

2012-13 Low Income Pool (LIP) Tier-One Milestone (STC 61) Application

1. Applicant:

Tampa Family Health Centers, Inc. (TFHC)

2. Medicaid Provider Number:

029548500

3. Provider Type:

Federally Qualified Health Center (FQHC) – providing primary care medical and dental services, and pharmacy services.

4. Amount applying for:

\$2,545,000 (in combined Federal and Local funding).

5. Identify as a new or enhanced program:

New Program – Construction of a new primary care service site to treat patients.

6. Description of the delivery system and affiliations with other health care service providers:

Tampa Family Health Centers, Inc. (TFHC) provides services to the inner city population of Tampa and Hillsborough County, Florida. The service area population consists of 84 census tracts with a population of 351,948. Of the total population 47.78% (168,170) is at or below 200% of the Federal Poverty Level (FPL). This is the target population for the project. Almost all census tracts included in the scope of service for the project have MUP (Medically Underserved Population) designations.

TFHC is a Federally Qualified Health Center operating multiple healthcare sites. All service locations are geographically positioned throughout the Hillsborough County, in order to maximize the volume of services provided to the target population. As of June 2012, services are provided through thirteen stationary service sites, two Mobile Vans: Medical and Dental, and a recuperative care site for the homeless. Seven service sites have dental clinics (51 dental operatories total) and five operate onsite pharmacies. In calendar year 2011, TFHC serviced nearly 57,000 patients providing more than 165,000 medical and dental visits.

All sites are staffed with Board Certified Internal Medicine, Pediatrics and/or Family Practice providers as well as midlevel providers. The ancillary staff includes RNs, LPNs, medical assistants, patient support personnel, and financial councilors. All sites have bilingual staff and those sites with significant number of Hispanic patients are staffed with a Hispanic providers and support staff. Assessments and screenings are also provided on the mobile medical van which is

staffed with a midlevel provider and support staff. The medical van is to provide mobile health care to our homeless population.

TFHC's service delivery model addresses the health disparities in the proposed Service Area by providing assistance that will eliminate or reduce underlying factors that foster inequities in accessing health care. The target population includes residents with income level below 200% and homeless. TFHC's service delivery model utilizes the Healthy People 2020 objectives and is being continually redesigned to focus on all the health needs of the target populations including: preventive services, early diagnosis and treatment, acute and chronic care, mental health, dental, and other in and outpatient hospital services. In addition to primary health care services, many of the residents are in need of the enabling services that we provide or refer them to such as food, shelter, specialty care, financial counseling, and assistance to access main stream local, state, and federal assistance programs.

TFHC emphasizes the Patient Centered Medical Home service delivery model. TFHC is scheduled to be accredited by the Accreditation Association for Ambulatory Health Care (AAAHC) as an ambulatory healthcare facility and the Level 3 (the highest one) Patient Centered Medical Home (PCMH) in November-December 2012.

TFHC maintains a wide network of referral relationships. As the largest primary care provider for the local indigent care plan (Hillsborough County Health Care Plan), five hospitals and more than 500 specialists have agreed to accept our non-plan patients. This provides an integrated network of hospitals and specialists throughout the county for referral of our patients. TFHC works in close collaboration with Tampa General Hospital, Town and Country Hospital and is working towards establishing a joint project with St. Joseph Hospital. TFHC providers maintain admitting privileges at Tampa General Hospital. In addition, TFHC signed the Memorandum of Agreement with two hospitalists groups that are admitting patients in all hospitals within TFHC's service area.

The continuum of care is assured through the close collaboration of local health care providers (TFHC, hospitals, specialists) and third party payors (Medicare and Medicaid HMOs, local indigent care plan). As a primary care provider, TFHC receives information regarding the services provided to the client from the managing plan (HMO) or directly from the hospital. TFHC's Clinical Care Coordination team conducts outreach to the patients to assure a follow up visit.

TFHC also has several partnership agreements with the University of South Florida. TFHC and Florida Agricultural and Mechanical University currently have a joint clinical pharmacy program. The training programs serve as an excellent recruitment tool for TFHC to recruit physicians, ARNPs, nurses, pharmacists, social workers and public health graduates. Currently, TFHC has representation on the GNAHEC Board of Directors. TFHC continues to search for innovative ways and community collaborations in order to improve the volume of mental health services provided to the target population. The partnerships TFHC has with Mental Health Care (MHC), Agency for the Community Treatment Services (ACTS) and Drug Abuse Coordinating Council Office (DACCO) are strong and reliable.

7. Service Area:

The immediate Service Area, for the proposed new site (TFHC #29 at Sheldon Road), will include seven census tracts (116.05, 116.07, 116.09, 116.10, 116.12, 116.13 and 117.05) in North West Hillsborough County.

8. Service Area characteristics (including demographics or population served and distribution of current population served by funding source, e.g., Medicaid, Medicare, Uninsured, Commercial insurance, etc.):

The total population of the proposed satellite site's service area is 40,000 residents in seven census tracts North West Hillsborough County. The target population is 16,500 area residents with income below 200% of federal poverty level and homeless. Among the low-income residents of the area 24% are 18 (eighteen) years old or younger and 5% are older than 65 (sixty five). The proposed location will serve a diverse population that has different cultural and linguistic characteristics. More than a half of residents in the proposed service area are minorities (56.6%) where 18,364 (44.82%) are of Hispanic/Latino ethnicity. The number of minorities among the poor is double that of the general population.

