

Applicant

Suncoast Community Health Centers, Inc.
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Medicaid Number

029557400

Provider Type

Federally Qualified Community Health Center

Amount

\$4,000,000 over 2 year grant period
Fiscal Year 2012 - 2013 year = \$2,000,000, Fiscal year 2013-2014 = \$2,000,000

New Program

Construction of a new primary health care facility

Delivery system

Suncoast Community Health Centers, Inc. (SCHC) is a federally qualified community health center. Founded in 1977, SCHC receives section 330(e) (Community Health Center) and 330 (g) (Migrant Health Center) federal grants and has been the major provider of primary healthcare to migrant and seasonal farmworkers and the rural poor in south and eastern Hillsborough County, Florida. The centers were accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) from 1998 – 2009 and is currently accredited by the Accreditation Association for Ambulatory Health Care (AAHC).

Through its six neighborhood-based health centers (See *Exhibit A – Service Area Locations*) and mobile dental program, Suncoast Community Health Centers has played a critical role for the past 35 years in ensuring the availability and accessibility of essential primary and preventive medical and oral health services to people who have the most limited access to services and face the greatest barriers to care. Soon they will be adding a Mobile Medical Coach to increase access to comprehensive medical services by reducing transportation barriers and bring affordable services to the patient. The organization’s mission is “improving the health of the community” by insuring that every person has access to quality health care addressing the total needs of the individual. In the 2011-2012 fiscal year, SCHC served 33,518 users with 116,889 encounters. Included in these totals are 8,321 migrant and seasonal farmworkers with

32,245 encounters. Projected users for the current FY year are 36,000 with 120,000 encounters.

SCHC has 253 full time employees. The majority of SCHC's staff members are fluent in both English and Spanish; some also speak French, Creole and Tagalog. Instruction sheets, educational materials, etc., are printed in Spanish and English and resources are available for other languages as needed.

Medical Services are provided by 14 physicians that are board certified or eligible specialists in family practice, internal medicine, pediatrics or obstetrics, 8 nurse practitioners with special certification in pediatrics, nurse midwifery, OB/GYN or family practice and 3 Physician Assistants. Dental services are provided by 7 dentists and 4 hygienists. They provide comprehensive medical and dental care to all persons regardless of their ability to pay. Services and hours are tailored to meet the needs of the community. Extended hours are observed at all sites. These hours accommodate the special needs of farmworkers and others who don't have paid time off and must come to the centers after work. Their SCHC Pediatrics and Plant City Family Care facilities are open on Saturdays, 8:00 AM – 2:00 PM.

Support services include lab, pharmacy, radiology, outreach, specialist referrals (to over 200 specialists), mobile mammography services, walk-in appointments for episodic care, eligibility assistance, health education, outreach, and translation services. Since lack of transportation is a significant barrier to healthcare, patient transportation is available through three center-owned and operated vans that are operated five days a week at each site.

The dental department provides portable and mobile dental services offsite to increase access to comprehensive dental care for those that have difficulty getting transportation to the clinics. Recently, SCHC has been awarded a grant to expand these mobile, off-site services to include a mobile medical coach to provide primary medical care services. They plan to be operational by November 2012.

Affiliations:

SCHC aggressively pursues all sources of support and has a strong working relationship with other agencies and community leaders that serve the same communities. SCHC has received many letters of support for this project (See *Exhibit B – Letters of Support*):

- Debbie Patrick, Executive Director, Greater Palm River POINT, CDC
- Bland Eng, Chief Executive Officer, Brandon Regional Hospital
- Edi Erb, Interim CEO, Homeless Coalition of Hillsborough County
- Douglas A. Holt, M.D., Director Hillsborough County Health Department
- Luanne J. Panacek, Ed. D., Chief Executive Officer, Children's Board Hillsborough County
- Mary Lynn Ultry, CEO, Drug Abuse Comprehensive Coordinating Office
- Viki Sokolik, Executive Director, Starting Right Now

- Craig L. Oldham, D.M.D., President Hillsborough County Dental Association
- Senator Rhonda Storms, Florida State Senator, District 10
- Kevin Beckner, County Commissioner District 6 Hillsborough County
- Lesley Miller, Jr., County Commissioner District 3 Hillsborough County
- Ken Hagan, County Commissioner District 5 and Chairman, Hillsborough Board of County Commissioners

SCHC has been providing indigent healthcare services to county residents through a partnership with Hillsborough County for the past 19 years. In 1993, SCHC became the gatekeeper for Zone C under the Hillsborough County Healthcare Plan. Under the Plan, SCHC receives partial funding that leverages state and federal funds to provide uncompensated care to eligible indigent residents. SCHC also generates and tracks over 25,000 referrals per year to the complete array of specialists necessary to complete the continuum of care for these patients.

Suncoast partners with the local Healthy Start Program, Redlands Christian Migrant Association and the Boys and Girls Clubs to provide medical and/or dental screenings to children participating in the programs.

A partnership with Florida's breast and cervical cancer program enables SCHC to obtain free breast exams, mammograms and cervical cancer screenings for eligible women. Screenings are performed on women 50 years and older that have no insurance. Moffitt assists patients with obtaining funding if additional care is needed.

Providers from SCHC serve as preceptors for the medical students of the University of South Florida and Nova Southeastern College of Osteopathic Medicine and nurse practitioner students from University of Tampa. The rotations through our clinics provide these students with opportunities to train with primary care providers tending to a culturally diverse population. These programs have served as a great recruitment tool for SCHC.

Suncoast is also a very active participant in the Florida Association of Community Health Centers, the Hillsborough County Oral Health Coalition, Rural Social Services Partnership, and the Hillsborough County Health Advisory Board.

Hillsborough County has also worked with Suncoast in providing matching local funds over the past several years for the agreements with the Florida Department of Health and has again committed local matching funds to support this project.

As part of a community emergency room diversion program, Suncoast is working with Brandon Regional Health Center to develop protocols for its 'Fast Track' program. This program reduces the number of emergency room visits and/or hospitalization by providing urgent care on a walk-in basis at all facilities.

Geographic Service Area

The geographic area to be served by SCHC's LIP project is the greater Palm River – Clair Mel area located in Hillsborough County Florida. (See *Exhibit C - Maps*). It is highly concentrated with low-income and medically underserved populations, compared

to other parts of the County. Located just south and east of the city of Tampa boundaries, the Palm River Area is part independent and part suburb (of Tampa and Brandon) with construction, manufacturing and warehousing as the primary industries. The boundaries of the 11.7 square miles of Greater Palm River area are defined by the following landmarks in unincorporated Hillsborough County: Northern Boundary: Highway 60; Southern Boundary: Madison Avenue; Eastern Boundary: Highway 301; Western Boundary: bodies of water - McKay Bay, East Bay and Hillsborough Bay. The core area of Palm River is composed of census tracts: 135.01, 135.03, 135.04, 135.05, 136.02, and 137.03. Of these, 4 are designated as Medically Underserved Population (MUPs), and HPSA Behavioral Health. The new facility will be located at 7728 Palm River Road, Palm River (Tampa), Florida 33619. Currently, the closest Safety Net provider (providers that see uninsured, underinsured, Medicaid populations) is over 7 miles from the center of Palm River-Clair Mel.

Service Area Characteristics

Population characteristics for the targeted Palm River – Clair Mel service area:

Population:

Per census 2010, there were 21,024 people, 7,045 households, and 5,214 families residing in the greater Palm River area.

Age/Sex:

Sex age characteristics are similar to that of the county with the exception of a slightly lower number of people 65 and older. The median age for the target population is 33.5 years. 43.4% of women in the target population are of child bearing age.

	Palm River-Clair Mel	Hillsborough County
Total Population	21,024	1,111,717
Male	49.4%	49.2%
Female	50.6%	50.8%
Under 5 Years	8.0%	7.3%
5 – 19 Years	23.2%	21.0%
20 – 44 Years	35.3%	35.6%
45 – 64 Years	24.3%	24.9%
65 and Older	9.1%	11.2%

Race/Ethnicity:

Race is disproportionally higher for Black/African Americans, mixed races and Hispanic ethnicity in the target population compared to the county. Minorities in Hillsborough County have a higher incidence of diabetes, hypertension, cardiovascular disease, sexually transmitted diseases high risk pregnancies and low birth weight babies.

	Palm River-Clair Mel	Hillsborough County
White, Not Hispanic	54.6%	71.3%
Black/African American, Not Hispanic	30.1%	16.7%
Asian, Not Hispanic	2.2%	3.4%

	Palm River-Clair Mel	Hillsborough County
American Indian/Alaska Native, Not Hispanic	0.4%	0.4%
Native Hawaiian/Pacific Islander, Not Hispanic	0.1%	0.1%
Other and Two or More Races, Not Hispanic	12.6%	8.2%
Hispanic, All Races	39.1%	24.9%

Unemployment:

Unemployment and persons not in the labor force is higher among target population. Besides the obvious, a source of income, for some, lack of employment is also lack of employer sponsored health insurance benefits. 28.2% of households in the Palm River-Clair Mel area are receiving Social Security Income, 5.8% Supplemental Social Security and 16.8% are receiving Food/Stamp/SNAP benefits.

Population 16 years and Older	Palm River-Clair Mel	Hillsborough County
Not in labor force	37.8%	32.6%
Percent Unemployed	14.8%	10.7%

Income:

The median income for a household in the community was \$33,499, and the median income for a family was \$35,757. The per capita income for the community was \$14,990.

Poverty:

About 21.8% of families and 24.1% of all individuals in the area were living in poverty, including 37.4% of those under age 18 and 10.8% of those ages 65 or over and 16.8% of households are receiving food stamp/SNAP benefits.

Poverty level for the target population is higher than the county with the incidence higher for females and children under 18. This is the second most common barrier to obtaining medical and dental care due to the inability to afford co-pays, medicines, necessary treatment/diagnostic tests and transportation (public or personal vehicle) to for office visits or to pick up medications.

Percent below poverty level		
	Palm River-Clair Mel	Hillsborough County
Total Population	24.1%	15.5%
Male	22.6%	14.5%
Female	25.4%	16.5%
Under 18 years	37.4%	22.4%
18 to 64 years	20.9%	14.0%
65 years and over	10.8%	9.6%
Unemployed	18.9%	16.6%
Not in labor force	54.7%	52.4%

Uninsured:

When compared to the county, the target population experiences higher percentages of no insurance for both sexes and across all age groups with the exception of the Under 6 years age group. This is the number one barrier to obtaining regular medical and dental check-ups for preventive care and chronic disease management resulting in inappropriate utilization of the emergency rooms and in the case of chronic disease management is more costly due to delay in treatment.

Percent with No Insurance		
	Palm River-Clair Mel	Hillsborough County
Total Population	25.1%	19.3%
Male	30.7%	21.2%
Female	20.0%	17.5%
Under 6 years	9.1%	10.5%
6 to 17 years	15.6%	12.9%
18 to 24 years	50.1%	35.0%
25 to 34 years	41.3%	31.4%
35 to 44 years	31.7%	25.1%
45 to 54 years	35.7%	20.8%
55 to 64 years	15.8%	14.0%
65 to 74 years	9.2%	1.8%
75 years and over	2.1%	0.8%

In 2011 calendar year, 1,931 residents of this area obtained medical and dental services at SCHC, for a total of 11,638 encounters. The payment source at that time was:

Payment Source:	Current Palm River-Clair Mel Patients
Uninsured	59.35%
Medicaid	38.22%
Medicare	2.38%
Private Insurance	0.05%

Education:

The target population has a higher percentage of persons over the age of 25 that never completed their high school education resulting in low literacy levels in understanding their health care needs.

Total Population	Palm River-Clair Mel	Hillsborough County
9th to 12th grade, no diploma	16.5%	9.4%
Less than 9th grade	7.9%	5.1%
Male:		
9th to 12th grade, no diploma	19.1%	10.4%
Less than 9th grade	5.8%	5.1%
Female:		
9th to 12th grade, no diploma	14.0%	8.5%
Less than 9th grade	9.9%	5.0%

Language:

20.4% of the population in Palm River – Clair Mel area is foreign born with English as a second language and 19.3% speaking it very well. This creates a barrier in communicating their health needs and requesting information about their treatment plans and medication instructions.

	Palm River-Clair Mel	Hillsborough County
Speak English less than "very well"	19.3%	10.3%
Speak Spanish	35.0%	19.7%
Speak Other Languages	3.8%	6.1%

Migrant and Seasonal Farmworkers:

11.6% of the population in Palm River – Clair Mel area is not citizens of the United States; the majority of which are of Hispanic origin. Hillsborough County has a large agricultural industry and attracts high numbers of migrant and seasonal farmworkers to the area. These workers make minimum wage, do not always have regular full-time hours and receive no benefits. This forces them to find low-income housing and often double-up in order to share the cost. This type of housing is plentiful in the Palm River – Clair Mel and its surrounding communities. Migrant workers face substantial barriers to accessing care. Taking time off from work to seek health care is generally not an option for most migrants and their families. Many will work through illness or miss “unnecessary” health care visits if the weather is conducive to working. Unexpected or predicted bad weather often results in large numbers of walk-ins, as for many, this represents their best opportunity to receive health care services.

