan for Uninsured Residents

Overview (Continued)

- *Behavioral Health*
- *Dental (limited)*
- *Transportation (limited).*
- *Long-term care and aftercare (limited)*
- *Hospital care (limited)*

RELATIONSHIP BETWEEN THE PLANS

PINELLAS COUNTY
HEALTH PLAN








HEALTH AND
BEHAVIORAL HEALTH
NETWORK PLAN












HEALTH CARE FOR THE UNINSURED IN PINELLAS COUNTY

COMPARISON OF HEALTH PLANS

	PINELLAS COUNTY HEALTH PLAN	AREAS FOR EXPANSION	HEALTH & BEHAVIORAL HEALTH NETWORK PLAN FOR THE UNINSURED	COMMENTS
STATUS	Operational as of October 1, 2008		In the Planning stages. Broad outline of the system identified. Business Plan in development over the next year.	The Pinellas County Health Plan has the ability to function as a pilot for the larger uninsured health plan.
ELIGIBILITY	100% FPL: Adults 18 - 64. Limited to Pinellas County residents and US citizens, legal aliens.		150-200% FPL: Individuals 0-64 and 65+ w/o Medicare. Open to all residents of Pinellas County	
MODEL OF CARE	Uses Medical Home model through Community Health Centers and the Health Department		Uses a Medical Home model using Community Health Centers, Free Clinics, Health Department Clinics, Teaching Resident Clinics, and Primary Care Medical Offices.	
FUNDING	Limited to budget allocation for FY 08-09		Funding resources as yet to be determined. Assigned to the Resource Allocation Committee for development of a business plan. Once developed, the county plan becomes a funding source within the larger Network plan.	Possible funding sources involve reallocation of resources (ex. PCAN), LIPP, FQHC funding, County funding, new taxes, financial support from care delivery partners; subsidized health insurance; low-cost health insurance options; etc.
ENROLLMENT	Enrollment of eligible patients in the county enrollment system using 211 Technology, with the plan to transition to the County's new software program, (currently in RFP stage).		Explore development of a web-based data and enrollment system.	Pilot through the County's health plan, then evaluate appropriate platforms for the Network Plan. Determine role of County IT in this information system.
COLLABORATIVE AGREEMENTS AMONG PARTNERS	Service agreements and contracts are nearing completion with an effective start date of 10-1-2008.		The Charter for the Network Uninsured Health Plan is in process. The MOA will be created following development of the business plan. Signatories to the Plan may include Network members, but not all Network members will be signatories. Signatories may include organizations beyond the Network.	
VOLUNTEERS	Pinellas County Health Department is developing a program to support the needs for volunteer health care providers to support the County's health plan.		This program would need to expand to serve the larger Network plan.	"Volunteers" means recruitment of health care providers into the state Volunteer Health Services Provider Program. Fair Share principles are essential to success.
SPECIALTY CARE	An RFP for specialty care was issued. One plan responded and was awarded the Specialty Care contract.		Health and Behavioral Health Network to consider policies to enhance the number of specialists willing to provide services within a county-wide plan to address the needs of eligible clients.	
MEDICAL RESPITE	No current plan for system enhancements.		System improvements to include after-hours and walk-in clinics; medical respite; and aftercare.	A group of interested representatives from various organizations have been meeting over the past several months with the hopes of designing at least a pilot program.
OUTCOME MEASURES	Outcome measurement pertinent to medical homes; HEDIS; ER Diversion.		HEDIS and other measures as yet to be determined.	
SOCIAL MARKETING PLAN	Limited to internal communication among plan participants.		Development of a marketing plan for medical homes and for support of any additional funding mechanisms.	

HEALTH CARE FOR THE UNINSURED IN PINELLAS COUNTY

COMPARISON OF HEALTH PLANS

	PINELLAS COUNTY HEALTH PLAN	AREAS FOR EXPANSION	HEALTH & BEHAVIORAL HEALTH NETWORK PLAN FOR THE UNINSURED	COMMENTS
FEATURES	Care based on the concept of a "medical home" and includes ongoing primary health care, providing continuity and integration of health care.		Care based on the concept of a "medical home" and includes ongoing primary health care, providing continuity and integration of health care.	
	Specialty Care - provided through a managed care plan and provides covered services to clients.		Specialty Care	
	Hospital care: non-emergent, elective admissions per plan's covered services.		Hospital Care - to be defined	
	Diagnostics - see covered services formulary		Diagnostics	
	Pharmacy - clients in the plan may obtain up to 9 prescriptions; efforts made to use generics where possible and also Compassionate Care Drug program through Health Council medical navigators		Pharmacy	
	Care Coordination: through medical home		Care Coordination	
	Disease Management - provided by disease case manager nurses funded by the county, emphasis on certain diagnoses including diabetes and hypertension.		Disease Management	
	Mobile Van: primarily used for homeless as deemed through CHC grant; also evening service for uninsured for short-term needs with intention of moving into medical home.		Mobile Van	
	Behavioral Health - clients are evaluated at the medical home for referral for mental health services		Behavioral Health	
	Dental - relief of pain only due to limited funding		Dental - Limited to prevention and catastrophic care	The H & BH Network Plan hopes to include this service subject to the availability of funds.
			Long-Term Care and After Care - to be defined.	The H & BH Network Plan hopes to include this service subject to the availability of funds.
			Transportation - to be defined.	The H & BH Network Plan hopes to include this service subject to the availability of funds.