The target population is characterized by high levels of poverty, poor economic status, and low levels of education. This group is the most exposed to loss of employment during turbulent economic times. The State of Florida statistical data reveals that 26.8% of the Hillsborough County adult residents are uninsured. However, the share of uninsured among the low income residents (with income below \$24,000/year) is reaching 49.9% (BRFSS Prevalence Data).

High unemployment rates for those that have little in the way of marketable skills and the cut back in entitlement programs have left this population vulnerable. On the other hand, unemployment is just part of the story. The high cost of health coverage forces many employers to raise the employee's share of the premium to a much higher level or simply stop providing benefits all together. Some residents of the proposed service area find part-time or day labor work, however, there are no health benefits.

There are significant gaps in service for the working poor, those that are working in jobs without health benefits, homeless that do not qualify for assistance programs, as well as the children of the working poor who will not qualify for Medicaid coverage. The ability to gain health coverage for adult males is extremely limited since most of the assistance programs and health coverage is designed to care for women and children. People in these categories are the most vulnerable and underserved and within the proposed target population.

TFHC is familiar with the population of the service area. The TFHC's West Waters Health Center located just north of the proposed service area and services a population with very similar if not identical socio-economic characteristics. Based on TFHC's first hand knowledge 59% of the area's low-income residents are uninsured, 30% have Medicaid coverage, 3.4% are on Medicare, 2.2% participate in the Healthy Kids (CHIP) program, and only 5.4% have Private Insurance coverage.

The common diagnoses among these groups at the proposed service area are Diabetes, Hypertension, Cardiovascular Disease, Mental Illness, Cancer, Obesity, communicable diseases and the lack of dental care.

Diabetes

Diabetes is a major health problem affecting predominantly the minority and underserved population that make up target population in the proposed service area. The Diabetes Mortality Rate in Hillsborough County is 28.2 to 100,000 according to the "Florida CHARTS - Community Health Assessment Resource Tool Set", established and operated by the Office of Health Statistic and Assessment of Florida Department of Health. This is 8.5% higher than the national benchmark.

Cardiovascular Disease

Cardiovascular disease is the Nations leading killer for men and women of all racial groups. Hypertension is a risk factor for cardiovascular morbidity and mortality, contributing to about 62% of Cerebral Vascular Disease and 49% of Ischemic Heart Disease. In Hillsborough County, 28.3% of adults report having been diagnosed with hypertension ("Florida CHARTS"). This is 2.1% higher than the national severe benchmark.

Cancer

The American Cancer Society reports that between 60 and 80 percent of American women with newly diagnosed invasive cervical cancer have not had a Pap test in the past five years and may have never had one. The unscreened population groups include older women, the uninsured, ethnic minorities (especially Hispanic women, African Americans and Asian Americans), and poor women. Consequently, the target population for the proposed new service site is in the highest risk group.

According to the Florida Behavioral Risk Factor Surveillance System (BRFSS) data report for 2007, in Hillsborough county, 35.6% of women 18 years of age and older did not receive a Pap test within the last three years. This is 2.6 times higher than the national severe benchmark.

Prenatal and Perinatal Health

According to the Center for Disease Control (CDC), the birth weight has been found to be the primary predictor of infant survival. The incidence of low birth weight (LBW), defined as less than 2,500 g (less than 5 lb, 8 oz), remains a major public health concern in the United States. The cases of LBW in the African-American population, that represents over 34% of the target population for the proposed service area, are disproportionately high. In Hillsborough County, 9.1% delivered within the last five years had low birth weight of 2,500 gram or lower ("Florida CHARTS"). This is 52% higher than the national benchmark.

Child Health

The CDC classifies asthma as a leading chronic illness among children and youth, one of the leading causes for both children being hospitalized and missing school.

The Pediatric Hospital Admission Rate in Hillsborough County is 449.0 to 100,000 according to the "Florida CHARTS". This is 29.36% higher than the national severe benchmark. In addition, the target populations for the proposed Project are low-income, minorities and homeless. These groups experience higher rates of ER visits, hospitalizations, and death due to asthma than the general population.

Obesity

Centers for Disease Control and Prevention (CDC) defines overweight as a body mass index (BMI) of 25 or higher and obesity as a BMI of 30 or higher. The agency states the following: "Research has shown that as weight increases to reach the levels referred to as 'overweight' and 'obesity', the risks for the following conditions also increases: coronary heart disease , type 2 diabetes, cancers (endometrial, breast, and colon), hypertension (high blood pressure), stroke, liver and gallbladder disease and many others."

In 2007, the estimated prevalence of respondents aged ≥ 18 years being overweight or obese as calculated from self-reported weight and height ranged from 50.5% to 77.2%. The nationwide 2007 BRFSS median was 63.0%; a total of 18 communities exceeded this median.

According to the CDC's Chronic Disease Profile data report for 2009, in Hillsborough County, obesity among adults 18 years of age and older reached 34.7%. This is 29% higher than the national benchmark.

Oral Health

Oral Health is directly linked to other chronic health conditions including diabetes, stroke, coronary heart disease, low birth weight, etc. Access to dental care, or oral health care, is a concern across the state of Florida. Oral health indicators in Hillsborough County are consistently below state-wide indicators. According to the State Oral Health Improvement Plan for Disadvantaged Floridians (facilitated by the HRSA grant), 45.9% of low-income adults over the age of 65 in Hillsborough County have no teeth compared to 13.4% of low-income adults over 65 in the state. In Hillsborough County, only 45.1 % of low-income adults have annual dental visits, compared to an average of 53.7% in the state.