Homeless:

The 2011 homeless census counted 17,755 homeless men, women and children residing in Hillsborough County. Of this number there are 10,419 people who are living "doubled up" with family and friends because they cannot afford or maintain their own housing. The other 7,336 are literally homeless people living on the streets of Hillsborough County. According to the Homeless Coalition of Hillsborough County, the Palm River area and its surrounding neighborhoods of Progress Village and Gibsonton are included in the two districts - Districts 1 (24%) and 3 (64%) - with the highest numbers of homeless persons.

Target Population – Need for the additional primary care services

In 2011, SCHC served 1,931 clients from the Palm River – Clair Mel area. It has a total population of 21,024 which includes an estimated 10,204 medically unserved and underserved that are either not receiving critically needed health care services, are facing significant access barriers to receiving care from a very limited number of community providers willing to see them or offering sliding fee discounts, or are inappropriately using local hospital ERs for non-urgent care.

The same factors that impact this population were cited in the Florida AHCA Emergency Department Utilization Report from January 2006 that leads to over utilization of the ER departments:

- No health insurance and the numbers are increasing
- Primary care providers are not accessible
- Population growth: fastest growing population are 0 to 24 year olds and 75 and older. Visit rates for the 15 – 24 year age group are higher than those for 75 years and older, because they are more likely to be uninsured.
- Patient preference, ER hours are more conducive to work schedules

According to the National Healthcare Disparities Report, poor people and some minorities are less likely to be insured, are less likely to have a usual source of health care and have higher rates of ER visits for conditions that are treatable with ambulatory care. It also indicated that people of lower socioeconomic status are less likely to have cancer screenings, blood pressure and cholesterol screenings, counseling and treatment for cardiac risk factors, recommended childhood immunizations before age 4, regular pediatric dental care, adult immunizations for influenza and pneumococcal disease and recommended services for diabetics.

SCHC's project is targeting an estimated 10,204 low income, uninsured, underinsured and Medicaid and Medicare eligible population living and working in the greater Palm River – Clair Mel area of Hillsborough County Florida. The service area has a higher percentage of minorities and is significantly poorer, uneducated and more likely to be uninsured than that of other more economically advantaged parts of the County. This specific group faces significant challenges in accessing care and experiences overall poorer health status than the general population. High levels of poverty, high rates of uninsured, cultural and ethnic differences and low levels of education contribute to access issues. A limited number of providers for medically underserved populations, particularly those that offer sliding fee discounts, is another significant factor. According to HRSA's UDS data only 19.4% of the low income population living in the community of Palm River-Clair Mel is being served by its grantees (safety net providers).

Cultural Barriers: The high number of minorities, migrant and low-income residents in the greater Palm River service area leads to several cultural barriers in accessing and delivering health care services. For all populations, poor compliance in keeping appointments is a critical issue as their economic and social circumstances cause them to often seek health care only on an episodic basis, often presenting as walk-ins or calling for immediate appointments for non-urgent care. The region has a high Hispanic population. The Hispanic culture strongly promotes family unity. This cultural characteristic often leads to Hispanic patients bringing other family members and children with them to their appointments to translate, provide transportation, or because they are unable to find, or pay for, a babysitter. Lateness for scheduled appointments and waiting room overcrowding frequently result.

Health literacy and language – Understanding the importance of good health, and how to achieve and maintain it, is a critical issue among the target population. Low education levels and high numbers of non-English speaking residents make communicating important health education messages difficult. Patients frequently report that they choose Suncoast Community Health Center facilities for medical and dental care as staff and providers are able to communicate with them in their own

language. Bilingual staff and/or translation services are rarely available with other local providers.

Transportation barriers: Transportation is often a barrier for much of the target population. There are very few if any providers within close proximity to this community therefore requiring a vehicle to transport them to the facility. The closest safety net provider is over 7 miles away. SCHC’s closest facilities are between 12 and 15 highway miles away. Many do not have their own vehicle and are forced to take public transportation a cab or ask a friend for a ride. This travel time, which includes long waits for pick-up and the costs are often deterrents. The health center provides transportation services, with three health center-owned vans, and vouchers to patients to help reduce/eliminate this barrier however they cannot transport everyone who has a need.

Financial counseling and assistance: Many do not have the knowledge or understanding of how to apply for Medicaid, other public health care resources or how to access social services. They often need help in obtaining proper documentation and completing/submitting necessary applications due to language or literacy issues limitations.

Continuity of care – The mobile nature of migrant workers and persons moving to find work or shelter makes it difficult to reach them initially, and creates ongoing continuity of care issues, as workers do not always seasonally relocate in the same geographic areas. Continuity of care issues exist for the large illegal immigrant population as many patients provide inaccurate contact information for fear of discovery and deportation, making appropriate follow up difficult.

Health Status Indicators/ Leading Causes of Death:

Information on leading causes of death and incidence of disease for this population is only available at the county level. The widely varying economic and social conditions that exist throughout Hillsborough County result in underreporting of negative health status indicators for the target population. The health center has been serving the community since 1977 and this vast experience shows additional negative health status indicators are found among this population as well as the special populations of migrant workers and homeless that are included in this region.

Leading Causes of Death (county level data): the leading cause for death within the County are listed in the table below:

Major Causes of Death For 2010 - Hillsborough County			
Cause of Death	Rank	% of Total Deaths	3-Year Age-Adjusted Death Rate Per 100,000
CANCER	1	23.2	170.5
HEART DISEASE	2	23.1	167.9
UNINTENTIONAL INJURIES	3	7.1	50.4
CHRONIC LOWER RESPIRATORY DISEASE	4	5.9	44.9
STROKE	5	4.4	33.3

Major Causes of Death For 2010 - Hillsborough County			
Cause of Death	Rank	% of Total Deaths	3-Year Age-Adjusted Death Rate Per 100,000
ALZHEIMER'S DISEASE	6	3.8	25.5
DIABETES MELLITUS	7	3.4	24.6
KIDNEY DISEASE	8	1.7	11.2
SUICIDE	9	1.6	13.4
CHRONIC LIVER DISEASE AND CIRRHOSIS	10	1.2	9.4
SEPTICEMIA	11	1.1	8.9
PNEUMONIA/INFLUENZA	12	1.1	8.6
PARKINSON'S DISEASE	13	0.9	6.6
PERINATAL CONDITIONS	14	0.8	
HOMICIDE	15	0.8	5.7
AIDS/HIV	16	0.7	5.9
BENIGN NEOPLASM	17	0.5	4.1

The leading causes of death by lifecycle are as follows:

- For neonates: disorders related to short gestation, Low Birth Weights and maternal complications of pregnancy.
- For infants: diseases of the circulatory system, septicemia and diarrhea and gastroenteritis.
- For young children: unintentional injuries, cancer, homicide, heart disease chronic lower respiratory disease and influenza and pneumonia.
- For teenagers: same as young children with the addition of suicide, diabetes and cerebrovascular diseases.
- For young adults: unintentional injuries, homicide, suicide, cancer, heart disease, HIV, diabetes, cerebrovascular disease, anemia and pregnancy and childbirth.
- For middle age adults: cancer, cardiovascular heart disease, unintentional injury, suicide, chronic liver disease, diabetes, cerebrovascular disease, chronic lower respiratory disease, HIV, viral hepatitis, kidney disease and septicemia
- For Geriatrics: Heart disease, cancer, chronic lower respiratory disease, cerebrovascular disease, diabetes, unintentional injury, kidney disease, septicemia, influenza, pneumonia and hypertension

Utilizing the data form SCHC's experience with this population, top chronic diseases among adults are diabetes, hypertension, and hyperlipidemia, back pain/injury, dermatitis and tuberculosis. Top acute diagnoses among children are upper respiratory illness, bronchiolitis, asthma and otitis media.

Special Populations:

Migrant and Seasonal Farmworkers– A variety of factors contribute to overall poor health status and increased health care needs for this population. Low levels of education, exposure to harmful pesticides, poor living conditions, malnutrition, and high rates of infectious and parasitic diseases combine to create frequent and complex health care needs.

Homeless/Doubling-Up – Many suffer from addiction and mental health related problems but not all homeless have these issues; their health is also influenced by poor living conditions, crowded quarters, exposure to sun/heat/rain. Common diagnoses are malnutrition, anemia, respiratory disease, high rates of infectious and parasitic diseases, and skin conditions.

The 2010 Health status indicators for the county illustrate the disparities experienced by the population (See *Exhibit D – County Health Profile*). In comparing health statistics for the total County population with that of the entire state, residents of Hillsborough County have higher incidence than the state for:

- Deaths and hospitalizations due to diabetes, chronic lower respiratory disease coronary heart disease and stroke
- Incidence of and hospitalizations due to: asthma
- Incidence of and deaths due to cancer of the lung, breast, prostate and colorectal cancer
- Incidence of adults that have high cholesterol, are overweight and have low activity levels

Minority comparison:

In comparing the Black population in the County vs. the State, the incidence of infant deaths, deaths due to drowning and deaths due to breast and cervical cancer are higher than the black population throughout the State.

In comparing the Black vs. the White population within the County:

For most indicators, the incidence of death and disease is higher among Blacks than Whites. The greatest disparities, which are 3 – 6 times higher than whites, are HIV and AIDS cases, hospitalizations due to firearm injuries and infant deaths and deaths due to HIV/AIDS, cervical cancer and Homicide.

Funding of SCHC's LIP project for the construction of a new primary care facility will address the needs of the target population previously described. The project successfully reduces barriers to receive care for acute and episodic illnesses and injuries and provides a plan for ER diversion while also increasing access for preventive medical and dental services, chronic disease management and behavioral health issues.

Organizational Chart

SCHC's organizational chart (*Exhibit E: Organizational Chart*) demonstrates how the organizational structure is appropriate for the operational and oversight needs of the project, including how lines of authority from the governing board to the Chief Executive Officer down to the management structure are maintained.

Point of Contact

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Proposed Budget

Total Cost

The total cost of SCHC's proposed LIP project for the Palm River – Clair Mel facility is \$4 million. The project will take approximately 2 years to complete. SCHC is requesting \$2 million in 2012 -2013 and \$2 million in 2013-2014. Upon completion of the facility SCHC projects they will serve 8,700 users and 25,000 encounters by the end of the first year of operation. The budget justification is presented in *Exhibit F: Budget Justification*.

Local Match

Suncoast Community Health Centers, Inc. has a working relationship with Hillsborough County and the County will provide \$845,400 in local matching funds for each year of the project as evidenced in the Letter of Commitment included in this proposal. (*Exhibit G: Letter of Commitment of IGT*)

Payer Mix

The population to be served by payer source mix is anticipated to be: Unfunded (sliding fee) – 66%, Medicaid – 26%, Medicare – 4%, Private insurance – 4%,

Summary of SCHC LIP Project

Suncoast Community Health Centers, Inc. (SCHC) is requesting LIP funds for the construction of a new primary healthcare facility in eastern Hillsborough County located at 7728 Palm River Road, Tampa. SCHC's project is shovel-ready. They incorporated this project into their strategic plans and have purchased the land, obtained building plans and construction bids. This funding will enable them to achieve their strategic goal of providing a medical and dental home to the residents of the greater Palm River area who have the most limited access to services and face the greatest barriers to care.

SCHC operates 6 full-time facilities located throughout east and south Hillsborough County and has played a critical role for the past 35 years in ensuring the availability and accessibility of essential primary health and dental services to the communities they serve. They have been asked by the board members of the Greater Palm River Point Community Development Corporation to establish a primary care facility in their area in order to reduce barriers to care due to the lack of providers willing to provide services to the disenfranchised. This facility will also reduce transportation, language and cultural barriers that their residents experience and enable them to establish a medical and dental home. SCHC projects that the new facility will enable them to increase access to an additional 8,700 residents for a total of 25,000 encounters.

Primary Medical and Dental Care and Behavioral Health services:

The new 16,000 square foot facility will have 17 exam rooms, 3 dental operatories, laboratory, radiology and pharmacy and offices for social services. Full-time medical, dental and behavioral health professionals will provide the full complement of primary medical, dental and behavioral services for adults and children of all ages. This includes acute/same day visits, follow-up visits for chronic disease management, prenatal and post natal care, women's preventive and family planning visits, preventive health

maintenance exams and screenings, preventive and restorative dental care and treatment and counseling for behavioral health issues. Enabling services include Access point for Medicaid applications, WIC services, specialty care referrals, assistance with pharmaceutical company applications for free medications, transportation and outreach. Hours of operation will be 7 days a week with extended evening hours. Staffing plan includes 6 Medical Providers (1 Physician – Family Practice, 1 Pediatrician, 1 Behavioral Health Specialist, 2 Nurse practitioners (ARNP) and a CNM or ARNP(OB/GYN), 2 Dental Providers and 36 support staff and ancillary services (Nurses (RN/LPN), Medical Assistants, Pharmacist, Radiology and radiology technicians and Financial counselors, registration/front office personnel and facilities).

Proposed emergency room and avoidable hospitalization diversion plan:

The new facility will have a dedicated Fast Track area for walk-in medical care. The primary focus of the Fast Track area will be to offer acute care/ER diversion services as. The Fast Track program has been operational for over 6 years at SCHC's Ruskin Health Center and Tom Lee Community Health Center and has been very successful in increasing community access to these services and avoiding unnecessary visits to the hospital ER. SCHC data has shown that the low level acuity and diagnoses for these visits mirror those that were reported in the Florida AHCA report on ER Department Utilization.

