



MEMO

WORK SESSION AGENDA:

4.22.14 #1

TO: Members, Pinellas County Commission

FROM: Karen Williams Seel, Chair *KS*
Pinellas County Commission

CC: Mark Woodard, Assistant County Administrator/Chief of Staff
Jim Bennett, County Attorney

RE: Acting County Administrator

DATE: April 22, 2014

I would like your concurrence and approval to appoint Mark Woodard as Acting County Administrator. I will bring this forward at our April 22nd work session.

WORK SESSION AGENDA:

4.22.14 #2

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

FROM: James L. Bennett, County Attorney *JLB*
Mark S. Woodard, Assistant County Administrator *MW*

SUBJECT: Transit Surtax Interlocal Agreement with PSTA

DATE: April 22, 2014

County staff has met numerous times over the past few months with staff from the PSTA to draft an interlocal agreement that will distribute the proceeds of the Transit Surtax the Board is placing on the ballot in November's general election. While staff continues to meet, I wanted to provide an update to the Board on the progress to date and highlight the major themes of the draft interlocal, including:

- Distributes all Surtax proceeds to PSTA for implementation of its Greenlight Plan
- Provides that the County can withhold distribution of the Surtax proceeds and/or reduce the Surtax levy if PSTA exercises its ad valorem taxing authority
- Allows PSTA to pledge the Surtax proceeds to secure any debt or other obligations incurred by PSTA for its Greenlight Plan
- Provides for the reduction and/or termination of the Surtax upon the occurrence of certain defined events
- Requires County consent in order for PSTA to undertake certain defined activities
- Provides reimbursement to the County for costs incurred in support of the Greenlight Plan
- Sets forth a schedule of critical milestones for Greenlight Plan

Since the interlocal agreement is a work in progress, the most recent version will be provided at the workshop. However, the above listing is a summary of the major points covered in the agreement.



MEMORANDUM

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

THRU: Mark Woodard, Interim County Administrator

FROM: Lynda M. Leedy, JD, Deputy Director, Health and Community Services

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

DATE: April 22, 2014

Building on the initial vision and strategies of the Board, staff embarked on a review of services and the factors that drive systemic poverty within our communities. As a result of this review, it was clear that an integrated system approach was needed to address unsustainable trends. In 2012, the Board initially received and discussed the Economic Impact of Poverty Report outlining access to healthcare, unemployment, insufficient housing, inadequate education, access to food, insufficient transportation, and crime as seven critical factors that affect each of the designated target zones. These factors contribute to the cycle of poverty and create barriers to self-sufficiency and community revitalization.

With homeless families being the fastest growing segment of the homeless population, and recognizing that 45% of the Pinellas County Health Program clients are homeless, the Bayside Health Campus becomes an important component of a comprehensive system of care that focuses on integrated access, stability, and sustainable outcomes. Initiated as a vision from the former Health and Human Services Department, the federal Health Resources and Services Administration (HRSA) awarded a \$5 million dollar grant to develop and implement a holistic approach for addressing the unmet needs of homeless families within the County.

Currently, the Mobile Medical Unit (MMU) is a 330h Federally Qualified Health Center that is an important part of the indigent healthcare solution within Pinellas County. The MMU provides medical care to homeless individuals throughout Pinellas County and averages eighteen (18) clinic days per month. However, with limitations of capacity, operational time, and services available, it is important to develop methods to supplement service delivery to this target population.

With two (2) treatment rooms, the mobile medical van can typically see 20 to 30 clients per day. Often, lines and wait times at some locations have deterred clients from seeking services with individuals leaving before being seen by MMU staff. Additional challenges are posed by the lack of access to x-ray in the current MMU environment. Further, the unpredictable nature of the MMU service downtime can exacerbate access without the development of extended service options for the homeless population. From September 2013 through February 2014, the MMU has had 37 days out of service due to repairs, maintenance, or specialized staffing.

Month	MMU Days out of Service	Reason Out of Service
September 2013	3 Days	Miscellaneous Service Repairs
October 2013	3 Days	Fuel System Repairs
November 2013	8 Days	Generator Repairs, Driver Availability
December 2013	10 Days	Generator Repairs
January 2014	11 Days	Hydraulic Floor/Generator Problem, Driver Availability
February 2014	2 Days	Hydraulic Floor, Back up Camera, Check Engine Light Problem

In 2013, the MMU was able to serve 1,260 unique patients within the community at a variety of locations including Safe Harbor, Pinellas Hope, Salvation Army, and others. The services offered cover short and long-term illness, laboratory services, physicals, pregnancy testing, and prescription assistance with referrals provided for dental, mental health, substance abuse and other health concerns.

The Bayside Health Campus is intended to become an extension of the MMU that should work in tandem to expand access to consistent, quality healthcare for homeless families and individuals while also serving as a backup to the MMU van during downtime. This joint delivery system provides for the mobility needed for specialized access issues along with the capacity and specialty care services required to treat the unique needs of homeless families and individuals while reducing fragmented care with women’s health, podiatry, pediatric healthcare, x-ray, dental, and other services. It also begins to help address the integrated service delivery needs identified within the Economic Impact of Poverty Report by providing access to services for housing, employment, education, benefits registration, behavioral health, case management, computers, showers, clothing, and other wrap around services as necessary.

The County currently has investments in housing, mental health, substance abuse, nutrition, transportation, and other service areas. Through collaboration with key stakeholders and by effectively leveraging services and resources already funded and available in an integrated manner, families can find the assistance needed to pursue self-sufficiency.

