



BOARD OF SUPERVISORS AGENDA ITEM REPORT **CONTRACTS / AWARDS / GRANTS**

Requested Board Meeting Date: February 16, 2016

or Procurement Director Award ☐

Contractor/Vendor Name (DBA): Arizona Family Health Partnership

Project Title/Description:

The Family Planning Program was enacted by Congress in 1970 to offer a broad range of effective family planning methods and services to low income individuals.

Purpose:

The purpose of the Family Planning Program is to assist in the operation of voluntary family planning services to aid individuals to freely determine the number and spacing of their children. This amendment adds \$262,268 to the contract for the following purposes: \$183,282 to cover the extension period of Dec. 31, 2015 - Mar. 31, 2016; \$56,186 as a performance award for exceeding the client total in 2015; and \$22,800 for equipment and software related to the implementation of PCHD's new Electronic Health Record system, eClinicalWorks.

Procurement Method:

N/A - grant award

Program Goals/Predicted Outcomes:

Goal: Improve pregnancy planning and spacing, and prevent unintended pregnancies.

- Increased awareness of the importance of preconception care
- Increased access to family planning services
- Decrease in unintended and teen pregnancy rates
- Decrease in STD rates

Public Benefit:

Access to family planning and reproductive health services are essential to reducing the personal and societal costs of unintended pregnancy and sexually transmitted diseases. For every \$1 spent on family planning services, \$7.09 in public expenditures is saved.

Metrics Available to Measure Performance:

- Full range of family planning methods is available 100% of the time either onsite or by referral
- Appropriate screening is done for sexually transmitted diseases
- Follow up of positive screenings is done in accordance with latest clinical guidelines
- Hours and locations ensure easy access by the target population
- Outreach and education is conducted on a regular basis
- Preconception counseling is done based on Title X recommendations

Retroactive:

Yes. The additional funding began December 31, 2015. Amendment received from grantor on January 13, 2016.

Original Information

Document Type: _____ Department Code: _____ Contract Number (i.e.,15-123): _____

Effective Date: _____ Termination Date: _____ Prior Contract Number (Synergen/CMS): _____

☐ Expense Amount: \$ _____ ☐ Revenue Amount: \$ _____

Funding Source(s): _____

Cost to Pima County General Fund: _____

Contract is fully or partially funded with Federal Funds? ☐ Yes ☐ No ☐ Not Applicable to Grant AwardsWere insurance or indemnity clauses modified? ☐ Yes ☐ No ☐ Not Applicable to Grant AwardsVendor is using a Social Security Number? ☐ Yes ☐ No ☐ Not Applicable to Grant Awards

If Yes, attach the required form per Administrative Procedure 22-73.

Amendment InformationDocument Type: GTAM Department Code: HD Contract Number (i.e.,15-123): 16*49Amendment No.: 2 AMS Version No.: oneEffective Date: 12/31/2015 New Termination Date: 03/31/2016☐ Expense ☒ Revenue ☒ Increase ☐ Decrease Amount This Amendment: \$262,268.00Funding Source(s): U.S. Department of Health and Human Services FundCost to Pima County General Fund: \$0.00Contact: Sharon GrantDepartment: Health Telephone: 724-7842Department Director Signature/Date: _____ 19 Jan 16Deputy County Administrator Signature/Date: _____ 1-20-2016County Administrator Signature/Date: _____ 1/20/16
(Required for Board Agenda/Addendum Items)

**ARIZONA FAMILY HEALTH PARTNERSHIP
FAMILY PLANNING PROGRAM CONTRACT
Contract Period: April 1, 2015 - March 31, 2016
AMENDMENT #2 Effective January 1, 2016**

This serves as an amendment to the contract between the **Arizona Family Health Partnership** (hereinafter referred to as the "Partnership") and **Pima County**, for and on behalf of **Pima County Health Department** (hereinafter referred to as the "Contractor") for the contract period April 1, 2015 - March 31, 2016.

I. PURPOSE

The purpose of this amendment is to award a one time performance compensation of **\$56,186** for exceeding the 2015 contracted client count of 5,255 and serving a total of 5,792 unduplicated clients in April 1, 2015 through November 30, 2015.

Additionally, the purpose of this amendment is to extend the 2015 contract period from April 1, 2015 through December 30, 2015 to **April 1, 2015 through March 31, 2016**. This will also reflect an increase in the unduplicated client count from **5,255** clients to **7,007** clients. The Partnership will provide an additional **\$183,282** in funds in the first quarter of 2016 to provide services to a total of **7,007** unduplicated clients for the period of April 1, 2015 to March 31, 2016.