The Fast Track program operates during all open hours. Clients will be seen without appointments, on a walk-in basis by a medical provider and support staff in an area where dedicated resources are available to see them in a timely matter. Clients presenting at Fast Track will be triaged by the Fast Track nurse to determine if the client needs to be seen by the provider. If Fast Track is immediately unavailable due to too many clients, the Fast Track triage nurse contacts the primary care area to determine if a time slot is open due to a client cancellation or no-show. If the problem is not acute, the patient is scheduled with primary care to be seen at a later time.

To encourage clients to use appointment scheduling whenever possible, walk-in patients presenting at Fast Track are counseled on the importance of continuity of care, something that can only be achieved by establishing an ongoing relationship with one provider. Since the providers rotate through the Fast Track area, this counseling discourages patients from seeking care exclusively at Fast Track. All new patients are given follow-up appointments with a primary care provider therefore beginning the establishment of a medical home. Established patients are also followed up by their assigned primary care provider.

ER and/or Hospital Admissions, Referrals and Follow-up:

The new facility will have nursing and referral to arrange specialty appointments and diagnostic testing. They also have the assistance of their full-time Utilization Review Nurse as needed. Patients needing inpatient hospital care are referred to the local hospital for emergency treatment or admission. SCHC utilizes a hospitalist for inpatient care and are notified on a daily basis of admissions and discharges. Deliveries will be performed by teaching faculty and OB/GYN house staff at Tampa General Hospital, the main teaching facility of the University of South Florida (USF) College of Medicine. In-

patient Pediatrics is handled by the USF College of Medicine teaching faculty and residency program.

SCHC has the ability to connect on-line to hospital informatics providing easy access to patient medical records for rapid communication of required follow-up care. The hospital case managers have the contact information for SCHC nursing supervisors and case manager for arranging follow-up appointments and communicating complex discharge plans.

Pharmaceuticals:

SCHC will have an in-house pharmacy at the new facility where patients will be able to fill prescriptions at reduced costs and/or minimum copays. They purchase medications under the 340 B pricing structure allowing them to provide medication to their patients at an affordable price. They also have staff at each health center that helps patients apply to prescription assistance programs that provide free or reduced cost medications. Two of SCHC's facilities are subcontracted by the county to provide Title X funded family planning services. If eligible, the patients can obtain family planning services at those facilities and therefore receive their birth control prescriptions and or supply at no cost.

Laboratory testing and Radiology:

SCHC provides laboratory and basic radiology services to all patients regardless of funding source. Patients that have no alternative source of funding are provided the services on a sliding fee scale with those under 100% FPL paying minimum or no fees.

Specialty services:

Specialty diagnostic testing and specialist services are not provided directly by SCHC but are referred to a network that has agreed to provide these services to their patients at a discounted rate. Those that are unable to afford these reduced rates are referred to two area partners that receive funding to provide free services to those in greatest need. SCHC providers, with the assistance of the nursing supervisors and referral staff, coordinate and assist patients with obtaining needed care and services from specialists, community agencies and other services as needed.

Plans for Identifying the Population to be served

SCHC has the support of the community in providing services to this population. One of the community leaders now sits on SCHC's Governing Board and will assist in ensuring they are meeting the needs of the community. SCHC has placed a sign on the property announcing the future location of their facility. During the construction period, SCHC is scheduling their Mobile Medical and Dental Coaches for regularly scheduled times in the shopping center located adjacent to the new location and across the street from the public library. This will enable them to establish a presence in the community and begin to provide basic services immediately so when the facility is completed they will already have a base clientele.

As previously stated SCHC will see all patients regardless of race, ethnicity, income or insurance status. They are listed as credentialed providers for participating Medicaid plans in the county, Hillsborough County Health Care Plan, DentaQuest, the private

insurances of Aetna, Cigna and Humana. These insurance sources will assign new members to SCHC's their new facility. Through their outreach staff, community presentations, advertisements and their website, SCHC ensures that the communities they serve are aware of the services they provide, insurances they take and the availability of sliding fee discounts. As part of their case management and ER diversion, area hospitals will be provided with a contact number to assist them with scheduling established and new patients to SCHC for needed services and to establish a medical and dental home.

Enhanced access to primary care services

SCHC's proposal is to increase access and expand capacity by constructing a new facility to provide primary medical and dental care and open access appointments through their Fast Track program. This will enable them to reduce the barriers to preventive health services and chronic disease management as well as increase access for acute and episodic illnesses and injuries providing an alternative to hospital emergency room visits for non-urgent care client conditions. Health benefits include:

- More prompt treatment of acute care issues on an open access basis
- Increase in access for chronic disease management and health maintenance visits due to increased availability of appointments
- Availability to obtain medications onsite at an affordable price
- Improved continuity of care with transient/mobile families.
- Reduction in barriers to care for the uninsured and underinsured in the center's service area

Funding for SCHC's LIP project will create healthcare and construction related jobs and, upon completion, will enable SCHC to provide services to 8,700 clients by the end of the first year of operation.

SCHC projects the new primary care facility will enable them to increase access to 41.4% of the target population. In the year following completion of the facility they estimate:

Number of new, unduplicated clients = 8,700
Number of encounters = 25,000
Encounters per client= 2.9

Hours of Operation and After Hours

The anticipated hours of operation for the new facility will be Monday, Wednesday, Thursday and Friday 8:00 AM – 5:00 PM, Tuesdays 8:00 AM – 7:00 PM, with Saturday and Sundays 8- 2 pm. The extended hours will allow clients access to services at times when they are not at work or in school or have family available to assist them with babysitting other children and/or provide them with transportation. SCHC continually monitors the needs of the patients who access their centers and within the community. SCHC will consider expanding or altering hours based on patient surveys.

After hours services are available 7 days per week through an on-call nurse triage answering service who forward calls to the on-call SCHC providers per established triage protocols.

Capability to Serve Minority and Culturally Diverse Populations

SCHC is experienced with providing culturally and linguistically appropriate services due to the large Hispanic, Spanish-speaking and MSFW populations it serves throughout its service delivery sites. Bilingual staff are hired, whenever available, to facilitate communication between patients and SCHC providers and staff. Translation services are provided with AT&T's Language Line for patients speaking languages not spoken by SCHC staff. Cultural competency training is required for all staff to increase sensitivity to, and understanding of, cultural factors that may impact effective delivery of health care services. Health education materials, patient forms and other publications are available in English and Spanish. All newly hired staff will be considered for their contribution to SCHC's ability to provide culturally and linguistically appropriate services.

Personal experience outside of SCHC clinics enables SCHC staff to be acutely aware and sensitive to healthcare literacy and diversity. Many SCHC employees have a personal connection to the population served at their centers. They have diverse backgrounds including English as a second language, experiencing poverty, and relatives or friends with limited education and literacy. SCHC utilizes various teaching tools and techniques to ensure their patients can communicate their healthcare needs and understand their treatment plans.

Addressing Health Care Diversity and Literacy Barriers

As described previously, the most significant health care disparities for the target population are higher incidence of diabetes, hypertension, cancer, cardiovascular disease, asthma, teen pregnancy, repeat teen pregnancy, low birth weight babies, sexually transmitted diseases, behavioral health issues, poor oral hygiene, lack of preventive medical and dental care.

SCHC employs bilingual staff and provides translation services to its patients to eliminate this barrier; however, the challenge to reach the overall target population is huge. Bilingual outreach staff plays an important role in the health center's efforts to reach the broader community.

Disease Management Program:

SCHC's disease management program focuses on the primary needs and disparities of their target population: diabetes, hypertension, asthma, prenatal care and disease prevention. The program utilizes nationally recognized disease management guidelines and has included clinical outcome measures in their health care plan. Clinical outcome data (see section below under *Evaluating the Effectiveness of the Project*) is reported through Utilization Data System (UDS) reports (UDS = A core set of information appropriate for reviewing the operation and performance of health centers) as required by the Bureau of Primary Health Care each year.

Patients are automatically included in the disease management program once the diagnosis is entered into the electronic record during an encounter. SCHC utilizes the clinical tracking programs to monitor outcomes, create alerts and send letters for missed appointments, reminders and medication refills.

Outreach is an important part of the Center's comprehensive care program. Four outreach workers work with all SCHC patients needing follow-up care at the clinics. They conduct home visits and deliver urgent messages to those who can't be reached by phone or mail or who are non-compliant. They also go out into the community to make sure that new arrivals know about the services available at Suncoast.

The mobile dental and soon mobile medical coaches go out into the community for regularly scheduled visits to locations where the clients frequently gather. SCHC identified that not only is the availability of transportation a barrier to coming to appointments at the facilities, but when the local missions and food pantries are open and offering social service needs, the patients will forgo medical appointments to ensure they obtain these necessary items. SCHC's mobile coaches set up at these locations at the same time so the clients will have one-stop access to all these services.

SCHC has bilingual health educators that provides individual and group education classes covering various disease self-management topics such as medication compliance, glucose and BP monitoring, foot care, smoking cessation, exercise, proper food choices and reading food labels. They have a doula that provides prenatal and postnatal education classes including care of the newborn and is available for support during deliveries. The dental hygienists provide oral health education to patients in and outside of the facilities. SCHC utilizes educational methods and materials, both written and visual that is sensitive to their clients' cultural, language and education levels.

SCHC partners with the local hospitals and the local missions and churches within the communities they serve to provide outreach and health fair activities to the residents and patients that frequent their facilities. They work together to communicate health related resources, activities and disease management and prevention information.

Data Collection and Reporting Capabilities

SCHC has a comprehensive and formalized quality improvement plan. The plan is designed to provide a consistent method for improving existing processes and outcomes, enhancing staff performance, minimizing risk and sustaining improvements. It compares performance against internal and external benchmarks, reduces inefficiencies, conserves resources and effects change for improvement. The scope of the quality improvement plan encompasses all aspects of patient care and services provided by SCHC. The program is comprehensive and multi-disciplinary, including all services, employees, providers and contractors. The plan is organized around six key areas for improvement:

1. Safety – The patient should not be harmed by the care that is intended to help them; employees should have a safe working environment.
2. Effectiveness – Care is based on the most current scientific knowledge and experience.

3. Patient-centered – Care is respectful and responsive to individual needs, preferences and values.
4. Timeliness – Unnecessary waiting and potentially harmful delays are reduced.
5. Efficiency – Equipment, supplies, ideas and energy will not be wasted.
6. Equality – Care should not vary in quality due to patient characteristics, such as race, ethnicity or insurance status.

There is a systematic process for collecting and reporting data to provide delivery of care in a timely, effective, continuous, equal, safe and efficient manner. This process includes the following key components:

- Goals/Objectives – SCHC leadership develops goals and objectives to support its mission, vision and strategic business and clinical priorities.
- Design – Processes or functions are designed/redesigned to accomplish goals and objectives.
- Measure – Data is collected to determine the effectiveness of processes and functions. The data is aggregated in an internal database, which is used to establish baselines and assess performance over time.
- Analyze – Data is analyzed to identify root causes of problems, determine current performance and interpret any variations in process or outcomes that indicate improvement is required.
- Improve – Opportunities for improvement are identified and prioritized. Actions are taken to create, test and implement improvements and innovations. This involves design or redesign of a process or function.

This cycle continues over time with goals and objectives reviewed and revised, as needed. New data is collected. Measurement determines if improvement has occurred and can be sustained, while the internal database continues to expand.

