

## Project Narrative

### Introduction

The (HEALTHCARE SYSTEM) has been the safety-net provider for over 65 years in ██████████ County, Florida. Since its creation ██████████ by the Florida Legislature, (HEALTHCARE SYSTEM) has grown from providing care in a single community hospital to a system of six hospitals including ██████████ Children’s Hospital, as well as primary care centers, urgent care clinics, outpatient behavioral health, and numerous other essential healthcare service points across the region. (HEALTHCARE SYSTEM) has enjoyed a 35-year collaboration with ██████████ County Public Schools (SCHOOLS), delivering in-school behavioral health and prevention education, and addressing issues of concern with students and families through its Community Youth Services Department. The School Board of ██████████ County oversees (SCHOOLS), ██████████ with more than 271,500 students in 327 schools and centers.

Since 2012, (HEALTHCARE SYSTEM) has operated and sustained a Mobile School Based Health Center (Mobile Center) originally acquired through federal funding (HRSA No. C12CS21962). The Mobile Center serves Title 1 schools, providing primary care for students including health screenings, immunizations, physical exams and health education. However, the need for additional health services is great – particularly mental health and substance abuse services. ██████████

██████████ National Alliance on Mental Illness (NAMI) stated, “It is paramount for us to ensure the safety and wellbeing of our children and youth, and to remember that one in five - potentially hundreds of students - have or will experience a mental illness... There are steps we can take now to educate and intervene early to break down barriers of understanding, and put an end to the stigma that often prevents people from getting the help they so desperately need.”<sup>1</sup>

(HEALTHCARE SYSTEM)’s *Extending the PATH (Pediatric Access To Healthcare)* initiative will address one of NAMI’s key recommendations which is to be proactive in identifying and reaching out to youth, particularly those with the most serious conditions. “Young people in distress will not seek help so there needs to be mobile outreach responses that are funded and easily available.”<sup>2</sup> Governor Rick Scott also called for “real funding for mental health support for our youth and organizations in our community so we can properly provide the right kind of interventions. We should not have disconnected youth wandering around in our communities and we know that they need additional support.”<sup>3</sup>

Through *Extending the PATH*, (HEALTHCARE SYSTEM)’s Mobile Center will increase access to mental health, substance abuse and childhood obesity-related services for more than 8,600 elementary and middle school children enrolled at 12 ██████████ County Title I schools. (HEALTHCARE SYSTEM)’s Mobile Center’s medical team will provide efficient and effective primary care services addressing childhood obesity through BMI screenings for the elementary and middle school population of 8,657 and, at the same time, increase access to mental health and substance abuse-related services specifically for the 4,089 enrolled middle school students.

(HEALTHCARE SYSTEM) is currently providing BMI screenings as an indicator for childhood obesity for students in 1<sup>st</sup>, 3<sup>rd</sup>, and 6<sup>th</sup> grades. An additional full time staff person (funded through this proposed opportunity HRSA-19-055) based on the mobile unit will make the current protocols for BMI screenings more effective and efficient .and operationalize the use of much

needed mental health and substance abuse screening tools endorsed by the American Academy of Pediatrics, the US Preventive Services Task Force, and the NIH National Institute on Drug Abuse for these students,

(HEALTHCARE SYSTEM)'s *Extending the PATH* initiative addresses HRSA's goals to improve access to quality healthcare and services for underserved communities and to promote health equity among those most at risk. By providing increased access to mental health, substance abuse, and obesity screenings on the existing Mobile Center, (HEALTHCARE SYSTEM) will help foster healthy growth and development of the student population, leading to improved outcomes and overall health status. The proposed program will implement activities in community-based school settings, thereby aligning directly with the Healthy Tomorrows Partnership for Children Program (HTPCP) objectives in the following priority areas:

- School-Based health
- Healthy weight promotion
- Mental health
- Substance use services; and
- Medical Home engagement

## **Needs Assessment**

### *A. Problem*

There is a clear need to facilitate mental health and substance abuse screening services directly in (SCHOOLS), as well as a call for action to implement more effective and efficient services to address the alarming trend of obesity among younger children and adolescents. ██████████ County is home to 1.9 million residents and (SCHOOLS) students represent 204 countries and speak 191 languages. Nearly 80% of the schools are designated as Title 1, which means that a large number of low-income students qualify for the Federal Free or Reduced Lunch Program and are presumed eligible for Medicaid/SCHIP.

While (SCHOOLS) strives to promote the health and wellness of all students in a safe and supportive environment, the Student Health Service infrastructure lacks the necessary staff and resources to provide comprehensive primary healthcare for the diverse student population. Unfortunately, (SCHOOLS) students from underserved communities face gaps in healthcare provision. Only 3 of the 327 schools have fixed-site School-Based Health Centers, all in the northern half of the 423 square-mile district; and there are no on-site School-Based Health Centers in the entire southern half of ██████████ County. Since 2012 (HEALTHCARE SYSTEM)'s Mobile Center has provided an innovative solution to increasing access to care for those within this region, rotating between schools providing primary and preventive services. (HEALTHCARE SYSTEM) works in collaboration with (SCHOOLS) small team of Health Technicians and nurses led by ██████████, Director of Coordinated Student Health Services. Since 1998, (HEALTHCARE SYSTEM) has also provided school based mental health and substance abuse educational programming. However, no mental health or substance abuse screenings or services are currently being conducted due to lack of funding.

In 2017, one in four (SCHOOLS) students used an illicit drug, such as heroin or marijuana in the past 30 days; 24.5% of high school students and 8.6% of middle school students reported alcohol use in the past 30 days; and 11.6% of high school students reported binge drinking five or more

drinks in a row. Drugs have a more drastic effect on children and teens than on adults because the brain is still developing; and alcohol and other drugs disrupt this process. Developing brains are also more prone to addiction. When adolescents become addicted to drugs or alcohol, the disease can slow brain development or trigger a variety of mental health disorders including depression.

(HEALTHCARE SYSTEM) currently performs Body Mass Index (BMI) screenings for elementary school students in Grades 1 and 3, and for middle school students in Grade 6, as per Florida legislation. The test is designed to identify those at risk for obesity and weight related health problems. The current test is done manually with just a rudimentary scale and height chart. These tools are sometimes inaccurate and can be time consuming to use, making the process inefficient to serve the number of students required. The BMI Screening Results Summary for the current school year at the 12 selected schools shows over 32% of the target population as overweight or obese. Both (HEALTHCARE SYSTEM) and (SCHOOLS) agree the BMI screening activities need improvements in streamlining procedures, additional staff, appropriate use of modernized equipment, and use of electronic data system technology for optimal service and ensured follow-up care.