9. *Organizational Chart and point of contact:*

Point of Contact – Charles R. Bottoms, CEO

Organizational Chart – Attachment 1 (Organizational Chart)

10. Proposed budget for funding detailing the request:

Project: Construction of the new health care center (TFHC #29) on Sheldon Road in Tampa

Total Project Cost: \$4,249,054

Total LIP funding Request: \$2,545,000 (including local match of \$1,075,772)

The proposed project is to build a new 15,000 sq. ft. medical center to improve access to medical services for low income, uninsured and underinsured residents on Sheldon Road in Tampa, Hillsborough County, Florida.

The total cost for the construction project of TFHC #29 is **\$4,249,054**. The **requested LIP funds in the amount of \$2,545,000** constitute less than 60% of the project’s total cost and will be utilized only for the construction of the facility. The project balance of **\$1,704,054 will be funded by TFHC’s reserves**, as approved by the Board of Directors. TFHC will file the Lien and Security agreement with the State of Florida immediately upon the grant award.

Budget Categories	Description of the expenses	LIP Funding Requested	TFHC Funds
Architectural and engineering fees	\$129,000 The costs for the architectural and engineering fees, will cover the following: structural, civil engineering, mechanical, and electrical design; bid construction documents (plans and specifications); and assistance during the construction bidding.	\$90,000	\$39,000
Land, structures, right-of-way, appraisals, etc.	\$850,000 Cost of the property at Sheldon Road for the development of the TFHC#29 service location. The site will host a 15,000 sq.ft. facility and a parking lot.	\$0	\$850,000
Construction	\$2,545,000 Total project construction cost for 15,000 sq.ft primary care clinic. The construction estimate is based on current market rates for the construction of medical/dental facilities. The analysis is based on results of competitive bidding for another facility that was completed in April 2011. The construction cost line-item includes the following costs: <ul style="list-style-type: none"> • General construction - concrete work, masonry, framing and drywall/aluminum railings, millwork glass and glazing, acoustical ceiling, roofing (roof waterproofing and building insulation), doors and windows, flooring and finishes (ceramic tiles, resilient flooring, resilient wall base and accessories, and painting), etc. • Mechanical - air conditioning and ventilation system (diffusers, roof ventilators and exhaust fans, refrigerant piping and support, ductwork, insulation, testing and balancing). • Plumbing - plumbing fixtures and equipment-lavatory, oxygen piping lines, etc.. 	\$2,400,000	\$145,000

Budget Categories	Description of the expenses	LIP Funding Requested	TFHC Funds
	<ul style="list-style-type: none"> • Fire protection - fire sprinkler system-steel piping, sprinkler heads, steel hose, and inspector test valve. • Electrical - power system (i.e., PVC conduits, aluminum EMT conduit, AWG wires, receptacles, new circuit breakers), lighting system (i.e., PVC conduit, EMT conduit, lighting fixtures and wiring, light switches and lighting control, wall outlets and wiring), exterior building lights (PVC conduit and wiring), electrical distribution, security alarm (conduit system). <p>All costs are only estimates and subject to changes pending the contract award.</p>		
Utilities Connection Fees	<p>\$65, 000</p> <p>The construction project requires connection to the local utilities including power, water and sewer. This line item includes costs for such connections and related permitting.</p>	\$55,000	\$10,000
Equipment	<p>\$656,784</p> <p>This line item includes costs for all equipment items necessary to fully equip the new facility for operations in all departments.</p> <p>Medical Equipment includes exam tables, doctors pneumatic stools, wall mounted diagnostic systems (BP monitors, atoscope, opthalmoscope, oral thermometer) for 30 exam rooms, interpretive EKG machines, medicine cabinet, dual control refrigerators for medicine and vaccines, adult and pediatric scales, Hemoglobin system, audiometers, phlebotomy chair for laboratory, eye washing stations, ear thermometers, etc.</p> <p>Dental Equipment includes assembled dental chairs (with lights, dentist stool and assistant stool), set of dental cabinets, dental radiology equipment (including Dentrix software & hardware, computer hardware, ProOne Digital Panoramic X-ray, five BelRay 096 Intraoral X-rays) and various other dental equipment items.</p> <p>Radiology Equipment includes radiological table, wall mount, tubestand, wallstand, generator, transformer, and CR 30 Oracle digital reader system with all necessary components.</p> <p>Pharmacy Equipment includes only two major items: pharmacy operational system Rx-30 with software and hardware and metal shelves for pharmaceuticals.</p> <p>Office Equipment includes a telephone system, two copiers with fax function for the nursing station and front desk, four credit card machines.</p> <p>Computer Equipment includes Dell notebooks (for the providers, medical assistants, and nurses), computer carts (for the medical assistants), router, Dell workstations, switches, scanners, WAPs, etc.</p>	\$0	\$656,784

Budget Categories	Description of the expenses	LIP Funding Requested	TFHC Funds
	<p>Furniture includes waiting room chairs, visitors' chairs for exam rooms and medical offices, office chairs and desks, file cabinets, bookcases and break room furniture.</p> <p>Facility equipment & fixtures includes waiting room TV's with wall mounts, microwaves, refrigerator, storage shelves, exterior and interior signs.</p>		
Builders risk insurance	\$3,270 Insurance protection for the invested funds	\$0	\$3,270
TOTAL PROJECT COSTS		\$4,249,054	
LIP FUNDING		\$2,545,000	

The Board of Directors reviewed and approved pro-forma operational budget for the new site.