Evaluating the Effectiveness of the Project

(See Exhibit H - Reporting Template)

SCHC will collect data and report on:

1. The number of patients that utilize the new facility.
2. The number of patients that utilized the Fast Track program that continued to utilize SCHC services
3. Clinical measures (Outcome Data) that address the healthcare disparities of the target population. See table that follows:

Focus Area	Clinical Measure	Goal Description	Goal
Diabetes	Performance Measure: Percentage of diabetic patients whose HbA1c levels are less than or equal to 9 percent.	Increase the % of adult patients with type 1 or 2 diabetes whose most recent hemoglobin A1c (HbA1c) is <=9%. (under control).	90%
Cardiovascular Disease	Performance Measure: Percentage of adult patients with diagnosed hypertension whose most recent blood pressure was less than 140/90.	Increase the % of adult patients, 18 years and older, with diagnosed hypertension whose most recent blood pressure was less than 140/90 (adequate control).	80%

Suncoast Community Health Centers, Inc 2012-2013 LIP Tier – One Milestone (STC 61) Application

Focus Area	Clinical Measure	Goal Description	Goal
Cancer	Performance Measure: Percentage of women age 21-64 who received one or more Pap tests during the measurement year or during the two years prior to the measurement year.	Increase the percentage of women 21-64 years of age who are screen for cervical cancer.	80%
Child Health	Performance Measure: Percentage of children with 2nd birthday during the measurement year with appropriate immunizations.	Increase the percentage of children that are fully immunized by 2 years of age.	100%
Behavioral Health	Performance Measure: Percentage of clients that are queried and educated on the harm associated with high risk behavior.	Increase the percentage of clients that have a behavioral risk assessment and receive messages on the harm associated to risky behaviors.	90%
Oral Health	Performance Measure: Increase access for children and adults to oral health care.	10% increase in the number of children and adults, which receive an oral health encounter.	10%
Prenatal Health	Performance Measure: Percentage of pregnant women beginning prenatal care in first trimester.	Increase the percentage of pregnant women beginning prenatal care in the 1st trimester.	70%
Perinatal Health	Performance Measure: Percentage of births less than 2,500 grams to health center patients.	Decrease the percentage of low birth weight deliveries among women who received prenatal care at SCHC.	1.00%
Weight Assessment and Counseling for Children and Adolescents	Performance Measure: Percentage of patients age 2 to 17 years who had a visit during the current year and who had Body Mass Index (BMI) Percentile documentation, counseling for nutrition, and counseling for physical activity during the measurement year.	Increase the percentage of parents and caregivers with children (2-17 years) who are aware of their BMI and who receive counseling on proper nutrition physical activity (both parent/caregiver and child)	80%
Adult Weight Screening and Follow-Up	Performance Measure: Percentage of patients age 18 years or older who had their Body Mass Index (BMI) calculated at the last visit or within the last six months and, if they were overweight or underweight, had a follow-up plan documented.	Increase the percentage of persons 18 years and older who are aware of their BMI and for those that are over or under weight, are provided with counseling and a follow-up weight management plan.	50%
Tobacco Use Assessment and Counseling (Tobacco Use Assessment)	Performance Measure: Percentage of patients age 18 years and older seen for at least two office visits who were queried about tobacco use one or more times within 24 months	Increase the percentage of persons 18 years and older who are queried about tobacco use.	100%
Tobacco Use Assessment and Counseling (Tobacco Cessation Counseling)	Performance Measure: Percentage of patients age 18 years and older seen for at least two visits who are users of tobacco and who had at least one medical visit during the current year who received (charted) advice to quit smoking or tobacco use	Increase the percentage of persons 18 years and older who use tobacco are advised to quit.	90%

Suncoast Community Health Centers, Inc 2012-2013 LIP Tier – One Milestone (STC 61) Application

Focus Area	Clinical Measure	Goal Description	Goal
Asthma – Pharmacological Therapy	Performance Measure: Percentage of patients age 5 to 40 years with a diagnosis of persistent asthma (either mild, moderate, or severe) who were prescribed either the preferred long term control medication or an acceptable alternative pharmacological therapy during the current year.	Increase the percentage of patients 5 - 40 years with Persistent Asthma that are prescribed preferred long-term control medication therapy.	90%

Member Experience and Satisfaction

Measuring and responding to patient satisfaction is a central activity throughout all SCHC delivery sites, and will play a critical role in the organization’s efforts to evaluate the effectiveness of the LIP project. Patient satisfaction surveys are administered every other month to a minimum of 50 patients at each SCHC site. The survey includes questions on all aspects of the patient’s visit, and is available in both English and Spanish. Additional comments are encouraged, and are frequently provided. Results are tabulated monthly by the QI department, which provides quarterly reports to senior and health center management, the QI Committee and the Board of Directors. The QI Committee identifies issues that require the development of improvement plans, recommends owners for these plans, and receives scheduled status reports on progress made toward improvement. This committee is comprised of representatives from primary care, lab, pharmacy, dental, nursing, medical assistants, billing/MIS, facilities, and utilization/risk management. It meets monthly and provides quarterly reports to the Board of Directors.

Data Collection and Reporting Capabilities

SCHC has a Quality Improvement/Risk Management department that is managed by two fulltime nurses. Each facility has a data entry clerk responsible for ensuring clinical tracking data is entered into their EMR to ensure availability for reporting and tracking. Health status outcome data collection process involves manual chart audits, patient and employee satisfaction surveys as well as computerized data collection reports. SCHC utilizes various data collection programs including Tracks a clinical tracking program and has a full time programmer on staff that utilizes, Executive Business Options, Bridgelt and Crystal Reports to generate virtually any type of report from the data that is collected in their electronic medical records and office management system. Regularly scheduled audits are performed by nursing supervisors and provider peer review is performed quarterly.

Local Match

Suncoast Community Health Centers, Inc. has a working relationship with Hillsborough County and the County will provide \$845,400 in local matching funds for the project as evidenced in the Letter of Commitment (*Exhibit G*).

EXHIBIT A: SERVICE AREA MAP Suncoast Community Health Centers, Inc.

A - Joyce Ely Community Health Center , 205 14 th Ave SE, Ruskin FL 33570	B - Ruskin Health Center 2814 14 th Ave SE, Ruskin FL 33570
C - Oakfield Community Health Center , 1463 Oakfield Drive, Brandon FL 33511	D - Brandon Community Health Center 125 N. Moon Ave, Brandon FL 35511
E - Tom Lee Community Health Center 14254 Martin Luther King Blvd., Dover FL 33527	F - SCHC Pediatrics 502 N. Mobley, Plant City FL 33563
G - Plant City Family Care 502 N. Maryland Ave. Plant City, FL 33563	

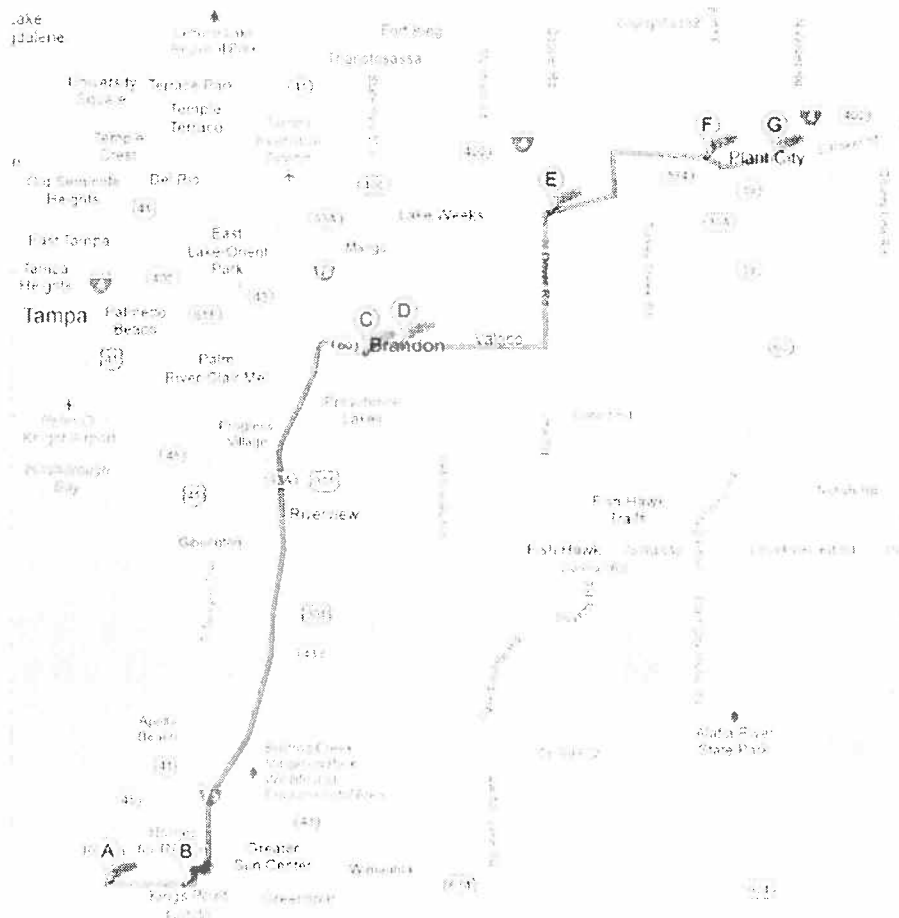


Exhibit B – Letters of Support (12 pages):

- Debbie Patrick, Executive Director, Greater Palm River POINT, CDC
- Bland Eng, Chief Executive Officer, Brandon Regional Hospital
- Edi Erb, Interim CEO, Homeless Coalition of Hillsborough County
- Douglas A. Holt, M.D., Director Hillsborough County Health Department
- Luanne J. Panacek, Ed. D., Chief Executive Officer, Children's Board Hillsborough County
- Mary Lynn Ultry, CEO, Drug Abuse Comprehensive Coordinating Office
- Viki Sokolik, Executive Director, Starting Right Now
- Craig L. Oldham, D.M.D., President Hillsborough County Dental Association
- Senator Rhonda Storms, Florida State Senator, District 10
- Kevin Beckner, County Commissioner District 6 Hillsborough County
- Lesley Miller, Jr., County Commissioner District 3 Hillsborough County
- Ken Hagan, County Commissioner District 5 and Chairman, Hillsborough Board of County Commissioners



July 13, 2012

Mr. Bradley Herremans
Chief Executive Officer
Suncoast Community Health Centers, Inc.
13110 Elk Mountain Drive
Riverview, FL 33579

Dear Mr. Herremans,

I am pleased to write this letter in support of Suncoast Community Health Centers, Inc. request for funding to build a new primary care facility in Palm River - Clair Mel area of Hillsborough County Florida. Suncoast Community Health Centers, Inc. is a key player in the provision of medical and dental services to the low income uninsured, underinsured residents of Hillsborough County. The establishment of a new primary care access point for medical and dental care in the Palm River, Clair Mel area of Hillsborough County will address these patient's needs.

The demonstrated and documented need for primary healthcare services for those members of our community at or below the federal poverty guidelines exceeds the capacity of the limited number of providers willing to provide services to this population. A funding award will allow Suncoast to leverage its ability to continue to expand services towards their commitment to provide primary health care services to all persons regardless of their ability to pay and thereby strengthen them as partners in the commitment to the underserved members of our community.

Suncoast plays a significant role in the linkages necessary to provide the full continuum of care to our most needy citizens. Greater Palm River POINT, CDC is pleased to lend our voice of support to their funding request.

Sincerely,

Debbie Patrick, Executive Director

7454 Palm River Rd. Tampa, FL 33619 Tel: 813-628-9179 Fax: 813-663-9404

"To Build a Better Community by Investing in Children and Families"

Funded by the Children's Board of Hillsborough County





Brandon Regional Hospital

119 Oakfield Drive
Brandon, Florida 33511
Phone: (813) 681-5551
www.BrandonRegionalHospital.com

July 16, 2012

Mr. Bradley Herremans
Chief Executive Officer
Suncoast Community Health Centers, Inc.
13110 Elk Mountain Drive
Riverview, Florida 33579

RE: Palm River Community Health Center

Dr. Mr. Herremans,

I am pleased to write this letter in support of the Suncoast Community Health Centers, Inc. request for funding of a new community health center providing primary healthcare services in the Palm River – Clair Mel CDP of Hillsborough County Florida. Suncoast Community Health Centers, Inc. is a partner to Brandon Regional Hospital in the provision of healthcare to Hillsborough County residents. Significant dollars are spent annually on visits to hospital emergency rooms – many of which could be redirected to community health centers. The establishment of a new primary care access point for medical and dental care with open access scheduling and extended hours in the Palm River, Clair Mel area of Hillsborough County will address these patient's needs. Suncoast Community Health Centers, Inc. is a key player in the provision of medical and dental services to the low income, uninsured, and underinsured residents of Hillsborough County.

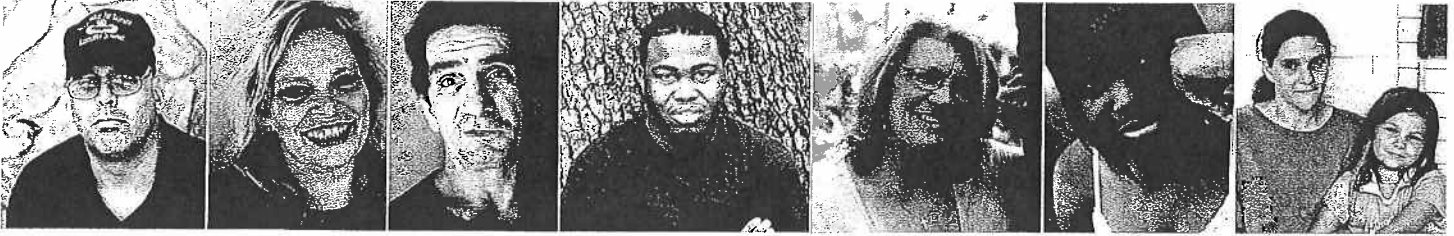
The demonstrated and documented need for healthcare services for those members of our community at or below the federal poverty guidelines exceeds our capacity to provide those services. A funding award will allow Suncoast to leverage its ability to continue to expand services towards their commitment of providing services to all patients regardless of their ability to pay and thereby strengthen them as partners in the commitment to the underserved members of our community.

Suncoast plays a significant role in the linkages necessary to provide the full continuum of care to our most needy citizens. We are pleased to lend our voice of support to their funding request.

Sincerely,

A handwritten signature in cursive script that reads "Bland Eng".

Bland Eng
Chief Executive Officer



July 13, 2012



Mr. Bradley Herremans
Chief Executive Officer
Suncoast Community Health Centers, Inc.
13110 Elk Mountain Drive
Riverview, FL 33579

Homeless Coalition of
Hillsborough County
PO Box 360181
Tampa, FL 33673-0181
P: 813-223-6115
F: 813-223-6178
E: info@homelessofhc.org
www.homelessofhc.org
www.unexpectedfaces.org

Dear Mr. Herremans,

I am pleased to support the request by Suncoast Community Health Centers, Inc. for funding to build a new primary care facility in Palm River - Clair Mel area of Hillsborough County Florida. Suncoast Community Health Centers, Inc. is a key player in the provision of medical and dental services to the low income uninsured, underinsured residents of Hillsborough County. The establishment of a new primary care access point for medical and dental care in the Palm River, Clair Mel area of Hillsborough County will address these patient's needs.