### *B. Unmet Health Need*

The 2016 (SCHOOLS) Customer Survey produced findings that recognize the critical need for behavioral health services and education regarding healthy habits. An average of 10% of the target population of elementary school students and 18% of the middle school students agree that they have seen students on campus with drugs or alcohol. Even more alarming, the trend analysis demonstrates growing percentages of certain health risk behaviors among increasingly younger children. The results of the latest (SCHOOLS) Middle School Youth Risk Behavior Survey for 2017 corroborate the data showing:

- 21.1% of students who ever carried a weapon such as a gun, knife, or club (increased from 17.9% in 2013)
- 18.7% of students who were ever electronically bullied (increased from 12.8% in 2013)
- 31.9% of students who ever drank alcohol (increased from 29.5% in 2013)
- 14% of students who drank alcohol for the first time before age 11 (increased from 12% in 2013)
- 23.3% of students who ever seriously thought about killing themselves (increased from 19.4% in 2015)
- 16.2% of students who ever made a plan about how they would kill themselves (increased from 12.2% in 2013)
- 50.1% of students who were physically active at least 60 minutes per day on 5 or more days (decreased from 55% in 2013)
- 51.4% of students who played video games or used a computer (including tablets, smartphones, social media) for something not related to school 3 or more hours per day (increased from 43.7% in 2013)
- 10.8% of students who did not eat breakfast (increased from 9% in 2013)
- 43.2% of students who were trying to lose weight (increased from 42% in 2015)

The target population for *Extending the PATH* includes over 8,600 students in 12 selected elementary and middle schools. In the 2016-2017 school year, there were 236 drug overdoses in

children up to the age of 17, and 463 overdoses among those 18 to 30 years of age seen in (HEALTHCARE SYSTEM)'s Emergency Rooms. The close proximity of the 12 schools in relation to (HEALTHCARE SYSTEM)'s facilities was a significant risk factor contributing to school selection for *Extending the PATH* with substantiated occurrences like the following:

- Based on data from electronic health records for (HEALTHCARE SYSTEM) [REDACTED] Hospital and [REDACTED] Hospital [REDACTED] (in the southeastern quadrant of [REDACTED] County), there were 62 overdoses in children under 17.
- [REDACTED] Hospital [REDACTED] (in south central [REDACTED] County) recorded 30 overdoses in children under 17. This data is significant since this facility serves a much smaller population.
- At [REDACTED] Hospital [REDACTED] and [REDACTED] Hospital [REDACTED] (in the southwestern portion of [REDACTED] County) there were 144 overdoses in children under 17.

*C. Target Population / Cultural and Linguistic Needs*

The immediate need to provide safe and healthy environments for students to grow and flourish intellectually, emotionally, and physically is highlighted by the Mobile Center's target population for the *Extending the PATH (Pediatric Access To Healthcare)* program. The student populations were selected because there is a strong correlation between substance abuse and risk factors such as living in communities with low socio-economic conditions and high-crime neighborhoods and attending schools with low school connectedness (i.e. poor attendance), failing grades and low community attachment and high levels of truancy, suspension/expulsion and other related risk factors. One third of the student population also faced weight-related and obesity issues.

The target population includes over 8,600 students in 12 selected elementary and middle schools:

School Name	Address	Zip Code	Total Students
ELEMENTARY			
[REDACTED]	[REDACTED]	[REDACTED]	523
[REDACTED]	[REDACTED]	[REDACTED]	705
[REDACTED]	[REDACTED]	[REDACTED]	1007
[REDACTED]	[REDACTED]	[REDACTED]	652
[REDACTED]	[REDACTED]	[REDACTED]	509
[REDACTED]	[REDACTED]	[REDACTED]	618
[REDACTED]	[REDACTED]	[REDACTED]	554
MIDDLE			
[REDACTED]	[REDACTED]	[REDACTED]	558
[REDACTED]	[REDACTED]	[REDACTED]	785
[REDACTED]	[REDACTED]	[REDACTED]	1206
[REDACTED]	[REDACTED]	[REDACTED]	656
[REDACTED]	[REDACTED]	[REDACTED]	884
TOTAL			8657

These students are confronted daily by social and environmental factors that put them at risk for unhealthy or unsafe conduct and/or developing a behavioral health disorder. They live in HRSA-defined Health Professional Shortage Areas (HPSA) or Medically Underserved Area (MUA) neighborhoods where residents have limited access to healthcare resources and face shortages in both primary and mental health providers. In addition these students face the following barriers:

- Poverty: 88% of the target population qualifies for the Federal Free or Reduced Lunch Program. The family income levels make them eligible for Medicaid/SCHIP benefits
- Racial and Ethnic Diversity: According to US Census categories, students identify as 54% Black, 38% White, 2% Asian, 6% other or multi-racial; 32% ethnically identify as Hispanic. ((HEALTHCARE SYSTEM) recognizes that the community it serves in South Florida is a diverse tapestry of cultures, nationalities, races, ethnicities, languages and abilities. (HEALTHCARE SYSTEM)'s goal is to embrace this diversity and partner with youth, their parents/caregivers and the local community to address challenges to health.)
- Lack of Higher Education: For adults in the selected zip codes the 2016 American Community Survey reports 22% are less than high school graduates; 32% high school graduates; 38% have some college or associate degree; and only 6% have a Bachelor's degree or higher

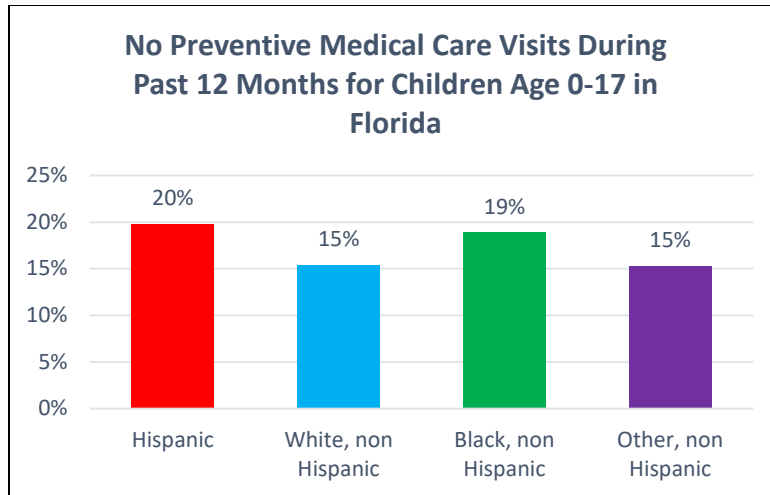
#### *D. Relevant Data*

##### *a. MCH Block Grant Program Needs Assessment*

The list of Maternal and Child Health (MCH) priority needs for Florida in Application Year 2018 include ones that address the need for increased access to primary care and improved access to appropriate mental health services to all children.<sup>4</sup>

Adolescence is an important developmental period to promote optimal health and prevent risky behaviors which can place adolescents at risk for lifelong health problems. This period of unique physical and mental growth requires a range of tailored health services different from that of adults and younger children. Additionally, research suggests that adolescence is a period of opportunity for initiating and developing positive health behaviors that can last into adulthood.<sup>5</sup>

The Florida Department of Health has stated that the foundation of a high quality adolescent well-visit is a comprehensive risk and strength assessment that includes both physical and mental health development. Private and clear discussion and confidentiality are paramount to high-quality well-visits. Adolescents are more likely to seek care and relay important information about their health when they perceive, and are verbally assured by the provider, that what they discuss will be kept private. Preventive services delivered during an adolescent well visit contribute to broader public health priorities and population health outcomes.<sup>6</sup> The chart below is from the latest Title V Needs Assessment that illustrates the magnitude of lower well care visits for children and adolescents in Florida across racial and ethnic demographic lines.