Lastly, the purpose of this amendment is to allocate one time funds up to the amount of **\$22,800** for the use of purchasing laptops/tablets, eClinicalWorks (eCW) family planning report, and medical equipment.

| | |
|---|------------------------|
| 2015 Title X Base Amount (5,255 unduplicated clients) | \$549,847 |
| <u>2015 One Time STD Funds of up to</u> | <u>\$20,025</u> |
| Sub-Total for 2015 (5,255 unduplicated clients) | \$569,872 |
| 2015 Performance Compensation | \$56,186 |
| 2016 Q1 Title X Base Amount (increase to 7,007 unduplicated clients) | \$183,282 |
| <u>2016 One Time Supply, eCW, and Equipment Funds of up to</u> | <u>\$22,800</u> |
| Total Amount | \$832,140 |

Total funds to be disbursed by the Partnership to the Contractor for the contract period: **\$832,140**

In addition, the Contractor agrees to provide Contractor contribution funds in the amount of **\$1,199,833** contingent upon availability of Pima County general funds.

The Partnership and the Contractor therefore agree as follows:

II. TERM

Section I, Term, shall be replaced with the following:

- I. **TERM.** The Contract shall begin as of **April 1, 2015** and shall terminate **March 31, 2016** (the "**Term**"). If continued funding is obtained, the Parties must agree in writing to extend the Term beyond March 31, 2016. Contractor shall submit an annual application in order to receive continued funding beyond March 31, 2016. Annual application forms must be submitted through the Program Information Management System (PIMS).

III. STATEMENT OF WORK

Section II, Statement of Work, subsection 2, shall be modified to read as follows:

- 2) The Contractor shall provide STD testing to Title X family planning clients. Up to \$20,025 in one time Title X funds has been allocated for STD testing. The Contractor shall also purchase laptops/tablets, eClinicalWorks (eCW) family planning report, and medical equipment. Up to \$22,800 in one time

Title X funds has been allocated for laptops/tablets, eClinicalWorks (eCW) family planning report, and medical equipment. The Partnership will reimburse the Contractor upon receipt of invoices demonstrating items have been purchased and received.

IV. MINIMUM STANDARDS

Section III, Minimum Standards, first sentence shall be replaced with the following:

- III. MINIMUM STANDARDS. Contractor shall provide for the following:
Title X comprehensive family planning services provided to **7,007** unduplicated clients.

V. CONSIDERATION

Subsection 3 of Section XV, Consideration, shall be replaced with the following:

- 3) Partnership agrees to disburse monies in the total amount of **\$832,140** during the Term to Contractor as compensation for Contractor's Services ("**Compensation**"). This amount includes a 2016 First Quarter Title X Base Amount of **\$183,282**, 2015 Title X Base Amount of **\$549,847**, one time STD funds, one time performance compensation, and one time supply, eClinicalWorks, and equipment funds. Compensation shall be disbursed incrementally commensurate with even distribution of funds throughout the course of the Term (e.g., with proper documentation of expenses, Partnership will reimburse in no more than 1/12 increments for the Term month to date).

Subsection 7 of Section XV, Consideration, under Disbursement of Compensation, shall be replaced with the following:

- 7) Contractor agrees to provide Contractor contribution funds in the amount of **\$1,199,833**, contingent upon availability of Pima County general funds. Contractor will identify and submit in writing to Partnership the source and allocation of said funds in the Contractor's Budget attached as Attachment 3 and incorporated herein;

VI. REPORTING REQUIREMENTS

Subsection 2 of Section XVII, Reporting Requirements, shall be replaced with the following:

- 2) Contractor will submit to Partnership financial reports and any special project report(s) for the following periods and by the following due dates:

| Financial Reporting Period | Due Date |
|-------------------------------|------------------|
| April 1 – June 30, 2015 | July 24, 2015 |
| July 1 – September 30, 2015 | October 26, 2015 |
| October 1 – December 31, 2015 | January 25, 2016 |
| January 1 – March 31, 2016 | April 25, 2016 |

VII. Attachment 4: PERFORMANCE COMPENSATION

Attachment 4, Performance Compensation, shall be replaced with the following:

Contractor shall perform the functions and services identified in Attachment 1 ("AFHP Agency Health Center Report"), during the 12 months of the Contract Term, in accordance with the Title X Regulations, Program Requirements, the Partnership's Title X Program Standards Manual, and all

other regulations applicable, and as described in Contractor's 2015 Client Data Summary (Attachment 2). Contractor shall provide, at a minimum, Title X-covered services to **7,007** unduplicated clients. Clients whose documented income is at or below 100% of the Federal Poverty Level (FPL) must not be charged, although projects must bill all third parties authorized or legally obligated to pay for services.