President
Candy Olson
Interim Chief Executive Officer
Edi Erb
Honorary Members
City of Tampa
Hillsborough County Board
Of County Commissioners

The demonstrated and documented need for primary healthcare services for members of our community at or below the federal poverty guidelines exceeds the capacity of the limited number of providers willing to provide services to this population. A funding award will allow Suncoast to leverage its ability to continue to expand services towards meeting your commitment to providing primary health care services to all persons regardless of their ability to pay and strengthen its partnership with other organizations in meeting the needs of underserved members of our community.

Sustaining Members

ACTS
Bailey Family Foundation
DACCO
Peggy Land
Mental Health Care
Metropolitan Ministries
The Salvation Army
Tampa Family Health
Centers
Tampa Housing Authority
Volunteers of America of Florida

The Homeless Coalition of Hillsborough County is a non-profit corporation and is the lead agency responsible for working with community stakeholders to address the problems of homelessness in a coordinated, comprehensive and strategic fashion. Suncoast plays a significant role in the linkages necessary to provide the full continuum of care to our most needy citizens including the homeless in east and southern Hillsborough County.

We have partnered successfully with Suncoast in the past and look forward to strengthening this relationship. We fully support a new primary care access point for medical and dental care in the Palm River, Clair Mel area and will work in collaboration with Suncoast to facilitate any additional coordination required to ensure successful linkages with other services needed. Please let me know how we may be of further assistance.

Sincerely,

Edi Erb,
Interim CEO

July 13, 2012

Mr. Bradley Herremans
Chief Executive Officer
Suncoast Community Health Centers, Inc.
13110 Elk Mountain Drive
Riverview, FL 33579

Dear Mr. Herremans:

On behalf of Hillsborough County Health Department (HCHD), I am pleased to write this letter in support of Suncoast Community Health Centers, Inc. request for funding to build a new primary care facility in Palm River - Clair Mel area of Hillsborough County Florida. Suncoast Community Health Centers, Inc. is a key player in the provision of medical and dental services to the low income uninsured, underinsured residents of Hillsborough County. The establishment of a new primary care access point for medical and dental care in the Palm River, Clair Mel area of Hillsborough County will address these patient's needs.

The HCHD is the local public health organization for Tampa and the surrounding population of over one million residents. We provide a broad range of services to the community. Each year, services ranging from birth certificates, overseas travel immunizations, preventative health care and environmental health services are provided. Our patient population represents the diversity found within the community and consists largely of minorities and people of color. Our mission is: To protect and promote the health of all residents and visitors in Hillsborough County.

The demonstrated and documented need for primary healthcare services for those members of our community at or below the federal poverty guidelines exceeds the capacity of the limited number of providers willing to provide services to this population. A funding award will allow Suncoast to leverage its ability to continue to expand services towards their commitment to provide primary health care services to all persons regardless of their ability to pay and thereby strengthen them as partners in the commitment to the underserved members of our community.

Suncoast plays a significant role in the linkages necessary to provide the full continuum of care to our most needy citizens. I am pleased to lend our voice of support to their funding request.

Sincerely,



Douglas A. Holt, M.D.
Director, Hillsborough County Health Department



Children's Board
HILLSBOROUGH COUNTY

Dreams Worth Growing

July 16, 2012

Mr. Bradley Herremans
Chief Executive Officer
Suncoast Community Health Centers, Inc.
13110 Elk Mountain Drive
Riverview, FL 33579

Dear Mr. Herremans,

I am pleased to write this letter in support of Suncoast Community Health Centers, Inc. request for funding to build a new primary care facility in Palm River-Clair Mel area of Hillsborough County Florida. Suncoast Community Health Centers, Inc. is a key player in the provision of medical and dental services to the low income uninsured, underinsured residents of Hillsborough County. The establishment of a new primary care access point for medical and dental care in the Palm River-Clair Mel area of Hillsborough County will address these patient's needs.

The demonstrated and documented need for primary healthcare services for those members of our community at or below the federal poverty guidelines exceeds the capacity of the limited number of providers willing to provide services to this population. A funding award will allow Suncoast to leverage its ability to continue to expand services towards their commitment to provide primary health care services to all persons regardless of their ability to pay and thereby strengthen them as partners in the commitment to the underserved members of our community.

The Children's Board of Hillsborough County is a special taxing district created by legislative statute to improve the lives of children and families in Hillsborough County through a property tax. The Board demonstrates this mission by supporting local prevention and early intervention supports and services for children and families through funding, advocacy, and partnership. We have a long history of providing services and supports to families in the Palm River-Clair Mel area and understand the vital need for accessible medical and dental for its residents.

Suncoast plays a significant role in the linkages necessary to provide the full continuum of care to our most needy citizens. The Children's Board is pleased to lend our voice of support to their funding request.

Sincerely,

Luanne J. Panacek, Ed.D.
Chief Executive Officer



Drug Abuse Comprehensive Coordinating Office

July 17, 2012

Mr. Bradley Herremans
Chief Executive Officer
Suncoast Community Health Centers, Inc.
13110 Elk Mountain Drive
Riverview, FL 33579

Administrative Offices
4422 E. Columbus Dr.
Tampa, Florida 33605
813 / 384-4201
FAX 813 / 623-3730

Chief Executive Officer
Mary Lynn Ulrey, MS, ARNP

Dear Mr. Herremans,

I am pleased to write this letter in support of Suncoast Community Health Centers, Inc. request for funding to build a new primary care facility in Palm River - Clair Mel area of Hillsborough County Florida. Suncoast Community Health Centers, Inc. is a key player in the provision of medical and dental services to the low income uninsured, underinsured residents of Hillsborough County. The establishment of a new primary care access point for medical and dental care in the Palm River, Clair Mel area of Hillsborough County will address these patient's needs.

The demonstrated and documented need for primary healthcare services for those members of our community at or below the federal poverty guidelines exceeds the capacity of the limited number of providers willing to provide services to this population. A funding award will allow Suncoast to leverage its ability to continue to expand services towards their commitment to provide primary health care services to all persons regardless of their ability to pay and thereby strengthen them as partners in the commitment to the underserved members of our community.

Suncoast plays a significant role in the linkages necessary to provide the full continuum of care to our most needy citizens. DACC pleased to lend our voice of support to their funding request.

Sincerely,

Mary Lynn Ulrey
CEO

Working for a Drug-Free Community
Since 1973





5327 Primrose Lake Circle
Tampa, FL 33647

July 16, 2012

Mr. Bradley Herremans
Chief Executive Officer
Suncoast Community Health Centers, Inc.
13110 Elk Mountain Drive
Riverview, FL 33579

Dear Mr. Herremans,

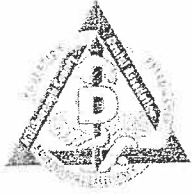
I am pleased to write this letter in support of Suncoast Community Health Centers, Inc. request for funding to build a new primary care facility in Palm River - Clair Mel area of Hillsborough County Florida. Our organization helps homeless families and Unaccompanied Youth in Hillsborough County. These homeless students do not have access to any medical or dental health. As such, an illness drives them to the emergency room which is unnecessary, costing the community at large not only time, but money. Suncoast Community Health Centers, Inc. is a key player in the provision of medical and dental services to the low income uninsured, underinsured residents of Hillsborough County. The establishment of a new primary care access point for medical and dental care in the Palm River, Clair Mel area of Hillsborough County will address these patient's needs.

The demonstrated and documented need for primary healthcare services for those members of our community at or below the federal poverty guidelines exceeds the capacity of the limited number of providers willing to provide services to this population. A funding award will allow Suncoast to leverage its ability to continue to expand services towards their commitment to provide primary health care services to all persons regardless of their ability to pay and thereby strengthen them as partners in the commitment to the underserved members of our community.

Suncoast plays a significant role in the linkages necessary to provide the full continuum of care to our most needy citizens. **Starting Right, Now** is pleased to lend our voice of support to their funding request. Please help them, help our homeless population.

Sincerely,

Vicki Sokolik
Founder/Executive Director



HILLSBOROUGH COUNTY DENTAL ASSOCIATION, INC.

"Service Above all Else"

July 17, 2012

Mr. Bradley Herremans
Chief Executive Officer
Suncoast Community Health Centers, Inc.
13110 Elk Mountain Drive
Riverview, FL 33579

Dear Mr. Herremans,

I am pleased to write this letter in support of Suncoast Community Health Centers, Inc. request for funding to build a new primary care facility in Palm River - Clair Mel area of Hillsborough County Florida. Suncoast Community Health Centers, Inc. is a key player in the provision of medical and dental services to the low income uninsured, underinsured residents of Hillsborough County. The establishment of a new primary care access point for medical and dental care in the Palm River, Clair Mel area of Hillsborough County will address these patient's needs.

The demonstrated and documented need for primary healthcare and dental services for those members of our community at or below the federal poverty guidelines exceeds the capacity of the limited number of providers willing to provide services to this population. A funding award will allow Suncoast to leverage its ability to continue to expand services towards their commitment to provide primary health care and dental services to all persons regardless of their ability to pay and thereby strengthen them as partners in the commitment to the underserved members of our community.

Suncoast plays a significant role in the linkages necessary to provide the full continuum of care to our most needy citizens. Their willingness to work with the Hillsborough County Dental Association's volunteer dentists during the annual ADA Give Kids a Smile⁴⁶ Event is testament to their dedication to serve uninsured dental patients. On behalf of the membership of the Hillsborough County Dental Association, I am pleased to lend our voice of support to their funding request.

Sincerely,

Craig L. Oldham, D.M.D.
President - Hillsborough County Dental Association



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:
Children, Families, and Elder Affairs, *Chair*
Budget - Subcommittee on Criminal and Civil Justice
Appropriations
Community Affairs
Military Affairs, Space, and Domestic Security
Reapportionment
Transportation

JOINT COMMITTEE:
Public Counsel Oversight

SENATOR RONDA STORMS
10th District

July 19, 2012

Mr. Bradley Herremans
Chief Executive Officer
Suncoast Community Health Centers, Inc.
13110 Elk Mountain Drive
Riverview, FL 33579

Dear Mr. Herremans,

It is my pleasure to write this letter of support for Suncoast Community Health Centers, Inc. and the request for funding to build a new primary care facility in Hillsborough County.

Suncoast Community Health Centers, Inc. has been instrumental in providing medical and dental services to low income uninsured and underinsured residents in Hillsborough County for over 30 years. However, the members of our community at or below federal poverty guidelines have exceeded the capacity of the limited number of providers willing to offer services to this population that has such a desperate need for these critical primary healthcare services.

I believe that the establishment of a new primary care access point for medical and dental care in the Palm River and Clair Mel areas of Hillsborough County will help address the community's needs to meet these healthcare demands. Additionally, a funding award will allow Suncoast Community Health Centers to expand their services while continuing their commitment to provide primary health care services to all persons regardless of their ability to pay.

I am happy to support Suncoast Community Health Centers with this endeavor.

Sincerely,

A handwritten signature in black ink, appearing to read "Ronda Storms".

Ronda Storms
Florida State Senator

REPLY TO:

Lithia Oaks Business Center, 421 Lithia Pinecrest Road, Brandon, Florida 33511 (813) 651-2189 FAX: (813) 651-2188
 413 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5072
Internet Address: storms.ronda.web@flsenate.gov

Senate's Website: www.flsenate.gov

MIKE HARIDOPOLOS
President of the Senate

MICHAEL S. "MIKE" BENNETT
President Pro Tempore

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Lesley "Les" Miller, Jr., District 3
Al Higginbotham, District 4
Kevin Beckner, District 6
Mark Sharpe, District 7



Michael S. Merrill
County Administrator

Donald R. Odom
Interim County Attorney

16 July 2012

Mr. Bradley Herremans
Chief Executive Officer
Suncoast Community Health Centers, Inc.
13110 Elk Mountain Drive
Riverview, FL 33579

Dear Mr. Herremans,

I am pleased to write this letter in support of Suncoast Community Health Centers, Inc. request for funding to build a new primary care facility in Palm River - Clair Mel area of Hillsborough County Florida. Suncoast Community Health Centers, Inc. is a key player in the provision of medical and dental services to the low income uninsured, underinsured residents of Hillsborough County. The establishment of a new primary care access point for medical and dental care in the Palm River, Clair Mel area of Hillsborough County will address these patient's needs.

The demonstrated and documented need for primary healthcare services for those members of our community at or below the federal poverty guidelines exceeds the capacity of the limited number of providers willing to provide services to this population. A funding award will allow Suncoast to leverage its ability to continue to expand services towards their commitment to provide primary health care services to all persons regardless of their ability to pay and thereby strengthen them as partners in the commitment to the underserved members of our community.

Suncoast plays a significant role in the linkages necessary to provide the full continuum of care to our most needy citizens. I am pleased to lend our voice of support to their funding request.