*Extending the PATH* is vital to increasing access to primary care that includes important screenings for healthy weight and behavioral health issues, as well as candid discussions and education regarding substance abuse. Providing enhanced services through the existing school-based health initiative helps (HEALTHCARE SYSTEM) address the socioeconomic and cultural barriers faced by the targeted underserved student population and provide them much needed primary and preventive care in alignment with the State’s assessments. (Please see **Attachment 7** for further illustration of MCH Block Grant data.)

*b. Title V State Action Plan*

*Extending the PATH’s* activities address the goals of the Florida Department of Health (FDOH) State Health Improvement Plan (SHIP) which include improving access to primary health care for all Floridians. Strategies to meet these goals include reducing professional health care workforce shortages and addressing health care service barriers for service providers and care recipients. SHIP includes the following goals:

- Increase the percentage of adults and children who are at a healthy weight (Goal CD1)
  - Increase by 10% the number of targeted health care providers who calculate and document body mass index of their patients (OBJECTIVE CD1.2.1)
  - Identify strategies for monitoring childhood markers of well-being including: measuring height and weight (to obtain body mass index) and individual-level physical activity in alignment with Healthy People 2020 (OBJECTIVE CD2.1.3)
  - Decrease the percentage of adolescents who are overweight from 13.6% to 12.9% (OBJECTIVE CD2.3.4)
- Improve behavioral health services so that adults, children and families are active, self-sufficient participants living in their communities (Goal AC3)
  - Increase the number of primary care providers who routinely screen for substance abuse and mental health disorders (DEVELOPMENTAL OBJECTIVE AC3.1.2) <sup>7</sup>

## Methodology

### A. Project Description

(HEALTHCARE SYSTEM)'s *Extending the PATH* initiative will expand upon the existing Mobile Center's services to increase annual access to mental health and substance abuse services, and enhance childhood obesity-related services for more than 8,600 elementary and middle school children enrolled at 12 ██████████ County Title 1 schools. By employing updated equipment and technology, (HEALTHCARE SYSTEM)'s expanded Mobile Center medical team will provide more efficient and effective primary care services addressing childhood obesity through individualized BMI screenings for the elementary and middle school population of 8,657 and, at the same time, increase access to mental health and substance abuse-related services specifically for the 4,089 enrolled middle school students.

### B. Project Goals and Objectives

Service impact will be measured using results-based accountability. Proposed outcomes to be achieved through *Extending the PATH* include:

#### How much did we do?

- A full time Medical Assistant was added to the Mobile School-Based Health Center provider team to increase access to mental health, substance abuse, and childhood obesity related services and enhance quality of care for the target population
- 8,600 student participants were engaged in the *Extending the PATH* Program at 7 elementary and 5 middle school sites

#### How well did we do it?

- The Mobile School-Based Health Center conducted BMI screenings using the acquired equipment and technology for all 1<sup>st</sup> and 3<sup>rd</sup> grade elementary and 6<sup>th</sup> grade middle students within the 12 target schools
- BMI screening services were completed during regularly scheduled site visits at each of the 12 school locations between March 2019 – February 2024
- Mental health and substance abuse screenings were successfully conducted for 4,000 middle school students at 5 sites between March 2019 – February 2024
- (SCHOOLS) Student Cumulative Records for 8,600 student participants were successfully updated with accurate health screening information
- A random sampling of data measurement tools through program services quality and safety monitoring resulted in exceeded expectations for accuracy, fidelity to models, and provider satisfaction

#### Is Anyone Better Off?

- 100% of students scoring above the 85th percentile for BMI were identified and given referrals for follow up with a primary care provider/medical home
- 100% of student participants scoring above 2 (for alcohol and other drugs) or above 6 (for tobacco) were immediately identified and recommended for appropriate intervention by a school health official

- 100% of student participants scoring positive (11 or higher) on the mental health screenings were identified for further evaluation by school guidance counselors and referred to a primary care and/or mental health provider.
- 100% of students whose tests resulted in high risk for severe depression (20 or higher) were immediately identified and recommended for appropriate intervention by a school health official

*Extending the PATH* will provide more effective, efficient and accurate BMI screenings and surveillance in an effort to address the growing concern of childhood obesity. The screenings will provide personalized health information about the students for school health officials and parents. The information will also be used as a measurement tool for providers to further educate families and recommend additional follow up actions to promote nutritional eating, physical activity, and healthy weight management.

The introduction of mental health and substance abuse screenings at the schools for the middle school population is an extremely important initial step in addressing behavioral health challenges. The information gained will not only lead toward improved mental health care for these children, but will also provide a foundation for further clinical practice, research, and policy for ██████ County, ██████ Florida ██████, and the nation.

Finally, with an additional staff person (HEALTHCARE SYSTEM) will also be able to better monitor the results of all screening tests and track data trends for use internally for developing future health programming. (HEALTHCARE SYSTEM)'s overall goal is to provide quality care and excellent services that continue to meet the service community's changing health needs in a sustainable and cost-effective manner. *Extending the PATH* will provide a return on investment by enabling (HEALTHCARE SYSTEM) to engage more children at a young age in primary and preventative health services that will presumably reduce the risky behaviors that lead to more complex and costly conditions further on in life.

### C. Project Activities

#### **Mental Health Services**

Mental health is not a popular topic of conversation due to stigma and fear, with students afraid to talk about serious feelings. However, according to a 2015 National Institute of Mental Health report, up to 20% of youth experience a seriously debilitating mental disorder at some point during their adolescence. Suicide is the second leading cause of death for youth between the ages of 11-18.<sup>8</sup> These statistics confirm a disturbing portion of today's youth are suffering with depression.

*Extending the PATH* will enable (HEALTHCARE SYSTEM)'s Mobile Center to increase access to mental health care for over 4,000 students at 5 targeted middle schools. Although students with overt behavior problems are easily identified, students with emotional distress (e.g. anxiety, depression) are not as readily apparent. Brief mental health screenings administered at defined points across the school year can be helpful in identifying students in need.<sup>9</sup>

The Medical Assistant will use tablets which will be pre-loaded with the Patient Health Questionnaire Modified for Teens (PHQ-9 Modified) to be administered to students during scheduled Mobile Center visits. The screening tool is designed to detect symptoms of depression and suicide risk in adolescents. In addition to the nine core items that ask about symptoms,



additional questions explore dysthymia, impairment of depressive symptoms, recent suicide ideation, and previous suicide attempts. The tool is used as part of Bright Futures, endorsed by the American Academy of Pediatrics and the US Preventive Services Task Force, which both recommend annual depression screening.