11. Provide a brief summary of your proposed project:

TFHC proposes a construction of a new 15,000 sq. ft. primary care facility at Sheldon Road in Tampa, Hillsborough County, Florida. This will improve access to medical services for the low income, uninsured and underinsured residents of one of the neediest areas in the County. The clinic will be named *Tampa Family Health Center #29 (TFHC#29)*. The new facility will host 30 (thirty) medical exam rooms, 10 (ten) dental operatories, pharmacy, radiology, laboratory drawing station, medication room, and provide spacious patient waiting areas, as well as appropriate accommodations for the ancillary staff.

The primary goal of the project is to expand the primary care infrastructure to provide additional people with a medical home and improve overall health care in the community. The proposed new center (TFHC#29) will provide the following services:

- Primary medical care for children and adults
- Dental, including pediatric dentistry
- On-site pharmacy
- Disease management for chronic conditions including diabetes and hypertension
- Health education
- Variety of enabling services including financial counseling and eligibility assistance
- Extended hours of operation and weekend services.

The delivery of service at TFHC# 29 will be inclusive of all patients regardless of their ability to pay. TFHC is a supporter of the medical home service delivery model. TFHC#29 will be utilizing a "one stop shop" strategy, by consolidating medical, dental, pharmacy and enabling services at one location. In addition to primary health care services, many of the residents are in need of the enabling services that we provide or refer to such as food, shelter, specialty care, financial counseling, and assistance to access main stream local, state, and federal assistance programs. TFHC is a participant in the State's Vaccine for Children Program (VFC), which

provides children free vaccines from the State. Family planning services are provided for sexually active females. Condoms are provided upon request to sexually active clients along with literature on STDs and HIV prevention as part of our STD prevention program.

In the first full year of operations, the proposed site will service 2,100 patients for medical, dental and enabling services. TFHC#29 will have an expansion capacity to serve as many as 12,000 patients a year for 41,500 medical/dental visits and fill up to 38,000 prescriptions. The operation hours will begin with a Monday - Friday 8am-5pm schedule and have the ability to expand to Monday – Friday 8am-8pm and Saturday 8am-5pm and if necessary, Sundays.

By the end of the first year of operations, TFHC #29 will employ a staff of 17 (seventeen) full time employees, including two medical providers and one dentist. Furthermore, the new facility will have the physical capacity to provide employment for as many as 56 (fifty six) primary care professionals and support staff.

In order to implement the project, TFHC's Board of Directors approved an acquisition of the property on Sheldon Road in the western Hillsborough County.

12. Describe plan for identification of participants for inclusion in the population to be served in the project:

TFHC collaborates with the local city, county and state government to plan for the health care needs of our community. TFHC provides testimony and health information continuously to political and non-political leaders of the community. TFHC meets at least quarterly with medical and dental schools, residency programs, Moffitt Cancer Center, County Health Care Advisory Board, Neighborhood Service Centers, etc. TFHC is a member of the West Central Florida Planning Council that conducts needs assessment and planning for health care within the five counties in District 6. Additionally, TFHC meets at least quarterly with the Department of Health to review needs and gaps in service within the community. The management team is a member of numerous Boards and committees that plan and provide the direction of healthcare in our population. TFHC works in close collaboration with Tampa General Hospital, Town and Country Hospital and St. Joseph Hospital. TFHC also has several partnership agreements with the University of South Florida. TFHC and Florida Agricultural and Mechanical University currently have a joint clinical pharmacy program. The training programs serve as an excellent recruitment tool for TFHC to recruit physicians, ARNPs, nurses, pharmacists, social workers and public health graduates. Currently, TFHC has representation on the GNAHEC Board of Directors.

TFHC has an active ER diversion agreement with the main hospital in the proposed service area - Town and Country Hospital. The agreement is to work together with non-emergent patients in the hospital's ER to direct such patients to receive non urgent care at a sustainable primary care outlet. TFHC placed a community care navigator in the hospitals ER. This person is a TFHC employee and has a direct access to the company's EHR. The following are among the services provided by the navigator: participation in the discharge process for patients with no established medical home, scheduling patients for the follow up visits at the primary care location, and education of patients with non urgent medical issues on available primary care opportunities.

The program is very successful and became an item of interest for other hospitals in the community.

In 2010, TFHC signed an agreement with the Department of Children and Families (DCF) to place agency Eligibility Specialists (ES) at three of TFHC's service locations. The positions are jointly (50/50) funded by DCF and TFHC. The agreement allows TFHC to offer patients access to immediate qualification for Medicaid, food stamps, and other types of assistance at the convenience of the neighborhood medical center.

Tampa Family Health Centers, Inc. participates in many collaborative programs; however, the most important and valuable for the organization is participation in the Hillsborough County Health Care Plan (HCHCP). This is a local indigent care program that subsidizes medical services rendered to the uninsured county residents with income level up to 100% of the Federal Poverty Level.

Additionally, TFHC meets at least quarterly with the Department of Health to review needs and gaps in services within the community. The Hillsborough County Health Department is a strong TFHC supporter.

TFHC has been providing services for the homeless community for a quarter of a century. The access to care for this group is the biggest barrier. TFHC relies on the existing partnerships with organizations providing the care for the homeless. TFHC's CEO is a member of a County and City Task Force to end homelessness. TFHC collaborates with nearly 40 (forty) other agencies providing variety of services to homeless. The following are just a few major partnerships established by TFHC: Homeless Coalition of the Hillsborough County, Metropolitan Ministries, Salvation Army.