Sincerely,


Commissioner Kevin Beckner
District 6 - Countywide
Hillsborough County BOCC
p: 813.272.5730 | f: 813.272.7053
e: becknerk@hillsboroughcounty.org
w: <http://www.CommissionerBeckner.com>

Post Office Box 1110 • Tampa, Florida 33601
Phone: (813) 272-5660
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Kevin Beckner, District 6
Mark Sharpe, District 7



Michael S. Merrill
County Administrator

Donald R. Odom
Interim County Attorney

July 17, 2012

Mr. Bradley Herremans
Chief Executive Officer
Suncoast Community Health Centers, Inc.
13110 Elk Mountain Drive
Riverview, FL 33579

Dear Mr. Herremans,

I am pleased to write this letter in support of Suncoast Community Health Centers, Inc. request for funding to build a new primary care facility in Palm River - Clair Mel area of Hillsborough County Florida. Suncoast Community Health Centers, Inc. is a key player in the provision of medical and dental services to the low income uninsured, underinsured residents of Hillsborough County. The establishment of a new primary care access point for medical and dental care in the Palm River, Clair Mel area of Hillsborough County will address these patient's needs.

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Sincerely,



Lesley "Les" Miller, Jr.
Hillsborough County District 3
Board of County Commissioners



From the Office of
Ken Hagan, Chairman
County Commissioner District 5

July 16, 2012

Mr. Bradley Herremans
Chief Executive Officer
Suncoast Community Health Centers, Inc.
13110 Elk Mountain Drive
Riverview, FL 33579

Dear Mr. Herremans,

I am pleased to write this letter in support of Suncoast Community Health Centers, Inc. request for funding to build a new primary care facility in Palm River - Clair Mel area of Hillsborough County Florida. Suncoast Community Health Centers, Inc. is a key player in the provision of medical and dental services to the low income uninsured and underinsured residents of Hillsborough County. The establishment of a new primary care access point for medical and dental care in the Palm River, Clair Mel area of Hillsborough County will address these patient's needs.

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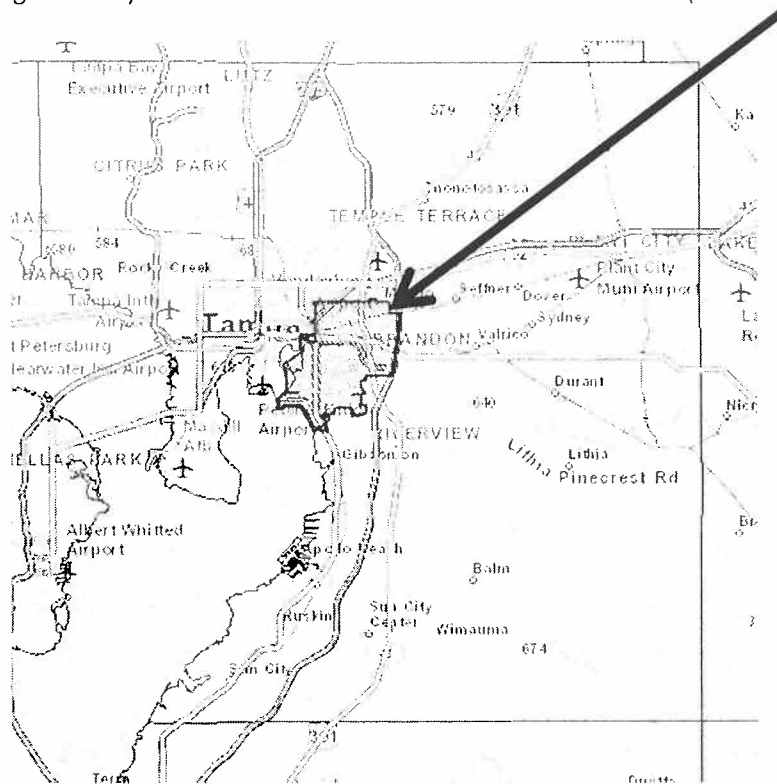
Sincerely,

A handwritten signature in cursive script that reads "Ken Hagan".

Ken Hagan
Chairman
Hillsborough Board of County Commissioners

Exhibit C – Maps - Suncoast Community Health Centers LIP Project - New Primary Care Facility

Map of Hillsborough County and the Palm River – Clair Mel Service Area (shaded area)



CENSUS TRACTS:

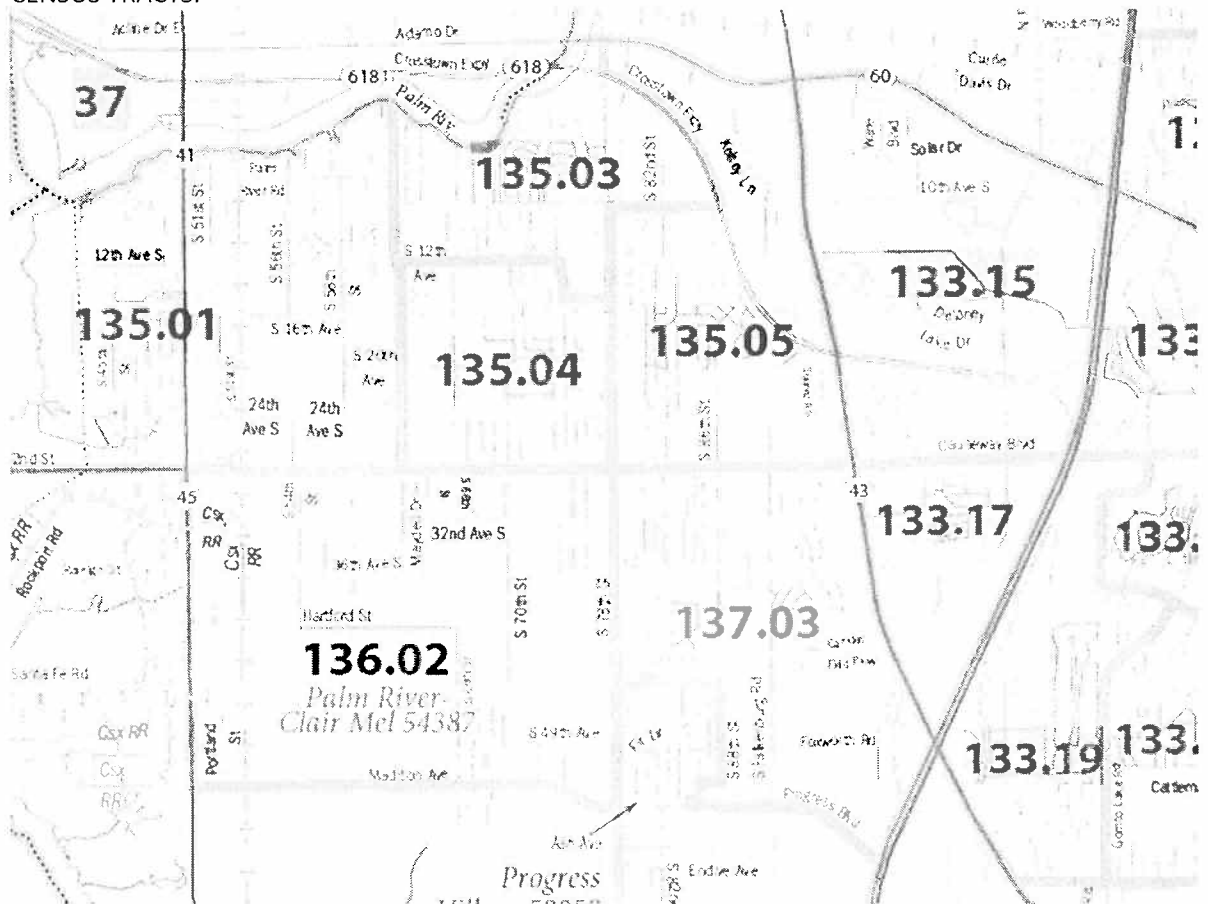


Exhibit C – Maps - Suncoast Community Health Centers LIP Project - New Primary Care Facility