In the event that less than 100%, but **at least 97%** of clients are served, Contractor shall earn the Contract amount provided that Contractor contribution funds in the amount of **\$1,199,833**, contingent upon availability of Pima County general funds, are expended in full and that Contractor's total family planning program revenue equals the total family planning program expenses. In the event that Contractor serves less than 97% of clients, the base Title X funding will be reduced by **\$104** for each client below the 97% threshold.

Contractor may be eligible for a portion of one-time funds (when available through DHHS) in the current contract year if **97%** of the contracted unduplicated client number is met by March 1st, 85% of female clients 24 and younger are screened for Chlamydia annually, participate in all required Delegates' Meetings (Clinicians and Program Managers), and encounter data and fiscal reports are submitted on time.

VIII. EXECUTION

This contract amendment is effective upon approval by the governing bodies of the parties and signed by persons having executory powers for the parties.

Signature

Name

Title

Date

Signature

Brenda L. "Bré" Thomas, MPA

Name

Chief Executive Officer

Title

Date

ATTEST

Clerk of the Board Date
Pima County Board of Supervisors

APPROVED AS TO FORM

Pamela Pina 1.19.16
Deputy County Attorney Date
Pima County

APPROVED AS TO CONTENT

Markus Peterson 1.19.16
Pima County Health Dept. Date



AFHP AGENCY HEALTH CENTER REPORT

Agency Name : Pima County Health Department
Grant Name: ARIZONA GRANT
Revised Date : 01/06/2016
Date : 01/06/2016

| Name | Address | Office Hours | Clinic Hours | Number of Clients | Status | Applied Years |
|---|--|---|---|-------------------|---------------------------------------|---------------------|
| Theresa Lee Public Health Center | Address : 1493 W. Commerce Court City : Tucson State : Arizona ZipCode : 85746 Phone Number : 5207247900 | Monday - 08:00 AM to 05:00 PM Tuesday - 08:00 AM to 05:00 PM Wednesday - 08:00 AM to 05:00 PM Thursday - 08:00 AM to 05:00 PM Friday - 08:00 AM to 05:00 PM | Monday - 08:00 AM to 05:00 PM Tuesday - 08:00 AM to 05:00 PM Wednesday - 08:00 AM to 05:00 PM Thursday - 08:00 AM to 05:00 PM Friday - 08:00 AM to 05:00 PM | 2076 | Opened | 2015, 2016 |
| South Clinic | Address : 175 W. Irvington City : Tucson State : Arizona ZipCode : 85714 Phone Number : 5202942026 | Monday - 08:00 AM to 05:00 PM Tuesday - 08:00 AM to 05:00 PM Wednesday - 08:00 AM to 05:00 PM Thursday - 08:00 AM to 05:00 PM Friday - 08:00 AM to 05:00 PM | Monday - 08:00 AM to 05:00 PM Tuesday - 08:00 AM to 05:00 PM Wednesday - 08:00 AM to 05:00 PM Thursday - 08:00 AM to 05:00 PM Friday - 08:00 AM to 05:00 PM | 829 | Closed (31st December, 2015) | 2014, 2015 |
| North Clinic | Address : 3550 N. 1st Ave., STE 300 City : Tucson State : Arizona ZipCode : 85719 Phone Number : 5207242880 | Monday - 08:00 AM to 05:00 PM Tuesday - 08:00 AM to 05:00 PM Wednesday - 08:00 AM to 05:00 PM Thursday - 08:00 AM to 05:00 PM Friday - 08:00 AM to 05:00 PM | Monday - 08:00 AM to 05:00 PM Tuesday - 08:00 AM to 05:00 PM Wednesday - 08:00 AM to 05:00 PM Thursday - 08:00 AM to 05:00 PM Friday - 08:00 AM to 05:00 PM | 2508 | Opened | 2014, 2015, 2016 |