Scoring ranges from minimal to severe depression on a scale of 1-27. Students scoring positive (11 or higher) will be flagged for further evaluation by school guidance counselors and referred to a primary care and/or mental health provider. Students whose tests result in high risk for severe depression (20 or higher) will be immediately attended to by school health officials.

Eligible students will be recommended for (HEALTHCARE SYSTEM)'s extensive compendium of Community Youth Service programs. Over the past 20 years, (HEALTHCARE SYSTEM) has served more than 300,000 youth and families through prevention, early intervention and treatment programs in school based, community based and faith based locations, as well as in individual homes. Master's level clinicians provide students with year-round services including case management, individual/group/family counseling, and solutions focused brief therapy, as well as mentoring, life skills training, and fitness activities. (HEALTHCARE SYSTEM) will leverage these services along with referrals to affiliated community partners as needed further along the continuum of care.

### **Substance Abuse Services**

Mental health issues and drug addiction are often co-occurring. People with mental health issues are more likely to use alcohol or drugs than those not affected by mental illness. Often, the psychiatric problem develops first, and in an attempt to feel better, alcohol or drugs may be used to self-medicate; or a person whose chemical dependency has become severe may develop symptoms of a psychiatric disorder. Introducing substance abuse screening into the primary care given through the Mobile Center can:

- Identify adolescents who are potentially at risk for substance abuse disorder (SUD)
- Guide brief interventions and referrals for treatment
- Normalize discussions with adolescents about substance use
- Reinforce and promote healthy behaviors and choices

(HEALTHCARE SYSTEM) will have 4,000 targeted middle school students complete two validated substance abuse screening tools on tablet devices. The Brief Screener for Alcohol, Tobacco, and other Drugs (BSTAD) and the Screening to Brief Intervention (S2BI) will be pre-loaded onto the tablets to be administered by the health care team. BSTAD and S2BI are electronic screening tools that triage adolescents (ages 12-17) into levels of risk for SUD. Answers to questions about frequency of use of tobacco, alcohol, and marijuana prompt further questions about additional types of substance use. Students who score above 2 (for alcohol and other drugs) or above 6 (for tobacco) are considered at high risk for a SUD. Real time scoring technology will allow those students at highest risk to be immediately flagged and attended to by school health officials. In addition to the risk score, clinicians receive information about the score's implications and can suggest actions and additional resources available through (HEALTHCARE SYSTEM)'s Community Youth Services Department or other community agencies. (HEALTHCARE SYSTEM)'s Community Youth Services Department has a staff of 125 college-educated, young professionals that conduct 26 prevention and intervention programs for children and families at various community locations.

Since adolescent substance use can result in negative consequences including involvement with the criminal justice system, another resource to be leveraged is (SCHOOLS) PROMISE Program (Preventing Recidivism through Opportunities, Mentoring, Interventions, Support and Education). This initiative is designed to help youth develop more effective coping and resiliency skills and pro-social behaviors.

By conducting substance abuse screenings with a Medical Assistant on the existing Mobile School-Based Health Center, (HEALTHCARE SYSTEM) will foster healthy growth and development of the student population, leading to improved overall health status.

### **Childhood Obesity Related Services**

A child's BMI can be a reliable indicator of their current physical health and well-being and can be used to determine the risk of developing health problems in the future. Studies show that 60% of overweight children have at least one risk factor for cardiovascular disease and 25% have two or more risk factors. Obese teenagers also have an 80% chance of being obese into adulthood. In addition, these children are at higher risk for many other diseases, including asthma, sleep apnea, type 2 diabetes, and physiological stress caused by low self-esteem and social anxiety.

(HEALTHCARE SYSTEM)'s Mobile Center enables BMI screenings to be conducted for students in 1<sup>st</sup>, 3<sup>rd</sup>, and 6<sup>th</sup> grades as an indicator for childhood obesity. Using height charts, scales, the student's birthdate, and gender, data is manually entered into a BMI calculation tool available at CDC.gov or ██████████ County Health Department BMI Wheel tool and reported out on a graph. After the BMI is calculated, it is expressed as a percentile and grouped into weight categories:

- Underweight: below the 5th percentile
- Healthy Weight: 5th percentile to the 85th percentile
- Overweight: 85th percentile to the 95th percentile
- Obese: 95th percentile or higher

Any student who falls above the 85th percentile lines on the BMI graph are reported on paper to the child's parent/guardian for follow up with a healthcare provider. In the last testing period, over 32% of the target population fell into this category.

An additional Medical Assistant and updated equipment (i.e. Bluetooth scales, etc.) will make the current protocols more effective, exact and efficient, and will help enhance accuracy and capability for more direct measures of body fat, such as skinfold thickness measurements and other methods.

BMI screening is part of a series of health screenings conducted on the Mobile Center which includes: routine screenings (e.g. vision, hearing), physical exams, immunizations, and health education. These services will be leveraged to initiate the *Extending the PATH* initiative, supporting the extension and enhancement of quality care for Broward County students.

### **Dissemination**

(HEALTHCARE SYSTEM) will disseminate program results and findings to partners, funders, and interested stakeholders. (HEALTHCARE SYSTEM) will report and obtain feedback from the ██████████ Regional Health Planning Council at monthly Healthcare Access Committee meetings, as well as report progress and performance to the Maternal and Child Health Bureau and through regular collaboration with other Healthy Tomorrows grantees. This will take place

online through (HEALTHCARE SYSTEM)'s website and social media resources, and through participation in webinars, meetings and technical assistance sessions.

Mobile Health Clinics have been shown to be an innovative model of healthcare delivery that can help alleviate health disparities in vulnerable populations and individuals with chronic diseases. Studies have concluded that they are particularly impactful in offering urgent care, providing preventative health screenings, and initiating chronic disease management.<sup>10</sup> (HEALTHCARE SYSTEM) adapted this evidence based practice model for its school based health initiative. For *Extending the PATH*, program staff will collect and analyze data from patient intake forms, screening tools, provider notes, school health records, and other points to determine the impact on the target population and their families.

(HEALTHCARE SYSTEM) works closely with members of the Coalition [REDACTED] including an extensive network of community-based organizations to obtain referrals for persons who may benefit from the services offered by its initiatives. Established in 1994, the Coalition [REDACTED] is facilitated by (HEALTHCARE SYSTEM) to provide residents, agencies, business leaders, community-based organizations and other interested parties an opportunity to discuss health issues, develop local strategies and share information for quality-of-life improvements in [REDACTED] County. Membership in the Coalition has grown to more than 200 members representing more than 50 agencies.

Monthly Coalition meetings offer a much-needed forum where community leaders collaborate on identified needs and resources. It is not unusual to see an elected official speaking to a leader from a faith-based organization in a nearby city, the presidents of neighborhood associations discussing different approaches to similar problems, or a (HEALTHCARE SYSTEM) provider informing residents about targeted community-based care initiatives. *Extending the PATH* staff will promote the program at these meetings, share findings, and provide educational materials and contact information for interested stakeholders.