TFHC has partnership agreements to provide primary care to Mental Health Center, Inc. (residential and outpatient), Agency for Community Treatment Services, Inc. (residential /outpatient, jail diversion), Drug Abuse Comprehensive Coordinating Office (residential and outpatient), The Spring (Domestic Violence Shelter) and Alpha House (shelter for teen pregnancies). TFHC works with these and many other agencies to provide primary care services to homeless and uninsured/underinsured patients. As part of the agreement we provide primary care services and they provide mental health, substance abuse and shelter services for many of our patients.

13. *How will access to primary care access system services be enhanced by this project?*

The barriers to health care in the service area for the proposed new site are the same as for all poor Hillsborough County residents. The greatest barrier to health care is access. Access includes transportation and the availability of physicians that will provide primary care services to uninsured, low-income, and homeless residents that can't afford health insurance.

The following table represents management's estimates for the first 12 consecutive months of operations and at full operational capacity for TFHC#29.

Performance Indicator	First 12 month of operations	Full operational capacity
Unique unduplicated patients	2,100	12,000
Number of Medical Visits	6,400	32,500
Number of Dental Visits	1,700	9,000
Number of Enabling Visits	1,800	6,000
Number of Rx filled	8,000	38,000
% of the target population that will be served	12.7%	72.7%

TFHC will implement services that will ensure open access, early screening, early detection, tracking with follow-up monitoring, health education, identifying at-risk citizens through aggressive assessments, collaboration with community resources, and a personalized plan of care to eliminate or reduce the core barriers that fuel inequities in health care. TFHC's service delivery model utilizes the Healthy People 2020 Objectives and is proven to be able to address the health needs of the target population including: preventive services, early diagnosis and treatment, acute and chronic care, mental health, dental, and other in- and outpatient hospital services for all life cycles. The delivery of service and the model of care designed in our strategic plan are inclusive of all patients regardless of their ability to pay. All patients that are present for medical services are allowed to see their medical provider. In addition to primary health care services, many of the residents are in need of the enabling services that we provide or refer to such as food, shelter, specialty care, financial counseling, and assistance to access main stream local, state, and federal assistance programs. TFHC actively participates in the ER diversion project and a number of disease management programs, including Diabetes and Cardiovascular Disease. The new service location will become an essential part of these efforts.

Children that access TFHC's services will have benefits through the state Medicaid program. Medicaid will cover their primary and specialty care health needs. Children that may not have insurance or the parents that don't have the ability to pay, will still be seen by the provider for services. Parents will be screened by the social worker to determine if they are eligible for other programs such as the Healthy Kids program. Children in need of specialty services are referred to a specialist that will see the child on a sliding fee and bill the parent for the nominal fee. Since children in our target population are either on Medicaid or live in low-income households, they will qualify for free immunizations. TFHC is a participant in the State's Vaccine for Children Program (VFC), which provides children free vaccines from the State. TFHC has an active dental screenings program for children. TFHC's Mobil Dental Van provides services at number of Hillsborough County Schools and Department of Health "Special Supplemental Nutrition Program for Women, Infants, and Children" (WIC) program locations.

Adolescents will receive primary care services at our sites and will be covered by Medicaid for additional specialty services. Family planning services are provided for sexually active females. Condoms are provided upon request to sexually active clients along with literature on STDs and HIV prevention, as part of our STD prevention program.

Geriatric patients are generally covered by Medicare and the cost of medications can be a barrier for this population. The introduction of Medicare part D coverage has had a very positive effect on health care outcomes. As a compliance improvement measure, clients can get their prescriptions filled at our pharmacy, which offers medications at a much lower price. Since these patients are usually on a fixed income, they might qualify financially for assistance. All geriatric clients are assessed for life coping skills and, if there are deficits, they are referred to enabling services.

This service delivery model is a part of the strategy outlined by TFHC's Board of Directors in the company's Strategic Plan and will be expanded to include the proposed new location.

14. Does the enhancement include hours of operation after 5:00 pm and/or on weekends at existing sites, or the establishment of a new clinic site?

The proposed project is the establishment of a new clinic site. The operation hours, for the proposed TFHC #29 at Sheldon Road, will begin with a Monday - Friday 8am-5pm schedule and expand within a year to Monday – Friday 8am-8pm and Saturday 8am-5pm and if necessary, Sundays.

15. Describe your capability to serve minority and culturally diverse populations:

TFHC already serves a diverse population that has different cultural and linguistic characteristics. Religious and cultural backgrounds play a great role in how different people respond to health education and services. In an effort to show respect and appreciation for this diversity, TFHC provides annual onsite cultural diversity/sensitivity training for all employees. This training is part of staff orientation and will be a requirement for all new staff members recruited for the new health care site. The dominant groups in the target population at the service area for the proposed project are White Non-Hispanic (43.37%) and White Hispanic/Latino (35.54%). The overall share of the Hispanic/Latino residents of all races reaches 44.82% in this service area.

A conscious effort will be put forth to hire staff of culturally diverse origins that fairly replicate the makeup target population. Our centers are staffed by bilingual Spanish providers and support staff in order to have direct communication with the high volume of Spanish speaking clients. The new location will re-utilize this approach. Referral specialists are made aware at the time of appointments of patients who don't speak English. This gives them time to have the appropriate staff present. Electronic Patient Records have the patients' primary language prominently displayed. Medical consent forms, advance directives and clinical instructions will be available in English and Spanish. Educational materials and posters have pictures that show racial and cultural diversity in an effort to promote a feeling of inclusion among the clients.