| | | | | | | |
|-------------------------------------|--|---|---|------|---------------------------------|------------------|
| Mobile Unit - Special Events | Address : 3950 S. Country Club Rd City : Tucson State : Arizona ZipCode : 85714 Phone Number : 5207243905 | Monday - to Tuesday - to Wednesday - to Thursday - to Friday - to Saturday - to Sunday - to | Monday - to Tuesday - to Wednesday - to Thursday - to Friday - to Saturday - to Sunday - to | 60 | Opened | 2014, 2015, 2016 |
| Mobile - Highschools | Address : 3950 S. Country Club Rd City : Tucson State : Arizona ZipCode : 85714 Phone Number : 5207243905 | Monday - 08:00 AM to 05:00 PM Tuesday - 08:00 AM to 05:00 PM Wednesday - 08:00 AM to 05:00 PM Thursday - 08:00 AM to 05:00 PM Friday - 08:00 AM to 05:00 PM | Wednesday - 01:30 PM to 04:00 PM Thursday - 12:00 PM to 04:00 PM Friday - 01:30 PM to 04:00 PM | 350 | Opened | 2014, 2015, 2016 |
| East Clinic | Address : 6920 E. Broadway, STE E & A City : Tucson State : Arizona ZipCode : 85710 Phone Number : 5207249660 | Monday - 08:00 AM to 05:00 PM Tuesday - 08:00 AM to 05:00 PM Wednesday - 08:00 AM to 05:00 PM Thursday - 08:00 AM to 05:00 PM Friday - 08:00 AM to 05:00 PM | Monday - 08:00 AM to 05:00 PM Tuesday - 08:00 AM to 05:00 PM Wednesday - 08:00 AM to 05:00 PM Thursday - 08:00 AM to 05:00 PM Friday - 08:00 AM to 05:00 PM | 1184 | Closed (30th November, 2015) | 2014, 2015 |

Agency Health Center Proposed Service Report

Level of service provided : 1=Service Provided, 2=Referral Provided, 3=Service Not Provided & Referral Not Provided.

Grant Name : ARIZONA GRANT

Proposed Year : 2015

| Services | Name of Health Centers | | | | | |
|---|------------------------|----------------------|------------------------------|--------------|--------------|----------------------------------|
| | East Clinic | Mobile - Highschools | Mobile Unit - Special Events | North Clinic | South Clinic | Theresa Lee Public Health Center |
| 1) Contraceptive Services | | | | | | |
| 1. Client Education and Counseling | | | | | | |
| 1.1. Pregnancy Prevention | 1 | 1 | 1 | 1 | 1 | 1 |
| 1.2. Pregnancy Achievement | 1 | 1 | 1 | 1 | 1 | 1 |
| 2. Fertility Regulation (Birth Control Methods) | | | | | | |
| 2.1. Male Condom | 1 | 1 | 1 | 1 | 1 | 1 |
| 2.2. Oral Contraceptives | 1 | 1 | 1 | 1 | 1 | 1 |
| 2.3. Injectables (Depo-Provera) | 1 | 1 | 1 | 1 | 1 | 1 |
| 2.4. IUD without Hormones (ParaGard) | 1 | 2 | 2 | 1 | 1 | 1 |
| 2.5. IUD with Hormones (Mirena, Skyla) | 1 | 2 | 2 | 1 | 1 | 1 |