Both quantitative and qualitative data will help determine if the program activities helped address social determinants of health to make any significant impact on barriers to care for the surrounding community. Collaboration and discussion with other grantees will also assist (HEALTHCARE SYSTEM) in determining the sustainability, replicability and/or possible further expansion of the initiative.

#### *D. Collaborative Relationships*

(HEALTHCARE SYSTEM) has collaborated with (SCHOOLS) for over 35 years, delivering in-school behavioral health and prevention education, and addressing issues of concern with students and families. Due to these health services and an ongoing commitment to underserved and at-risk youth and families, (SCHOOLS) named (HEALTHCARE SYSTEM) as their "Partner of the Year" on five separate occasions (2002, 2004, 2007, 2014 & 2018).

(HEALTHCARE SYSTEM)'s Mobile School-Based Health Center works hand in hand with the Health Technician Team from (SCHOOLS) Coordinated Student Health Services led by Director [REDACTED]. [REDACTED] is a Board Certified Advanced Registered Family Nurse Practitioner and School Nurse Practitioner with 37 years of experience and a diversified record of accomplishments in health care. [REDACTED] developed the School

Health Program for (SCHOOLS) and has been responsible for the coordination, policy development, management and delivery of health care for its students over the past 26 years.

The Coordinated Student Health Services Department will deploy a representative from the team of 10 Health Technicians to each school at the time of the Mobile Center visit. The Health Technician will help (HEALTHCARE SYSTEM)'s staff provide the BMI screenings and the mental health and substance abuse screenings for the students. These will be conducted alongside other primary care services including immunizations, physicals, vision, hearing, in accordance with the operational agreement and commensurate with (SCHOOLS) Coordinated Student Health Services standards. The Health Technicians will compile and maintain accurate forms, summaries, reports, and records, as necessary, to insure accuracy and accountability of screening results.

In addition, each site will assign a School Liaison to identify students in need of medical services, coordinate the on-site schedule and work collaboratively with the Health Technician(s) and Mobile Center staff. The School Liaison will also be responsible for identifying new students who enroll during the school year and ensuring that the parents or guardians receive and complete the Insurance Coverage Status Form and the Consent for Treatment Form. The completion of these forms will ensure that staff will not encounter any delays in treating students who enroll during the school year.

As the leading healthcare provider in [REDACTED] County, (HEALTHCARE SYSTEM) also works extensively with many human service organizations as community partners on a multitude of programs. One example is the [REDACTED]. The goal of [REDACTED] is to improve the coordination of enrollment and retention of uninsured youth in Medicaid and CHIP (Children's Health Insurance Program) while simultaneously providing access to other federal, state, and local benefits for their families. (HEALTHCARE SYSTEM) will leverage its position in all community partnerships such as this one to secure resources for the families of participating students that may help offset the costs of services provided during the course of the five year program period and beyond. Please see **Attachments 11-14** for Letters of Support.

(HEALTHCARE SYSTEM) has a strong relationship with the State of Florida's Title V Agency, which is the Florida Department of Health Children's Medical Services (CMS) Network. (HEALTHCARE SYSTEM) has ongoing contracts and Memorandums of Understanding (MOU) in place regarding newborn screenings for cystic fibrosis, craniofacial abnormalities, sickle cell disease treatment, and services through the Complex Comprehensive Kidney Failure Center and its Pediatric Oncology program. In fact, (HEALTHCARE SYSTEM) Pediatric Hematology/Oncology, Cardiac Surgery/Catheterization, Craniofacial, and Comprehensive Pediatric Dialysis Programs have each been designated by CMS as Centers of Excellence.

#### *E. Pediatric / Primary Care Provider Involvement*

Currently, an Advanced Registered Nurse Practitioner offers primary care, case management, nutrition education, health education and health promotion on the Mobile School-Based Health Center with clinical supervision from a (HEALTHCARE SYSTEM) Pediatrician. With funding through HRSA's HTPCP opportunity, (HEALTHCARE SYSTEM) will expand the team with an additional Medical Assistant to help operationalize the mental health and substance abuse screenings and to assist with BMI screenings for enhanced effectiveness.

██████████, **DNP, MSN, ARNP** is the current Program Manager and onboard provider for the Mobile School-Based Health Center. She is responsible for the oversight of the daily operations of the Mobile Center including the delivery of primary care services, outreach, health education, and regular collaboration with community partner organizations and other internal (HEALTHCARE SYSTEM) departments. She will oversee the assigned Medical Assistant and serve as a preceptor to medical and advanced practice nursing students who rotate through the mobile primary care unit. ██████████ also has administered several grant-funded programs on the Mobile Center that have achieved and even surpassed the established benchmarks.

██████████ **RN, BSN, MBA** is the Director of Nursing for all of (HEALTHCARE SYSTEM)'s Primary Care Centers, the Adult and Pediatric Mobile Health Centers, and the Mobile School-Based Health Center. She also oversees several grant-funded programs including an Adult Day Care Center, Emergency Department Navigator Program, and the DOC (Diagnostic Outpatient Care) in a Box program which uses telehealth technology to bring medical services into patients' homes. ██████████ will be the key Program Administrator for *Extending the PATH*, providing daily oversight and coordination of activities with community partners. She will confer with financial and information technology (IT) staff to confirm the grant award is managed with fidelity and (HEALTHCARE SYSTEM) meets the objectives in a timely manner.

██████████, **DO**, will help coordinate the provision of primary and preventive care for the participating student families. Dr. ██████████ is a board-certified family physician who serves as the Medical Director for the community-based primary care centers operated by (HEALTHCARE SYSTEM). Dr. ██████████ earned her medical degree from the Philadelphia College of Osteopathic Medicine in 2004. She completed her internship and residency in family medicine at Broward General Medical Center, in affiliation with Nova Southeastern University. She served as Chief Resident at Broward General from 2006 to 2007. Dr. ██████████ is fluent in Haitian Creole and she has worked in community medicine for ten years

Please see **Attachment 3** for the program's Staffing Plan and **Attachment 4** for Biographical Sketches.

#### *F. Project Advisory Board*

The Advisory Board will be structured as a subcommittee of the (HEALTHCARE SYSTEM) Patient and Family Advisory Council. The Patient and Family Advisory Council is an integral part of quality improvement for services offered to the community. The group, comprised of parents, providers, and hospital leaders, has collaborated with healthcare professionals since 2003, tackling issues that are easier to see from "the other side of the bed." They identify things that are more important to patients and families than healthcare professionals may have realized and help design programs and services that meet real healthcare needs as patients and families define them. One accomplishment of the Patient and Family Advisory Council was the establishment of Resource Centers at all (HEALTHCARE SYSTEM) hospitals. The Centers provide practical, beneficial health-related information, hospitality services and community information and support. These Centers, as well as many hospital policies, were created with direct input from the Patient and Family Advisory Council. Moving forward, the Advisory Board for the *Extending the PATH* program will function within this proven structure to enable maximum impact from all members and stakeholders.