16. Describe how you will identify and address health care diversity issues as well as health care literacy barriers:

The target population of the proposed service area represent those that are poor, minorities and often with low literacy levels. They have been historically outside of the mainstream of health

care because they live in medically underserved areas and lack the means to seek services outside of their neighborhood. While there are many health indicators that reflect disparities and disease entities within this population, County statistics have revealed the presence of major disparities between certain diseases and access to quality care. This population is not obtaining routine or preventive health care that they need and often utilize the ER when the condition becomes emergent rather than preventive.

TFHC endeavors to fulfill its mission “to provide quality, caring and accessible health care to a culturally diverse community.” TFHC promotes community-based comprehensive primary health care services with emphasis on patient education and promotion of a healthy lifestyle.

The TFHC Health Care Plan will address the health disparities in the census tracts by providing services that will eliminate or reduce underlying factors that foster inequities in accessing health care. Patients that have transportation needs are assisted by bus passes, which are issued at our sites. All of our centers are accessible by public transportation (bus). Additionally, Hillsborough County and the Department of Children and Families social workers are present on three of TFHC’s sites to assist patients with eligibility for the public assistance programs and life improvement skills such as: GED, parenting classes, job finding services, and classes for children who have been suspended from school. TFHC administrates the mobile medical van program that provides screening and health care outreach throughout the County at shelters, feeding sites, homeless camps, faith-based organizations, and community agencies serving the homeless.

The disease management program, implemented by TFHC, is one of the most proactive tools in addressing health care diversity issues as well as health care literacy. The program aims to improve the clinical outcomes for the patients with chronic conditions by combining medication treatment with health education and the encouragement of lifestyle changes. TFHC’s disease management programs began as Health Resources and Services Administration’s (HRSA) Health Disparities Collaboratives that were developed to enhance primary health care practices by improving the health care provided and eliminating health disparities. Chronic diseases addressed by the collaboratives include asthma, cancer, diabetes, depression and cardiovascular disease. HDCs are considered best practices for chronic disease management. Measures monitored by program are aligned with expert guidelines and external reporting requirements such as the National Committee for Quality Assurance’s Health Plan Employer Data and Information Set (HEDIS) or other community standards of care.

TFHC places emphasis on patient education and participation in the treatment process. During the medical visit, various members of TFHC’s clinical team (providers, nurses, medical assistants, and patient navigators) establish an effective communication with the patient and/or family member to provide appropriate information. The educational materials related to the patient’s specific health care issues are printed from the organization’s Electronic Health Records system and distributed to the patient. This information is clear, concise and written on the fifth grade comprehension level. TFHC’s disease management programs require a high degree of the patient’s collaboration. Self management behaviors are an integral part of health promotion and management of chronic illnesses. The “patient self-management” is an important

measure crossing all conditions as well as prevention. The practice of self management relies heavily on patient education and family support.

Among TFHC's educational collaborations are:

- Area Health Educational Centers (AHEC) Tobacco Cessation Program that aims to strengthen the capacity of Florida's healthcare system to deliver effective evidence-based tobacco use treatment, cessation, and prevention services throughout the state.
- United Cerebral Palsy Doula Program that provides community based childbirth educational classes, labor and delivery support, post-partum mom/baby care, instruction focusing on mom/baby attachment, service at any time prior to delivery.
- University of South Florida and Moffitt Cancer Center and Research Institute are providing an active cancer education program via the Tampa Bay Community Cancer Network (TBCCN).
- Florida Agricultural and Mechanical University School of Pharmacy provides on-site Medication Therapy Management (MTM) service at TFHC's sites. Patients with multiple prescriptions are educated on drug interactions in order to optimize drug therapy and improve therapeutic outcomes for individual patients.

17. Describe measures and data sources that you will use to evaluate the effectiveness of each initiative comprising your project:

The goals and performance measures selected to monitor the progress of the proposed project are an extension of the established organization-wide goals. This approach will allow achieving the following benefits while implementing the proposed project:

- TFHC can utilize the established data collection and performance evaluation methods, including monitoring of the Clinical Performance Measures and increase in volume of services rendered.
- The progress of the new service site (TFHC #29) can be clearly benchmarked against similar target populations of other TFHC's locations.
- The existing operational processes, proven to be successful when working with similar target population, can be re-implemented at the new location.

Every identified health care need for the target population in the service area for the proposed new service site are directly tied to the targeted clinical goals and evaluated through the following Clinical Performance Measures:

Identified Area of Need	Selected Clinical Performance Measure	Target Goal Description
Diabetes	Percentage of diabetic patients whose HbA1c levels are less than or equal to 9%	By 2015, 76.28% of adult patients age 18 to 75 years with diagnosis of Type 1 or Type 2 diabetes will have most recent hemoglobin A1c level during the measurement year below or at 9%.
Cardiovascular Disease	Percentage of adult patients with diagnosed hypertension who's most recent blood pressure was	By 2015, 73.05% of patients 18 to 85 years with a diagnosis of hypertension will have most recent systolic blood

	less than 140/90.	pressure measurement <140 mm Hg and diastolic blood pressure <90 mm Hg.
Cancer	Percentage of women age 21-64 who received on or more PAP tests during the measurement year or during the two years prior to the measurement year.	By 2015, 55.04% of women age 21-64 will receive on or more PAP tests during the measurement year or during the two years prior to the measurement year.
Prenatal Health	Percentage of pregnant women beginning prenatal care in first trimester.	By 2013, 81.32% of pregnant women to begin prenatal care in first trimester.
Child Health	Percentage of children 5-17 years of age, who have a diagnosis of Asthma and had no symptoms during the last visit.	By 2015, the percent of pediatric Asthma patients whose condition is under control reach 97.0%.
Child Health	Percentage of children with 2nd birthday during the measurement year with appropriate immunizations.	Increase the number of children with appropriate immunization by 2 years of age serviced at Proposed service site to 86.0%.
Obesity	Percentage of adults >18 of age whose BMI is 25 or higher.	By 2015, percentage of patients whose BMI is 25 or higher not to exceed 64%.
Oral Health	Percentage of dental patients at Proposed service site who had at least one oral exam and one comprehensive treatment plan.	By 2015, percentage of dental patients at Proposed service site who had at least one oral exam and one comprehensive treatment plan has to reach 91%.