| | | | | | | |
|--|---|---|---|---|---|---|
| 2.6. Vaginal Ring (NuvaRing) | 1 | 1 | 1 | 1 | 1 | 1 |
| 2.7. Emergency Contraception | 1 | 1 | 1 | 1 | 1 | 1 |
| 2.8. Patch (Evra) | 2 | 2 | 2 | 2 | 2 | 2 |
| 2.9. Spermicide (Foams, Films, Suppositories) | 2 | 1 | 2 | 2 | 2 | 2 |
| 2.10. Cervical Cap/Diaphragm | 1 | 2 | 2 | 1 | 1 | 1 |
| 2.11. Sponge | 2 | 2 | 2 | 2 | 2 | 2 |
| 2.12. Female Condom | 2 | 2 | 2 | 2 | 2 | 2 |
| 2.13. Natural Family Planning/Fertility Awareness/Lactational Amenorrhea | 1 | 1 | 1 | 1 | 1 | 1 |
| 2.14. Abstinence Education | 1 | 1 | 1 | 1 | 1 | 1 |
| 2.15. Implant (Nexplanon) | 1 | 1 | 2 | 1 | 1 | 1 |
| 2) Pregnancy Testing and Options Counseling | 1 | 1 | 1 | 1 | 1 | 1 |
| 3) Basic Infertility Services for Men | | | | | | |
| 1. Sexual History | 1 | 1 | 1 | 1 | 1 | 1 |
| 2. Medical History/Family History | 1 | 1 | 1 | 1 | 1 | 1 |
| 3. Reproductive History | 1 | 1 | 1 | 1 | 1 | 1 |
| 4. Physical Exam | 1 | 2 | 2 | 1 | 1 | 1 |
| 5. Semen Analysis | 2 | 2 | 2 | 2 | 2 | 2 |
| 6. Further Diagnosis | 2 | 2 | 2 | 2 | 2 | 2 |
| 4) Basic Infertility Services for Women | | | | | | |
| 1. Sexual History | 1 | 1 | 1 | 1 | 1 | 1 |
| 2. Medical History/Family History | 1 | 1 | 1 | 1 | 1 | 1 |
| 3. Reproductive History | 1 | 1 | 1 | 1 | 1 | 1 |
| 4. Physical Exam | 1 | 2 | 2 | 1 | 1 | 1 |
| 5. Further Diagnosis | 2 | 2 | 2 | 2 | 2 | 2 |
| 5) Preconception Health Screening, Counseling and Education | | | | | | |
| 1. Intimate Partner Violence | 1 | 1 | 1 | 1 | 1 | 1 |
| 2. Alcohol And Other Drug Use | 1 | 1 | 1 | 1 | 1 | 1 |
| 3. Tobacco Use | 1 | 1 | 1 | 1 | 1 | 1 |
| 4. Immunization Status | 1 | 1 | 1 | 1 | 1 | 1 |
| 5. BMI | 1 | 1 | 1 | 1 | 1 | 1 |
| 6. Blood Pressure | 1 | 1 | 1 | 1 | 1 | 1 |
| 7. Diabetes | 1 | 2 | 3 | 1 | 1 | 1 |
| 6) Sexually Transmitted Infection Testing | | | | | | |
| 1. Chlamydia | 1 | 1 | 1 | 1 | 1 | 1 |
| 2. Gonorrhea | 1 | 1 | 1 | 1 | 1 | 1 |
| 3. Syphilis | 1 | 1 | 1 | 1 | 1 | 1 |
| 4. Herpes | 1 | 1 | 1 | 1 | 1 | 1 |
| 5. Hepatitis C for High Risk Populations | 2 | 2 | 2 | 2 | 2 | 2 |
| 6. HIV | 1 | 1 | 1 | 1 | 1 | 1 |
| 7) Sexually Transmitted Infection Treatment | | | | | | |
| 1. Chlamydia | 1 | 1 | 1 | 1 | 1 | 1 |
| 2. Gonorrhea | 1 | 1 | 1 | 1 | 1 | 1 |
| 3. Syphilis | 1 | 1 | 2 | 1 | 1 | 1 |
| 4. Herpes | 1 | 1 | 2 | 1 | 1 | 1 |
| 5. Hepatitis C for High Risk Populations | 2 | 2 | 2 | 2 | 2 | 2 |
| 6. HIV | 2 | 2 | 2 | 2 | 2 | 2 |

| | | | | | | |
|--|---|---|---|---|---|---|
| 8) Related Preventative Health Services | | | | | | |
| 1. Clinical Breast Exam as Indicated | 1 | 2 | 2 | 1 | 1 | 1 |
| 2. Pelvic Exam as Indicated | 1 | 2 | 2 | 1 | 1 | 1 |
| 3. Cervical Cytology with HPV Testing as Indicated | 1 | 1 | 1 | 1 | 1 | 1 |
| 4. Genital Exam as Indicated | 1 | 1 | 1 | 1 | 1 | 1 |
| 9) Other Preventive Health Services | | | | | | |
| 1. Other specify -- Mammography as Indicated | 2 | 2 | 2 | 2 | 2 | 2 |
| 2. Other specify -- Colonoscopy | 2 | 2 | 2 | 2 | 2 | 2 |
| 3. Other specify -- None | 3 | 3 | 3 | 3 | 3 | 3 |
| 4. Other specify -- None | 3 | 3 | 3 | 3 | 3 | 3 |



AFHP AGENCY HEALTH CENTER CLIENT DATA SUMMARY REPORT

2015 CLIENT DATA - SUMMARY

Agency Name: Pima County Health Department - ARIZONA GRANT
Health Center Name: East Clinic
Name of Person filling out form: Erica Smith
Date: 01/06/2016
Revision Date: 01/06/2016

Title X Family Planning Users:

Unduplicated Female Users : 1041
 Unduplicated Male Users : 143
****Total Unduplicated Females & Males : 1184**

Adolescent Family Planning Users: (included in Unduplicated Female and Male Users)

19 years and under : 256
 Total Unduplicated Teens : 256

Income Status: Poverty Level Income Percent

At or below 100% of FPL : 1054
 Between 101 and 138% : 71
 Between 139 and 200% : 36
 Between 201 and 250% : 12
 At or above 251% : 11
****Total Unduplicated clients by FPL % : 1184**

| <u>Total Number of Visits by CPT Code</u> | <u>Females</u> | <u>Males</u> | <u>Total</u> |
|---|----------------|--------------|--------------|
| 99201 | 178 | 42 | 220 |
| 99202 | 68 | 22 | 90 |
| 99203 | 8 | 2 | 10 |
| 99204 | 2 | 2 | 4 |
| 99205 | | | |
| 99211 | 411 | 39 | 450 |
| 99212 | 483 | 23 | 506 |
| 99213 | 146 | 13 | 159 |
| 99214 | 12 | 2 | 14 |
| 99215 | | | |
| Total Number of Client Visits*: | 1308 | 145 | 1453 |