Close up of Palm River – Clair Mel Community and Location of New Facility

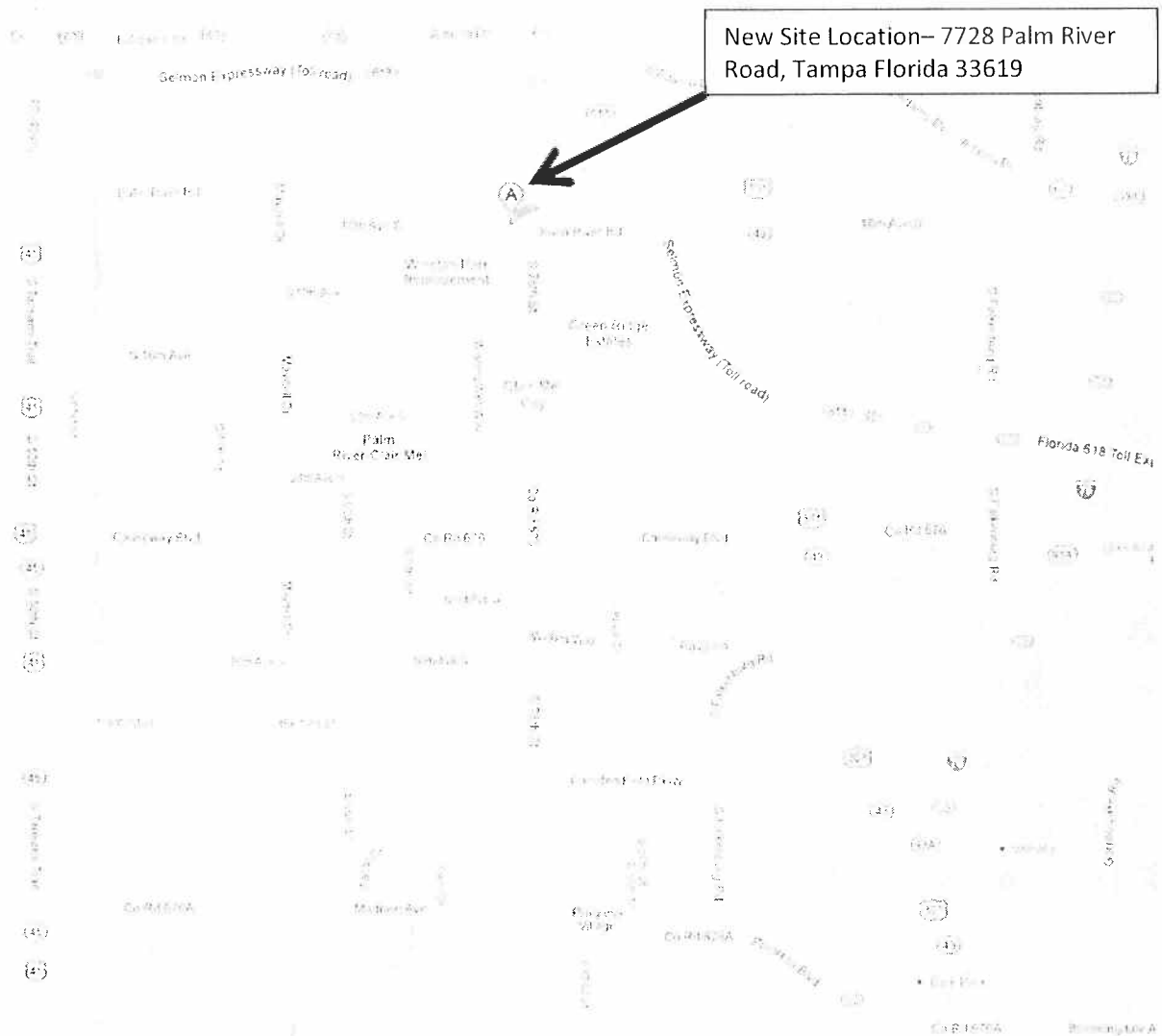


EXHIBIT D - Hillsborough County Health Profile

Measure	Year(s)	Rate Type	Black	White	Blk/Wht
			Rate	Rate	Rate Ratio
Socio-Demographic Characteristics					
Population	2010	Percent of total pop.	18.10%	78.10%	n/a
Median household income	2000	Dollars	\$28,257	\$43,646	0.6:1
Individuals below poverty level	2000	Percent	25.70%	8.90%	2.9:1
Civilian labor force which is unemployed	2000	Percent	10.60%	4.70%	2.3:1
Individuals 25 years and over with no high school diploma	2000	Percent	27.40%	16.70%	1.6:1
Access to Care					
Age-adjusted asthma hospitalization rate	2010	Per 100,000	1563.4	899	1.7:1
Emergency room visits due to asthma	2007-09	Per 100,000	380.6	263.2	1.4:1
Adults who have a personal doctor	2010	Percent	77.10%	82.00%	0.9:1
Adults who could not see a dentist in the past year because of cost	2007	Percent	26.80%	17.70%	1.5:1
Adults with NO type of health care insurance coverage	2010	Percent	17.30%	15.30%	1:1
Maternal and Child Health					
Births to mothers ages 15-19	2008-10	Per 1,000	67.9	38.2	1.8:1
Repeat births to mothers Ages 15-19	2008-10	Percent	21.80%	20.30%	1.1:1
Births to unwed mothers					
Mothers ages 15-19	2008-10	Percent	98.00%	86.90%	1.1:1
Mothers ages 20-54	2008-10	Percent	69.90%	38.80%	1.8:1
Births to mothers over 18 without high school education	2008-10	Percent	16.70%	18.50%	0.9:1
Births to mothers who are obese (BMI>=30) at time pregnancy occurred	2008-10	Percent	23.90%	15.60%	1.5:1
Maternal and Child Health					
Mothers who initiate breastfeeding	2008-10	Percent	67.10%	82.20%	0.8:1
Births with LATE prenatal care	2008-10	Percent	20.50%	14.00%	0.9:1
Births with NO prenatal care	2008-10	Percent	2.40%	1.30%	1.8:1
Births < 37 weeks of gestation	2008-10	Percent	18.60%	12.30%	1.5:1
Births < 1500 grams (very low birth weight)	2008-10	Percent	3.30%	1.30%	2.5:1
Births < 2500 grams (low birth weight)	2008-10	Percent	14.40%	7.40%	2:1
Fetal deaths	2008-10	Per 1,000	12.5	6	2.1:1
Infant deaths (0-364 days)	2008-10	Per 1,000	17.6	5.5	3.2:1
Sudden Unexpected Infant Deaths (SUID)	2008-10	Per 100,000	246.4	68.4	3.6:1
Births with inter-pregnancy interval < 18 months	2008-10	Percent	44.80%	39.90%	1.1:1
Injuries and Injury-related Deaths					
Age-adjusted homicide death rate	2008-10	Per 100,000	12.8	3.9	3.3:1
Age-adjusted unintentional drowning death rate	2008-10	Per 100,000	2	1.6	1.3:1
Hospitalizations for non-fatal firearm injuries	2008-10	Per 100,000	19.2	4.8	4:1
Leading Causes of Death					
Cardiovascular Disease					
Stroke					
Age-adjusted death rate	2008-10	Per 100,000	48	31	1.5:1
Age-adjusted hospitalization rate	2010	Per 100,000	348.1	247.3	1.4:1
Adults who have ever had a stroke	2010	Percent	5.70%	3.00%	1.9:1
Congestive Heart Failure					
Age-adjusted hospitalization rate	2010	Per 100,000	117.6	57.8	2:1
Cancer					
Age-adjusted cancer death rate	2008-10	Per 100,000	184.1	169.2	1.1:1
Cancer cases diagnosed at late stage	2006-08	Percent	43.00%	39.80%	1.1:1
Colorectal Cancer					
Age-adjusted death rate	2008-10	Per 100,000	20.1	15.8	1.3:1
Adults 50 and over who have NOT had a blood stool test in the past year	2010	Percent	83.20%	81.40%	0.9:1
Breast Cancer					
Age-adjusted death rate	2008-10	Per 100,000	35.1	22	1.6:1

EXHIBIT D - Hillsborough County Health Profile

Measure	Year(s)	Rate Type	Black	White	Bik/Wht
			Rate	Rate	Rate Ratio
Prostate Cancer					
Age-adjusted death rate	2008-10	Per 100,000	42.3	17.7	2.4:1
Age-adjusted incidence rate	2006-08	Per 100,000	166.8	133.2	1.3:1
Cervical Cancer					
Age-adjusted death rate	2008-10	Per 100,000	5.5	1.8	3:1
Age-adjusted incidence rate	2006-08	Per 100,000	12	8.1	1.5:1
Diabetes					
Age-adjusted death rate	2008-10	Per 100,000	45.3	21.8	2.1:1
Age-adjusted hospitalization rate	2010	Per 100,000	3906.5	2169	1.8:1
Hospitalizations from amputation due to diabetes	2010	Per 100,000	49.7	20.6	2.4:1
Emergency room visits due to diabetes	2007-09	Per 100,000	372.8	336.6	1.1:1
Adults with diagnosed diabetes	2010	Percent	20.10%	10.30%	2:1
HIV/AIDS					
Reported AIDS Cases	2008-10	Per 100,000	58.5	8.5	6.9:1
Age-adjusted HIV/AIDS death rate	2008-10	Per 100,000	19.9	3.2	6.3:1
Reported HIV cases	2008-10	Per 100,000	78.6	16.6	4.7:1
Modifiable Behaviors Leading to Premature Deaths					
Adults who are obese (BMI \geq 30)	2010	Percent	45.20%	23.20%	2:1
Adults who have NOT had their cholesterol checked in last two years	2007	Percent	34.90%	15.90%	0.8:1

**EXHIBIT E: ORGANIZATIONAL CHART
SUNCOAST COMMUNITY HEALTH CENTERS, INC.**

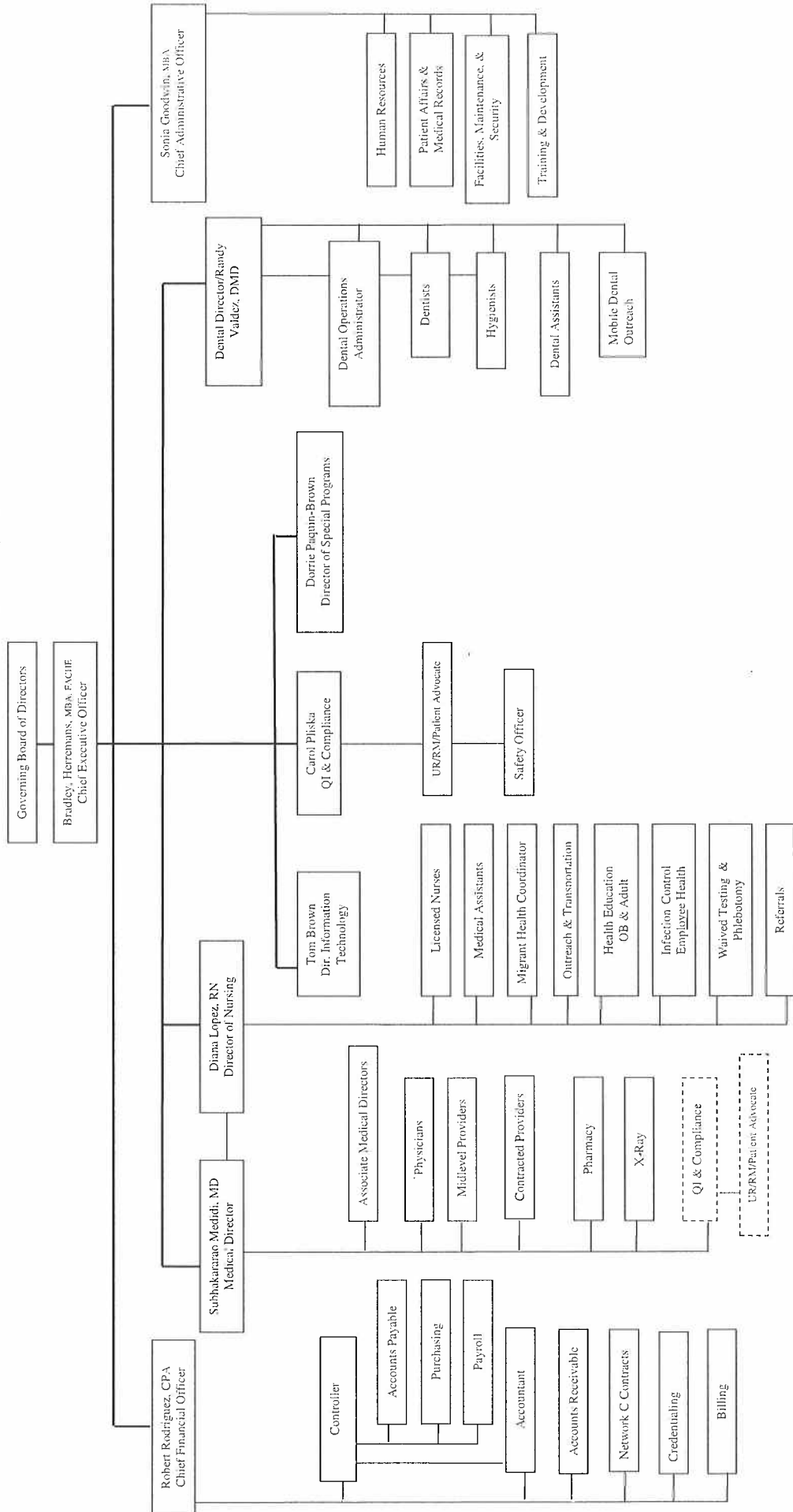


EXHIBIT F - BUDGET JUSTIFICATION

SUNCOAST COMMUNITY HEALTH CENTERS INC

BUDGET JUSTIFICATION

Construction of the Palm River Community Health Center

Construction	Budget
New Construction	\$2,000,000
Site Work	\$315,000
General Conditions	\$100,000
Landscape	\$60,000
Paving Parking Lot	\$75,000
Signage	\$15,000
Contingency Costs	\$500,000
Surety Bond	\$50,000
Water/Sewer Connection	\$45,000
Impact Fee	\$60,000
Permitting	\$25,000
Construction Costs	\$3,245,000

Medical Equipment	QTY	UNIT PRICE	TOTAL PRICE
Digital X-ray System	1	\$90,000	\$90,000
Exam Stools	17	\$55	\$940
Patient Room Chairs	34	\$100	\$3,400
Ritter Exam Table Base	17	\$700	\$11,900
Ritter Exam Table Top	17	\$250	\$4,250
Diagnostic System Cluster	17	\$1,000	\$17,000
Adult Scale	4	\$450	\$1,800
Pulse Ox	4	\$800	\$3,200
EKG	2	\$5,000	\$10,000
Ultra Sound	1	\$25,000	\$25,000
Refrigerators	6	\$1,500	\$9,000
Drawing Chair	1	\$600	\$600
Pediatric Scale	2	\$350	\$700
Clinitek Plus	4	\$1,000	\$4,000
Vital Spot Machine	4	\$3,000	\$12,000
Medical Equipment Costs			\$193,790

Dental Equipment	QTY	UNIT PRICE	TOTAL PRICE
Dental Opertory	6	26667	\$160,000
Hygienist Set-up Package	1	17000	\$17,000
Sterization Room	1	33000	\$33,000
Lab Room	1	17000	\$17,000
Equipment Room	1	14000	\$14,000
Dental Equipment (Misc. Items)			\$37,000
Digital Pan X-ray System	1	60000	\$60,000
Dental Equipment Costs			\$338,000

Pharmacy Equipment	QTY	UNIT PRICE	TOTAL PRICE
Cah Registers	2	\$300	\$600
Pharmacy TV	1	\$500	\$500
Shelving			\$7,500
Pharmacy Software	1	\$20,000	\$20,000
Pharmacy Equipment Costs			\$28,600

EXHIBIT F - BUDGET JUSTIFICATION (continued)

Computer Equipment	QTY	UNIT PRICE	TOTAL PRICE
Dell OptiPlex 330 w/ monitor	35	\$1,100	\$38,500
Tablets for Providers	9	\$2,500	\$22,500
HP 4000tn Printer	15	\$300	\$4,500
Scanner	10	\$1,200	\$12,000
Copier	2	\$7,500	\$15,000
Servers	2	\$18,000	\$36,000
Wireless Access Points	8	\$600	\$4,800
UPS - 350 VA	35	\$50	\$1,750
UPS - 3000 VA	1	\$2,500	\$2,500
Phone System	1	\$10,000	\$10,000
Phones (T7316E)	32	\$80	\$2,560
Voice Mail Seats x64	1	\$3,250	\$3,250
Astaro ASG 300	1	\$7,000	\$7,000
Computer Equipment Costs			\$160,360
Office Equipment	QTY	UNIT PRICE	TOTAL PRICE
Waiting Room Chairs	120	\$100	\$12,000
Health Education Room Chairs	25	\$100	\$2,500
Desks	15	\$500	\$7,500
Task Chairs	15	\$250	\$3,750
Office Side Chairs	30	\$200	\$6,000
TV in Waiting Areas	4	\$500	\$2,000
Health Education Room TV	1	\$500	\$500
Office Equipment Costs			\$34,250
TOTAL PROJECT COSTS			\$4,000,000

EXHIBIT G - LETTER OF COMMITMENT



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Al Higginbotham
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Sandra L. Murman
Mark Sharpe

Office of the County Administrator
Michael S. Merrill

CHIEF ADMINISTRATIVE OFFICER
Helene Marks

CHIEF FINANCIAL ADMINISTRATOR
Bonnie M. Wise

DEPUTY COUNTY ADMINISTRATORS
Lucia E. Garsys
Sharon D. Subadan

July 27, 2012

Mr. Bradley Herremans
Chief Executive Officer
Suncoast Community Health Centers, Inc.
13110 Elk Mountain Drive
Riverview, Florida 33579

Dear Mr. Herremans:

This letter confirms our support of the application submitted by Suncoast Community Health Centers, Inc. (SCHC) for the expansion of the primary health care infrastructure under the 2012-13 Low Income Pool (LIP) Tier-One Milestone (STC 61) Application (Grant).

SCHC operates one of the four networks of the Hillsborough County Healthcare Plan (HCHCP). The SCHC network serves HCHCP members who are indigent and primarily live in Hillsborough County. SCHC provides, through its primary care clinics and contracted medical specialist and hospitals, a wide array of essential and critical medical services to indigent, uninsured members of its HCHCP network.

SCHC has a long distinguished history of providing health care to thousands of residents of Hillsborough County who fall below the Federal Poverty Levels and who have little or no insurance coverage. Although over 130,000 visits are provided by SCHC's program annually, you have advised us that SCHC's efforts will be greatly enhanced by the Grant support it is requesting.