The effectiveness of the proposed project in increasing the volume of health care services provided to the target population of the service area will be appraised as follows:

- The number of patients served by the project.
- The total number of medical, dental and enabling visits provided.
- The volume of patient’s prescriptions filled by the on-site pharmacy.
- The percentage of target population served by the new facility.

The organization’s Electronic Health Records (EHR) system will be collecting all of the stated above data. The system is a certified EHR and will be a data source for the evaluation of the project outcomes.

The tracking and documenting of all service events, participant activities, interventions and outcomes are performed in Intergy EHR, an electronic health records system implemented in 2009. TFHC’s EHR system is used to create patient records, documenting all clinical and non-clinical services, establish registries for chronic disease management, etc. The system has a direct connection for uploading of laboratory and X-ray results from major diagnostic centers in the County, allowing electronic Rx’s, and performing many more documenting/tracking functions for both services performed and outcomes. Intergy has built-in clinical care guidelines and pop-up reminders that will provide an additional resource to ensure adherence to national quality of care standards with subsequent improvement of patient outcomes.

In 2010, TFHC combined its EHR with a new practice management module. The result of this development is greater flexibility in reporting, identifying potential needs for interventions and tracking clinical outcomes.

TFHC also utilizes third party electronic databases to monitor and analyze its patient data. An example is the State administered Florida SHOTS electronic database used by the Department of Health of the State of Florida to track, audit and improve immunizations across the state. Additionally, periodic chart audits help track performance measures, documentation standards and other non-clinical compliance areas.

18. Describe data collection and reporting capabilities including systems and staffing resources, provide reporting template:

The methodology for the data collection and reporting on the project's results is already in place. TFHC operates Electronic Health Record (EHR) system fully integrated with the Practice Management System. The progress towards overall achievement of established project goals, including the number of patients served and number of encounters, is under the close control of the Management Team. The data on volume of services provided reviewed twice a week in a form of provider daily productivity report.

The data collection is conducted via utilization of the Electronic Health Record (EHR) system. This allows providing timely response to the developing trends. The Management Team is very experienced in the implementation of similar projects (three new sites opened within the last two years) and capable of making rapid changes including: adding providers and support staff, increasing community outreach, restructuring patient flow, and adding new services if necessary.

All data entered into the patient record is systematized and can be analyzed. TFHC employs full time data analyst within the internal MIS department. The "Practice Analytics" is a main data analysis and reporting tool that allows TFHC to create regular and ad-hoc reports, necessary to track and evaluate the organizations clinical and financial performance. The integrated IT support for MIS and finance system is provided by Health Choice Network (HCN). HCN is an Integrated Service network funded by the Bureau of Primary Health Care. The network is currently working with Microsoft and Vitera Inc. towards introduction of a new and even more powerful clinical performance analytical tool "Amalga".

The report on the number of patients (by poverty level, payor source, age, race and ethnicity) and visits rendered will be compiled on a monthly basis. The template of the report is provided in Attachment 3.

The monitoring of TFHC's progress towards meeting the established clinical care performance measurement goals will also be conducted on a monthly basis. The sample of template for one of the clinical performance measures is provided in Attachment 4.

TFHC closely monitors the cost effectiveness of the project and benchmarks performance results against other community health centers and established industry standards. Among the indicators monitored by company's management throughout the year are: cost per total patient

(including total patients, medical only, and dental only) and cost per encounter/visit (total, medical, dental). TFHC utilizes indicators of Uniform Data System (UDS) reporting tool for this purpose. The UDS report is prepared by every FQHC in the country and provides great performance benchmarks.