* Duplicated clients numbers are okay

**Must be the same number between **Total Unduplicated Females & Males with **Total Unduplicated clients by FPL %

FPL = Federal Poverty Level



AFHP AGENCY HEALTH CENTER CLIENT DATA SUMMARY REPORT

2015 CLIENT DATA - SUMMARY

Agency Name: Pima County Health Department - ARIZONA GRANT
Health Center Name: Mobile - Highschools
Name of Person filling out form: Erica Smith
Date: 01/06/2016
Revision Date: 01/06/2016

Title X Family Planning Users:

Unduplicated Female Users : 182

Unduplicated Male Users : 168

****Total Unduplicated Females & Males : 350**

Adolescent Family Planning Users: (included in Unduplicated Female and Male Users)

19 years and under : 350

Total Unduplicated Teens : 350

Income Status: Poverty Level Income Percent

At or below 100% of FPL : 350

Between 101 and 138% : 0

Between 139 and 200% : 0

Between 201 and 250% : 0

At or above 251% : 0

****Total Unduplicated clients by FPL % : 350**

| <u>Total Number of Visits by CPT Code</u> | <u>Females</u> | <u>Males</u> | <u>Total</u> |
|---|----------------|--------------|--------------|
| 99201 | 64 | 23 | 87 |
| 99202 | 3 | | 3 |
| 99203 | | | |
| 99204 | | | |
| 99205 | | | |
| 99211 | 45 | 57 | 102 |
| 99212 | 108 | 107 | 215 |
| 99213 | 9 | | 9 |
| 99214 | | | |
| 99215 | | | |
| Total Number of Client Visits* | 229 | 187 | 416 |

* Duplicated clients numbers are okay

****Must be the same number between **Total Unduplicated Females & Males with **Total Unduplicated clients by FPL %**

FPL = Federal Poverty Level



AFHP AGENCY HEALTH CENTER CLIENT DATA SUMMARY REPORT

2015 CLIENT DATA - SUMMARY

Agency Name: Pima County Health Department - ARIZONA GRANT
Health Center Name: Mobile Unit - Special Events
Name of Person filling out form: Erica Smith
Date: 01/06/2016
Revision Date: 01/06/2016

Title X Family Planning Users:

Unduplicated Female Users : 36
 Unduplicated Male Users : 24
****Total Unduplicated Females & Males : 60**

Adolescent Family Planning Users: (included in Unduplicated Female and Male Users)

19 years and under : 20
 Total Unduplicated Teens : 20

Income Status: Poverty Level Income Percent

At or below 100% of FPL : 60
 Between 101 and 138% : 0
 Between 139 and 200% : 0
 Between 201 and 250% : 0
 At or above 251% : 0
****Total Unduplicated clients by FPL % : 60**

| <u>Total Number of Visits by CPT Code</u> | <u>Females</u> | <u>Males</u> | <u>Total</u> |
|---|----------------|--------------|--------------|
| 99201 | 24 | 18 | 42 |
| 99202 | 2 | 3 | 5 |
| 99203 | | | |
| 99204 | | | |
| 99205 | | | |
| 99211 | 18 | 5 | 23 |
| 99212 | | | |
| 99213 | | | |
| 99214 | | | |
| 99215 | | | |
| Total Number of Client Visits*: | 44 | 26 | 70 |

* Duplicated clients numbers are okay

****Must be the same number between **Total Unduplicated Females & Males with **Total Unduplicated clients by FPL %**

FPL = Federal Poverty Level



AFHP AGENCY HEALTH CENTER CLIENT DATA SUMMARY REPORT

2015 CLIENT DATA - SUMMARY

Agency Name: Pima County Health Department - ARIZONA GRANT
Health Center Name: North Clinic
Name of Person filling out form: Erica Smith
Date: 01/06/2016
Revision Date: 01/06/2016

Title X Family Planning Users:

Unduplicated Female Users : 1881

Unduplicated Male Users : 627

****Total Unduplicated Females & Males : 2508**

Adolescent Family Planning Users: (included in Unduplicated Female and Male Users)