The Advisory Board will act as a steering committee, prioritizing project activities, guiding and monitoring the project scope, ensuring cultural competence, and directing allocation of funds and resources. The group will meet regularly with (HEALTHCARE SYSTEM)'s primary healthcare team to discuss program activities and the progress made toward the goals and objectives. Members of the Advisory Board will also share responsibility for bringing forward any potential opportunities, whether it be through partnerships, resources, or funding, to strengthen and/or sustain the program in order to better serve the surrounding community. Each Advisory Board member will be asked to sign a Conflict of Interest document to promote transparency and avoid individual agendas. Please see **Attachment 9** for a list of those who have expressed interest in participating on the Advisory Board.

#### *G. Cost Matching Resources*

(HEALTHCARE SYSTEM) administers many grant-funded programs in the community that can be leveraged toward *Extending the PATH's* sustainability including initiatives supported by the Children's Service Council, Community Foundation [REDACTED], and [REDACTED] County substance abuse and mental health services programs. Students participating in *Extending the PATH* will have access to all these value-added programs and services. In addition, (HEALTHCARE SYSTEM) is in a unique position to supplement the *Extending the PATH* Program with a direct link to ongoing primary and preventive care for the entire family through its extensive community-based network of Primary Care Clinics to provide medical homes, and direct referrals to the specialty physicians at its [REDACTED] Children's Hospital for those with chronic diseases or more serious, complex conditions.

(HEALTHCARE SYSTEM) has maintained a strong financial position that is exceptional in any healthcare sector and is one of a few public healthcare systems nationwide with Aa3/AA or higher bond rating by Moody's and Standard & Poor's, respectively. These achievements are the results of many factors, including strong cash flow from business operations, a strong balance sheet and key strategies to develop specialized services. This success allows (HEALTHCARE SYSTEM) to contribute more to community programming by shouldering the financial burden or providing a high level of uncompensated care. In fiscal year 2017, the Corporate Finance Department monitored \$15.8 million dollars in grants, which included \$4.6 million in federal funding, \$1.1 million in state funding, and \$10.1 million in local and other funding.

Both the (HEALTHCARE SYSTEM) Foundation and the [REDACTED] Children's Hospital Foundation are responsible for securing philanthropic support for the healthcare system in order to pursue its mission of healing the body, mind and spirit of those touched. Both entities will be engaged to help secure funding from foundations, corporations, and other sources for the sustainability of *Extending the PATH*. For the project period of five years, a portion of money raised may be allocated toward the fulfillment of the matching funds required as part of the compliance in years two through five.

#### *H. Bright Futures*

The mental health and substance abuse screening tools that will be used on the Mobile SBCH are part of Bright Futures Tool and Resource Kit materials. These have been endorsed by the American Academy of Pediatrics (AAP) and the US Preventive Services Task Force, which both recommend annual depression screenings. The Florida Chapter of AAP has strongly endorsed this proposal and has provided a letter of support for this proposal (Please see **Attachment 11**)

Bright Futures is a national health care promotion and disease prevention initiative that uses a developmentally based approach to address children’s healthcare needs and promote quality preventive services. Bright Futures is built around family-centered care—the same concept of partnership between families and healthcare providers that governs (HEALTHCARE SYSTEM) and drives the activities of *Extending the PATH*. (HEALTHCARE SYSTEM) will focus on the age-appropriate resources from Bright Futures including Developmental, Behavioral, Psychological, Screening and Assessment Forms to meet the goals and objectives of *Extending the PATH*. Bright Futures tools such as the Guidelines for Health Supervision of Infants, Children and Adolescents, 4<sup>th</sup> Edition, and the Family Pocket Guide will also be used to educate and engage students and their families. The Family Pocket Guide tool introduces concepts of shared decision-making strategies and motivational interviewing techniques. It is available in English and Spanish (which helps address some of the cultural and linguistic characteristics of the target population) and provides family-friendly tips, strategies, and resources. All materials will be reviewed by (HEALTHCARE SYSTEM)’s primary care healthcare providers for usefulness and appropriateness. Advisory Board members will be asked to provide their perspectives on the materials for optimal implementation of the program.

### **Work Plan**

A completed Work Plan is included in this application as **Attachment 1**. It comprises a list of proposed activities that will ensure the goals and objectives outlined for this initiative are met in a timely manner and carried out by the core staffing team. Each activity has been assigned a lead, who will act as the designated responsible party for successful completion. The activities have been divided according to the objective they are intended to help meet.

### **Resolution of Challenges**

This initiative will not be without its challenges many of which will require careful measures. Due to its ongoing collaborative relationship, (HEALTHCARE SYSTEM) and (SCHOOLS) anticipate only minor challenges in implementing this program and are confident that that these will be resolved quickly. Since 2012, the Mobile Center has regularly rotated between schools on a weekly basis, providing primary care for students including health screenings, immunizations, physical exams and health education. (HEALTHCARE SYSTEM) enjoys ongoing access to the target audience for program recruitment and engagement purposes as per the current Operational Agreement (please see **Attachment 5**) that outlines the roles and responsibilities of both (HEALTHCARE SYSTEM) and (SCHOOLS). *Extending the PATH* will operate under the auspices of this same agreement.

It is within (HEALTHCARE SYSTEM)’s responsibilities to provide appropriately credentialed healthcare professionals to provide primary care, health screening, and health education related to health care services. One potential challenge to implementing *Extending the PATH* is the timely hiring and training of a suitable candidate for the position of Medical Assistant to perform the proposed activities according to the outlined program period of performance.

To address this, (HEALTHCARE SYSTEM) will implement the comprehensive hiring procedures and protocols set forth by its Human Resource Department and Talent Management Team including recruitment, background screening, and onboarding, making sure to comply with (SCHOOLS) requirements as well. (HEALTHCARE SYSTEM) retains staff through excellent working conditions, tuition reimbursement, health benefits and performance incentives and has

consistently been recognized as Modern Healthcare Magazine's 100 Best Places to Work in Healthcare (for the ninth time in 2018— one of only eight companies in Florida, and one of only two that delivers direct healthcare services, to make the list).

(SCHOOLS) are responsible for having their staff secure accurate information regarding insurance coverage status of children (i.e. Medicaid or SCHIP) and signed appropriate parent permission slips for treatment of students before any services may be implemented. In the past this has proven to be somewhat of a challenge, as parents or guardians are not always timely in signing and returning the Insurance Coverage Status and Consent for Treatment forms. This can potentially result in delays of critical healthcare to this underserved population.

To address this, the program team will work together closely to ensure notices are sent home to parents in an effective, efficient and timely manner using all available resources (print, phone, email, social media, etc.). Announcements will be culturally and linguistically sensitive, understanding that cultural competence embodies a range of attitudes, behaviors, structures, and policies that enable individuals and groups to interact and work effectively with a wide variety of people, cultures and communities. In addition, all Federal, State, and local privacy laws will be adhered to with regard to the access of health records of students who consent to services.