19. Provide a letter of commitment from the local match fund source on that entity's letterhead:

Letter of Commitment from the local match fund source – Attachment 2

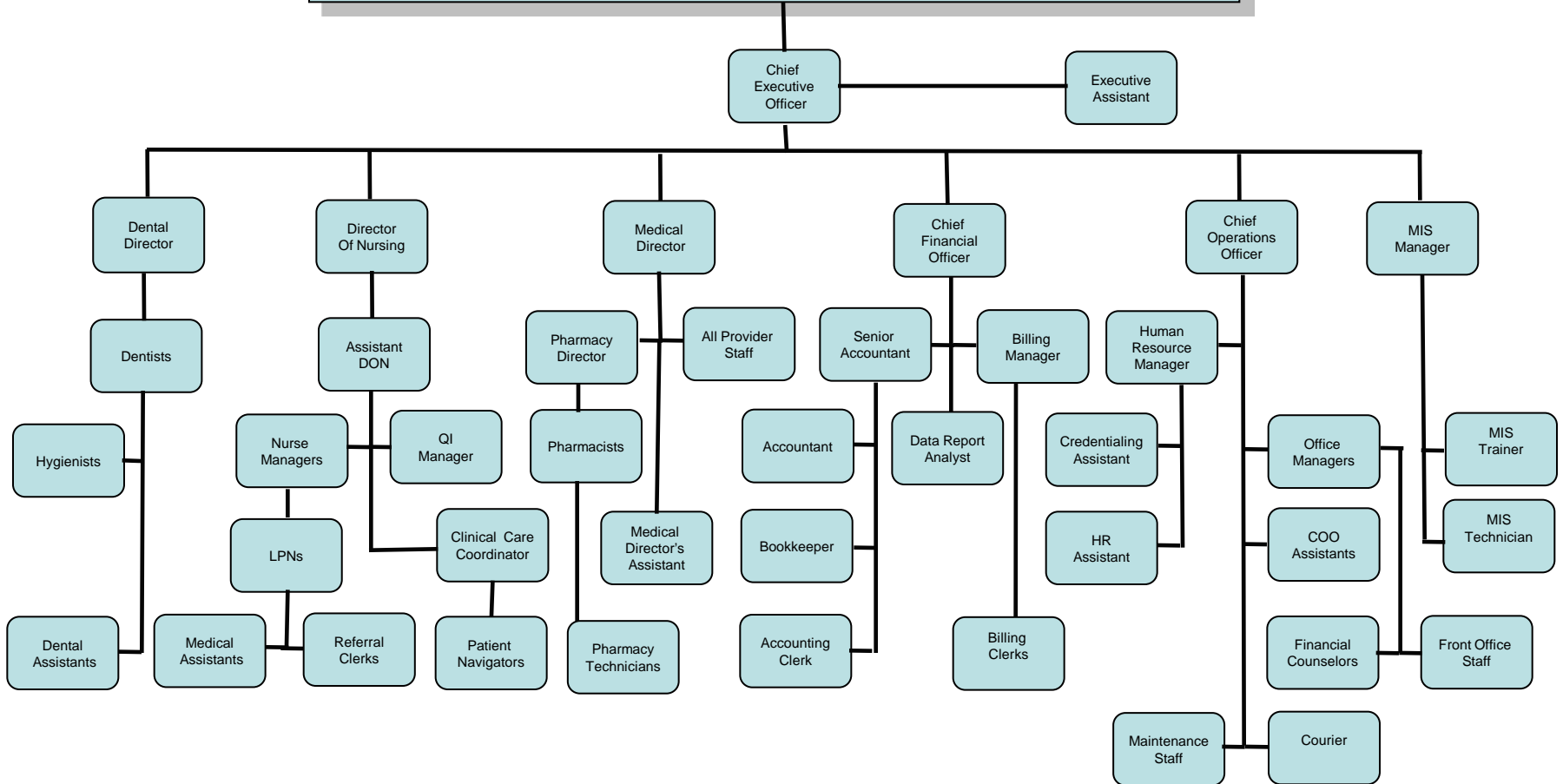
Tampa Family Health Centers, Inc.

Construction of the new TFHC # 29 at Sheldon Road

ITEMIZED BUDGET

	Uses	Total Cost	Cost Covered by TFHC Funds	Requested LIP Funds
1	City and County Utilities Connection Fees	\$65,000	\$10,000	\$55,000
2	Land including closing costs	850,000	850,000	0
3	Architectural & Engineering Fees	70,000	24,000	46,000
4	Engineering Fees (EPA)	59,000	15,000	44,000
5	Construction & site work	2,545,000	145,000	2,400,000
6	Equipment	656,784	656,784	0
7	Builders risk insurance	3,270	3,270	0
	TOTAL	\$4,249,054	\$1,704,054	\$2,545,000
	Share of LIP grant funds in Total Cost			59.90%

Tampa Family Health Centers Board of Directors



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July 27, 2012

Charles Bottoms
President & CEO
Tampa Family Health Center, Inc.
7814 North Dale Mabry Hwy.
Tampa, Florida 33614

Dear Mr. Bottoms:

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

TFHC operates one of the four networks of the Hillsborough County Healthcare Plan (HCHCP). The TFHC network serves HCHCP members who are indigent and primarily live in the City of Tampa. TFHC 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.


TFHC has a long distinguished history of providing health care to thousands of residents of Tampa and Hillsborough County who fall below the Federal Poverty Levels and who have little or no insurance coverage. Although over 165,000 visits are provided by TFHC's program annually, we have been advised that TFHC's efforts will be greatly enhanced by the Grant support it is requesting.

The award of this Grant to TFHC will allow it to expand delivery of high quality, cost effective health and dental care to an indigent population consisting of uninsured, underinsured and homeless individuals and families at North West Hillsborough County. The proposed new health center will operate on the weekend and evenings serving as an ER diversion project.

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

If this Grant is awarded to TFHC, Hillsborough County will commit an amount not to exceed \$1,075,722 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 Tampa Family 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

**ATTACHMENT 3
PATIENTS AND VISITS REPORT**

	Current Period	Cumulative Year to Date
CLIENTS		
ENCOUNTERS		
		NUMBER OF CLIENTS
Percent of Poverty Level		
100% and Below		
101 - 150%		
151 - 200%		
Over 200%		
Unknown		
<i>Total</i>		
Principal Payment Source		
None/Uninsured		
Total Medicaid		
Medicare		
Private Insurance		
Other		
<i>Total</i>		
Age		
Pediatric (Age 0-12)		
Adolescent (Age 13-19)		
Geriatric (Age 65 and above)		
All other		
<i>Total</i>		
Race/Ethnicity/Language		
Asian/Pacific Islander		
Black/African American (not Hispanic or Latino)		
American Indian/Alaska Native		
White (not Hispanic or Latino)		
Hispanic or Latino (all races)		
Unknown		
<i>Total</i>		