19 years and under : 337

Total Unduplicated Teens : 337

Income Status: Poverty Level Income Percent

At or below 100% of FPL : 1706

Between 101 and 138% : 376

Between 139 and 200% : 226

Between 201 and 250% : 75

At or above 251% : 125

****Total Unduplicated clients by FPL % : 2508**

| <u>Total Number of Visits by CPT Code</u> | <u>Females</u> | <u>Males</u> | <u>Total</u> |
|---|----------------|--------------|--------------|
| 99201 | 478 | 159 | 637 |
| 99202 | 191 | 64 | 255 |
| 99203 | 32 | 11 | 43 |
| 99204 | | | |
| 99205 | | | |
| 99211 | 1086 | 361 | 1447 |
| 99212 | 860 | 286 | 1146 |
| 99213 | 223 | 74 | 297 |
| 99214 | 32 | 11 | 43 |
| 99215 | | | |
| Total Number of Client Visits*: | 2902 | 966 | 3868 |

* Duplicated clients numbers are okay

****Must be the same number between **Total Unduplicated Females & Males with **Total Unduplicated clients by FPL %**

FPL = Federal Poverty Level



AFHP AGENCY HEALTH CENTER CLIENT DATA SUMMARY REPORT

2015 CLIENT DATA - SUMMARY

Agency Name: Pima County Health Department - ARIZONA GRANT
Health Center Name: South Clinic
Name of Person filling out form: Erica Smith
Date: 01/06/2016
Revision Date: 01/06/2016

Title X Family Planning Users:

Unduplicated Female Users : 762
 Unduplicated Male Users : 67
****Total Unduplicated Females & Males : 829**

Adolescent Family Planning Users: (included in Unduplicated Female and Male Users)

19 years and under : 173
 Total Unduplicated Teens : 173

Income Status: Poverty Level Income Percent

At or below 100% of FPL : 688
 Between 101 and 138% : 83
 Between 139 and 200% : 33
 Between 201 and 250% : 8
 At or above 251% : 17
****Total Unduplicated clients by FPL % : 829**

| <u>Total Number of Visits by CPT Code</u> | <u>Females</u> | <u>Males</u> | <u>Total</u> |
|---|----------------|--------------|--------------|
| 99201 | 61 | 23 | 84 |
| 99202 | 33 | 7 | 40 |
| 99203 | 2 | | 2 |
| 99204 | | | |
| 99205 | | | |
| 99211 | 262 | 26 | 288 |
| 99212 | 362 | 22 | 384 |
| 99213 | 110 | 5 | 115 |
| 99214 | 2 | | 2 |
| 99215 | | | |
| Total Number of Client Visits*: | 832 | 83 | 915 |

* Duplicated clients numbers are okay

**Must be the same number between **Total Unduplicated Females & Males with **Total Unduplicated clients by FPL %

FPL = Federal Poverty Level



AFHP AGENCY HEALTH CENTER CLIENT DATA SUMMARY REPORT

2015 CLIENT DATA - SUMMARY

Agency Name: Pima County Health Department - ARIZONA GRANT
Health Center Name: Theresa Lee Public Health Center
Name of Person filling out form: Erica Smith
Date: 01/06/2016
Revision Date: 01/06/2016

Title X Family Planning Users:

Unduplicated Female Users : 1349
 Unduplicated Male Users : 727
 **Total Unduplicated Females & Males : 2076

Adolescent Family Planning Users: (included in Unduplicated Female and Male Users)

19 years and under : 311
 Total Unduplicated Teens : 311

Income Status: Poverty Level Income Percent

At or below 100% of FPL : 1474
 Between 101 and 138% : 270
 Between 139 and 200% : 187
 Between 201 and 250% : 62
 At or above 251% : 83
 **Total Unduplicated clients by FPL % : 2076

| <u>Total Number of Visits by CPT Code</u> | <u>Females</u> | <u>Males</u> | <u>Total</u> |
|---|----------------|--------------|--------------|
| 99201 | 387 | 530 | 917 |
| 99202 | 129 | 93 | 222 |
| 99203 | 3 | 1 | 4 |
| 99204 | | | |
| 99205 | | | |
| 99211 | 710 | 143 | 853 |
| 99212 | 924 | 206 | 1130 |
| 99213 | 354 | 77 | 431 |
| 99214 | 7 | 2 | 9 |
| 99215 | | | |
| Total Number of Client Visits*: | 2514 | 1052 | 3566 |

* Duplicated clients numbers are okay

**Must be the same number between **Total Unduplicated Females & Males with **Total Unduplicated clients by FPL %

FPL = Federal Poverty Level



AFHP AGENCY ANNUAL EXPENSES BUDGET REPORT

Agency Name: Pima County Health Department
 Grant Name: ARIZONA GRANT
 Name of Person filling out form: Erica Smith
 Date: 01/06/2016
 Revised Date: 12/29/2015
 Reporting Period: Annual Budget (April 1, 2015 - March 31, 2016)