The award of this Grant to SCHC will allow it to expand delivery of high quality, cost effective services to an indigent population consisting of uninsured, underinsured and homeless individuals and families in Hillsborough County.

SCHC enjoys the support of the Hillsborough County Health Care Services Division, Department of Family and Aging Services, which is pleased to work along with SCHC in providing such needed services to our underserved residents.

EXHIBIT G - LETTER OF COMMITMENT p.2

If this Grant is awarded to SCHC, Hillsborough County will commit an amount not to exceed \$845,400 as local cash match for the Grant, upon execution of a Letter of Agreement between the County and the Agency for Health Care Administration (AHCA) with respect to this matter. We strongly support the award of this Grant to Suncoast Community Health Centers, Inc., which has a demonstrated a long-standing commitment to serving the medically underserved in Hillsborough County.

Sincerely,



Gene Earley
Division Director, Health Care Services Division
Department of Family and Aging Services

Suncoast Community Health Centers, Inc. LIP project
Palm River – Clair Mel Community Health Center

EXHIBIT H - REPORTING TEMPLATE

Reporting Period: _____

Number of Users and Encounters:

Medical
Users = _____ Encounters = _____

Dental
Users = _____ Encounters = _____

ER Diversion
Users = _____ Encounters = _____

Clinical Measures:

	Clinical Measure	Results	Goal
Diabetes	Performance Measure: Percentage of diabetic patients whose HbA1c levels are less than or equal to 9 percent.		90%
Cardiovascular Disease	Performance Measure: Percentage of adult patients with diagnosed hypertension whose most recent blood pressure was less than 140/90.		80%
Cancer	Performance Measure: Percentage of women age 21-64 who received one or more Pap tests during the measurement year or during the two years prior to the measurement year.		80%
Child Health	Performance Measure: Percentage of children with 2nd birthday during the measurement year with appropriate immunizations.		100%
Behavioral Health	Performance Measure: Percentage of clients that are queried and educated on the harm associated with high risk behavior.		90%
Oral Health	Performance Measure: Increase access for children and adults to oral health care.		10%
Prenatal Health	Performance Measure: Percentage of pregnant women beginning prenatal care in first trimester.		70%
Perinatal Health	Performance Measure: Percentage of births less than 2,500 grams to health center patients.		1.00%
Weight Assessment Children and Adolescents	Performance Measure: Percentage of patients age 2 to 17 years who had a visit during the current year and who had Body Mass Index (BMI) Percentile documentation, counseling for nutrition, and counseling for physical activity during the measurement year.		80%
Adult Weight Screening and Follow-Up	Performance Measure: Percentage of patients age 18 years or older who had their Body Mass Index (BMI) calculated at the last visit or within the last six months and, if they were overweight or underweight, had a follow-up plan documented.		50%
Tobacco Use Assessment and Counseling	Performance Measure: Percentage of patients age 18 years and older seen for at least two office visits who were queried about tobacco use one or more times within 24 months		100%
Tobacco Use Assessment and Counseling	Performance Measure: Percentage of patients age 18 years and older seen for at least two visits who are users of tobacco and who had at least one medical visit during the current year who received (charted) advice to quit smoking or tobacco use.		90%
Asthma – Pharmacological Therapy	Performance Measure: Percentage of patients age 5 to 40 years with a diagnosis of persistent asthma (either mild, moderate, or severe) who were prescribed either the preferred long term control medication or an acceptable alternative pharmacological therapy during the current year.		90%

EXHIBIT A: SERVICE AREA MAP Suncoast Community Health Centers, Inc.

<p>A - Joyce Ely Community Health Center, 205 14th Ave SE, Ruskin FL 33570</p>	<p>B - Ruskin Health Center 2814 14th Ave SE, Ruskin FL 33570</p>
<p>C - Oakfield Community Health Center, 1463 Oakfield Drive, Brandon FL 33511</p>	<p>D - Brandon Community Health Center 125 N. Moon Ave, Brandon FL 35511</p>
<p>E - Tom Lee Community Health Center 14254 Martin Luther King Blvd., Dover FL 33527</p>	<p>F - SCHC Pediatrics 502 N. Mobley, Plant City FL 33563</p>
<p>G - Plant City Family Care 502 N. Maryland Ave. Plant City, FL 33563</p>	

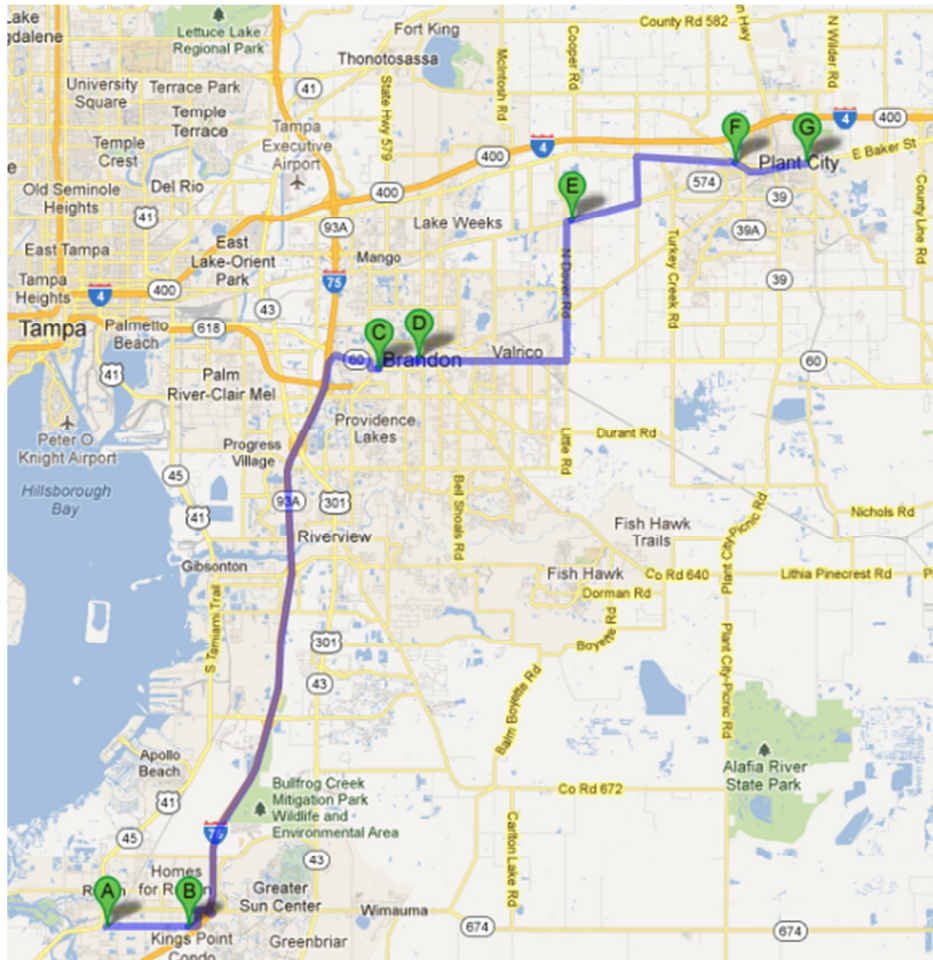
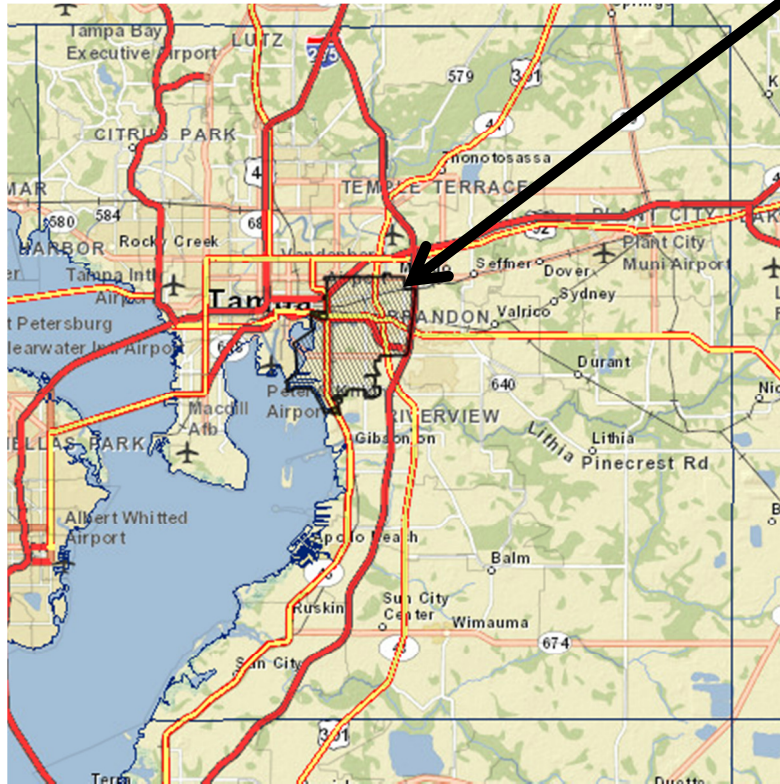


Exhibit C – Maps - Suncoast Community Health Centers LIP Project - New Primary Care Facility

Map of Hillsborough County and the Palm River – Clair Mel Service Area (shaded area)



CENSUS TRACTS:

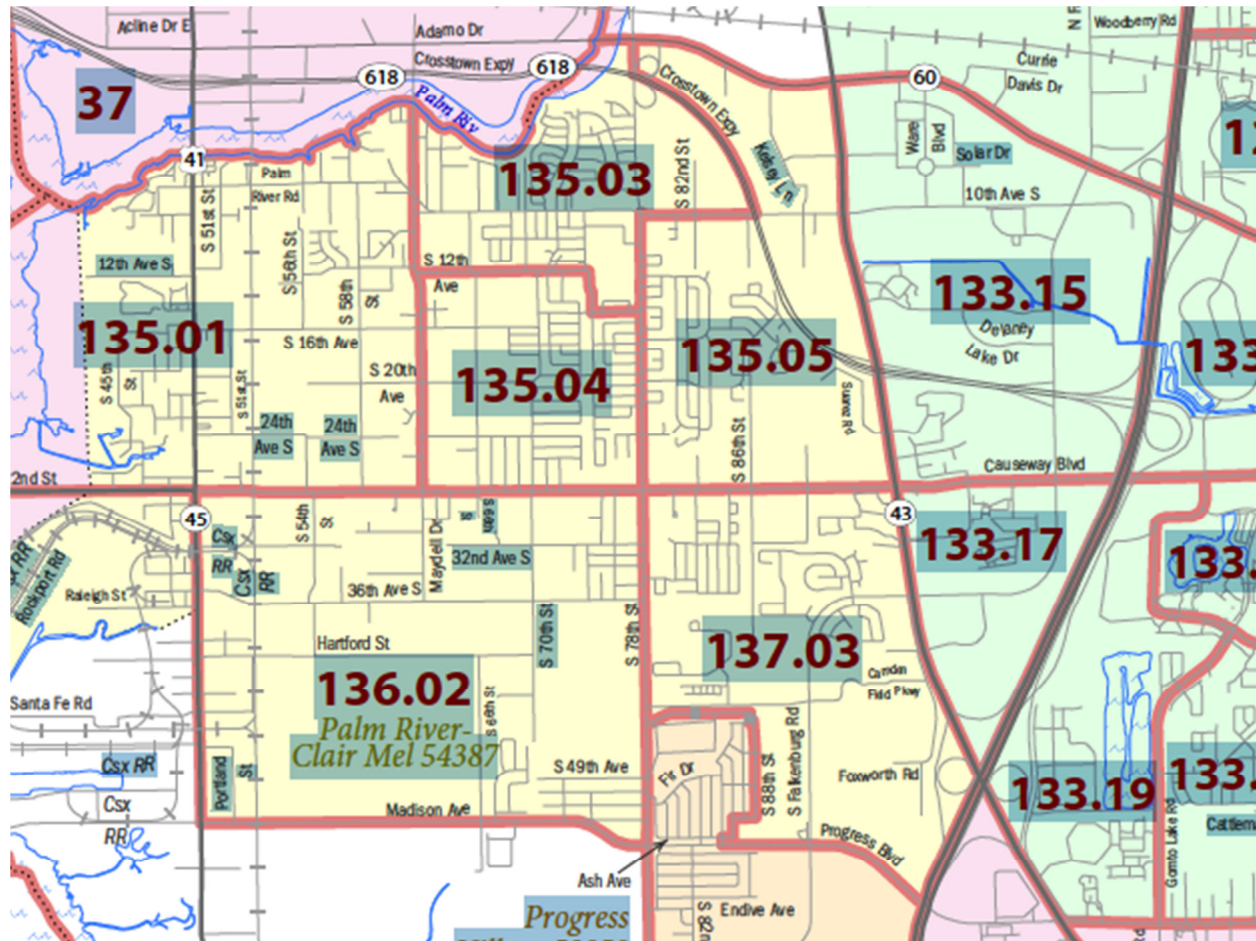


Exhibit C – Maps - Suncoast Community Health Centers LIP Project - New Primary Care Facility

Close up of Palm River – Clair Mel Community and Location of New Facility