Another potential challenge is the maintenance of the Mobile Center to ensure continued operation throughout the five-year period of performance. (HEALTHCARE SYSTEM) currently operates two mobile units and is familiar with the yearly costs for maintaining, operating and staffing the vehicles. (HEALTHCARE SYSTEM) has operated a Mobile School-Based Health Center for the past seven years and an adult mobile van for the past 12 years and has budgeted for the cost to maintain, operate and staff the mobile unit throughout the duration of the proposed program period.

### **Evaluation and Technical Support Capacity**

(HEALTHCARE SYSTEM) is committed to qualitative and quantitative evaluation of the *Extending the PATH* program to determine service impact and improvements in health. Evaluation activities will be incorporated into the overall project implementation in order to monitor both process and outcome measures throughout the five-year period of performance.

(HEALTHCARE SYSTEM) will implement all components of *Extending the PATH* taking into account the National Standards for Culturally and Linguistically Appropriate Services (CLAS). The CLAS standards advance health equity, improve quality and help eliminate disparities by ensuring that providers offer effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

(HEALTHCARE SYSTEM) is a technologically advanced digital organization that has conducted business using electronic systems for the last several decades. (HEALTHCARE SYSTEM) has received recognition from American Hospital Association as a Most Wired and Most Advanced system. (HEALTHCARE SYSTEM) receives these accolades because the Information Technology (IT) Department strives to implement new technology and automate processes that provide its staff members and clients with the best available technology. (HEALTHCARE SYSTEM)'s electronic systems allow staff members to access data, obtain



customized reports, and submit data electronically. These system resources will be employed to help support *Extending the PATH* with data collection, evaluation, and analysis.

Lessons learned will be absorbed within quality improvement practices at (HEALTHCARE SYSTEM) and shared through reporting to the U.S. Department of Health and Human Resources. (HEALTHCARE SYSTEM) will also collaborate with other grant award recipients through technical assistance sessions, workgroups, and meetings as determined necessary, including an introductory technical assistance meeting with the HTPCP Evaluation Consultant during Year 1 and participation in a mandatory Evaluation 101 webinar.

Please see **Attachment 2** for a completed Logic Model that further conceptualizes the initiative's framework and **Attachment 10** for the preliminary Evaluation Plan that links the program goals and objectives to activities and outcome measurements.

## **Organizational Information**

### *Structure and History*

(HEALTHCARE SYSTEM) was created [REDACTED] by the Florida Legislature as the safety-net healthcare provider in [REDACTED] County. (HEALTHCARE SYSTEM) is governed by a 7-member Board of Commissioners appointed by Florida's Governor and is one of the largest public non-profit healthcare systems in the nation. The Board of Commissioners appoints the President and CEO, who leads (HEALTHCARE SYSTEM)'s executive team (Please see **Attachment 6** for the Organizational Chart).

Over 14,000 employees are dedicated to providing an extensive range of healthcare services through its network of five adult hospitals, [REDACTED] Children's Hospital, and numerous medical facilities strategically located throughout the region (i.e. primary care centers, urgent care centers, sports medicine clinics, outpatient behavioral health services, Mobile Health Centers, a nursing home, and specialty physician offices). Last year, the healthcare system provided 523,000 outpatient visits, 482,000 emergency department visits, and 125,000 hospital admissions and observation discharges. The cost of healthcare for (HEALTHCARE SYSTEM)'s uninsured patients (all ages) resulted in more than \$860 million in uncompensated care.

(HEALTHCARE SYSTEM)'s patient, physician and employee satisfaction rates are some of the most admired in the country, and the system is recognized as a national leader in quality health care. Each hospital has been recognized individually for outstanding achievements and the healthcare system as a whole has been awarded numerous accolades including the following highlights:

- **Partnership of the Year**, [REDACTED] County Public Schools, 2018, 2014, 2007, 2004, 2002
- **President's Award for Excellence in Healthcare**, Professional Research Consultants, Inc., 2017
- **Florida's Best Companies to Work For**, *Florida Trend* and Best Companies Group, 2017, 2015, 2014, 2013, 2012, 2011, 2010, 2009
- **American Hospital Association NOVA Award** for effective, collaborative programs focused on improving community health status, 2017
- **Gage Award for Population Health**, American Essential Hospitals, 2017

- *Becker's Hospital Review's* 100 Hospitals and Health Systems With Great Oncology Programs, 2015
- **150 Great Places to Work in Healthcare (formerly 100 Best Places to Work in Healthcare)**, *Becker's Hospital Review*, 2014, 2011
- **Best Places to Work in Healthcare** – *Modern Healthcare* Magazine, 2017, 2016, 2015, 2014, 2013, 2011, 2010, 2009
- **Data+ Editors' Choice Award**, *Computerworld*, 2015
- **Outstanding Achievement Award**, American College of Surgeons Commission on Cancer, 2015
- **Best Practice Leader Award**, IBM Enterprise Content Management (ECM), 2013
- **Most Wired Hospital & Health (formerly 100 Most Wired Hospitals & Health Systems)**, *Hospitals & Health Networks*, 2017, 2013, 2012, 2005, 2004, 2003, 2001
- **Outstanding Achievement Award**, (HEALTHCARE SYSTEM) Cancer Institute, Commission on Cancer of the American College of Surgeons, 2013, 2012
- **Celebration of Service Award – Community Benefit**, Florida Hospital Association, 2012, 2010
- **Celebration of Achievement in Quality and Service Award – Best Florida Hospital Workplace** (over 150 beds), Florida Hospital Association, 2012, 2011
- **Thomson Reuters Top Health System**, 2011, top quintile
- **Excellence in Health Care Award (Highest Quality Hospital Care and Service)**, *South Florida Business Journal*, 2010
- **Premier Award for Quality**, Premier, Inc., 2010
- **Business of the Year**, *South Florida Business Journal*, 2010
- **Spirit of the Caribbean Award**, Minority Development & Empowerment, Inc., 2010
- **Engaging Employees for Excellence Award**, MSA HR Capital/Integrated Healthcare Strategies, 2009
- **Top Six Businesses for Commuters**, ██████████ Florida Commuter Services, 2009
- **Sapphire Award: Recognizing Community Health Excellence**, The Blue Foundation for a Healthy Florida (Philanthropic Affiliate of Blue Cross and Blue Shield of Florida), 2008
- **President's Award**, Professional Research Consultants, 2007
- **Foster G. McGaw Award**, American Hospital Association, 2006
- **Lindberg Bell Award**, International Association for Healthcare Security & Safety, 2005
- **Fire Starter**, Studer Group, August, 2004
- **Focus on Families – No. 1 "Best Practices" Model**, Florida Alcohol & Drug Abuse Association, 2004

The Joint Commission provides full accreditation for (HEALTHCARE SYSTEM). An independent, not-for-profit organization, the Joint Commission is the nation's predominant standards setting and accrediting body in health care, evaluating and accrediting nearly 18,000 health care organizations and programs in the United States. (HEALTHCARE SYSTEM) is also fully accredited and licensed by the Florida Department of Children and Families for demonstrating a commitment to Standards of Excellence to provide Outpatient Treatment, Aftercare, General Intervention, and Prevention Level 2 services to children and adolescents and also to provide Prevention Level 1 substance abuse services for adults. (HEALTHCARE SYSTEM) renews this license annually. (HEALTHCARE SYSTEM) is also Pre-Qualified by the

Behavioral Health Coalition since 2014. Documentation for each of these accreditations may be provided upon request.