Annual Budget Form 2015 : Expenses Summary

| EXPENSES | 2014 Budget | 2015 Title X Funds | 2015 Non Title X Funds | 2015 Total Program Budget |
|-----------------------|---------------------|--------------------|------------------------|------------------------------|
| 1. Personnel | \$935149.44 | \$401026.59 | \$682008.52 | \$1083035.11 |
| 2. Fringe Benefits | \$310515.83 | \$143695.91 | \$226177.82 | \$369873.73 |
| 3. Travel | \$9464.00 | \$1500.00 | \$0.00 | \$1500.00 |
| 4. Equipment | \$73585.00 | \$18000.00 | \$750.00 | \$18750.00 |
| 5. Supplies | \$310203.36 | \$144913.33 | \$65250.00 | \$210163.33 |
| 6. Contractual | \$82461.00 | \$65025.00 | \$83250.00 | \$148275.00 |
| 7. Occupancy | \$225901.62 | \$0.00 | \$130697.00 | \$130697.00 |
| 8. Other | \$9600.00 | \$9000.00 | \$11700.00 | \$20700.00 |
| 9. Indirect | \$22368.00 | \$48979.17 | \$0.00 | \$48979.17 |
| TOTAL EXPENSES | \$1979248.25 | \$832140.00 | \$1199833.34 | \$2031973.34 |

☒ I certify that information in this budget proposal is correct to the best of my knowledge.

Completed By : Erica Smith



AFHP AGENCY ANNUAL REVENUE BUDGET REPORT

Agency Name: Pima County Health Department
 Grant Name: ARIZONA GRANT
 Name of Person filling out form: Erica Smith
 Date: 01/06/2016
 Revised Date: 12/29/2015
 Reporting Period: Annual Budget (April 1, 2015 - March 31, 2016)

Annual Budget Form 2015 : Revenue Summary

| REVENUE | 2014 Budget | 2015 Title X Funds | 2015 Non Title X Funds | 2015 Total Program Budget |
|---|---------------------|--------------------|------------------------|---------------------------|
| 1) Federal Grants | | | | |
| 1. Title X - Base | \$733129.00 | \$733129.00 | | \$733129.00 |
| 2. Bureau of Primary Health Care (BPHC) | \$0.00 | | \$0.00 | \$0.00 |
| 3. Other Federal Grants (Specify) | \$0.00 | | \$0.00 | \$0.00 |
| 4. Other Federal Grants (Specify) | \$0.00 | | \$0.00 | \$0.00 |
| 5. Title X Additional Funds (Specify) | \$84557.00 | \$99011.00 | | \$99011.00 |
| Sub Total of Federal Grants | \$817686.00 | \$832140.00 | \$0.00 | \$832140.00 |
| 2) Payment For Services | | | | |
| 1. Patient Collections/Fees | \$45000.00 | | \$45000.00 | \$45000.00 |
| 3) Third Party Payers | | | | |
| 1. AHCCCS / Health Plans (Title XIX) | \$20000.00 | | \$15000.00 | \$15000.00 |
| 2. Medicare (Title XVIII) | \$0.00 | | \$0.00 | \$0.00 |
| 3. Other public health insurance | \$0.00 | | \$0.00 | \$0.00 |
| 4. Private health insurance | \$0.00 | | \$0.00 | \$0.00 |
| Sub Total of Thlr Party Payers | \$20000.00 | \$0.00 | \$15000.00 | \$15000.00 |
| 4) Other Sources | | | | |
| 1. Title V (MCH Block Grant) | \$0.00 | | \$0.00 | \$0.00 |
| 2. Local Government | \$953562.25 | | \$994164.34 | \$994164.34 |
| 3. State Government | \$0.00 | | \$0.00 | \$0.00 |
| 4. Client Donations | \$48000.00 | | \$48000.00 | \$48000.00 |
| 5. Agency In Kind | \$95000.00 | | \$97669.00 | \$97669.00 |
| 6. Agency Contribution (Non-County agencies only) | \$0.00 | | \$0.00 | \$0.00 |
| 7. Other (Specify) | \$0.00 | | \$0.00 | \$0.00 |
| Sub Total of Other Sources | \$1096562.25 | \$0.00 | \$1139833.34 | \$1139833.34 |
| TOTAL REVENUE | \$1979248.25 | \$832140.00 | \$1199833.34 | \$2031973.34 |