With a vision of collaboration and integrated services, the intent of the project is to provide a location for services to come together under a single roof to address various barriers to stability for families and individuals. The location is planned within an area designated as being medically underserved. With a bus stop located one block from the site, as well as its proximity to Pinellas Hope, Safe Harbor, and a large government service complex, the site is accessible. By having a physical location, the capacity for service is larger than only relying on mobile services. The range of services also provides for the holistic approach needed for stabilization.

At the site, homeless families and individuals will be able to access services in a safe and comfortable environment that is child-friendly. Having a child safe area and pediatric services affords families the opportunity to address broader family health needs at one location. Upon arrival and check in, clients will be connected with case management services to help connect them to resources. Expanding further on the need to stabilize homeless clients, individuals will be connected to services for employment, housing, and behavioral health counseling. Computer access and benefits registration are also planned for the site. In the health area, clients are able to access showers and fresh clothing as needed, podiatry

services, primary care services, dental care, pediatric care, women's health and respite as important components.

By increasing the availability and use of preventive health care for homeless families, the Bayside Health Campus can help to reduce more serious and costly ailments that occur when left untreated while preventing unnecessary demands on hospital emergency rooms. It is anticipated that the Bayside Health Campus would serve over **3,700** clients per year in tandem with the MMU.

Status:

Initially awarded in May 2012, the project has gone through operational planning, stakeholder meetings, RFP development and contracting. On February 25, 2014, the Board approved the Design Build contract with Creative Contracting as a critical project milestone. **Phase I** activities were immediately initiated with planning sessions and space discussions to maintain grant timing and demonstrate progress and compliance for the federal award.

In addition to the importance for grant compliance, the activities of **Phase I** provide for the necessary input and design to truly shape the project's final direction. To date, all discussions on the Bayside Health Campus have revolved around a vision of form and function without the final benefit of professional design services. As a Design Build Contract, **Phase I** provides for the essential guidance that takes a vision through a realistic design and programming process. The result of **Phase I** activities act to 'right-size' building specifications to ensure it meets budgetary constraints. Throughout the process, building layouts, delivery expectations, and ultimately programming levels adjust to the professional design and final costs.

The total County liability on the Design Build contract for **Phase I** is **\$378,725** with activities scheduled to proceed through November 2014. This amount includes **\$112,783** in estimated permitting and application fees needed for activities beginning in July 2014. The remaining **\$265,942** are design fees for **Phase I** activities payable to Creative Contracting, Inc. As of April 14, 2014, the **Phase I** contracted activities invoiced total **\$26,088.15**. An additional **\$20,000** in project expenses is estimated in costs for internal Real Estate staff time billable to the project.

At this time, there are plans to coordinate with local stakeholders to review commitment and service partnerships over the next several weeks. These collaborations are the foundation to delivering integrated services through the new facility. Additionally, the next several weeks will provide the base design information needed to finalize the building capacity and programming levels. Review of project milestones with Creative Contracting shows that completion of the **programming activities** would cost an estimated **\$14,500** and would assess room sheets, space, and facility size, incorporate stakeholder programming input, and deliver bubble diagrams and facility layouts for stakeholder review and Board consideration. These activities would take approximately **3 weeks** to complete with the next activities of schematic design held for Board direction on **June 3, 2014**. It is expected that the completion of the programming activities for review by the Board would only impact the **Phase I** timeline by **2 to 3 weeks**.

Currently, **Phase I** is scheduled to occur from **February 2014 through December 2014** with the final **Phase 2** design and pricing delivered to the Board by **December 2014** for approval. While **Phase 2** timing is not currently available, an approximate 12 month delivery schedule would complete the project for opening by **December 2015**. It is important to note that the grant timeline runs through **April 30, 2015** and requires an extension for completion of the project.

Health and Community Services continues to provide ongoing regular reports on project milestones and status to HRSA from the time of the award in May 2012 through RFP and contracting. Along with regular reports, deliverables that were sought by HRSA include the final executed design build contract, bonding documentation, timelines, and other documentation showing progress. The latest report submitted demonstrated the significant progress made within the first month of the design build contract with an executed copy of the contract provided to HRSA. In parallel with the above activities, Health and Community Services will review grant deadline and extension options proactively with HRSA to report back to the Board.

Attachments:

1. Bayside Campus Timeline

Bayside Campus Timeline

1

November 2011 :
Intent to apply for HRSA grant approved by BCC

May 1, 2012:
HHS Awarded \$5 million HRSA capital grant

June – September 2012: Meetings with stakeholders

October 16, 2012:
Bayside Health Campus Operating Plan was presented to the BCC

May 8, 2013:
Request for Proposal for Design Build contract issued

August 20, 2013:
BCC Awarded Contract to Creative Contractors (4-3 vote)

Bayside Campus Timeline

2

February 25, 2014:
BCC approved Creative Contractors' final contract



March 28, 2014:
Land Use Application submitted



April 8, 2014: BCC Workshop on Indigent Care and Bayside



April 14, 2014: Planning Review Hearing



April 22, 2014: BCC Workshop – Bayside Timeline



Week of April 28, 2014: Bayside Advisory Group Meeting

Bayside Campus Timeline

3

May 12, 2014: Expanded Bayside Stakeholder Meeting



June 2, 2014:
Presentation of Design and Development Estimates to BCC



June – November 2014: Design Build contract work completed



December 2, 2014:
Presentation of construction contract to BCC



January 2015:
Bayside Groundbreaking



April 30, 2015: HRSA Grant expires – extension necessary



December 2015: Bayside Opens