### *Mission*

(HEALTHCARE SYSTEM)'s vision is to be a premier clinically integrated delivery system providing equitable access to exceptional patient and family centered care, medical education, research, and wellness innovation for the benefit of the entire community. In pursuit of its mission *to heal the body, mind and spirit of those it touches*, (HEALTHCARE SYSTEM) employs ongoing initiatives that serve residents of every age, including outreach, education, health screenings, counseling, support groups and caregiver assistance. These efforts use best practices and proven strategies to address poor social determinants in order to improve health outcomes, complement inpatient services, and achieve an enhanced quality of life for all.

(HEALTHCARE SYSTEM) continues to sponsor and support an array of activities which build a solid foundation for delivering and sustaining quality care and accessible services. One of those activities is the Coalition [REDACTED], formed by (HEALTHCARE SYSTEM) in 1993 to address social determinants of health that were of concern to residents. Transportation, housing, employment and neighborhood safety were the original matters of most concern. The core of the Coalition includes grass roots agencies, faith-based organizations, Neighborhood Crime Watch and other community stakeholder groups and these are the volunteers who will drive the sustainability plan for this project.

### *Cultural Competence*

(HEALTHCARE SYSTEM) employs a patient and family first system of care that stresses the importance of taking language, ethnicity, race, sexual orientation, spirituality/religious beliefs and areas of exceptionality into consideration in all program services. (HEALTHCARE SYSTEM) values diversity in the workplace and works closely with three committees supporting cultural competence:

1. The MOD ((HEALTHCARE SYSTEM) Outfitted for Diversity) Squad assesses (HEALTHCARE SYSTEM)'s culture, policies, and procedures for potential inequities due to sexual orientation, gender identity and expression.
2. A Cultural Diversity Taskforce promotes safe and effective communication with patients and families who have limited English-speaking skills. (HEALTHCARE SYSTEM) offers training to multi/bilingual employees who are interested in becoming certified as Staff Interpreters.
3. A Special Needs Advisory Council surveys potential and real barriers for individuals with disabilities.

Embracing PossABILITIES training is also required for all staff with direct client contact. This workshop sensitizes staff to the constraints different persons with disabilities encounter through simulation (i.e. walking with a blindfold and cane, maneuvering with a wheel chair, making them understood when regular speech is compromised, and understanding spoken words when hearing is limited). This training enables staff to develop a greater understanding of issues faced by special needs youth and families.

(HEALTHCARE SYSTEM) promotes continuous training and development in cultural competency and believes that education is an important key to removing barriers to care. Staff members participate in learning experiences regarding sensitivity training, including sexual orientation and gender identity confusion for LGBTQ issues. All staff are trained by [REDACTED] to be understanding and non-judgmental.

### *Grant Management*

(HEALTHCARE SYSTEM) has maintained a strong financial position as the result of many factors including strong cash flow from business operations, a strong balance sheet and key strategies to develop specialized services. This success allows (HEALTHCARE SYSTEM) to contribute more to community programming by shouldering the financial burden or providing a high level of uncompensated care. It also helps to uphold its role of being a “safety net” provider for the local community.

(HEALTHCARE SYSTEM)’s Corporate Finance Department is responsible for the financial management of nearly \$16 million in grants awards. They review all federal, state and local rules and regulations during the contracting process that is overseen by (HEALTHCARE SYSTEM)’s Legal Department. While grant projects are administered by program staff from Departments throughout the (HEALTHCARE SYSTEM), the projects are fiscally monitored by two dedicated Grant Accountants. These accountants utilize the Lawson Grant Module Accounting System to record all grant transactions.

At the beginning of a grant award, the approved budget is uploaded into the accounting system and assigned a unique Activity Number to track allowable line items by expenditure classifications. The Lawson System provides an audit trail and the separation of project cost by program. In fiscal year 2017, the Corporate Finance Department monitored \$15.8 million dollars, which included \$4.6 million in federal funding, \$1.1 million in state funding, and \$10.1 million in local and other funding. (HEALTHCARE SYSTEM)’s most recent Audited Financials provide evidence of the organization’s ability to comply with state and federal rules and regulations and also to track that the grants remain within their budget.

### **Budget Narrative**

Please see **Attachment 8** for a justification of expenses for the full 5-year period of performance and the separate **Budget Narrative Form** within the application.

### **ATTACHMENTS:**

1. Work Plan
2. Logic Model
3. Staffing Plan
4. Biographical Sketches
5. Letter of Agreement (Operational Agreement)
6. Organizational Chart
7. Tables / Charts
  - a. MCH Block Grant data
  - b. [REDACTED] County Public Schools Student Enrollment
8. Budget for 5-Year Period of Performance
9. Advisory Board Roster

10. Evaluation Plan
11. Florida AAP Letter of Support
12. Title V Letter of Support
13. School Board [REDACTED] Letter of Support
14. [REDACTED] Regional Health Planning Council Letter of Support

## REFERENCES:

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<sup>1</sup> National Alliance on Mental Illness (NAMI); nami.org 2/16/2018

<sup>2</sup> Ibid

<sup>3</sup> abcnews.go.com 2/15/2018

<sup>4</sup> Maternal and Child Health Services Title V Block Grant, Florida FY 2018 Application/FY 2016 Annual Report, Created 9/18/2017

<sup>5</sup> Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents. 3rd Edition. American Academy of Pediatrics. Retrieved from: [http://brightfutures.aap.org/pdfs/Guidelines\\_PDF/18-Adolescence.pdf](http://brightfutures.aap.org/pdfs/Guidelines_PDF/18-Adolescence.pdf)

<sup>6</sup> Florida Department of Health 2015 Title V Needs Assessment MCH Topic Briefs – Adolescent Well Visit

<sup>7</sup> Florida State Health Improvement Plan 2012-2015

<sup>8</sup> US. CDC, 2015

<sup>9</sup> [www.healthline.com/health-news/should-schools-screen-kids-for-mental-health-problems](http://www.healthline.com/health-news/should-schools-screen-kids-for-mental-health-problems) 5/10/2018

<sup>10</sup> *The scope and impact of mobile health clinics in the United States: a literature review*, Stephanie W. Y. Yu, Caterina Hill, Mariesa L. Ricks, Jennifer Bennet, Nancy E. Oriol, *Int J Equity Health*. 2017; 16: 178. Published online 2017 Oct 5. doi: 10.1186/s12939-017-0671-2